

# “El viaje al otro lado”: Relationship between Depression Onset in Latinas and Immigration Experience Coming to the United States

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## Background

- Few studies investigate unique psychosocial hardships during immigration travel from Mexico to United States.
- Multiple epidemiological studies on Latino immigrants often support an “immigrant paradox”, reporting lower prevalence of depressive and anxiety disorders than US born Latinos<sup>1</sup>, although not universally supported<sup>2</sup>.
- Modes to immigrate to US without formal citizenship are diverse. Many travel by foot across desert terrain with a “coyote”, i.e. a hired clandestine guide. Non-coyote modes of travel include arrival by car or plane. Many individuals arrive through temporary legal visas and then extend their stay permanently.
- Between 2000-2017, over 6000 individuals died crossing the Mexico-US border. Potential peril of the journey is reflected in prevalent immigration trip testimonies citing profound physical exertion, starvation, robbery, sexual assault, injury, and threatened death.
- Current studies do not account for these differing modes of arrival as potential variables impacting risk for psychopathology for Latino immigrants.
- There are no models to quantitatively assess effects of trauma and adverse life events associated with an immigration trip from Mexico as an adult Latina woman.

## Objectives

- To better understand the heterogeneity and potential psychosocial hardships of the immigration experience to the United States among Latina women
- The first study hypothesis is that coyote travel is more likely to result in trauma exposure during immigration journey compared to non-coyote travel.
- The second study hypothesis is subjects coyote travel is more likely to predict psychiatric disorders of depression and anxiety compared to individuals with non-coyote modes of travel.
- This study aims to increase dialogue of the potential life changing experiences and traumas of immigration journeys to increase provider sensitivity and trauma informed care, early identification and comprehensive intervention.

## Methods

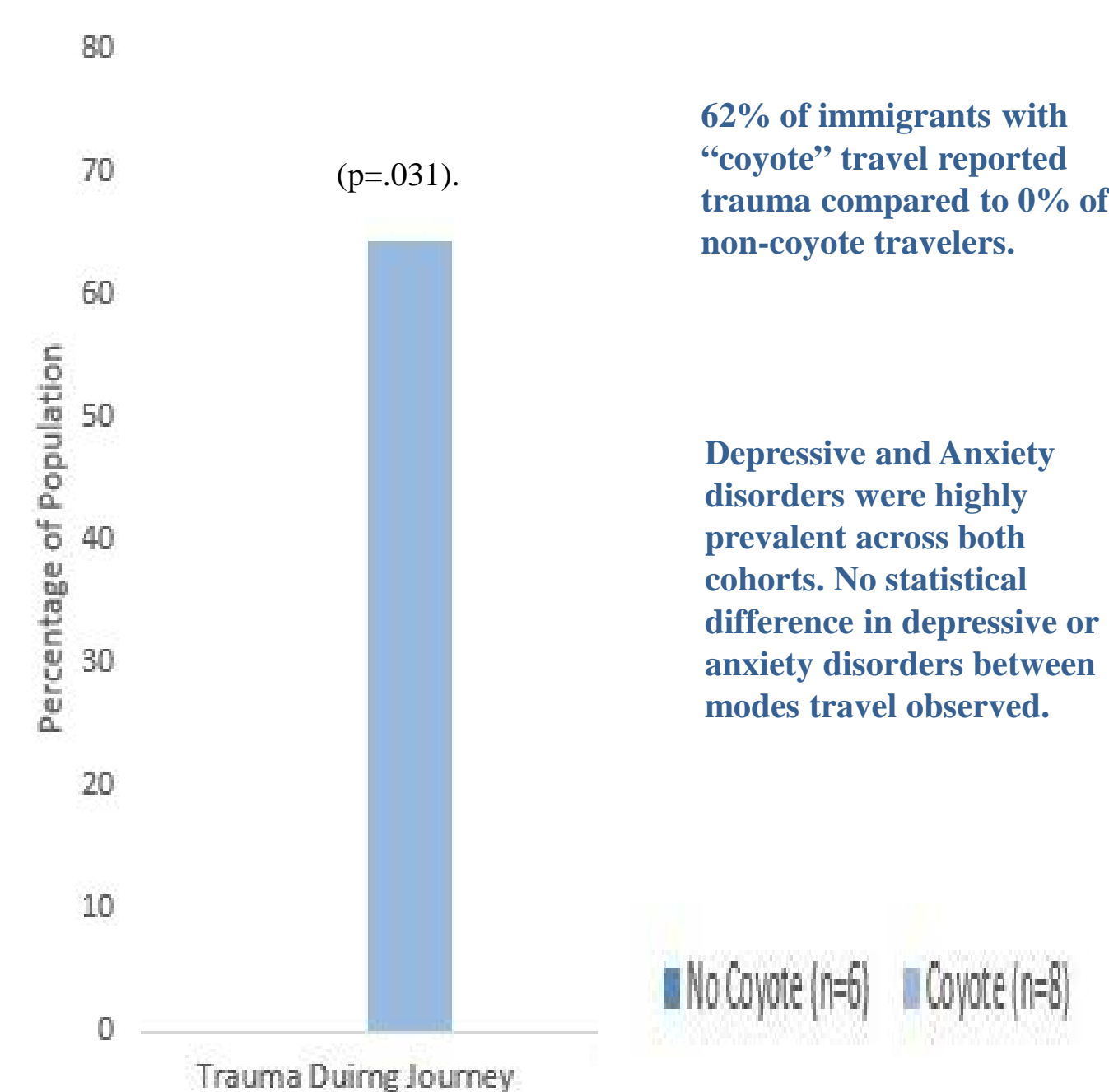
- This retrospective cohort study had two sample groups, one with history of mental health diagnosis and treatment and one without.
- The sample resulted in an equal number of individuals who utilized coyote travel and non coyote travel.
- Subjects were matched for median age, as well as relationship status (married or single) at time of immigration travel.
- Subjects were assessed on various psychosocial adversities one year preceding immigration journey, during their actual travel, and one year following arrival to the United States. Scales included the Adverse Childhood Events Survey<sup>3</sup>, and the modified Life Events Difficulties Schedule.<sup>4</sup>
- Subjects were assessed for history of depressive or anxious symptomology occurring within 1 year before and after immigration journey. Subjects history was initially self reported and then formally assessed using Structured Clinician Interview for DSM IV
- The Wilcoxon Rank-Sum and Fisher’s Exact on STATA software were used for comparison.

## Demographics

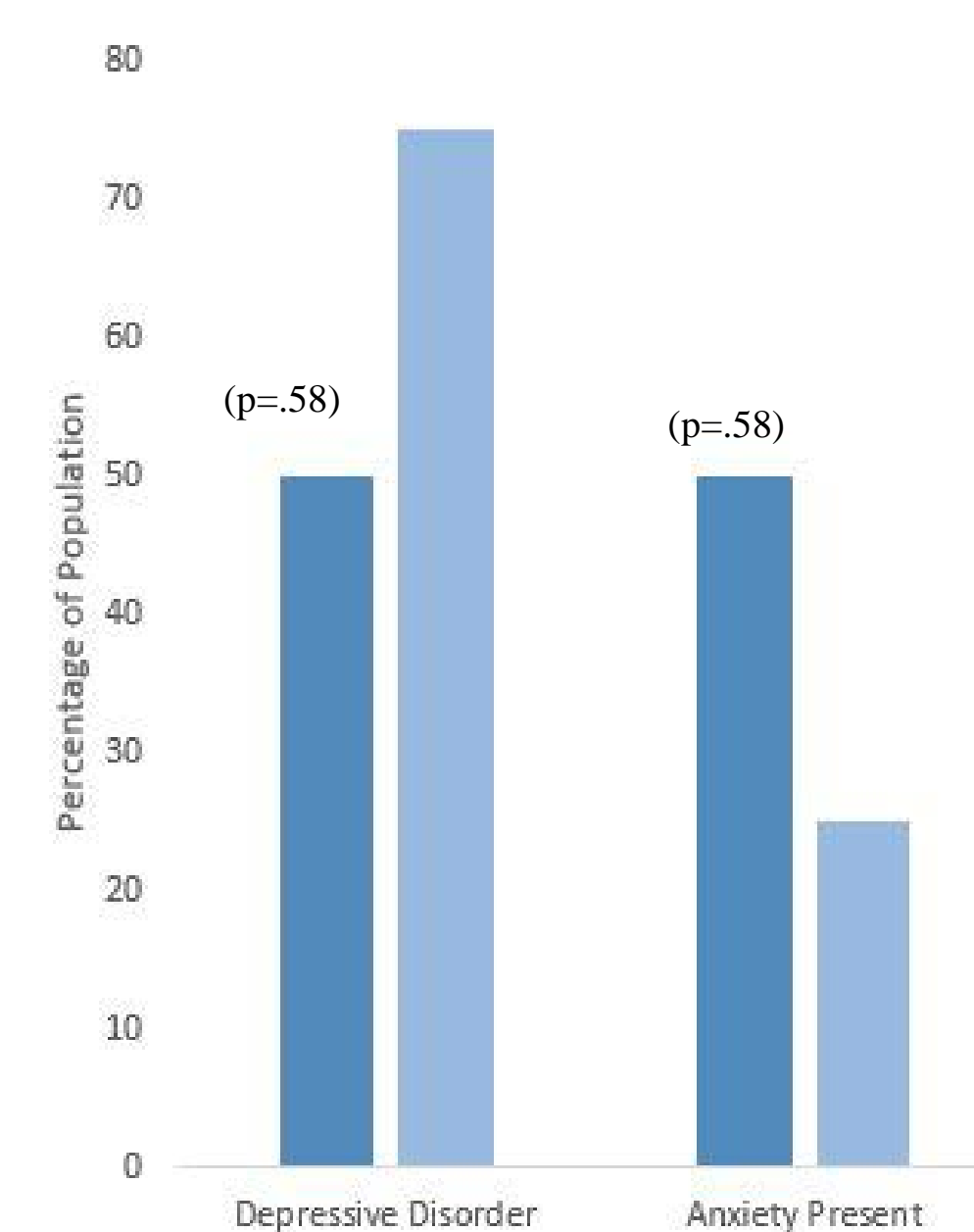
Covariates	No Coyote N=6	Coyote N=8	p-Value <sup>4</sup>
Age, years (mean, SD)	39.2 (4.66)	43.8 (8.7)	0.60
Age During immigration (mean, SD)	20.6 (2.87)	24.8 (5.11)	0.18
Ace Score (mean, SD)	2.0 (1.54)	3.12 (2.85)	0.54
Civil Status			1.0
Co-Habitat	1 (16.7)	1 (12.5)	
Married	5 (83.3)	7 (87.5)	

## Results

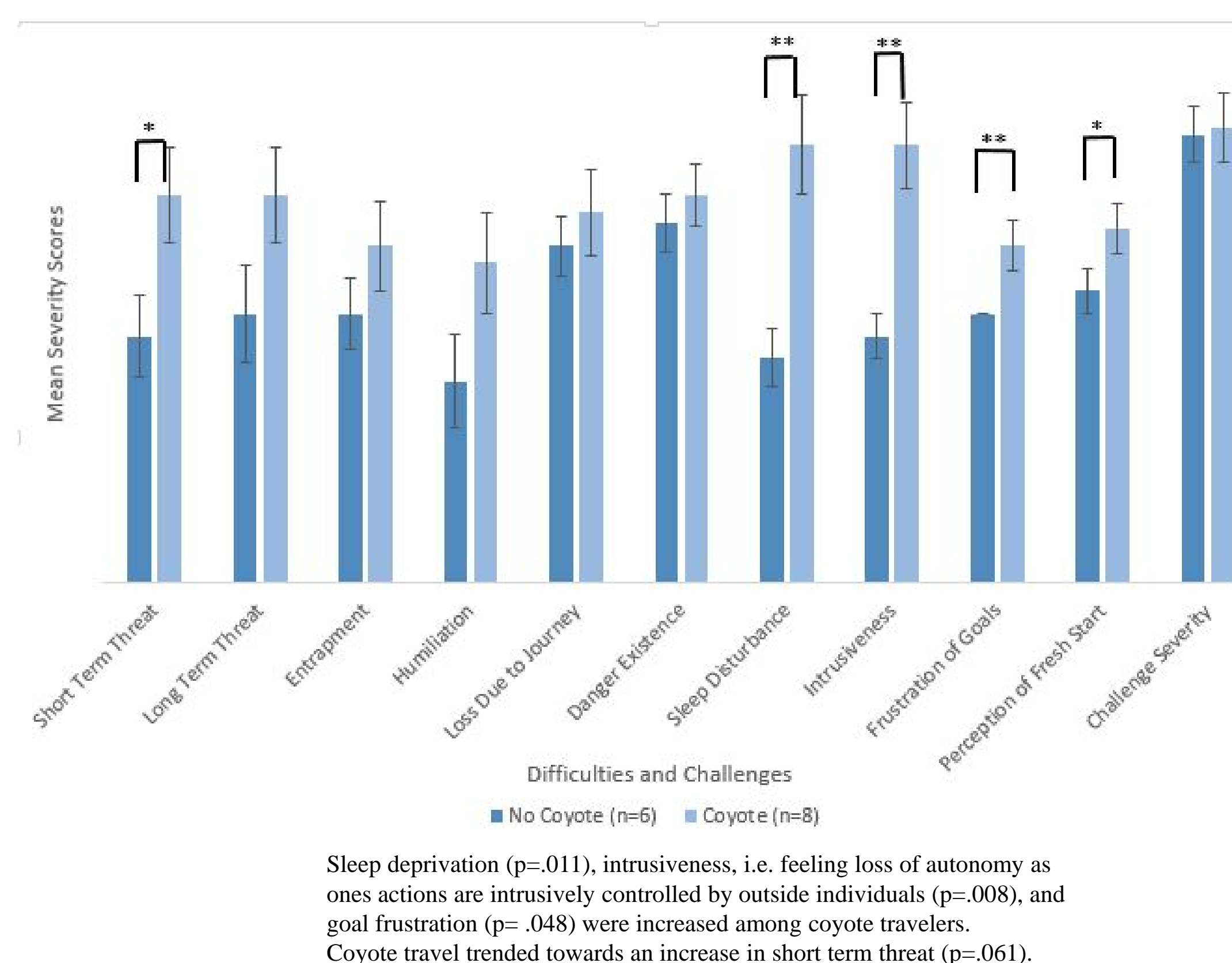
### Trauma Exposure among Coyote versus Non-Coyote Travelers



### Psychiatric Disorder Incidence among Coyote versus Non-Coyote Travelers



### Comparison of Life Difficulties and Challenges during Immigration Journey between Coyote and Non Coyote Travel



## Discussion

- Women that traveled using a coyote experienced more trauma during immigration travel, with subjects frequently reporting personal and witnessed sexual violence, physical abuse of co-travelers, threats of death and abandonment, and serious physical injuries.
- Although trauma exposure was higher in the coyote travel group, depression and anxiety disorders had a high one year prevalence in both cohorts regardless of mode of immigration travel.
- Although subjects were evenly matched for history of reported clinical depression or anxiety disorder, both groups met criteria for major depressive disorder at near equal rates within one year of arriving to the US symptoms.
- These unanticipated findings suggest actual depression incidence among Latina immigrant undocumented women may be higher than previously reported rates, suggesting numerous women who do not perceive themselves as depressed or do not seek care could potentially benefit from clinical screening and subsequent treatment.
- Psychosocial stressors resulting in marked sleep disturbances, feelings of being controlled by others, and goal frustration during immigration travel were significantly increased among coyote travelers, supporting assertions of the uniquely stressful experience of coyote travel compared to other modes of travel.
- There are several limitations of this pilot study. The small sample size limits power to detect differences between groups. In addition, there are multiple potential confounding variables both protective and otherwise, such as quality of supportive environment and adaptability markers upon arrival, and very importantly factors like intimate partner violence, separation from children, negative interactions with law enforcement, etc. that were not accounted for in this study.

## Conclusions

- Findings strongly support primary hypothesis that coyote travel is positively associated with significant trauma exposure.
- Overall, both groups showed marked depressive and anxious psychopathology independent of mode of travel or history of established psychiatric diagnosis.
- Findings suggest a difficult adjustment period post immigration journey that warrants a high-degree of clinical suspicion and screening for depression and anxiety in newly immigrated patients.
- Larger, longer term, broader origin immigration studies may add insight to the factors that facilitate expression, diagnosis, and treatment of migration related psychopathology.

## Acknowledgements

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