Mental Health Status Among Puerto Ricans, Mexican Americans, and Non-Hispanic Whites

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Compared mental health characteristics of island Puerto Ricans to three groups from the Los Angeles Epidemiologic Catchment Area Study: Mexican American immigrants, U.S.-born Mexican Americans, and Non-Hispanic whites. The Diagnostic Interview Schedule was used to obtain both diagnostic and symptom scale information about affective disorders, alcohol abuse/dependence, somatization, phobic disorder, and psychotic disorder. Mexican American immigrants had the fewest mental health problems of all groups. Puerto Ricans had more somatization disorder, but less affective and alcohol disorders than U.S.-born Mexican Americans or non-Hispanic whites. Results are considered in the light of selection factors, relative disadvantage of groups and methodological problems.

For both program planning and epidemiological investigations of mental disorder, it is important to understand the nature of Hispanics' risks for specific psychological problems. The importance to program planning stems largely from the fact that Hispanics, as defined by governmental agencies, constitute a large and growing minority population in the United States. As an ethnic minority, Hispanics appear to be at substantial risk of stress and disruption due to discrimination, adaptation to the Anglo-American majority culture, and the strains of socioeconomic disadvantage. This stress and disruption often translates into a need for mental health services. A question of major interest is whether there are unique patterns of mental disorders in the Hispanic group that must be taken into account in providing services.

Epidemiologic interest in the Hispanic populations parallels the interest of service providers. Epidemiologists look for stable group differences and then attempt to find possible explanations for the differences that reveal causal processes. In the initial phases of epidemiologic research, efforts are made to define high-risk groups, and to show that the apparent risk cannot be accounted for by known risk factors such as sample differences in distributions of age, gender, or social class. Once stable differences are documented, additional research is conducted to isolate the key features of the group that appear to explain the differences. Among the features of Hispanics that are of interest are the stress-provoking factors already noted, cultural and religious norms that may tolerate certain kinds of complaints and behaviors that might not be as tolerated in the Anglo society, and health-promoting characteristics, such as strong family ties, and social supports.

The question of whether there are overall Hispanic/non-Hispanic differences in rates of specific mental health problems has been addressed in many studies. However, in a comprehensive review of the literature, Rogler