

Correlates of Mental Health among Mexican Migrants in a Rural Non-Traditional Receiving Site

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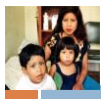
October 31, 2011

This research is supported with grant funding from the NIH/NCRR Montana INBRE Program

Presenter Disclosures

Bethany Letiecq

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
- “No relationships to disclose”**



Migration to Montana

- Montana is a new **RURAL** non-traditional receiving site for Mexican migrants
 - 4th largest state by area in US; less than 1 million pop
 - Rural, frontier, rugged terrain
- Between 2000-2010, **68% growth in Latino pop**
 - Gallatin Valley (MSU; pop: 89,513) = 125% growth
- **Distinctively challenging context for migrants**
 - Limited employment (esp for women), weak social service base, hostile culture of nativism (e.g., less than 5000 undocumented in MT; over 20 anti-immigrant bills in 2011 legislature), large geographic expanses, driving a car necessary, significant ICE presence

Depression: Rural Mexican Migrants

- **Latinos suffer from depression at high rates**
 - Mexican migrant women two times more likely to have major depressive incident than migrant men
- **Bulk of extant research: Urban or well-established migrant hubs**
- **Migrants in rural new destinations demographically different**
 - More likely to be poor, less educated, less literate
 - Migrate as families from rural areas in Mexico
 - Maintain traditional gender roles in families
- **Little known about the mental health of rural migrants to new destinations**

Community-based Participatory Action Research (CBPAR) Approach

- CBPAR builds on **TRUST**, attempts to re-distribute **POWER**
- Core principles (Israel, Eng, Schulz, & Parker, 2005):
 - Participatory, co-learning process
 - Cooperation between community members and researchers
 - Local community capacity building
 - Community empowerment
 - A balance between research and **ACTION**
- **CBPAR being adapted for implementation with marginalized migrant “community” in Montana**

CBPAR Collaborators

- Partnership between university researchers and community members
 - **Community Advisory Board:**
 - **Salud y Comunidad: Latinos en Montana**
 - Community members = 5 Mexican migrants, community outreach worker, public health practitioner
 - Research team (Bethany, John, Katie, Lilia, Yanet, Dr. Christina)
 - Immigration attorney (Helena, MT)
 - Mentors (Dr. Joe Grzywacz, Dr. Suzanne Christopher)
- **AND community organizations...**
 - Community Health Partners, MT Migrant Council, Rural Employment Opportunities, Inc., MT Human Rights Network, and the Gallatin Valley Human Rights Task Force
 - Catholic Church—Spanish Mass

Methods: Phases I and II

- Phase I:
 - 2006-pres: Ethnographic Research (Dr. Leah Schmalzbrauer, MSU)
 - 2008-2009: Needs Assessment Survey (N = 125)
- Phase II: 2009-2010 Mental Health Survey (N = 120)
 - CESD Depression inventory
 - Demographic characteristics: Documentation status, English proficiency, years in US/MT, marital status, education, number and location of children...
 - Life Events
 - Coping, Perceived Health, Ataques de nervios (attack of nerves)
 - Parental concerns for children well-being
 - Social Support, Religious Involvement

Phase I Results: Gendered Context of Isolation

“...Well for women it is very difficult because being at home all the time is like being in prison, no? They don't have anywhere to go out...For us men, we go out to work, one gets distracted...But for women, no. They are imprisoned, and they don't know anyone.” (Miguel)

“... Well, I hardly have any friends and I almost never leave. I am almost always in the house with the kids. The only time I leave is to buy food...” (Roberta)

Gendered Context of Fear

“I'm totally responsible for my family. If I don't work, we don't eat. There are arrests all the time in the canyon, and I drive the canyon everyday to work...I'm not afraid for myself. I'm afraid for my family...And my wife is pregnant. Everyday I have to wonder if I will be arrested or deported ...and then what will they do?” (Franco)



Gendered Context of Fear

“Fear is the worst thing about living here. I'm constantly looking over my shoulder; at Wal-mart, at the clinic, everywhere. We stand out. I'm never at ease...My brother was deported from here (crying)...I can't let them separate me from my kids.” (Silvia)



Phase I Results: Depression

	(1) Single Men (n = 44)	(2) Married Men Living alone (n = 18)	(3) Married Men with Partner (n = 27)	(4) Married Women with Partner (n = 30)	
	Means (Standard Deviations) or Number (Percentage)				
Depression Score	10.83 (3.3)	11.12(6.0)	6.68 (5.2)	8.50 (5.4)**	3 < 1, 2
% Score 10 or higher: Suggesting clinical concern for depression		54% of men		40% of women	

* p < .05. ** p < .01. p < .001.

Phase I: Community-Based ACTION

- Know Your Rights Forums/Legal Clinics
- English Language Classes
- Computer Literacy Classes
- Lobbying efforts at the MT Legislature
- Educational Outreach efforts
- Tias y Tios program (MSU Service Learning Project; English-Spanish language exchange and MSU student-child mentoring)



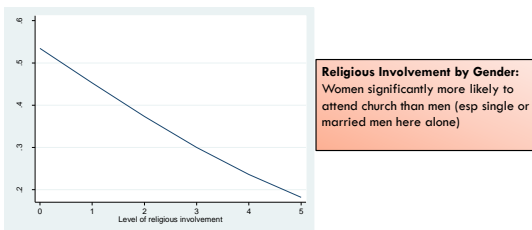
Phase II Results: Status, Family Configuration, Gender

Depression Scores			
Undocumented (n = 62) M = 9.11 (SD = 5.0)***			
Marital*Gender	Mean	Std. Error	
Single women	12.200	1.984	
Single men	9.857	1.185	
Married women	8.958	.905	
Married men	7.765	1.076	
Documented (n = 43) M = 5.28 (SD = 3.6)***			
Marital*Gender	Mean	Std. Error	
Single women	8.000	2.561	
Single men	7.250	2.218	
Married women	4.500	1.045	
Married men	5.625	1.109	

Best Predictors of Depression

Variable	Model 1			Model 2		
	B	SE B	β	B	SE B	β
Status (Documented = 1)	-3.71	.91	-.375***	-.74	.88	-.075
Family Config (Single Men = 1)	1.39	1.21	.106	1.67	.95	.128 †
Remittances (Yes = 1)				1.68	.80	.164*
Sufficient Resources?				-.49	.18	-.208**
Fearful				.32	.13	.201*
Isolated				.20	.11	.138 †
Behavioral Disengagement ("giving up")				1.11	.42	.205**
Self-blame				1.57	.38	.302***
Social support				-.20	.13	-.117
Religious Involvement				-.11	.25	-.032
R ² (Adj R ²)			.16 (.15)			.56 (.51)
F			9.84***			11.61***

Figure 1. Level of religious involvement and probability of depression*



*Predicted probability values are derived from a logistic regression and have been adjusted for the effects of marriage, age, English speaking ability, number of children, level of fear, and level of worry

Discussion

- Rural migration to new receiving sites presents unique challenges, require unique interventions
- **Documentation status, family configuration, and gender** matter for mental health outcomes
- Negative coping best predictors of depression
- **Religious involvement** may be important factor in
 - increasing positive coping
 - decreasing isolation and fear
 - increasing social support and solidarity

Next Steps

- Continued research examining **cultural and contextual models** of mental health unique to Mexican migrants in Montana
 - How best to intervene?
 - Few Spanish-speaking clinicians, physicians (esp in remote areas)...
- **Promotora** Lay Health Advisor program (in development)
- Legal and Health Forums
 - Know Your Rights legal clinics
 - Child developmental screenings
 - Dental screenings

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THANK YOU!