

Abstract

Some studies have indicated how immigrants have better mental health than U.S. citizens, while others indicate how non-U.S. citizens have more mental health resilience than U.S. citizens. The secondary data source used for this study included the National Health Interview Survey (NHIS) of 2013. This study depicts how citizenship status does not reflect a correlation to the mental health issues of Hispanic/Latinx older adults. The final subset sample size for this study included 267 Hispanic/Latinx participants 65 years and older. The duration of mental health symptoms 6 – 12 months was much higher amongst U.S. citizens at 7.2% percentages while non-U.S. citizens had none reported. The results describe how U.S. citizens are impacted by short-term mental health symptoms while indicating that non-U.S. citizens Hispanic/Latinx may experience long-term bouts of mental health issues. The findings indicate a relationship between citizenship status and mental health symptoms amongst older adults 65 and older.

Introduction

Significance of Study

- According to the U.S. Census, by 2030, older adults in the U.S. will comprise 7 % of the overall population 65 and older. The number of older adults with mental illness is projected to increase in the next 20 years.
- A third of the older adults over 65 years of age are foreign-born and comprise approximately 51% undocumented.
- Census estimates that in 2050, Hispanic/Latinx older adults in the U.S. will constitute an overwhelming majority of the overall aging adult population (U.S. Census Bureau, 2019).
- Due to the increase of foreign-born older adults, it is possible to speculate that their immigration status impacts their higher rates of mental health, such as depression, anxiety, and other emotional problems as they age.

Purpose

- The purpose of the study is to determine the effect of citizenship status on mental health among Hispanic/Latinx older adults ages 65 and older in the U.S.

Hypothesis

- Undocumented older adults 65 and over in the U.S. experience higher mental health symptoms than U.S. citizens.

Literature Review

Prevalence

- A third of the adults over 65 are foreign-born, and approximately 51% are undocumented.
- The study of Becerra et al. (2020) discovered a correlation between current immigration policies and how changes caused an increase in symptoms of depression, anxiety, and stress.
- Migration to the U.S. often leads to consequences that negatively impact the traditional cultural values of the Hispanic/Latinx, exemplified through isolation, limited family, and social support.

Limitations and Gaps in Research

- Research on Hispanic/Latinx older adults is minimal and what is available combines all Hispanic/Latinx older adult subgroups under one group.
- The shortcomings and gaps of the studies did not address how the mental health needs of Hispanic/Latinx older adults in the U.S. require different treatment modalities based on their country of origin.

Methods

Research Design

- The current study was a secondary analysis of the National Health Interview Survey (NHIS), 2013, gathered by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, and the National Center for Health Statistics. The original study's objective aimed at monitoring the overall health of the U.S. population.
- The NHIS of 2013 study used surveys, computer-assisted personal interviews (CAPI), face-to-face interviews, telephone interviews, and questionnaires to collect data from each family in the household.
- The study sample design included a random sampling of households and non-institutional individuals. The original study included a complex and multistage probability sample selection process. Also, it incorporated the stratification, clustering, and oversampling of subpopulations identified as Black, Hispanic, or Asian.

Sample and Sampling Method

- The study sample included a subset of the original sample of 65 years and older participants.
- The NHIS randomly selected the primary sampling units involving probability proportional to size (PPS) sampling strategies.
- The current study included secondary research data extrapolated from the original research to focus on older adults aged 65 and older living in the U.S.
- The final subset sample size for this study included 13,797 participants 65 years and older.

Measures

Independent Variable: Citizenship Status

- The question included in the original study on U.S. citizenship stated, “{Is person} a CITIZEN of the United States?” Items scored on a scale of (1) = Yes, a citizen of the United States, (2) No, not a citizen of the U.S.

Dependent Variable # 1: Depression, Anxiety, or Emotional Problem (LAHCA17), causing limitations.

- For the dependent variable, depression, anxiety, or emotional problems cause limitations will be referred to as mental health symptoms causing limitations.
- The question stated, “What conditions or health problems cause {person} limitations?” Response options included depression, anxiety, or emotional problem.

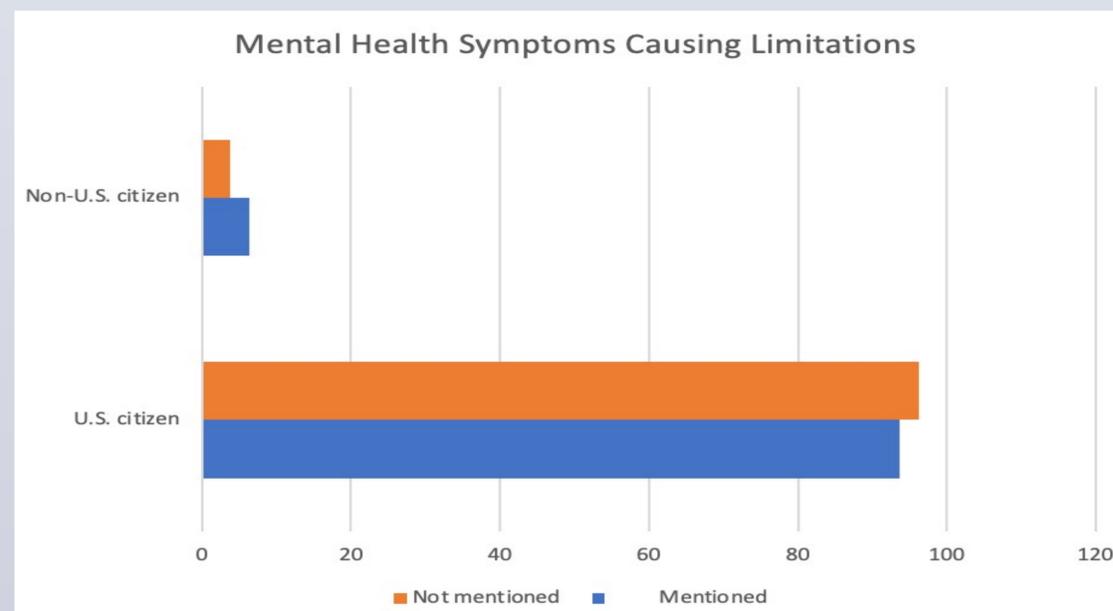
Dependent Variable # 2: Depression, anxiety, or emotional problem (LADURB17) will be defined as the duration of mental health symptoms.

- The question stated, “How long {have you/has ALIAS} had depression, anxiety, or an emotional problem?”

Results

U.S. Citizenship among older adults 65 years of age and older experiencing Mental Health Symptoms Causing Limitations (N=267)

- Chi-square** was computed to determine the relationship between U.S. citizenship status and mental health symptoms, causing limitations.
- The results indicated a statistically significant relationship ($\chi^2(1) = 4.12, p = 0.04$).
- An overwhelming amount reported of 93.7% U.S. citizens having mental health symptoms compared to non-citizen reporting mental health symptoms.



U.S. Citizenship among older adults 65 years of age and older and the duration of Mental Health Symptoms (N=267)

- Chi-square** was computed to determine the relationship between U.S. citizenship status and the duration of mental health symptoms. The results indicated a statistically significant relationship ($\chi^2(3) = 11.87, p = 0.01$), while a Phi statistic suggests a weak relationship (0.01).

U.S. Citizenship among older adults 65 years of age and older, and the duration of Mental Health Symptoms (N=267)

U.S. citizenship status	Duration Mental Health Symptoms				Sig
	% (f)				
		Less than 3 months	3 - 5 months	6 - 12 months	More than 1 year
U.S. citizen		1.2	2	7.2	89.6 .01*
Non-U.S. citizen		11.8	5.9	0	82.4

Note* $p < 0.05$

Discussion

Strengths and Limitations

- The limitation included a sample size because many participants did not respond to the citizenship status question.
- The strength of this study is that it depicts how there might be a connection between citizenship status of short-term and long-term mental health issues amongst Hispanic/Latinx older adults.

Implications & Future Research

- The importance of program development to help meet the needs of older Hispanic/ Latinx older adults to include intergenerational communication, value differences, and elder care expectations.
- Mental health providers to implement several strategies for Latinx/Hispanic older adults that is in their native language, and interventions to be culturally sensitive when delivered.
- For social workers to consider language and colloquialism translations when using clinical and medical terminology to connect with the population.