

Cross-border Ties and Arab American Mental Health

Despite attention in the popular media, there is limited research about the health and well being of Arab Americans. Information on mental health outcomes among this group is rare, primarily, due to the lack of recognition of Arab Americans as an ethnic minority. No studies consider how mental health varies across different generations of Arab immigrants and very few studies have considered determinants of mental health among Arab-Americans. Those that have link social networks, support, and ethnic identity to positive Arab American mental health outcomes. Health researchers have largely ignored the cross-border nature of immigrant social networks. Cross-border ties are often described in the framework of transnationalism. Transnationalism can occur on a variety of levels from within a familial sphere to an economic sphere. Transnational or cross-border activities include communication with friends and relatives in the country of origin, sending remittances, and traveling to the country of origin amongst other things. For Arab Americans who are increasingly stigmatized in the United States, understanding how connections to countries of origin influence mental health is particularly important.

This study uses the most recent survey of Arab Americans in the United States, the 2003 Detroit Arab American Survey, to examine Arab American mental health, specifically, how mental health differs across generations of Arab Americans and whether cross-border ties account for some of the effect. The focus is on the following research questions: (1) Are Arab immigrants at an increased risk for mental health disorders as compared to U.S. born Arab Americans? (2) If so, do transnational ties account for some of the effect of generational status on mental health outcomes?

Drawn from the three-county Detroit metropolitan area, DAAS is a companion survey of the 2003 Detroit Area Study, and was conducted using an oversample of Arab Americans. The

sampling frame included all adults who self-identified as of Arab or Chaldean descent who resided in the Detroit metropolitan area during July through November of 2003. This study utilizes the entire DAAS sample to look at how cross-border ties influence mental health. Given the research purposes, the analysis is limited to those who had complete data on generational status (N=1,012), cross-border ties (N=939), and mental health outcomes (N=896). The 896 individuals with complete data make up the study sample. All estimates were standardized to the demographic characteristics of the Detroit Arab-American population as recommended by DAAS research team.

The analysis has two parts. First, I examine the descriptive and bivariate associations for generational status and cross-border ties and mental health outcomes of psychological distress and happiness. In the second part of the analysis, I then estimate several multivariate models to examine the association between generational status, cross-border ties, and mental health, while controlling for individual and family background characteristics. The cross-border ties scale was primarily comprised of social aspects of ties including communication with family and consumption of media from the country of origin. Ordinary least squares regression models estimate the effects of generational status and cross-border ties on psychological distress. Logistic regression models estimate the effects of generational status and cross-border ties on happiness.

Results indicate that first generation respondents report an average of 6.59 cross-border ties, out of a possible 10, while second generation report 4.32 ties and third generation report 2.58 cross-border ties. The average Kessler Psychological Distress Scale (K10) score for first generation Arab-Americans is 19.6 out of a possible 50, while for second generation it is 19.9 and for third it is 17.9. These scores all fall in the 16 to 29 medium risk range. In terms of

reported happiness, on average 90% of first generation report being happy compared to 98% of second generation and 93% of third generation. Both first and second generation Arab Americans have higher psychological distress as compared to third or native-born Arab Americans. Those with the most cross-border ties are associated with higher psychological distress compared to those with the least ties. For self-reported happiness, after adjusting for age, sex, marital status, education, religion, domestic ties, and health insurance, second generation Arab Americans have 315% higher odds of being happy as compared to third/native-born Arab Americans. Second generation Arab Americans also have higher odds of being happy compared to first generation ($p < 0.01$). Those with the most cross-border ties are associated with a 78% decrease in odds of happiness compared to those with the least ties, holding all other variables constant. The interactions between generational status and transnational ties are not significant.

With respect to the first aim of the study, examining mental health trends by generational status, I expected that increases in generational status would be associated with better mental health outcomes. Consistent with my hypothesis, I found that psychological distress decreases with increases in generational status. Essentially, first and second generation Arab Americans have a higher risk of psychological distress compared to those who are third/native-born. First generation Arab Americans are at a medium risk for anxiety or depressive disorders with a mean K10 score close to twenty. Scores between 19 and 24 merit counseling and references to self-help materials, whereas scores above 24 merit referral to a specialist and indicate risk of suicide. A score of twenty also translates to a 12-month probability of 48.5% of having an anxiety or depressive disorder, which is higher than the probability for the general US population.

The second research question examines the association between generational status, cross-border ties, and mental health. I hypothesized that cross-border ties would help explain the

relationship between generational status and mental health. I found that ties do help explain some of the relationship between generational status and mental health; however, not in the expected direction. In this study, cross-border ties slightly increase likelihood of negative mental health outcomes. Cross-border ties are associated with increases in psychological distress and decreases in happiness. For those with maximum cross-border ties, the specificity of the K10 screening tool increases from 90% to 97%, which increases the likelihood of an individual screening positive for depressive or anxiety disorders. While the result was contrary to what was expected, cross-border ties might be stressful for those who are far from their birth country and those with more connections to the country of origin might not be establishing as many connections in the destination context.

While psychological distress decreases with increases in generational status, happiness does not work in the same way. I found that second generation Arab Americans are more likely to report being happy compared to both first generation and third/native-born Arab Americans. It may be that compared to first generation Arab Americans, those of the second generation are more established in the destination context with more of a social network resulting in increased happiness. On the other hand, Arab Americans who identify as white experience more discrimination-associated psychological distress, which could also have an impact on third/native-born Arab Americans' happiness if they identify as white Americans.

This study is the first to consider generational status, cross-border ties, and mental health of Arab Americans. These findings contribute to an understanding of generational status and mental health, taking into account the role of cross-border activities. Importantly, this study provides preliminary evidence that ties to the country of origin contribute to the etiology of mental health for a Detroit-area representative sample of Arab Americans.