Ethnic Discrimination, Social Cohesion, and Mental Health Among Latinx Adults

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a meta-analysis reported a statistically significant effect size in Latinx studies linking ethnic discrimination with increased depression symptoms (Lee & Ahn, 2012).

A potential mediational pathway underlying the relationship between ethnic discrimination and depression symptoms could be engaging in unhealthy behaviors, namely, increased alcohol use (Pascoe & Smart Richman, 2009; Richman et al., 2018). Generally speaking, ethnic discrimination has been associated with an increase in alcohol consumption and drinking-related problems, although some inconsistencies have been noted (Gilbert & Zemore, 2016). Recently, findings from a large nationally representative study indicated that experiences of ethnic discrimination were associated with a 1.5 greater risk for mild alcohol use disorder (AUD), 1.6 greater risk for moderate AUD, and a 2.3 greater risk for severe AUD (Glass et al., 2020). No significant differences were found across racial/ethnic groups, although the authors concluded that experiencing more discriminatory events and poverty may contribute to the severity of AUD. Other recent reports have concluded that there is a stronger correlation between ethnic discrimination and substance use, including alcohol, among Latinx groups than other racial/ethnic groups (Carter et al., 2019; Reyes et al., 2021). A systematic review of research with Latinx samples noted a significant relationship between ethnic discrimination and lifetime AUD (Andrade et al., 2021).

Alcohol use and depression have been highly correlated in the empirical research with both conditions commonly co-occurring. For example, a meta-analysis revealed that the presence of either Major Depression or AUD doubled the risk for the second disorder (Boden & Fergusson, 2011). Furthermore, the authors concluded that the most plausible causal association is one in which AUD increases the risk for depression, not vice versa. In fact, some reports have suggested causal links in which alcohol use leads to depression (Fergusson et al., 2009). This evidence highlights the detrimental down-stream psychological effects of alcohol use (Johnson et al., 2013). Research has also noted that mental health problems or distress can result in alcohol use as a way of coping with negative internal experiences, commonly referred to as the self-medication hypothesis (Hawn et al., 2020). For example, among a multiethnic sample, depression mediated the relationship between social adversity and heavy alcohol drinking (Mulia & Zemore, 2012), indicating that the directionality of these relationships is still unclear. Although inconsistencies exist, theoretical and practical accounts suggest that alcohol use may underlie the relationship between ethnic discrimination and depression symptoms for Latinx individuals, yet more research is needed in this area.

Social Cohe ion

Beyond individual variables, community-level factors and characteristics are thought to influence individual health, making it important to take into account the way that community members relate to one another (Sampson et al., 1997).*57* has been defined as "a state of affairs reflecting to what extent individuals in a society can trust, help, and cooperate with one another, share a common identity or sense of belonging, and manifest these feelings in their behavior" (p. 289, Chan et al., 2006). In essence, social cohesion represents a neighborhood-level of trust, reciprocity, mutual aid, and collective support among residents (Hong et al., 2014). The benefits of social cohesion have been thought to include the ability to engage in collective action and support, enforce social norms and health behaviors, communicate solidarity, and facilitate access to key resources (Moore & Kawachi, 2017).

In a seminal article about social cohesion, Kawachi et al. (1997) reported that, among a nationally representative sample, a lack of social trust was related to increased total mortality. More recent work has suggested that social cohesion is associated with positive mental health outcomes (Fone et al., 2007). For example, social cohesion was negatively correlated with psychological distress among a large sample of ethnic-diverse participants, including Latinxs (Rios et al., 2012). Another report indicated that low levels of social cohesion and high levels of neighborhood violence were associated with increased depression scores among healthy adults (Mair et al., 2009). Among a sample of 6,814 multiethnic participants ages 45–84, low social cohesion was associated with higher depression symptoms, increased likelihood to smoke, and decreased tendency to walk for exercise when compared to high social cohesion (Echeverría et al., 2008).

Specifi

women (65%, = 198) and born outside of the United States (86%, = 262). On average, foreign-born individuals reported having immigrated to the United States around the age of 25 (*SD* = 12.54, range = 1–69) and approximately 71% (= 212) indicated being a U.S. citizen. Regarding cultural background, the majority of this sample stated being of Mexican descent (i.e., Mexican, Mexican-American, Chicana/o; 87.3%, = 262). Individuals identifying as Puerto Rican (7.6%, = 23), Central and South American (3%, = 9), or Other group (1.9%, = 6) were also included in the sample. Regarding socioeconomic status, participants predominately reported making an annual household income of $35,000 or less (74.3%, = 226), with about 15% (= 46) reporting between $35,000 and $65,000, and approximately 5% (= 15) stating earning $65,000 or more. As an additional indicator of socioeconomic standing, around 40% (= 121) of the sample indicated having health insurance. Educational attainment reported by participants included less than high school (21.7%, = 66), some high school but no degree (11.2%, = 34), high school degree or equivalency (27.6%, = 84), some college (19.1%, = 58), having a bachelor's degree (10.5%, = 32), and having a graduate degree (8.2%, = 25).

Procedure

Individuals who self-identified as Latinx/o/a or Hispanic were recruited from local community centers and health clinics which serve the Latinx community. Upon a brief explanation of the study and informed consent, including confidentiality, voluntary nature of the study and compensation, participants were asked to complete a packet of paper and pencil surveys which took approximately 30–45 min to complete. The majority of participants chose to complete the questionnaire packet in Spanish (88%; 12% in English). Bilingual research assistants remained available during data collection to answer any participant questions or needed clarifications. Upon completion of surveys, participants were provided a list of mental health resources within the community offering both Spanish and English services. In addition, each participant was compensated with $20 cash for completion of the study. All study activities were reviewed and approved by Marquette University's Institutional Review Board.

Measures

Ethnic Discrimination. The Brief-Perceived Ethnic Discrimination Questionnaire (B-PEDQ; Brondolo et al., 2005) is a 17-item self-report questionnaire that assesses exposure to experiences of racial/ethnic discrimination over an individual's lifetime. Items from this measure apply to multiple racial and ethnic groups. The questionnaire asks participants to rate how frequently they experienced a series of events because of their race/ethnicity. A sample item is "how often have you been treated unfairly by coworkers or classmates?" Participants rate the frequency of the item using a Likert scale from 1 ( ) to 5 ( ). Overall scores were calculated by taking the mean of all the items. Scores ranged from 1 to 5 with higher scores indicating more reports of racial/ethnic discrimination. Brondolo et al. (2005) reported a Cronbach's α of .87 for the measure. In the present study, the B-PEDQ showed excellent reliability with a $\alpha = .92$.

Social Cohesion. The Neighborhood Social Cohesion Scale (NSCS; Sampson et al., 1997) is a 10-item self-report measure that asks participants about social connections within their neighborhood. Sample items ask participants to rate the extent to which they agree with statements, such as, "people in the neighborhood can be trusted" and "my neighbors look out for each other" on a 5-point Likert scale from 1 ( ) to 5 ( ). Total sum scores were calculated with higher scores indicating greater cohesion. The NSCS displayed excellent reliability for the present study with a $\alpha = .92$.

Familial Support. The Mexican American Cultural Values Scale (MACVS; Knight et al., 2010) is a 50-item self-report measure that assesses a person'

Bootstrapping calculates conditional indirect effects through thousands of samples drawn from the original study sample, 10,000 in this case, producing percentile confidence intervals. Confidence intervals which do not include the value of zero are indicative of a statistically significant difference from zero at $< .05$ denoting statistical significance. Furthermore, an Index of Moderated Mediation is calculated testing the statistical significance of the conditional indirect effect.

Re l

De cnip i e Anal e

Table 1 provides means, standard deviations, and correlations for main study variables. Using a previously established clinical cutoff score, 44.9% (= 135) of the sample reported experiencing ele-

confusion or feeling lost may contribute to risky behaviors and attitudes (Schwartz et al., 2006). In fact, a longitudinal study with recently immigrated Latinx adolescents found that being poorly received by the host community can increase positive attitudes toward alcohol use (Grigsby et al., 2018). As such, the current findings supported the notion that social cohesion could serve a protective function even after controlling for family support, a commonly identified resource in Latinx research (Corona et al., 2017; Valdivieso-Mora et al., 2016). That is, participants with high social cohesion showed low levels of alcohol use despite varying levels of ethnic discrimination, while those with low social cohesion reported the most alcohol use in the context of high ethnic discrimination. Social cohesion may give Latinx individuals a greater sense of integration in the community and/or belonging to the broader neighborhood, thus allowing access to alternative resources or forms of support in the face of ethnic-related stressors.

Several limitations are worth noting for the present study. First and foremost, given the correlational and cross-sectional methodology, causal conclusions cannot be made regarding the impact of ethnic discrimination on alcohol use and depression symptoms. Longitudinal studies are warranted to tease apart the temporal relationships between these constructs. Second, the use of surveys is vulnerable to recall bias and social desirability. The present study also did not differentiate different types of ethnic discrimination, such as racial/ethnic microaggressions, which could have varying mental health consequences. In addition, the measure of social cohesion, although conceptualized as a community-level variable, asks for individual's perceptions of their community.

Reference

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