Introduction

The Latinx proportion of the United States population has grown from 13% to 19% since 2000, reaching 62.5 million in 2021, and making up 54% of the overall population growth during that period (Zong, 2022). This underscores the requirement to better understand the unique needs and strengths associated with being an immigrant of Latin-American descent who may be facing divisive and stressful environments that undermine well-being. Environmental and acculturation stresses may negatively affect mental health, whereas positive ethnic identity and a strong value on family can be protective for Latinx youth (Robles-Ramamurthy, Sandoval, Londoño Tobón, & Fortuna, 2022).

The Caminos longitudinal study follows a school-based sample of Latin American-origin families in suburban Atlanta, GA during youth’s transitions from early through late adolescence. In 2018, researchers began collecting survey data from 547 middle school youth and, for half of them, their mothers. Youth were selected at random from 2017-18 school enrollment lists. To date, nine time points of survey data have been collected since 2018. From 2018 – 2022, surveys were conducted with youth and mothers every six months; survey data will be collected annually through 2026 (for a total of 13 time points).

The Caminos project is examining how stressors and supports in youth’s social environments shape family functioning and a range of indicators of adolescent health and well-being. Adolescents’ mental health outcomes are measured by internalizing symptoms (e.g., depression, anxiety) and externalizing symptoms (e.g., conduct disorder, aggression, rule-breaking). Other adolescent outcomes include substance use, prosocial behaviors, and grade point average. Stressors examined include ethnic discrimination, COVID-19, and immigration threats. Supports examined include teacher, peer, and parent support. Additional factors assessed include traditional Latino cultural values as well as cultural gaps between parents and their children and between parents and the school.

The analytic approach utilized in the Caminos project primarily entails longitudinal, structural equation modeling techniques. These methods facilitate examining direct and indirect pathways linking extra-familial contexts with Latinx adolescent outcomes and offer a scientifically robust approach to analyzing constructs known to have measurement error. Future studies will examine chronic and acute stress measured by salivary and hair cortisol; findings from these studies will advance knowledge on biological stress processes experienced by today’s U.S. Latinx adolescents. In addition, the research team is examining family, neighborhood, and youth protective factors that help mitigate risks. Findings will inform the development of preventive interventions and policies that can promote school success and healthy development for this population.
The Impact of the COVID-19 Pandemic on Latinx Family and Youth Well-Being:

What We Know

How this research measured COVID-19's onset and stressors. As the Caminos project was following youth from times prior to and after the onset of COVID-19, the researchers had an opportunity to assess changes in adolescents’ behaviors from before COVID-19 to times subsequent to its onset. Further, the researchers had adolescents report on the degree to which the pandemic led to increased stressors such as family job and income loss, family financial problems, and increased youth responsibility for childcare.

What the research findings showed. Findings demonstrated meaningful increases in stress conferred by the pandemic with impacts on Latinx adolescents’ mental health and school performance.

Latinx girls experienced significant declines in mental health and GPA after the onset of the pandemic.

On average, girls in this sample experienced significant declines in school performance, measured by their GPA, and significant increases in internalizing symptoms (depression/anxiety) when surveyed in years prior to the pandemic and 12 months after the onset of the pandemic.

A high proportion of teenagers reported COVID-related stressors tied to health, economic strain, and social functioning in their families.

Among students surveyed in the fall of 2020:

1. 10% reported that a household member with whom they lived had been hospitalized due to COVID-19
2. 47% reported that a household member had lost a job, had work hours reduced, or that the family had more financial problems since the start of the pandemic.
3. 19% reported both household job loss/reduced work hours and increased family financial problems since start of pandemic.
4. 36% had taken on more responsibility for childcare since the COVID-19 pandemic began.

Latinx teenagers who took on more childcare responsibility due to COVID-19 suffered declines in their emotional, behavioral and academic adjustment.

- When families experienced COVID-19-related hospitalization, job, or income loss, adolescents were much more likely to take on increased childcare responsibility.
  1. Among adolescents reporting a household member hospitalized, 63% took on more childcare responsibility (vs. 32% of those who did not report hospitalization).
  2. Among adolescents reporting both economic stressors, 52% took on more childcare responsibility (vs. 32% w/o economic stressors).
- Increased adolescent responsibility for childcare due to the pandemic was associated with a stronger decline in grades and greater increases in both internalizing and externalizing symptoms when compared to youth who did not have to take on childcare responsibility.


This factsheet is conducted under the auspices of the National Hispanic and Latino Mental Health Technology Transfer Center (National Hispanic and Latino MHTTC) in collaboration with Universidad Central del Caribe (UCC), School of Medicine. This project was supported by Grant No. SM081788 awarded by SAMHSA. Points of view or opinions in this document are those of Olga Acosta Price, PhD and Kathleen M. Roche, MSW, PhD and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA.)