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Acculturation and Mental Health of Latin Americans Living in the United States

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Abstract

The foreign-born population in the United States continues to grow rapidly, with Latin American immigrants accounting for a substantial share of immigrant communities nationwide. Latin American immigrant adolescents, particularly those classified as 1.25- and 1.5-generation youth, experience unique developmental, cultural, and psychosocial challenges as they navigate acculturation within the United States. This integrative literature review examines the relationship between acculturation, acculturative stress, family functioning, discrimination, social support, and mental health outcomes among Latin American immigrant adolescents living in the United States. The review synthesizes contemporary research focused on internalizing disorders, including depression, anxiety, low self-esteem, and psychosocial distress. Findings indicate that experiences of discrimination, immigration-related stress, family conflict, language barriers, documentation concerns, and economic instability are associated with elevated psychological distress among immigrant youth. Conversely, familism, biculturalism, social support, school connectedness, and culturally responsive community resources function as protective factors that promote resilience and psychological well-being. The literature further demonstrates that immigrant adolescents experience acculturation differently depending on developmental stage, gender, family cohesion, and environmental supports. Implications for social work practice, behavioral health intervention, school-based mental health services, and immigration-informed policy are discussed. The study highlights the urgent need for culturally responsive, trauma-informed, and equity-centered approaches to supporting the mental health needs of Latin American immigrant adolescents.

Keywords: Foreign-Born, Acculturation, Latin Americans, United States, Mental Health, and Research.

Introduction

The foreign-born population in the United States is experiencing significant growth, accompanied by notable changes in demographic characteristics among immigrants. As of 2023, the United States is home to 47.8 million immigrants, with individuals from Mexico representing the largest group, totaling 10.6 million and constituting 23% of the foreign-born population. Additionally, immigrants from other Latin American countries account for a further 27% of this demographic [1]. As of July 2024, the estimated total population of the United States is 340,110,988, with individuals identifying as Hispanic or Latino comprising 19.5% of the overall population. This figure establishes them as the largest ethnic minority within the country [1, 2].

Given the ongoing growth of the immigrant population, social workers must acknowledge and address the distinctive and varied needs of this expanding demographic [3]. Recognizing the diverse socioeconomic backgrounds and cultural, political, and religious beliefs within the Latino community is crucial for social workers to feel empowered and accountable in providing effective support [1]. A thorough understanding of these needs is essential to delivering impactful advocacy, as it enhances awareness of the challenges this population faces. Furthermore, it is vital to investigate the specific adaptation and mental health trajectories of 1.25 and 1.5-generation Hispanic immigrant youth, as their identities significantly differ from those of first- and second-generation immigrants [3, 4].

This study aims to offer significant insights to researchers, clinicians, and academics engaged in the field of immigrant mental health [5]. The focus is specifically on understanding the adjustment experiences of Latin immigrant adolescents, particularly those identified as part of the 1.25 and 1.5 generations, as they navigate their lives in the United States [2]. This study examines the adjustment process, which

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is influenced by a range of factors, including family dynamics, cultural influences, and acculturative stressors. It will also investigate how these factors contribute to the prevalence of internalizing disorders such as depression and anxiety. Ultimately, this study aims to provide clinicians working with this emerging population with valuable insights by exploring the cultural factors that critically affect their ability to manage acculturative stress and related mental health challenges [5, 6].

According to Venta et al. [7], Latin immigrant adolescents are particularly susceptible to stress during the acculturation process due to various risk factors, including discrimination, family dynamics, and challenges associated with cultural and social integration [8]. Consequently, these individuals frequently exhibit elevated symptoms of internalizing disorders such as depression, anxiety, somatic complaints, and diminished self-esteem [4, 7].

It is noteworthy that Hispanic female adolescents are at a considerably higher risk of facing mental health issues related to the immigrant acculturation process [5]. This study aims to explore how family dynamics, cultural influences, the acculturation process, major stressors, and experiences associated with acculturative stress shape adolescents' overall experiences. Understanding these factors underscores the importance of this study to clinicians and researchers dedicated to improving mental health outcomes for this vulnerable population. The overarching purpose of this study is to provide critical insights for researchers, clinicians, and academics involved in the field of immigrant mental health. The focus is specifically on understanding the adjustment experiences of Latin immigrant adolescents, particularly those identified as belonging to the 1.25 and 1.5 generations, as they navigate life in the United States [9]. This study will consider the adjustment process, influenced by family dynamics, cultural factors, and acculturative stressors, while also exploring how these elements contribute to the prevalence of internalizing disorders such as depression and anxiety. Ultimately, this study seeks to equip clinicians and researchers with the knowledge necessary to enhance mental health support for this population, thereby fostering a sense of hope and purpose [9, 10].

Literature Review

An extensive review of the relevant literature showed that a significant body of research has examined the impacts of acculturation across various domains of functioning within the Latino immigrant community [11]. This includes institutional, cultural, familial, social, and mental health dimensions. It is crucial to clarify that these studies predominantly investigate issues such as depression, anxiety, and family functioning [5]. The existing literature on acculturation effects includes a range of studies [6, 8, 12] that explore concerns such as depression, anxiety, suicidal behaviors, family dynamics, social support, sense of belonging, externalizing behaviors, familism, and experiences of discrimination.

The insights from these studies are crucial for understanding the interplay among risk factors associated with the acculturative experiences of Latino immigrant adolescents [1]. However, these investigations do not thoroughly elucidate how cultural factors impact the mental health trajectories of Latin immigrants in the 1.25 and 1.5 generations [2]. Although they explore several dimensions of acculturation among both male and female adolescents, a discernible disparity persists in the internalizing symptoms exhibited by females, underscoring the need for further examination [5]. Furthermore, there is a significant lack of understanding regarding the specific acculturation and mental health challenges encountered by Latin immigrant adolescents within these subgroups, underscoring the necessity for targeted research initiatives [1, 5].

The following discourse delineates essential terminologies critical for establishing a comprehensive framework in the examination of the complexities surrounding the mental health of Latino immigrant adolescents [9]. Key concepts include the specific classifications of the 1.25 and 1.5 generations, internalizing disorders, acculturation, and acculturative stress. These definitions will provide a foundation for the subsequent review of the existing literature [2].

The distinction between the 1.25 and 1.5 generations is crucial, as it enhances audience engagement and facilitates a deeper understanding of immigrants' nuanced experiences [13]. This classification relates to the age at which an individual immigrates. Acculturation research has typically categorized immigrants into three groups: first-generation (or foreign-born), second-generation, and subsequent generations [14]. However, the operationalization of this categorization has not generally specified age ranges [13]. First-generation immigrants are often perceived as a homogeneous group, with distinctions primarily based on nativity status (i.e., native versus foreign-born). Individuals who emigrated to the United States between the ages of 6 and 12 are classified as the 1.5 generation, whereas those who arrived between the ages of 13 and 17 are classified as the 1.25 generation [13, 14].

Understanding the adaptation processes of immigrants at various life stages is essential for fostering empathy and engagement with their experiences. As Wang et al. [15] asserts, immigrants arrive in the United States at varying developmental stages, which significantly influences their responses to factors such as language acquisition, educational opportunities, and socialization. It is imperative to understand the unique adaptation processes and mental health trajectories of these acculturating 1.25- and 1.5-generation Hispanic immigrant youths, whose identities differ from those of first- or second-generation immigrants [16]. Hispanic immigrant youth, particularly during adolescence an integral period for self-discovery and the development of essential skills including social interaction, coping strategies, and problem-solving abilities exhibit heightened vulnerability. This developmental stage is often marked by the onset of mental health challenges, such as depression and anxiety [17].

Internalizing Psychopathology

Young Hispanic immigrant adolescents face considerable challenges as they adjust to life in the United States, particularly after spending crucial developmental years in their countries of origin [6]. The process of acclimating to a new cultural environment, coupled with the loss of established social networks and exposure to unfamiliar settings, can lead to feelings of confusion and isolation. Recognizing the audience's role in supporting these youth can foster a sense of responsibility and empowerment in addressing their mental health outcomes [18]. Acculturation experiences can have profound implications for the mental well-being of young Hispanic immigrants [9]. It is important to underscore how factors such as perceived discrimination, parent-child conflict, language barriers, and challenges related to ethnic identity heighten their vulnerability. Addressing these issues can inspire stakeholders to take proactive steps, fostering hope and motivation to improve mental health support for this vulnerable group [5, 9].

According to the World Health Organization [19], approximately one in seven adolescents aged 10 to 19 experiences mental health challenges, with anxiety and depression being the most prevalent disorders [19]. Notably, internalizing disorders are more frequently observed among Hispanic adolescent females, who exhibit a higher risk of experiencing depression and anxiety compared to their male counterparts [5]. This data should motivate stakeholders to prioritize targeted mental health support for this vulnerable demographic, emphasizing shared responsibility and action. Furthermore, data from the Youth Risk Behavior Surveillance Survey (YRBS) conducted by the Centers for Disease Control and Prevention (CDC) reveal that in 2017, 46.8% of Hispanic female adolescents in grades 9 to 12 reported feeling sad or hopeless almost daily. Furthermore, 22.2% seriously considered suicide, and 10.5% reported attempting suicide

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("High School YRBS: 2017 Results") [20]. The generational effects on this population remain inadequately addressed, as the study did not encompass this aspect. It is essential to consider generational factors when examining the mental health trajectory of immigrant youth, as their experiences may differ significantly [19, 20].

Acculturation

Acculturation, a key process of cultural change resulting from prolonged engagement with diverse backgrounds, is essential for understanding how individuals adapt to new environments [21]. An individual's adaptation to a new cultural context can vary significantly, influenced by factors such as migration history, age, gender, and socioeconomic status (SES). The decision of Hispanic immigrants to migrate to the United States is a complex phenomenon [22]. This decision frequently arises from circumstances that render the quality of life unsustainable, such as extreme poverty, natural disasters, warfare, and violence [23]. To address these challenges, immigrants leave their home countries in search of improved conditions and opportunities for themselves and their families. Upon embarking on their migration journey, these individuals encounter obstacles characterized as acculturative stressors, which increase the risk of trauma and adversely affect their mental health [24]. Such stressors are often present in the immigrants' country of origin, arise during the migration process, and persist throughout their residence in the host culture [22, 25].

Historically, acculturation has been measured from a unidimensional perspective, treating it as a single continuum that culminates in assimilation [26]. However, there is a growing consensus that this process is more nuanced, allowing for multiple outcomes, including biculturalism or integration [27]. Recent scholarship increasingly critiques the unidimensional model for being restrictive and incapable of capturing the comprehensive nature of the acculturation process, which limits understanding of diverse adaptation experiences [14]. Traditionally, research on adolescent development, mental health, and wellness has been hindered by a "lack of operational definitions for acculturation and psychosocial stress" [28]. While standardized unidimensional and bidimensional measures of acculturation exist, many studies still employ language as a proxy for assessing acculturation. The various definitions and frameworks surrounding this construct complicate the synthesis of findings across studies [26, 27].

Berry [29] introduced four strategies of acculturation that individuals adopt in response to the challenges of acculturative experiences. These strategies include assimilation (conforming to the host culture), integration (biculturalism), separation (retaining one's heritage culture), and marginalization (exhibiting minimal orientation toward both cultures) [30]. Understanding these strategies can foster a sense of hope and agency, as they highlight the diverse ways Hispanic immigrant adolescents adapt and cope with acculturative stressors, influencing their mental health trajectories [27, 30].

Acculturative Stress

Acculturative stress is characterized by interactions and experiences that arise during the acculturation process and play a significant role in shaping an individual's cultural identity, potentially exacerbating mental health outcomes among acculturating youth [22]. This form of stress is profoundly unsettling and can lead immigrants to experience feelings of depression, anxiety, and alienation [26]. Stress related to the acculturation process often begins in the youth's country of origin before migration. Frequently, children and adolescents are left in the care of extended family while their parents undertake the initial migration to the United States. This separation can heighten the risk of depression among these youth [31]. Such stress persists after migrant youth arrive in the United States. The challenges of learning a new language, adapting to unfamiliar cultural norms, and establishing new social support systems can be overwhelming and confusing for these individuals, who are relocated to an unfamiliar environment by their families' decisions [15, 31].

Numerous immigrants face concerns about their documentation status, potential deportation, opportunities, and delays in family reunification [32]. Legal status serves as a substantial source of stress for Hispanic immigrant adolescents, increasing their susceptibility to anxiety [33]. These adolescents are particularly vulnerable to the adverse effects associated with acculturative stress, partly due to their developmental stage [25]. The combination of anxiety and the typical challenges of adolescent development, such as self-exploration, complicates their ability to cope with acculturative stressors [22]. Despite these cultural challenges, many foreign-born adolescents posit that relocating to the United States was a sound decision [26]. The anticipation of new opportunities and enhanced living conditions that promise an improved quality of life may inform this perspective. Hispanic immigrants who migrate to the United States during adolescence face the considerable task of acquiring new competencies, including language, while simultaneously navigating unfamiliar cultural practices and values, all while striving to maintain their ethnic identity [24, 25].

Environmental factors related to acculturation also play a crucial role in an immigrant's ability to adapt to the host culture. This includes resettlement in either new or established immigrant communities, access to resources, and interactions with the broader community [6]. Striking a balance between two distinctly different cultures and addressing environmental factors can be exceedingly challenging and stressful for acculturating youth, ultimately resulting in acculturative stress and adverse mental health outcomes [26, 33].

Acculturation and Mental Health

To gain a better understanding of the relationship between cultural stress factors and mental health outcomes, research indicates that Hispanic immigrant adolescents who experience early cultural stress and come from low socioeconomic backgrounds are particularly vulnerable to internalizing symptoms [6]. Some studies show that spending more time in the U.S. is associated with increased internalizing symptoms [33]. However, other research suggests that time spent in the U.S. can help alleviate these symptoms, especially when acculturative stress is not a factor [6, 7].

Younger immigrants often struggle with cultural adaptation due to limited support systems, especially when separated from family [15]. This initial loss can heighten stress during their acculturation process. According to Becerra et al. [34], adolescents from immigrant backgrounds are at an increased risk of experiencing depression, anxiety, and low self-esteem when faced with acculturative stressors, including discrimination, challenges associated with acculturation, and language barriers. The likelihood of developing depressive symptoms is intensified in the presence of heightened levels of perceived cultural stressors, which may lead to long-term adverse effects on the mental health of these young individuals [6]. A study conducted by Davis et al. [8] examined the relationship between discrimination and depressive symptoms, revealing that Hispanic immigrant adolescents who reported experiences of discrimination at baseline also exhibited depressive symptoms six to twelve months later [15, 34].

Conversely, Smokowski, Rose, Evans, et al. [35] investigated the effects of assimilation and high levels of discrimination using data from the Los Angeles Adolescent Health Project (LAAHP) to assess how acculturative conflict influences internalizing symptoms. Their findings indicated no significant association between these variables. Furthermore, an earlier investigation by Smokowski, Chapman, and Bacallao [36] found that Hispanic immigrant adolescents with lower levels of acculturation encountered greater instances of discrimination. A subsequent longitudinal study examining the relationship between acculturation levels and mental health outcomes

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among a diverse sample of recent adolescent migrants from Mexico, the Dominican Republic, Central America, Haiti, and China discovered no significant connection between acculturation encompassing enculturation and biculturalism and depressive symptoms when controlling for factors such as age, parental education, and income [37]. It appears that experiencing acculturative stressors in isolation may not significantly impact the mental health of these immigrant youth. Alternative factors, including resource availability, social support, and a sense of purpose, may mediate the impact of these stressors and enhance coping strategies [37, 38].

Discrepancies in acculturation within families have been shown to influence the mental health trajectories of adolescents. Cano et al. [6] investigated the impact of cultural discrepancies within adolescent-parent dyads and found that adolescents who identified more strongly with American culture compared to their parents exhibited higher levels of depression. Another study found that adolescents who adopt U.S. cultural practices and individualistic values early in the acculturation process exhibit better family functioning, greater youth development, and greater protection against depressive symptoms [5]. The duration of residence in the United States may provide additional insights into the inconsistencies observed across various studies. Early acquisition of host culture skills, such as language proficiency, may alleviate the burden on parents or guardians who depend on their children for assistance with communication and daily activities, ultimately enhancing family cohesion [5, 15].

Biculturalism has been recognized as a protective factor against acculturative stress and internalized symptoms, equipping immigrant adolescents to navigate and apply diverse cultural values and behaviors effectively across contexts [14]. However, Smokowski et al., [35] reported that biculturalism did not demonstrate a significant association with internalizing symptoms among their study participants. While a direct association between biculturalism and these symptoms may not exist, the extent of integration or acculturation may mediate the relationship between acculturative stress and internalizing symptoms [14, 26].

Acculturation and Family Functioning

Migrant youth are at an elevated risk for experiencing increased symptoms of depression, attributed in part to inadequate family involvement [5]. The outcomes of migration and cultural adaptation exert diverse effects on individuals, and it is important to note that acculturation does not affect individuals alone; families collectively encounter acculturative challenges [21]. Research indicates that family members frequently exhibit similar scores on acculturation factors, including cultural practices and values, although this may not consistently encompass U.S. cultural practices [5, 34].

Acculturation manifests at varying rates among family members. Adolescents, particularly, are exposed to more sociocultural experiences than their parents, which may affect the pace at which they adapt to the host society's cultural norms [4]. These disparate rates of acculturation among family members can foster a stressful family environment, resulting in strain on significant relationships [24]. A five-wave study examining the implications of parent-adolescent acculturation discrepancies on family functioning and adolescent outcomes including self-esteem, depression, and optimism revealed that such discrepancies contributed to heightened family tension and adverse mental health outcomes for Hispanic immigrant youth navigating the acculturation process [24, 25].

Smokowski et al. [35] concluded that families that collectively participated in U.S., native, and bicultural practices exhibited greater cohesion, enhanced coping mechanisms for acculturation-related stressors, and reported lower levels of family conflict. Conversely, families confronting acculturation conflicts faced an increased risk of familial issues and demonstrated diminished capacity for managing acculturative stress [15]. This suggests that as families spend more time in the United States, their cultural practices may gradually become misaligned, leading to familial strain due to acculturation conflicts [39]. The duration of residency in the U.S. also appeared to affect family functioning; families with extended residency reported reduced levels of cohesion and adaptability [17]. While the specific impact of time spent in the U.S. on the 1.5-generation of adolescents and their families was not explicitly examined, it is reasonable to infer that family dynamics may evolve over time as adolescents and their parents diverge in cultural beliefs and practices [15, 39].

Additionally, a study by Cano et al. [6] employed data from the COPAL study to investigate the influence of cultural gaps between parents and adolescents on family functioning. The findings emphasize the importance of preserving cultural heritage among recent immigrant families [4]. The study of Cano et al. [6] found a positive correlation between collectivism and family functioning: adolescents who reported higher levels of collectivist values also reported improved family functioning. Collectivism, a core value in Hispanic culture, fosters family cohesion, in contrast to American cultural norms that often emphasize individualism [6, 15].

Family Functioning and Mental Health

Family is of greatest importance in Hispanic culture, as it is very significant to how the family functions as a whole [15]. Hispanic immigrant youth are particularly vulnerable to experiencing mental illness as a consequence of having unsound family relationships. However, when conflict is absent, the family can serve as a protective factor for these youth amid acculturative stressors. Several studies examined the role that family relationships have played in the development of mental health symptoms among recently immigrated Latino youth [6]. The research conducted by Wang et al. [15]investigated the impact of family time on the mental health of Hispanic immigrant youth. In a related study, Young [3] analyzed the connection between family involvement and depressive symptoms, among other variables, within a sample of newly arrived Latino immigrant adolescents. A negative association between family involvement and depressive symptoms was found, suggesting that adolescents who reported having a greater family presence showed a decline in depressive symptoms. Few studies have examined subgroup differences of these variables among Latino immigrants, and little is known about the effect that family dynamics have on the mental health trajectories among these Latino subgroups [15, 40].

For Central American, Mexican, and Dominican immigrant youth, depression was more prevalent for Dominican adolescents in families who were less involved [41]. It was hypothesized that Dominican immigrant adolescents' depression may result from the absence of a support system in the U.S., making it difficult for them to manage acculturative stressors [42]. A study examining the long-term effects of cultural involvement (origin and host) and values on Hispanic immigrant adolescents' high-risk behaviors and depression found that adolescents' perceived high levels of family functioning were associated with decreased depressive symptoms; however, when parents perceived family functioning to be high, not adolescents, depression increased [6]. The findings from these studies affirm that the family serves as a protective factor for adolescents' psychological well-being. This information is instrumental in understanding the family experiences that Latino immigrant adolescents deem most significant in addressing acculturative stressors [26]. This is particularly important for understanding how family dynamics over time influence the long-term effects of depressive symptoms in this group of adolescents [26, 41].

Adolescents who are in a disharmonious relationship with their parents are significantly more at risk for mental health problems than other reported risk factors [17]. Family system dynamics and internalizing behaviors were examined longitudinally by Smokowski et al. [35] and Stein et al. [37]. In these studies, foreign-born Latino

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adolescent-parent pairs comprised 67% of the sample and, on average, had been living in the U.S. for 5 years. Among some of the variables studied were parental mental health, marriage quality, familism, family cohesion, parent-adolescent conflict, and internalizing symptoms. Among the variables examined, parent-adolescent conflict was indicated as a preeminent risk factor for adolescent internalizing symptoms [35]. Familial discord was most troubling for enculturated Latino immigrant youth who, due to a lack of involvement in non-Latino cultural practices, may find it particularly difficult to cope because they lack an extended source of support outside of the family milieu [37, 41].

The findings regarding the impact of parent-adolescent conflict on adolescent self-esteem are notably inconsistent. Piña-Watson et al. [43] reported that family strife did not correlate with self-esteem; conversely, in a subsequent study, Morales et al. [41] identified that when parent-adolescent conflict was excluded from the analysis, familism was linked to enhanced self-esteem. Familism serves as a protective factor against mental health issues for Latino immigrant youth; however, the presence of parent-adolescent conflict diminishes this protective effect [26]. An opposing study found no association between internalizing symptoms, familism, family cohesion, and family adaptability [35]. The researchers indicated that similarities between parent-adolescent conflict and familism may obscure the advantages of familism, as parent-adolescent conflict directly influences internalizing symptoms [35, 43].

Utilizing the LAHP dataset, Smokowski, et al. [35] investigated the relationship between parental mental health, the quality of marital relationships, and internalizing symptoms among Latino immigrant adolescents. The study found no association between marriage quality, parental depression, worry, and adolescent internalizing symptoms; however, a parent's fear of social interaction and feelings of humiliation were found to correlate with increased internalized symptoms in Latino immigrant adolescents. Immigration status may act as a mitigating factor influencing a parent's reluctance to engage actively with the community [43]. The researchers speculated that the adolescents' anxiety might stem from their interpretation of their environment, which evolves in response to their parents' fear and avoidance of social interactions, leading to a perception of an unsafe environment. This issue is particularly significant, as an increasing number of families and young immigrants hold fears of deportation [43, 44].

Social Support and Mental Health

Social support can both mediate and moderate the impact of acculturation on the mental health symptoms of Latin immigrant adolescents [45]. Various studies illustrate the effects of social support on the mental health of these Latino youth. The research conducted by Archuleta and Lakhwani [46] examined various social determinants and their association with mental health outcomes within a cohort of Latino immigrant adolescents. For many immigrant youth, the education system serves as a critical venue for acquiring aspects of the host culture, including language. School provides opportunities for social interaction and for establishing external support systems. Over time, research has demonstrated that school bonding increases among foreign-born youth [9]. Arora et al. [44] identified that teacher and peer support yielded mental health benefits for first-generation foreign-born Mexican immigrant adolescents, such as a reduction in the likelihood of experiencing depressive symptoms. Furthermore, prosocial friendships have been shown to positively affect self-esteem in these acculturating youth [45]. However, these friendships do not exhibit a significant correlation with internalizing symptoms [38]. This finding was corroborated by Sirin et al. [47], who found that while internalizing symptoms diminish with adolescents' perceptions of social support, such support does not significantly influence the association between acculturative stress and internalizing symptoms. Nevertheless, research demonstrates that self-esteem is partially mediated by prosocial friendships in the relationship with perceived discrimination [37]. Thus, while social support does not directly impact internalizing symptoms, it serves as a protective factor against acculturative stress [38, 45].

Archuleta [48] explored the potential relationships among psychological and social well-being and emotional regulation. The presence of positive relationships, a sense of purpose, and environmental mastery was positively associated with emotional regulation. However, the correlation between social integration and emotional regulation was no longer significant after controlling for psychological well-being, acculturation, and demographics. Notably, the study of Becerra et al. [34] suggested that Latino immigrant youth are at heightened risk for social stress and interpersonal challenges due to conflicts with parents over their associations with peers from the host culture. The current body of literature consistently demonstrates that parental conflict is a significant predictor of social stress and depressive symptoms in adolescents, with a particularly pronounced effect observed among females [25, 34].

The lack of positive peer affiliations may render Latino immigrant adolescents susceptible to mental health symptoms or may lead them to associate with peers who engage in negative behaviors [48]. Consequently, the nature of interactions Latino immigrant youth have with their peers is crucial to their socioemotional development [15]. A supportive network can yield significant benefits for the psychological well-being of these immigrant youth. Evidence suggests that the presence of social support is associated with a decreased risk of depression [31]. The existing literature consistently shows that Latino immigrant participants who engaged in prosocial interactions with peers exhibited higher self-esteem [15, 31].

Mossakowski and Zhang (2014) investigated the relationship between social ties and health, identifying seven critical mechanisms that affect both physical and mental well-being. These mechanisms include social influence, social control, purpose and meaning, self-esteem, sense of control, belonging, and perceived availability of support. The findings confirmed that perceived social support is a vital factor that enhances individuals' feelings of self-worth, elevates self-esteem, and fosters a sense of control, while also acting as a protective element against stress [24, 31].

Discussion

The findings of this literature review demonstrate that acculturation is a complex and multidimensional process that significantly affects the mental health and psychosocial functioning of Latin American immigrant adolescents. Experiences associated with discrimination, immigration-related stress, family conflict, language barriers, documentation concerns, and economic hardship contribute to elevated risks of depression, anxiety, social isolation, and diminished self-esteem among immigrant youth [5, 26, 49]. The literature consistently indicates that acculturative stress cannot be understood solely as an individual psychological process. Rather, acculturative stress is shaped by broader structural and systemic factors, including anti-immigrant policies, socioeconomic inequities, educational disparities, barriers to healthcare access, and social exclusion [50, 51]. These findings reinforce the importance of examining immigrant mental health through ecological, trauma-informed, and anti-oppressive frameworks.

Family functioning emerged as one of the strongest predictors of psychological well-being among immigrant adolescents. Strong family cohesion, familism, parental involvement, and bicultural adaptation frequently served as protective factors against depressive symptoms and psychological distress [15, 44]. Conversely, parent-adolescent conflict, acculturation gaps, and disrupted family relationships were associated with poorer mental health outcomes. The literature also highlights the importance of social support systems

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outside the family environment. School connectedness, positive peer relationships, mentoring relationships, and supportive educational environments may significantly reduce emotional distress and foster resilience among immigrant youth [8, 52]. These findings underscore the critical role schools and community organizations play in supporting immigrant adolescents during the acculturation process.

At the same time, inconsistencies across studies indicate that the relationship between acculturation and mental health is not linear. Variations in immigration experiences, developmental stage, socioeconomic status, gender, documentation status, and community context likely influence mental health trajectories differently across populations. Future research should continue exploring subgroup differences among immigrant youth while utilizing longitudinal and culturally responsive methodologies.

Implications for Social Work Practice

For social work practice addressing the intersection of acculturation and mental health among Latin Americans in the United States requires moving away from a one-size-fits-all approach. Practitioners must actively assess where individuals and families sit on the acculturation spectrum, recognize that the pressures to adapt can trigger acculturative stress, which frequently manifests as heightened anxiety, depression, and intergenerational family conflict when children acculturate faster than their parents [53, 54]. However, the findings of this review have important implications for social work practice, behavioral health intervention, and school-based mental health services. Social workers serving immigrant adolescents must utilize culturally responsive, trauma-informed, and strengths-based approaches that recognize the complex social and emotional realities associated with migration and acculturation [52, 55]. Behavioral health interventions should address not only psychological symptoms but also the structural conditions contributing to emotional distress. Clinicians working with immigrant youth should assess for:

- acculturative stress,
- discrimination experiences,
- family separation trauma,
- documentation-related fears,
- language barriers,
- educational stress,
- and social isolation.

School social workers and mental health professionals play a particularly important role in supporting immigrant adolescents. Schools are often among the primary environments where immigrant youth develop social support systems, language skills, and cultural adaptation strategies. School-based interventions should include:

- culturally responsive counseling services,
- peer support programs,
- mentoring initiatives,
- family engagement efforts,
- bilingual mental health services,
- and anti-bullying interventions.

Research suggests that culturally responsive school environments and strong adult support systems may significantly improve emotional well-being and academic engagement among immigrant adolescents [15, 56]. Family-centered interventions are also essential. Because familism serves as a protective factor for many Latin American immigrant families, interventions should strengthen family communication, conflict resolution, and bicultural adaptation. Programs that support both adolescents and caregivers may reduce acculturation-related family conflict while improving emotional well-being. Community-based behavioral health programs should prioritize accessibility and cultural responsiveness. This includes increasing the availability of bilingual clinicians, reducing transportation and financial barriers to care, and integrating culturally relevant approaches into mental health services [49, 52].

Implications for Social Work Policy

The findings of this review also carry important implications for immigration policy, educational equity, and behavioral health systems. Policies addressing immigrant mental health must move beyond crisis-oriented approaches and prioritize long-term structural support for immigrant families. Latin American immigrant adolescents frequently experience stress associated with immigration enforcement practices, fear of deportation, educational inequities, and barriers to healthcare access [50, 51]. Immigration-informed policy reform should prioritize:

- family reunification,
- educational access,
- language accessibility,
- healthcare equity,
- and culturally responsive behavioral health services.

Educational systems serving immigrant populations require increased funding to support bilingual educators, school social workers, mental health counselors, and culturally responsive programming. Schools should also expand newcomer support programs, after-school initiatives, tutoring services, and immigrant family outreach efforts. Behavioral health policy should prioritize expanding access to community-based and school-based mental health services for immigrant youth. Increased funding for bilingual clinicians and culturally responsive behavioral health interventions is essential to reducing disparities in mental healthcare access [52, 56]. The findings also underscore the importance of policies such as Deferred Action for Childhood Arrivals (DACA), which have positively influenced educational and psychosocial outcomes among immigrant youth by reducing fears associated with deportation and increasing opportunities for academic and professional advancement [51]. Finally, social work advocacy efforts should continue addressing systemic inequities that disproportionately affect immigrant communities, including poverty, discrimination, healthcare disparities, housing instability, and barriers to social services.

Conclusion

Latin American immigrant adolescents experience acculturation within complex social, cultural, economic, and political contexts that significantly shape their mental health trajectories. The findings of this literature review demonstrate that acculturative stress, discrimination, family conflict, economic instability, and immigration-related fears contribute to elevated risks of depression, anxiety, and psychosocial distress among immigrant youth [5, 26]. At the same time, the literature highlights important protective factors, including familism, biculturalism, school connectedness, peer support, spirituality, and culturally responsive community resources [15, 44]. These findings reinforce the importance of strengths-based and resilience-oriented approaches to social work practice.

Social workers, educators, policymakers, and behavioral health professionals must continue developing culturally responsive and trauma-informed interventions that support immigrant adolescents and their families [52, 55]. Expanding access to bilingual mental health services, school-based supports, family-centered interventions, and immigration-informed policies is essential to promoting emotional well-being and long-term resilience. Future research should continue examining the experiences of 1.25- and 1.5-generation immigrant adolescents using longitudinal, intersectional, and culturally grounded methodologies. Greater attention should also be given to the influence of immigration policy, structural inequities, and systemic discrimination on the mental health outcomes of immigrant youth. Ultimately, supporting the well-being of Latin American immigrant adolescents requires not only culturally responsive clinical intervention, but also sustained advocacy for social justice, equity, and inclusive policies that recognize the dignity, resilience, and humanity of immigrant communities.

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