





RESEARCH ARTICLE OPEN ACCESS

COVID-19 Stress and Coping Among Black Youth: The Role of Socio-Emotional Community Mentor Support

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Received: 18 July 2024 | **Revised:** 26 January 2025 | **Accepted:** 27 February 2025

Keywords: Black youth | community engagement | COVID-19 | mentors | stress

ABSTRACT

This study examined associations between COVID-19 stress and the utilization of engaged and disengaged coping responses among diverse Black youth during the COVID-19 pandemic. In addition, the role of mentor social-emotional support was tested as a moderator of these associations. Participants were 1232 youth ages 11 to 18 year old from the United States who identified as Black/African American. Analyses indicated that COVID-19 stress was positively associated with both engaged and disengaged coping. Results also showed a significant interaction between COVID-19 stress and mentor social-emotional support in the prediction of engaged coping, such that COVID-19 stress positively predicted engaged coping more pronouncedly at lower levels of mentor support than at higher levels of mentor support. Similarly, there was also a significant interaction between COVID-19 stress and mentor social-emotional support in predicting disengaged coping, such that at low levels of mentor support, COVID-19 stress was marginally associated with disengaged coping. At high levels of mentor support, COVID-19 stress was no longer significantly associated with disengaged coping. The current study highlights that the social-emotional support of mentors can attend to the psychosocial strengths of Black youth even in the face of concurrent, ongoing stressors.

1 | Introduction

The simultaneous COVID-19 pandemic and racial injustice uprising in the United States and their impact on racial/ethnic inequities in mental health have been referred to as “syndemic” and have had significant mental health impacts on Black families and youth (Cokley et al. 2022; Gravlee 2020; Shim and Starks 2021; Powell 2021). It is pivotal for us to better understand how COVID-19 impacted Black youth during the height of the pandemic, as well as how Black youth perceived and coped with these concurrent life stressors. Research on these intersecting issues can yield invaluable data to guide culturally responsive prevention strategies, clinical interventions, and policies that may address structural barriers to equitable physical and mental health care. This study examines the associations between COVID-19 stress and the use of engaged and

disengaged coping mechanisms among Black youth, as well as the role of mentor support in moderating these associations.

Beginning in early 2020, SARS-CoV-2 (COVID-19) became a global public health concern with consequential impacts on mental health, physical health, and financial well-being (Cao et al. 2020; Oosterhoff et al. 2020; Wang et al. 2020). Black communities, in particular, bore the brunt of the COVID-19 pandemic in terms of infection rates, hospitalizations, and mortality rates, with Black adults being two times more likely to die of COVID-19 than white adults (Poteat et al. 2020). Disparities in socioeconomic status alone do not fully account for these disparities. Structural forms of racism embed inequalities into the social, communal, and economic experiences of Black communities. This systemic racism sustains racial disparities by amplifying exposure to stressors such as inadequate healthcare

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access, employment instability, and environmental risks. These entrenched inequalities create and sustain conditions that exacerbate the adverse effects of the pandemic for Black youth, further contributing to their disproportionate experiences of hardship (Shonkoff 2021). While mortality rates for youth, in general, have been significantly lower than that of adults, Black youth lost family members who represented key sources of social support at significantly disproportionate rates compared to youth of other ethnic/racial groups. These stressors were exacerbated by social distancing, which reduced youths' contact with relatives, peers, and adult role models who typically provide Black youth with needed social-emotional support (Urbina-Garcia 2020). Further, COVID-19-related stressors exacerbated existing, chronic stressors that some Black youth were experiencing related to neighborhood disadvantages, other intersecting marginalized identities such as gender or sexual orientation minority status, racial discrimination, and poverty, potentially shaping their future life course trajectory (Verdery et al. 2020).

Recent findings suggest a direct association between the COVID-19 pandemic and increased perceived stress, particularly among racially minoritized youth (Stinson et al. 2021). Perceived stress is a psychological state that describes the degree to which individuals appraise life events as overloading and unpredictable and determines how they may respond to environmental stressors (Cohen et al. 1983). Perceived stress from the COVID-19 pandemic is associated with poorer psychological functioning among adolescents (Gotlib et al. 2021; Liu and Wang 2021). Previous work has also found that 74% of Black youth worried about the effect of COVID-19 on family finances, and 71% worried about their families being exposed to the virus, heightening their vulnerability to psychosocial difficulties (Wronski 2020; Yip et al. 2021).

1.1 | Engaged and Disengaged Stress Coping Responses

Youth may respond to chronic or acute ongoing stressors through engaged or disengaged coping responses. Engaged coping responses attempt to change the situation, one's view of the situation, or how one manages emotions around the stressor. These responses can be directed toward the stressor or one's reactions to the stressor (Connor-Smith et al. 2000). Strategies like active coping, planning, acceptance, and positive reframing are generally considered forms of engaged coping (Kavčič et al. 2022). In contrast, disengaged coping responses involve denial or withdrawal, avoidance of one's feelings, and an unwillingness or inability to act in response to the stressor. Disengaged coping responses are typically oriented away from the stressor or one's reactions to the stressor (Kavčič et al. 2022) and may include strategies such as substance use or abuse, avoidance strategies, and dissociation.

Engaged coping responses have been associated with lower psychosocial difficulties, while disengaged coping responses have been associated with higher psychosocial difficulties (Compas et al. 2017). Engaged coping responses provide opportunities for Black youth to address the source of their stress through connecting with others and enacting change, and

therefore may be a particularly adaptive response to COVID-19 experiences (Anderson et al. 2019). However, the use and implications of coping responses can be context-specific (Anderson et al. 2019). For instance, disengaged coping responses may be more commonly employed in situations where individuals perceive a lack of control and can be temporarily protective for Black youth in contexts that threaten their physical safety, such as community violence (Edlynn et al. 2008; Gaylord-Harden et al. 2016). Amidst the convergence of challenges from continual racial injustice, pandemic-related disparities, and social disruptions during the pandemic, Black youth may experience a diminished sense of control, potentially leading to a reliance on disengaged coping responses. However, little is known about the coping strategies employed by Black youth in response to pandemic-related stress. Investigating the extent to which Black youth respond to community health stressors with engaged and/or disengaged coping strategies is crucial for future considerations of early intervention and prevention.

1.2 | Social-Emotional Mentor Support as a Protective Factor

Recognizing the implications of coping responses for Black youths' well-being, it is essential to consider moderating factors that may support adaptive coping responses. Studies suggest that youth facing severe stressors may be more likely to engage in adaptive coping, particularly engaged coping, when they also experience a relationship with a supportive adult (Glover et al. 2022). Thus, promoting adaptive coping responses, such as engaged coping for Black youth, may also require creating opportunities for them to develop and practice these coping strategies in the context of their relationships with supportive adults.

According to the Phenomenological Variant of Ecological Systems Theory (P-VEST; Spencer 1995), culturally enriching protective factors, such as supportive relationships, can foster healthy development among youth living in under-resourced communities with a multitude of systemic barriers (Tyler et al. 2020). Social-emotional support from mentors can shape Black youths' coping strategies through guidance, modeling, and increased competency (Grant et al. 2014; Sánchez et al. 2018). In addition, strengths-based approaches suggest that aligning ecological resources (social support) with youths' internal strengths (coping behaviors) can promote thriving (Lerner et al. 2014; Scales et al. 2022). As such, the psychosocial coping responses of Black youth experiencing COVID-19-related stress may be influenced by their access to resources, such as their relationships with caring adults. The pandemic highlighted the necessity of community support for youth, given that many adolescents experienced reduced opportunities for social-emotional interaction due to school closures and social distancing (Garagiola et al. 2022). A recent study on the experiences of mentors during the early months of the pandemic found that their engagement with youth provided crucial support during a challenging and confusing time (Kaufman et al. 2022). As such, the social-emotional support Black youth received from mentors may have been vital for promoting adaptive psychosocial coping responses by helping youth

1.3 | Present Study

1.4 | Participants and Procedure

cognitive, and behavioral support through consistent interaction to promote their social, emotional, and cognitive growth into adulthood". The final analyses were based on a subsample of participants who were ages 11-18, who identified as Black/African American, and who responded to the survey questions about COVID-19 stress and the outcome variables of interest (i.e., engaged/disengaged coping). This resulted in a final sample of 1,232 youth. These youth had an average age of 14.7 (SD = 2.0, range = 11-18), 47.6% of them identified as girls and 16.1% identified as gay, lesbian, bisexual, pansexual, demisexual, asexual, queer, prefer to self-describe, or "I am not sure yet").

1.5 | Measures

1.5.1 | COVID-19 Stress

1.5.2 | COVID-19 Engaged and Disengaged Coping

Participants also responded to four items ($\alpha = 0.73$) reflecting their use of disengaged coping responses to COVID-19 stress: “I pretend that the COVID-19 pandemic has not really happened,” “I find it difficult to think about anything other than the COVID-19 pandemic,” “I try not to think about the COVID-19 pandemic,” and “I try to take my mind off the COVID-19 pandemic by focusing on other activities [Examples: watching TV, listening to music, playing a sport, reading a book].” Participants responded to items asked on a 4-point scale ranging from *Never* (1) to *All of the Time* (4).

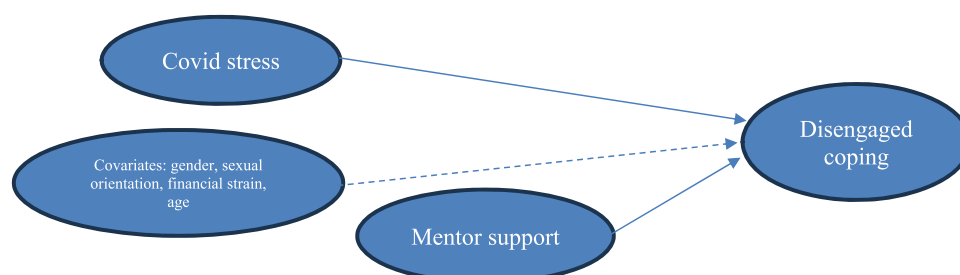


FIGURE 1 | Conceptual model of relationship between covid stress, mentor support, disengaged coping, and covariates.

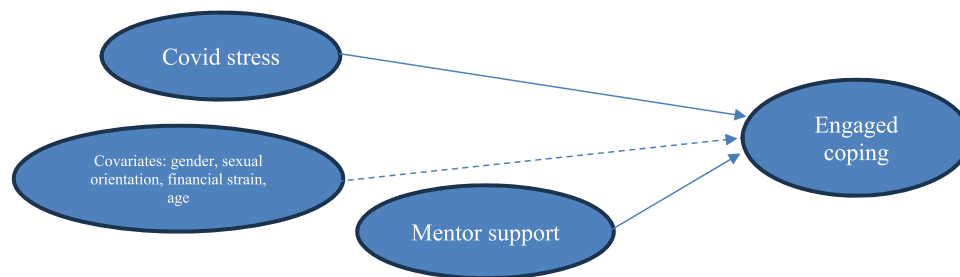


FIGURE 2 | Conceptual model of relationship between covid stress, mentor support, engaged coping, and covariates.

The items were newly created by the authors, and tested across several studies of families, schools, and peer relationships before use in the current study (see Pekel et al. 2018). Items were examined in an iterative process involving multiphase interviews, cognitive interviews, and a pilot survey study of 213 elementary, middle, and high school youth to ensure the developmental appropriateness of measures of youth across ages. Items were identically worded across age groups, with careful attention to easy readability and interpretation by the youngest participants.

1.5.3 | COVID-19 Social-Emotional Mentor Support

Youth were asked 3 items ($\alpha = 0.80$) regarding the types of social-emotional support they received from their mentors during the COVID-19 pandemic: “My relationship with my mentor has helped make things feel more normal during the COVID-19 pandemic,” “My mentor has helped me understand, or make sense of, my feelings related to the COVID-19 pandemic,” and “My mentor provides a safe space where I can share my feelings and experiences related to the COVID-19 pandemic.” The items were assessed on a 4-point scale: *Strongly Disagree* (1) to *Strongly Agree* (4). Search Institute’s defined social-emotional support as the process through which children understand and manage emotions, set, and achieve positive goals, feel, and show empathy for others, establish, and maintain positive relationships, and make responsible decisions (Collaborative for Academic, Social, and Emotional Learning 2017). The mentor support that youth receive could range widely depending on the organization, availability, and unique mentor style of each community mentor.

1.5.4 | Covariates

Four demographic variables were included in the models as covariates: age, gender (girl vs. boy), sexual orientation, and family financial strain (2 = We cannot buy the things we need sometimes [10.34%], 1 = We have just enough money for the things we need [38.71%], and 0 = We have no problem buying the things we need [50.95%]). The latter two were included to account for the impact of stress felt by having a sexual minority identity (Zhao et al. 2021) and high levels of family financial strain (Mayhew and Lempers 1998).

1.6 | Analytic Plan

All analyses were performed using Stata 15.1 (StataCorp 2017). Multiple imputations, with 20 imputed datasets using the

predictive mean matching technique (Morris et al. 2014) to ensure that the imputed values fell within reasonable ranges, were used to address missing data before conducting any of the predictive statistical analyses. Missing data ranged from 0% for main predictors and outcomes, 2% for participant age, 3% for participant gender, 6% for family financial strain, to 12% for participants’ sexual orientation. Hierarchical regression analysis was conducted to address the research questions. Covariates (gender, sexual orientation, self-reported family financial strain, and age) were entered into the model first, followed by COVID-19 stress, mentor social-emotional support, and the interaction term between COVID-19 stress and social-emotional mentor support, with engaged and disengaged coping (in separate models) as the dependent variable. The first hypothesis was addressed by reporting the regression coefficient for the COVID-19 stress variable, and the second hypothesis was addressed by interpreting the regression coefficient for the interaction term between COVID-19 stress and social-emotional mentor support. Continuous variables were standardized before creating the interaction term to ease interpretation. The Dawson and Richter (2006) test for simple slopes was used to probe significant interaction terms.

2 | Results

2.1 | Confirmatory Factor Analyses

Confirmatory factor analysis with the mentor support scale, engaged coping, and disengaged coping their respective items showed acceptable model fit (CFI = 0.91; RMSEA = 0.098; SRMR = 0.056). All the loadings (except one item in the engaged coping scale) were larger than 0.60 on their respective factor, suggesting the convergent validity of these constructs. The correlation between the mentor support and engaged coping scales was 0.48, between the mentor support and disengaged coping scales was 0.37, and between the engaged and disengaged coping scales were 0.74, suggesting the divergent validity of these constructs. Covid stress was not part of the CFA analysis due to being a single item measure.

2.2 | Descriptive Analyses and Bivariate Correlations of Main Variables

As shown in Table 1, bivariate correlations and t-tests revealed significant links between study variables and our covariates of age, gender, and sexual orientation. Older youth on average reported higher COVID-19 stress ($r = 0.16$, $p < 0.001$), and

engaged coping ($r = 0.09$, $p < 0.001$), and lower disengaged coping ($r = -0.06$, $p < 0.05$), than younger participants. Black girls in the sample reported higher COVID-19 stress ($t = -7.53$, $p < 0.001$) and lower social-emotional support from their mentors ($t = 2.64$, $p = 0.008$), than Black boys. Higher financial strain was associated with higher COVID-19 stress ($r = 0.07$, $p < 0.05$) and lower engaged coping ($r = -0.09$, $p < 0.01$). There were also significant correlations between COVID-19 stress and social-emotional mentor support. As shown in Table 1, T-tests were only performed with gender and sexual orientation since all other variables are continuous instead of binary ($r = 0.06$, $p < 0.05$), engaged coping ($r = 0.17$, $p < 0.001$), and disengaged coping ($r = 0.10$, $p < 0.001$).

2.3 | Associations Between COVID-19 Experiences and Psychosocial Coping Responses

As predicted, COVID-19 stress was positively associated with disengaged coping ($\beta = 0.10$, $p < 0.001$); specifically, each standard deviation increase in reported COVID-19 stress was associated with 0.10 SD increase in disengaged coping (Table 2). In addition, COVID-19 stress was positively associated with engaged coping ($\beta = 0.15$, $p < 0.001$); specifically, every one standard deviation increase in reported COVID-19 stress was associated with 0.15 standard deviation higher engaged coping (Table 2). The overall model was statistically significant, $F(7, 1203.6) = 40.29$ (Field 2013).

2.4 | Mentor Social-Emotional Support as a Moderator

As predicted, there was a significant interaction between COVID-19 stress and mentor social-emotional support in predicting both engaged coping ($\beta = -.05$, $p = 0.029$; Table 3) and disengaged coping ($\beta = -.08$, $p = 0.002$); Table 4). Follow-up simple-slope analyses suggested that, for engaged coping, COVID-19 stress positively associated with engaged coping more strongly at lower levels of mentor support (at mentor social-emotional support 1 SD below the mean, $\beta = 0.15$, $p < 0.001$) than at higher levels of mentor support (at mentor social-emotional support 1 SD above the mean, $\beta = 0.07$, $p = 0.011$; Figure 3). Follow-up simple-slope analyses for the disengaged coping model suggested that at low levels of mentor support (1 SD below the mean), COVID-19 stress was marginally associated with disengaged coping ($\beta = 0.13$, $p = 0.058$), and at high levels of mentor support (1 SD above the mean), COVID-19 stress was no longer significantly associated with disengaged coping ($\beta = 0.02$, $p = 0.852$; Figure 4).

3 | Discussion

This study utilized a P-VEST theoretical framework to examine the associations between COVID-19 stress and engaged coping responses and disengaged coping responses among Black youth during the COVID-19 pandemic. In addition, the current study examined if receiving social-emotional mentor support moderated the effects of these stressors on the coping responses of youth. Consistent with predictions, higher rates of COVID-

TABLE 1 | Descriptive statistics and bivariate correlations of main variables.

Indicator	1	2	3	4	5	6	7	8
Predictors								
1. COVID-19 stress	--							
2. Mentor social-emotional support	0.06*	—						
Outcomes								
3. Engaged coping	0.17***	0.39***	—					
4. Disengaged coping	0.10***	0.30***	0.57***	—				
Covariates								
5. Gender: Female	0.21*** ($t = 7.53$ ***)	-0.08** ($t = 2.64$ *)	-0.01 ($t = 0.40$)	-0.03 ($t = 1.14$)	—			
6. Sexual orientation: Straight	-0.03 ($t = 0.99$)	0.04 ($t = 1.22$)	0.04 ($t = 1.32$)	0.01 ($t = 0.38$)	-0.30***	—		
7. Family financial strain	0.07*	-0.02	-0.09**	-0.05	-0.02	-0.05	—	
8. Age	0.16***	0.04	0.09***	-0.06*	-0.07*	0.06*	0.08**	—
Mean	1.69	2.13	1.57	1.39	0.48	0.84	0.59	14.67
Standard Deviation	1.04	0.66	0.80	0.77	0.50	0.37	0.67	2.00

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

TABLE 2 | Associations between COVID-19 stress and psychosocial coping outcomes, with social-emotional mentor support as moderator.

	Engaged coping	Disengaged coping
Main predictors		
COVID-19 stress	0.15*** (0.03)	0.10*** (0.03)
Mentor social-emotional support	0.38*** (0.03)	0.29*** (0.03)
COVID-19 stress × Mentor social-emotional support	−0.05* (0.02)	−0.08** (0.02)
Covariates		
Female	−0.02 (0.06)	−0.09 (0.06)
Heterosexual	0.04 (0.08)	−0.01 (0.08)
Financial strain	−0.14*** (0.04)	−0.07 (0.04)
Age	0.03* (0.01)	−0.05** (0.01)
Intercept	−0.40 (0.21)	0.75** (0.22)

Note: Continuous variables were standardized. Standard errors in parenthesis.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

TABLE 3 | Associations between COVID-19 stress, mentor social emotional support, and engaged coping.

	Estimate	SE	95% CI		<i>p</i>
			LL	UL	
Main predictors					
COVID-19 stress	0.146	0.027	0.094	0.120	< 0.001
Mentor social-emotional support	0.377	0.026	0.326	0.427	< 0.001
COVID-19 stress × Mentor social-emotional support	−0.052	0.024	−0.099	−0.005	0.029
Covariates					
Female	−0.020	0.056	−0.130	0.091	0.728
Heterosexual	0.043	0.080	−0.113	0.200	0.587
Financial strain	−0.142	0.040	−0.220	−0.064	< 0.001
Age	0.031	0.013	0.005	0.057	0.018
Intercept	−0.399	0.212	−0.815	0.017	0.060

Note: Continuous variables were standardized. Standard errors in parenthesis.

TABLE 4 | Associations between COVID-19 stress, mentor social emotional support, and disengaged coping.

	Estimate	SE	95% CI		<i>p</i>
			LL	UL	
Main predictors					
COVID-19 stress	0.101	0.028	0.046	0.157	< 0.001
Mentor social-emotional support	0.290	0.027	0.237	0.343	< 0.001
COVID-19 stress × Mentor social-emotional support	−0.078	0.025	−0.127	−0.029	0.002
Covariates					
Female	−0.085	0.059	−0.201	0.031	0.152
Heterosexual	−0.007	0.083	−0.170	0.155	0.930
Financial strain	−0.070	0.041	−0.152	0.011	0.090
Age	−0.045	0.014	−0.072	−0.018	0.001
Intercept	0.755	0.222	−0.320	1.190	0.001

Note: Continuous variables were standardized. Standard errors in parenthesis.

19-related stress were associated with more frequent use of engaged and disengaged coping responses. Significant interaction effects revealed that high levels of mental social-emotional support dampened the strength of these associations.

Descriptive analyses revealed several demographic differences in key study variables based on age, gender, and SES. Older participants reported higher rates of COVID-19-related stress, higher engaged coping, and lower disengaged coping than

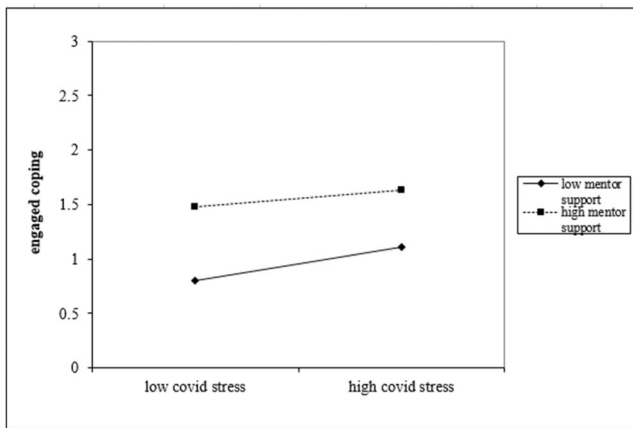


FIGURE 3 | The interaction of COVID-19 stress and mentor social-emotional support predicting engaged coping.

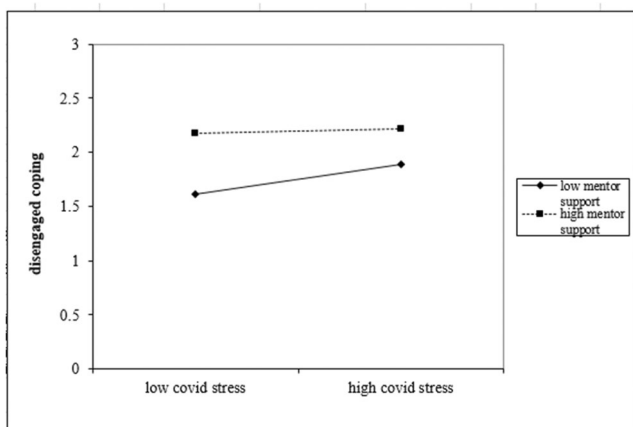


FIGURE 4 | The interaction of COVID-19 stress and mentor social-emotional support predicting disengaged coping.

younger participants. Previous work has found that the developmental period of older adolescence is a significant phase to assess the effects of the pandemic, due to increased emotional and behavioral complexity and instability compared to earlier stages of adolescence (Smirni et al. 2020). These results may suggest that older adolescents may have an increased awareness of the severity of the pandemic than younger adolescents. The finding that these youth may be more likely to utilize engaged coping, aligns with previous work suggesting that youth's social networks and capital become more essential to their coping as they mature (Hutchinson et al. 2006).

Black girls reported higher levels of COVID-19 stress and lower social-emotional mentor support than Black boys. These disparities are concerning, given that our additional findings suggest that community social-emotional support can be protective for youth experiencing COVID-19-related stress. Qualitative research exploring the impact of the COVID-19 pandemic on Black adolescent girls revealed the intersectional impact of COVID-19 across individual, interpersonal, and community-level systems (Crooks et al. 2022). Specifically, Black girls reported physical, psychological, and relationship-related consequences of COVID-19 including social isolation, weight fluctuations, body image concerns, depression, and anxiety. The

changes brought on by the pandemic created a mix of both positive and negative effects on Black girls' development and psychological well-being. These previous findings along with those from the current study suggest that Black girls may need opportunities to talk about their experiences in safe and supportive spaces. Importantly, a majority of mentoring programs are often based on white, middle-class, male norms (Corneille 2005). The sociopolitical reality of Black girls must be considered in the implementation of community mentor programs (Lindsay-Dennis et al. 2011).

Black youth from families with more financial strain reported lower engaged coping than their peers with less financial strain. These findings suggest that Black youth living with less financial resources may be less likely to reach out to their support systems to cope with stress than youth with more financial resources. Recent literature in this area suggests that youth whose families had serious financial concerns were more likely to witness higher rates of family conflict within their homes (Sinko et al. 2022). As a result, these youth may reduce time spent with their family in response to conflict, older adolescents may feel more of a responsibility to find part-time jobs that take away from time at school and home, spend less time on homework, and more time on screens and online. Future work in this area should explore how social-emotional mentors can support youth living in Black poverty by empowering them to reach out to their social networks and finding appropriate resources to address financial concerns.

This is one of few studies to identify links between COVID-19 stress and specific coping responses, and explore mentor support as a protective factor for Black youth amidst the pandemic. COVID-19 stress was significantly positively associated with both disengaged coping and engaged coping in our sample. Experiencing contextual stressors related to COVID-19 that were exacerbated for Black communities, including school closures and loss of jobs, may have increased the urgent need for both engaged and disengaged coping responses for Black youth to endure and survive their environment. Research has suggested that having a greater differentiation of forms of coping can be helpful for youth navigating stress from uncontrollable stressors (Compas et al. 2014). Previous work has also suggested that both engaged coping and disengaged coping may have increased the risk for symptomology for adolescents during the early months of the pandemic (Hussong et al. 2021). This may suggest that a heavy emphasis on engaged coping during the early period of an uncontrollable stressful event could exacerbate mental health symptoms and that disengaged coping could also exacerbate symptoms when youth are actively attempting to deny or suppress their feelings about the stressor. For Black youth, navigating multiple socioeconomic stressors negatively impacts feelings of autonomy and self-efficacy (Brittian 2012). Therefore, they may require support and encouragement while utilizing coping strategies that encourage them to take action and interact with others, and also take breaks to focus on aspects of their life that are in their control, as these could provide key protection for their emotional well-being. There's also evidence that suggests that disengaged coping may be a more efficacious coping skill for youth facing ongoing traumatic stress. Recent work by Thomas et al. (2012) interviewed youth exposed to violence about the efficacy

of varying coping skills in helping them manage violence and grief-related distress. The youth reported that they tended to feel more anxious and overwhelmed when thinking about their violence exposure. They reported that they preferred engaging in distracting activities such as listening to loud music to drown out gunfire, dancing, and rapping to cope with ongoing distress. It is crucial to center youth's voices in treatment and mentoring spaces to help youth identify the most appropriate skill for helping them navigate ongoing stress.

These results suggest that the space and social-emotional support mentors provide for youth to process their emotions, may also help facilitate their learning how to interact with pandemic-related stressors and support them in developing resilience through engaged and disengaged coping in response to these stressors. These findings align with research in the area of critical consciousness development, which suggests that ongoing emotional support can inspire youth to engage with their peers and empower them to take action in confronting sources of stress in healthy and developmentally appropriate ways (Glover et al. 2022).

As expected, lower social-emotional mentor support seemed to exacerbate the COVID-19 stress effect on certain psychosocial coping responses. Additionally, when mentor support was high, the effect of COVID-19 stress on disengaged coping was no longer significant. These results may suggest that mentor support is a particularly effective asset for Black youth who experience high COVID stress. Given that recent work has found that disengaged coping can be temporarily adaptive for youth in highly stressful environments (Gaylord-Harden et al. 2016), future work in this area should investigate if Black youth continued utilizing disengaged coping after the quarantine period of the pandemic and examine the impact of disengaged coping on Black youth's functioning over time.

Contrary to our expectation, sexual orientation was not a significant predictor in our model. Importantly, despite our findings indicating no significant link, considering sexual orientation as a variable remains important due to the theoretical implications of intersectional marginalization, particularly for queer Black youth. Prior research highlights that Sexual Minority Youth of Color (SMYoC) often face compounded barriers to mental health support due to intersecting racial and sexual minority identities, leading to disproportionately low mental health care utilization (Roulston et al. 2023; Cook et al. 2019). These inequities may arise from cost, limited availability, and heightened stigma within certain communities (Alegria et al. 2012; Green et al. 2020). Queer youth, in particular, often report lower mental health care engagement despite identity-based stigma that can exacerbate stress and mental health challenges (Link and Phelan 2001; Hatzenbuehler et al. 2013).

Given that our study explored community mentor support as a means for Black youth to manage COVID-related stress, it is crucial to recognize that queer youth may be less likely to utilize community mentor support due to fear of rejection or stigma from their mentors who may or may not affirming of their multifaceted identities as both sexual minority and Black youth. Future research should explore the unique needs of Black queer

youth in accessing in the context of stress and coping, as this could be a critical area for intervention and engagement. Future studies should also examine the impact of affirming and accepting socio-emotional mentor support for these youth to enhance understanding of the protective factors that can support them in times of stress.

3.1 | Limitations and Strengths

This study had several strengths, including a large, diverse sample of Black youth and timely psychosocial assessments, such as the measurement of social-emotional mentor support during the pandemic. However, there were also limitations. The current study used a cross-sectional design, and therefore could not capture temporal associations between COVID-19 stressors, community social-emotional mentor support, and subsequent psychosocial outcomes. Future work in this area would benefit from monitoring youth's exposure to stressors during the pandemic, coping responses, and efficacy beliefs longitudinally, to gain a more nuanced understanding of how these factors may relate over time. Another limitation of this study is the use of newly developed measures to assess the relationships among variables during the early stages of the COVID-19 pandemic. Although we conducted a confirmatory factor analysis (CFA) that indicated strong convergent validity for our constructs—with all loadings (except one item in the engaged coping scale) exceeding 0.60—we acknowledge that using newly developed instruments may affect the comparability of our findings. The CFA results revealed a correlation of 0.48 between mentor support and engaged coping, 0.37 between mentor support and disengaged coping, and 0.74 between engaged and disengaged coping, suggesting divergent validity among these constructs. It is important to note that COVID-19 stress was not included in the CFA analysis due to being a single-item measure. Additionally, our measure of sexual orientation was limited to sexual minority status versus sexual majority status. Including measures regarding sexual orientation on youth, assessments has been highly debated recently as it can result in some school districts or youth service delivery sites to refuse participation. However, to better understand the risk and resilience factors faced by LGBTQ youth, it is essential to find safe, and age-appropriate ways of gathering data on their lived experiences (Badgett 2009). Additionally, this study relied solely on youth self-report of their symptoms. Self-reporting in social science research has long been associated with concerns about data quality and response validity (for a collection of issues, see Rescorla et al. 2013). Finally, future studies may benefit from also including reports from parents and mentors to gain a fuller picture of youth's experiences.

3.2 | Implications

The current study highlights that social-emotional mentorship can attend to the psychosocial strengths of Black youth even in the face of concurrent, ongoing stressors. For Black youth navigating COVID-19 pandemic stressors, there are various ways in which mentors can provide useful, ongoing guidance and support. However, various factors can make it more

difficult for mentors to sustain ongoing support during the beginning of the COVID-19 pandemic, as well as maintain the youth's trust during the racial injustice uprising. For example, COVID-19 protocols required youth in many states to stay home from school for extended periods, meaning that standard outlets for mentor-mentee bonding, such as in-person activities, were no longer available during those months of quarantine. For youth with limited financial resources, engaging in digital videoconferencing platforms may have also been challenging if youth did not have access to reliable internet connections, computers and laptops, and smartphones. These challenges may have led to increasing feelings of isolation amongst youth already navigating stress and could have hindered any progress made between youth and mentors in the early stages of bonding and relationship building.

Further, as lives were lost due to tragic events related to COVID-19, police brutality, and racial hate crimes, social media could have become a boundless source of graphic content, traumatic stress, and expressions of grief. Even for adolescents not directly affected, absorbing content related to these deaths and the cultural identities of those lost may have triggered intense reactions from these youths. All of these factors could have provided additional hurdles to bonding between mentors and youth. However, it is important to note that due to this increased load of stressors, many youths may have increased social support during this critical time. Mentors could have provided protective, adaptive engagement to youth by helping them identify financial and health-related resources, providing them with civic-related education regarding racial justice, and giving youth hope for the future through their ongoing support.

Author Contributions

Robyn Douglas, Ta-yang Hsieh, and Amy K. Syvertsen conceived of the presented idea. Robyn Douglas led the writing of the article. Ta-yang Hsieh performed the data analysis. Lauren Alvis and Noni Gaylord-Harden verified the analytical methods. Amy K. Syvertsen collected the data and helped develop the measures utilized in the study. Noni Gaylord-Harden and Amy K. Syvertsen supervised the findings of this work. All authors discussed the results and contributed to the final article.

Peer Review

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1002/jcop.70004>.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The authors have nothing to report.

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