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## **An Intersectional Lens to COVID-19: Promoting Youth Well-Being in the Midst of Social-Political Stressors**

Magdalena S. Moskal

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# AN INTERSECTIONAL LENS TO COVID-19: PROMOTING YOUTH WELL-BEING IN THE MIDST OF SOCIAL-POLITICAL STRESSORS

by

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## ABSTRACT

Guided by interpretative phenomenological methodology and intersectionality theory, this thesis aims to uncover the mental health experiences of youth surrounding the COVID-19 pandemic. This study also seeks to situate these experiences with the subsequent stressors that young people face in the current social-political context (e.g., witnessing trauma in the media, uprisings to address racism and the resulting backlash, rhetoric of the 2020 presidential election). Furthermore, this thesis aims to give insight and voice how intersectionality shapes the COVID-19-related experiences of youth in South Carolina. Data was collected through semi-structured interviews with 23 participants aged 16-21 years old in South Carolina. Findings reveal the mental health experiences of youth during the COVID-19 pandemic including a concern for self (e.g., increased mental stress from the closing of schools) and social-political conditions (e.g., 2020 presidential election, uprisings to address racism). Findings also reveal that identities and systems of power and oppression shaped youth's experiences during the pandemic and social-political context (e.g., witnessing social injustices). Finally, young people bring to light the ways they were able to thrive, resist, and take care of their well-being both during the pandemic and in related social-political context including mental health habits (e.g., therapy), physical health habits (e.g., exercise), social media, and social support. This thesis also acknowledges participants lived experiences, ideas, and solutions to inform mental health support (e.g., policies, programs, and practices) for youth during and beyond the pandemic.

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# CHAPTER 1

## INTRODUCTION

Youth mental health has been disproportionately impacted by the COVID-19 pandemic even though they face lower rates of infection and mortality (Green et al., 2020; Power et al., 2020). In 2020, over 80% of young people believed the pandemic had worsened their mental health as a result of reduced social contact and structured activities (Power et al., 2020; Schippers, 2020). To illustrate, a student shared in a recent PBS report: *“I mean, I have always struggled with my mental health, but it’s been more prominent than ever... Having to combine the negative thoughts that clutter this space with the stress from classes is just the perfect mix for a disaster.”* (PBS, 2020). Another student shared: *“I’m feeling pretty bad. I’m not doing too well in my classes. I’d kind of just like somebody to talk to.”* (Sreenivasan et al., 2021). The rise in mental health concerns in young people is a salient issue during the pandemic, however, the full extent of its impact remains unclear.

Nevertheless, youth (15-24 years old) is an important life period for cognitive, social, and emotional development with a heightened need for social connectedness and social identity (Ellis et al., 2020; Power et al., 2020). The World Health Organization [WHO] (2020) emphasizes that engaging in practices that promote one’s social (i.e., need for connection), physical (i.e., regular exercise), and mental (i.e., stress management, coping strategies) health needs are critical in bolstering resilience in times of distress. Yet, youth’s mental health needs are often overlooked during public health crises and climate-induced disasters while the physical needs of society are usually put first (Danese et al.,



2020; Power et al., 2020). When the mental health needs of youth are overlooked during this critical period of growth, there is substantive evidence of adverse impacts. The full extent of the mental health impact on youth during COVID-19 is not fully known, however, some literature highlights how previous disasters have impacted youth mental health which will be discussed below.

For instance, after Hurricane Katrina, the prevalence of anxiety, depression, and PTSD symptoms increased in youth populations. Additionally, 79% of youth had reported new mental health difficulties one year after and 56% reported sustained mental health difficulties two years after Katrina (Roberts et al., 2010; Weems et al., 2010). Another common and growing climate-induced disaster is wildfires. Children and young people have expressed difficulty adjusting to life after the Australian bushfires in 2009 related to a lost sense of safety, greater fatigue, anger, PTSD, and frequent anxiety (Bryant et al., 2018; Cowlishaw et al., 2021; Gibbs et al., 2015). Similarly, after the 2018 wildfires in California, young people reported increased mental health concerns: major depressive disorder, generalized anxiety, and PTSD symptoms (Silveira et al., 2021). Regarding public health crises, youth experiencing water contamination in Flint, Michigan have also reported mental health concerns. One concern frequently expressed by youth was elevated anxiety due to potential exposure to lead and the corresponding health consequences (Cuthbertson et al., 2016). Youth also frequently reported anger and frustration in regard to the lack of government's responses and handling of the crisis as well as depression, decreased appetite, and difficulty sleeping and concentrating (Cuthbertson et al., 2016; Sneed et al., 2020).

It is clear that previous crises have impacted youth health outcomes, yet it is important to note that the COVID-19 pandemic is unique in comparison to previous climate-induced disasters specifically regarding its prolonged nature [since its start in December 2019] along with the implementation of lockdown measures to ensure physical safety (e.g., social distancing, self-isolation, and quarantine). More importantly, the literature surrounding previous, large-scale public health crises (e.g., SARS and Ebola) lacks a full understanding of long-term health effects as well as exploration of the mental health outcomes for youth (Sehanobish et al., 2020). The inclusion of youth populations in research regarding the impact of the pandemic is valuable to fully capture their mental health outcomes and needs.

### **Literature Review**

A thorough review using a literature search (see PRISMA diagram in Appendix A for further details) was conducted in late May and early June of 2021 to explore studies surrounding youth mental health during COVID-19 utilizing the following search terms: “COVID-19,” “youth,” and “mental health.” From this search, 147 articles and abstracts were screened from PsycINFO and PsycARTICLES. These articles were screened for explicit reference to youth mental health in the context of COVID-19. They were also screened to ensure an English version of the article was available. Notably, 34 of these articles were excluded for not meeting this specific criterion. The remaining 113 full-text articles were further screened to ensure that they included a sample of 1) youth aged 15-24 years old and 2) youth residing in the United States. This inclusion criterion was chosen to further contextualize the pandemic experiences of U.S. youth, especially regarding the unique, divisive reaction to the pandemic within the U.S. (e.g., mask and vaccine hesitancy,

staggering deaths). Of these 113 articles, 27 were excluded for not including a sample of youth aged 15-24 years old, and 37 were excluded for sampling outside of the U.S. From the remaining 49 articles, only three focused on samples of youth of color, seven with minoritized sexual and gender identities, and five with other social identities (e.g., disability, socioeconomic, and immigration statuses). Moreover, only three articles included youth with more than one identity tied to systems of oppression (e.g., racism, sexism, ableism, etc.). The other 31 articles focused on the experiences of youth generally during the pandemic. However, none of these articles explicitly utilized intersectionality to explore and further understand youth experiences regarding social positions and structures during the pandemic. The final 49 articles, along with articles from a supplemental Google Scholar search to confirm article findings, inform the following literature in the sections below highlighting key dimensions (i.e., specifically exploring the intersections of age, racial and ethnic identities, sexual identity, and gender identity) of the mental health impact for youth during the COVID-19 pandemic.

### **Impact of COVID-19 on Youth**

COVID-19 has impacted youth both physically and mentally due to a range of personal, familial, and societal stressors. Ecological theory is one influential framework of analysis within community and developmental psychology that can help illustrate the stressors and trauma that youth face during the COVID-19 pandemic specifically regarding the multiple levels (e.g., individual, interpersonal, societal) in which they reside (Bronfenbrenner, 1979; Kelly, 1970). On an individual level, youth have encountered stressors related to fear of infection, self-isolation and quarantine, changes in school structure and daily routine, as well as a loss of social-emotional support networks. As a

result, youth have reported increased mental health concerns including feelings of uncertainty, lack of motivation, confusion, loneliness, depression, stress, and anxiety (Fegert et al., 2020; Loades et al., 2020; Tasso et al., 2021).

At the interpersonal level, youth have encountered stress in relationships with family members resulting from prolonged isolation and lack of privacy or alone time at home. Youth have specifically reported increased conflict with parents and siblings leading to frustration, irritability, and low mood (Magson et al., 2021; Tabari et al., 2021). Youth have also experienced changes in relationships with friends and peers due to the closing of schools and community centers along with social distancing guidelines and restrictions. As a result of restricted contact with friends, youth have reported frustration, low mood, and depression (Fegert et al., 2020; Tabari et al., 2021).

On a societal level, youth have noted the impact of concerns related to uncertainty about the well-being and future of society as the pandemic continues. In particular, youth have expressed concerns about inadequate access to necessary resources such as food, water, financial aid, physical and mental health care, and school-related materials (Schipper, 2020; Tabari et al., 2021; Waselewski et al., 2020). Youth have also expressed a lack of trust in the government's handling of the pandemic (e.g., 30.9% of youth indicated no trust in the federal government's actions taken to prevent the spread) which has been associated with increased mental health distress and worry about virus spread and contraction (Cohen et al., 2020; Tasso et al., 2021). Finally, youth have also commented on concerns regarding raised awareness and activism about important social issues (e.g., systemic racism, police brutality, reproductive rights, climate change) due to increased

monitoring of the media during pandemic-related lockdowns (Oosterhoff & Palmer, 2020; Tabari et al., 2021; Waselewski et al., 2020).

Current research reveals multiple dimensions in which youth are impacted by the pandemic, specifically regarding physical health, psychosocial, and economic experiences. In one study, Cohen, Hoyt, and Dull (2020) explored COVID-19-related experiences and perspectives of 725 full-time college students residing in the United States in the spring of 2020. Findings indicated students experiencing COVID-19-related symptoms, decreases in work-at-home pay, and heightened stress about health implications for U.S. society. However, the study did not comprehensively explore college students' mental health and well-being during the COVID-19 pandemic including exploration of the multiple forms of mental health concerns (e.g., depression, anxiety, PTSD, etc.) which have been expressed by youth. It is also important to note that the study sample was not as diverse or representative of the national college student population (i.e., higher percentages of participants identifying as white (63.2%), female (60.7%), and heterosexual or straight (71.6%)) (Cohen et al., 2020). It is important to highlight social identities as well as intersecting social identities tied to current systems of oppression to uncover how they shape youth-related stressors and mental health outcomes during the pandemic.

Other studies have further emphasized the pandemic's impact on youth mental health related to educational and socioemotional contexts. A study conducted by Tasso and colleagues (2021) highlighted that college students have faced emotional distress on various levels: fears about themselves or a loved one contracting the virus, academic-related stress from remote learning, and mental health distress (e.g., disconnect from relationships, struggles with motivation and boredom, anxiety, depression, and sleep

disturbances; Tasso et al., 2021). However, this study did not explore participant social identities – racial/ethnic identity, sexual identity, disability, and religious/spiritual viewpoints – that shape youth’s pandemic experiences. Again, social positions must be considered as current literature has called attention to new and/or exacerbated disparities that impact youth, who are systematically marginalized by existing systems of oppression, during the pandemic (Fortuna et al., 2020; Hawke et al., 2021; Lee & Waters, 2021; Salerno et al., 2020).

Hoyt and colleagues (2020) further examined the mental health impact of the pandemic on U.S. college students aged 18-22 in April 2020. Through online surveys, they inquired about students’ perceived stress and anxiety as well as their perspectives of one pandemic’s impact on their mental health (Hoyt et al., 2020). Findings revealed multiple stressors impacting students’ overall mental health and well-being with more significant impacts for women, sexual minorities, and lower-income students. Notably, lower-income students felt higher anxiety and stress due to a loss of financial aid. Preliminary findings from this study further call attention to the importance of exploring an array of intersecting social identities to bring to light the diverse impact the COVID-19 pandemic has had on youth mental health. Such analysis and guiding literature will be further addressed in the following section.

## **Impact of COVID-19 on Youth of Color<sup>1</sup>**

### **Physical and Mental Health**

COVID-19 has exacerbated existing social and health disparities, disproportionately impacting the physical and mental health outcomes of systematically marginalized youth. Notably, the virus has had disproportionate effects on the physical health of communities of color such as rates of diagnosis, hospitalization, and deaths. Existing literature has reported higher rates of hospitalization for Black (60.2%) and Hispanic (62.3%) patients in comparison to white (47.7%) patients. Black and Hispanic individuals also have a mortality rate twice the rate compared to white individuals (Khazanchi et al., 2020; Muñoz-Price et al., 2020). Regarding mental health, Czeisler and colleagues (2020) found that 10.7% of participants had reported suicidal considerations of which 25.5% were aged 18-24 and 33.7% were of minoritized racial/ethnic groups (Czeisler et al., 2020). Additionally, Black and mixed-race college students expressed heightened anxiety, specifically as a result of additional stressors during the pandemic relating to U.S. social issues (e.g., witnessing police brutality, the national conversation about racism) (Hoyt et al., 2020). These findings further indicate the importance of exploring the mental health ramifications for youth of color resulting from the pandemic and the accompanying social-political conditions within the U.S. (Hoyt et al., 2021).

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<sup>1</sup> Note: When discussing race throughout this paper, Black will be capitalized while white will remain in lower case. This rhetorical choice is supported by the Associated Press style guide and serves to recognize and uplift the culture and history of Black identity and communities. Although white is also a constructed racial identity, capitalizing this word as a proper noun is a practice associated with those who condone white supremacy – therefore, white will not be capitalized within this paper.

## **Structural Inequalities**

Preexisting structural inequities have also exacerbated the impact of COVID-19 on youth of color in the U.S, including access to health care, unemployment rates, and poorly resourced schools (Fortuna et al., 2020). People of color already make up a large percentage of low-wage industry workers through which they may face greater exposure to COVID-19-related stressors as a consequence of the limitations associated with job compensation and benefits (e.g., paid sick days, healthcare coverage, ability to work from home, ability to pay essential bills) (Kantamneni, 2020; Kirksey et al., 2021). Youth of color and their parents who work in these low-wage industry jobs have reported facing added stress that may be brought to the home environment regarding exposure to the virus and insufficient access to necessary pay and healthcare. For example, 74% of Black youth expressed heightened worry about the impact of COVID-19 on their family's finances (Gaylord-Harden et al., 2020).

Preexisting inequities in schooling have also been exacerbated due to COVID-19-related school changes: one in five Black youth reported receiving little to no information from their schools regarding resources for online learning (Gaylord-Harden et al., 2020). Furthermore, American Indian and Alaska Native (AIAN) youth, as well as Latinx English language learners, lack stable internet at home and access to needed technology, limiting their ability to fully participate in online schooling and receive needed support from peers and teachers (Tsethikai et al., & López et al., 2020).

## **Racism**

Experiences with racism and discrimination have been known predictors of negative mental and physical health outcomes (e.g., anxiety, depression, chronic illness,



sleep difficulties) in the United States (Carter et al., 2017; Lee & Waters, 2021). Of note, anti-Asian racism has significantly increased since the beginning of the pandemic with stigmatizing and discriminatory rhetoric (e.g., “Chinese virus,” “Kung Flu”) instigated by the 2020 U.S. president in national speeches and news outlets (Kantamneni, 2020; Liu & Modir, 2020). Over 65% of Chinese American youth expressed worry about potential exposure to racism or discrimination, while over 80% of 10-18-year-old Chinese Americans had reported exposure to COVID-19-related racism either in person or online (Wakabayashi et al., 2020). Additionally, Lee and Waters (2021) further explored Asian American and Pacific Islander (AAPI) experiences of racial discrimination during the pandemic and its impact on their health outcomes: 29% reported increased discrimination, 41% increased anxiety symptoms, 53% increased depressive symptoms, 15% increased physical symptoms, and 43% increased sleep difficulties since the start of the pandemic (Lee & Waters, 2021). Similarly, Cohen, Hoyt, and Dull (2020) found that 9.2% of participants aged 18-22 years old had reported experiencing COVID-19-related racial discrimination in the spring of 2020, 65.7% of whom identified as Asian or Asian American (Cohen et al., 2020).

Additionally, systemic racism (i.e., policies or practices that disadvantage racial groups within a system) has exacerbated physical and mental health concerns during the pandemic. Black and Latinx individuals make up a disproportionate number of incarcerated persons within the U.S., increasing exposure to COVID-19 infection (Liu & Modir, 2020). Moreover, due to a long history of racism in the healthcare system, Black communities have higher distrust in healthcare providers, hindering utilization of and access to needed

COVID-19-related healthcare such as testing and vaccination (Kirksey et al., 2021; Novacek et al., 2020).

### **Impact of COVID-19 on Sexual and Gender Minority Youth**

The virus has also had disproportionate effects on youth who identify with the LGBTQ+ community. For instance, the closing of schools and universities greatly impacts LGBTQ+ youth by restricting them to possibly unsupportive, traumatic, and at times abusive environments. LGBTQ+ youth already face higher rates of suicide and depression (8 times and 6 times higher, respectively, than non-LGBTQ+ youth) partially due to parental rejection, another potential source of mental health difficulty when restricted to such home environments (Green et al., 2020; Poteat et al., 2020; Salerno et al., 2020). Furthermore, access to social and community support (e.g., supportive friends, faculty, and organizations), health services, and other necessary resources (e.g., food, housing) provided by schools and universities has also been greatly reduced by COVID-19-related closures. Consequently, LGBTQ+ youth socially distancing at home have reported increased mental health struggles including feelings of frustration, stress, anxiety, depression, and difficulty sleeping (Green et al., 2020; Fish et al., 2020; Poteat et al., 2020).

Of note, one study that surveyed 622 participants (593 identifying as cisgender and 29 identifying as transgender or gender-diverse) found that 71.4% of transgender youth reported a disruption in mental health and substance use services due to COVID-19, while only 26.2% of non-transgender youth reported similar disruptions. From the same sample, 63% of transgender youth also reported unmet needs for mental health and substance use services, while only 27.9% of non-transgender youth reported similar unmet needs (Hawke et al., 2021). Additionally, in a survey examining mental health outcomes for college

students, Hoyt and colleagues (2020) uncovered students who identified as LGBTQ+ had reported greater perceived stress and anxiety due to loss of access to mental health services along with peer and community support. Follow-up surveys sent to participants in July 2020 also indicated significantly higher stress and anxiety levels for LGBTQ+ students (Hoyt et al., 2020). However, research is still needed to further highlight LGBTQ+ youth experiences, mental health and well-being, and needs during COVID-19. Likewise, further research is needed to understand the implications of the pandemic for LGBTQ+ youth with various identities tied to systems of oppression (i.e., LGBTQ+ with preexisting physical or mental disabilities, LGBTQ+ youth of low socioeconomic status) as these intersecting identities and systems may exacerbate mental health outcomes.

### **Social-Political Conditions during COVID-19**

It is also important to recognize the intersecting social-political conditions during the COVID-19 pandemic in the United States such as a divisive presidential election in 2020 and an upsurge in youth activism within and in support of the Black community, within and support of AAPI communities, the climate change crisis, refugee and immigration injustices (e.g., ICE detention facilities), reproductive rights and body autonomy, and more. Presidential elections have often been associated with increased psychological distress among college students, specifically, those who identify as female, racial minority, sexual minority, lower to middle social class, and non-Christians (Hagan et al., 2020). It is therefore crucial to contextualize youth's experiences during the pandemic within the current social-political conditions as it could be an additional source of mental health distress. Moreover, it may aid in the development of potential resources

and support youth need to cope not only with the pandemic but also with these additional stressors.

### **Intersectionality**

Social identities are markedly shaped by social and political structures and, in turn, shape youth experiences during the COVID-19 pandemic. As such, an intersectional lens must be prioritized when assessing and responding to the pandemic and beyond (i.e., the development of future mental health interventions and resources). COVID-19 and its mental health ramifications cannot be addressed without considering individual social identities, and the systems of power and oppression that individuals are embedded within. Current research that explores the experiences of systematically marginalized individuals during COVID-19 falls into more deficit-based approaches. Through this approach, the burdens of the pandemic are often viewed as a cumulative checklist (i.e., if an individual has certain social identities, then they are more likely to experience these inequities). However, this approach puts the onus on the individual rather than the systems and structures that create and perpetuate these inequities. As such, an intersectional lens must also be prioritized in a strength-based approach to also highlight the many ways systematically marginalized youth are surviving, resisting, and redefining their health and well-being during the pandemic.

Originated from Black feminist scholars and coined by Dr. Kimberlé Crenshaw (1989), intersectionality has been applied in various settings, such as legal studies, psychology, and public health, as not only a framework to understand how social identities and systems impact experiences but also a tool for social action (Bowleg, 2021; Cole, 2009; Crenshaw, 1989; May, 2015). First, intersectionality describes how an individual's social

identities – privileged and/or tied to systems of oppression – in tandem with societal structures can be experienced simultaneously (Crenshaw, 1989). For instance, youth who are LGBTQ+ and experiencing housing insecurity face exacerbated difficulties regarding the ability to social distance as well as access online school and resources during the pandemic (Poteat et al., 2020). Furthermore, intersecting social identities and systems shape individuals' experiences and outcomes such as health and well-being (Cole, 2009). For example, racism in tandem with sexism has an impact on health outcomes for Black women in the U.S. contributing to heightened prenatal stress (Rosenthal & Lobel, 2011). Finally, an intersectional lens centers on the experiences and voices of those who have been historically overlooked in research (Cole, 2009), and as previously noted, youth mental health concerns and needs are often overlooked when responding to public health crises and climate-induced disasters (Power et al., 2020).

Current literature surrounding youth and intersectionality highlights the importance of centering an intersectional lens in regard to exploring and supporting youth mental health. An intersectional lens that integrates multiple social identities and analysis of societal structures informs a more comprehensive understanding of youth's experiences and outcomes. For instance, Butler-Barnes and colleagues (2019) highlighted the distinctive school experiences of Black adolescent girls, an intersection of racial and gendered stereotypes that adversely impacted these girls' schooling experiences. The girls reported that differential discipline was common – white students were reprimanded less – which negatively impacted the school climate and experience manifesting through strained relationships with teachers and other students (Butler-Barnes et al., 2019). Furthermore, prioritizing an intersectional lens has furthered understanding of the cultural and historical

contexts that influence youth's mental health outcomes. For example, Schmitz and colleagues (2020) explored the intersection of being Latinx and LGBTQ+ youth regarding mental health. Youth expressed experiencing negative mental health outcomes as a result of their familial culture and tradition. The significance of religion within Latinx families influences Latinx LGBTQ+ youth's mental health distress, especially regarding exposure to anti-LGBTQ+ religious messages resulting in increased stigma and feelings of shame (Schmitz et al., 2020). Yet, it is important to note that mental health outcomes are not always negative. Youth at these intersections have also reported experiencing positive mental health outcomes such as empowerment, resistance, and liberation (Schmitz et al., 2020).

Although limited, recent literature surrounding COVID-19 and intersectionality broadly discusses COVID-19-related experiences of individuals with identities tied to systems of oppression. From the literature search, three articles included youth with more than one minoritized social identity, highlighting the potential inclusion of an intersectional lens. However, none of these articles explicitly utilized intersectionality theory to understand these experiences. Existing literature surrounding COVID-19 and intersectionality also consists of calls-to-action, commentaries, or recommendations, thus predominantly lacking an empirical component (Ezell et al., 2021; Ryan & Ayadi, 2020). For instance, Ryan and Ayadi (2020) stress that *“we must incorporate and expand upon the lessons learned from previous global public health threats, including HIV, SARS, Ebola, and other emergencies, to implement a gender-responsive, intersectional approach to contain the COVID-19 pandemic, mitigate the immediate and long-term consequences, and build resiliency”* (Ryan & Ayadi, 2020, p. 5). Researchers must consider youth and

their social contexts to understand their experiences more comprehensively as well as advocate for mental health resources that better meet their needs during the pandemic. Traumatic loss associated with COVID-19 combined with existing inequities in resources could be risk factors for long-term mental and physical health outcomes, especially for youth with multiple identities tied to existing systems of oppression (Fortuna et al., 2020). Utilizing intersectionality in a more strengths-based way will bring to light how youth are thriving, resisting, and taking care of their health and well-being during COVID-19. In turn, this will help further inform forms of actions and support for youth, centered on issues that impact mental health and well-being (Ryan & Ayadi, 2020).

### **Present Study Aims**

This study aims to illuminate the similar, differing, and intersectional experiences of youth residing in South Carolina during the COVID-19 pandemic. Additionally, this study hopes to center youth's lived experiences, ideas, and solutions to inform future mental health support (e.g., programs, policies, and practices).

This study addresses the following questions:

1. What are South Carolina youth experiences related to mental health during the COVID-19 pandemic?
2. How does intersectionality shape South Carolina youth experiences during the pandemic?
3. How can South Carolina youth's lived experiences inform mental health support (e.g., programs, policies, and practices) during and after the pandemic?

## CHAPTER 2

### METHODS

#### **Researcher Description**

The identities, experiences, and assumptions of the researchers (i.e., positionality) and participants are influential in the phenomenological research process. The first author identifies as a multiethnic (Filipina, Polish) American, graduate student, and cis-gender woman (she/her). The first author also identifies as an individual who experienced part of the COVID-19 pandemic during her youth from 21-24 years old and is aware of the impacts of the pandemic on her own and other youth's overall experiences, mental health, and coping. Specifically, as a recent undergraduate student and a current graduate student, the first author was particularly cognizant of the interaction between the pandemic, school changes, and its impact on mental health. Additionally, as a civically engaged young person, the first author was also cognizant of the interaction between youth activism, the current social-political context, and its impact on mental health and well-being. The research team attempted to be mindful of potential influences and engaged in reflexive discussions throughout data collection and analyses.

As a researcher who shares similar identities with her participants, it is critical to note the potential blind spots of research design surrounding qualitative approaches related to interpretative phenomenological analysis (IPA) and intersectionality discussed in the following sections. It is also important to note the potential tensions between IPA methodology related to the researcher's interpretation of findings while centering



participant voice. Throughout data collection and analyses, the researchers attempted to focus on identities, experiences, and general word-use participants specifically named in their narratives.

### **Qualitative Approach**

Qualitative methods are utilized in this study to provide more in-depth details about the mental health impact on youth during the COVID-19 pandemic which is still not fully understood. In comparison to quantitative methods, qualitative techniques allow for a more exploratory approach to understanding complex phenomena as well as exploring individual experiences across multiple dimensions and/or contexts (Ponterotto, 2010).

Additionally, qualitative methods support multiple core values of community psychology that are critical to this study. First, qualitative methods support the inclusion of diverse voices and perspectives, which aids in understanding the nuances of youth experiences during the COVID-19 pandemic (Banyard et al., 1998). Second, qualitative methods allow for the exploration of multiple levels or contexts (e.g., individual, interpersonal, societal) that impact experiences and mental health outcomes (Banyard et al., 1998; Bronfenbrenner, 1979; Hill, 2005). For instance, contextualization in qualitative methods helps bring to light youth experiences during the pandemic such as the multiple ways they make sense of the pandemic regarding their contexts (Teti et al., 2020). By attending to an individual's environmental context, this study can further explore the settings, such as the divisive 2020 presidential election and the upsurge of youth activism within and in support of the Black community, during the COVID-19 pandemic regarding its impact on youth and their mental health. Finally, qualitative methods can promote empowerment by uplifting the voices, experiences, and strengths of historically overlooked

groups (Rappaport, 1990). Empowerment is essential to this study to ensure that youth participants hold equal voices and knowledge to inform action, support, and social change for their mental health needs during the COVID-19 pandemic and beyond.

### **Interpretative Phenomenological Analysis (IPA)**

This study specifically employed an interpretative phenomenological analysis (IPA) approach which has philosophical underpinnings related to both traditional phenomenology and hermeneutics (Chan & Farmer, 2017; Marshall & Rossman, 2011; Patton, 2002). IPA is a “double hermeneutic” – both descriptive and interpretive – in which the researcher is trying to make sense of the participant making sense of what is happening to them (Miller et al., 2018). More specifically, IPA provides a balance between giving voice to an experience and making sense of that experience which is valuable to highlight the impact of the COVID-19 pandemic on South Carolina youth’s mental health and coping as well as to uncover a more comprehensive understanding of these experiences to better support youth during and beyond the pandemic. Furthermore, IPA is a particularly good fit for incorporating intersectionality as a key piece employed in IPA studies is “to gather holistic information about the phenomenon of study while attuning to contextual factors, intersecting identities, and interlocking systems of oppression to understand how they influence lived experience” (Chan & Farmer, 2017; Parmenter et al., 2021; Smith, 2011).

Qualitative interviews are well-suited for this study to bring to light how youth understand and make meaning of their experiences, coping, and mental health and well-being during the COVID-19 pandemic (Teti et al., 2020). Through qualitative interviews, youth may also feel heard, understood, and validated regarding their unique experiences during COVID-19. More specifically, this study employed a semi-structured, open-ended

interview approach in which participants guided discussion of COVID-19-related disruptions, coping mechanisms, other environmental stressors, and ideas for support during the pandemic.

### **Recruitment and Participants**

Internet recruitment was selected because youth have reported an increased time spent on the internet and social media due to COVID-19-related lockdowns and quarantine (Ellis et al., 2020). After receiving approval from the University of South Carolina Institutional Review Board (IRB #Pro00103697), participants were virtually recruited on Instagram to create a sample of participants aged 16-21 residing in South Carolina (n=23, mean age=18.74). The Instagram promotion feature was used to increase awareness of the study recruitment flyer. Through this feature, the user can advertise a post for a targeted audience, specifying age range, gender, and geographic location. The number of days for promotion was chosen on an established account (@uofscycyess) to advertise the study recruitment flyer. The Instagram promotion was set for 7 days with a specified age range (16-21 years old), gender (male and female), and geographic location (South Carolina). It is important to note that the promotion only provides options for the gender binary (i.e., male and female). The promoted post included an image of the recruitment flyer with the text: *“Interview participants needed! Are you a South Carolina resident aged 16-21? Discuss COVID-19 and mental health with us! 30–45-minute interviews will be conducted via phone or video & will be recorded. \$25 gift card for participants!”* Participants were then also recruited from virtual class announcements at high school and university classes in Columbia, SC. From the promotion and class announcements, 45 youth reached out via email for an interview. Regarding the sample size, it is valuable to highlight that IPA

methodology values small samples to ensure the richness of information collected for analysis (Smith, 2011). From recruitment, 24 youth were selected for interviews based on response and availability, and one was removed because they were not between the ages of 16-21 years old. Table 2.1 highlights the demographic information collected from the final sample of 23 participants.

Participants expressed interest in the study through a contact email within the Instagram promotion flyer. After participants emailed, scheduling virtual interviews was determined based on participants' availability. After confirming an interview, participants received a letter of invitation explaining the study's purpose, benefits, risks, and confidentiality. Parents or legal guardians of participants under the age of 18 received a letter of invitation explaining the study's purpose, benefits, risks, and confidentiality. Before the start of the interview, parents or legal guardians and participants under the age of 18 verbally consented to involvement in the study. Participants 18 years and older also received a letter of invitation and verbally consented to involvement in the study before beginning the interview. Participants then completed a short demographic questionnaire via Qualtrics, with questions regarding their age, race/ethnicity, current gender identity, current sexuality, religious or spiritual view, disability, and parental education. Within the survey, participants also had the option to create a pseudonym (i.e., fake name) of their choice to ensure participant confidentiality. Interviews were conducted over Zoom or audio call, ranging between 30 to 60 minutes. The interview protocol employed a semi-structured, open-ended approach and was piloted with two youth volunteers. Interviews were audio-recorded and then transcribed. All participants were compensated for their time with a \$25 gift card via mail after completing the interview.

## Measures

To explore participants' social identities, demographic information was collected before the interview. Qualtrics was used to gather information regarding participant age, racial/ethnic identity, current gender identity, sexual identity, socioeconomic status, disability, and religious or spiritual identity. First, ethnic/racial identity encompassed white; Black or African American; Hispanic, Latinx, or Spanish origin; American Indian or Alaskan Native; Asian; Native Hawaiian or Pacific Islander; Middle Eastern or North African; another (free-response option); or preferred not to say. Second, current gender identity included male, female, trans male, trans female, genderqueer, or gender-nonconforming, another (free-response option), or preferred not to say. Next, sexual identity encompassed heterosexual or straight, gay or lesbian, queer, bisexual, asexual, pansexual, another (free-response option), or preferred not to say. Fourth, disability included whether the participant had a disability or impairment (yes, no, prefer not to say) and if the participant was comfortable disclosing. Participants who chose to disclose their disability or impairment provided so in a free-response format. Then, socioeconomic status encompassed the highest level of participant's parental education including less than high school; some high school; GED; high school graduate; some college, vocational or technical school, Associate Degree; college degree (BS/BA); some advanced work, but no graduate degree; Master's Degree (MS/MA); some work toward Doctorate or Advanced Degree; or MD, JD, DO, DDS, or Ph.D. Lastly, religious or spiritual views included a free-response format for participants to share their religious or spiritual views: *"How do you describe your religious, spiritual, or existential world view?"*. Responses included:

spiritual but no religion, Christian, non-practicing Christian, Christian-Baptist, Catholic/Agnostic, Agnostic, Buddhism, Taoism, Sikhism, unsure, and none.

The interview protocol explored general concerns with COVID-19, personal and familial impacts of COVID-19, coping strategies, social support and impact on support, helpful resources for youth during COVID-19, and additional social-political, environmental stressors. Interview questions elicited information about participants' mental health experiences, coping, and additional resources needed for youth during a pandemic. Such questions consisted of "*How has COVID-19 impacted you?*" to guide the exploration of the impact of the pandemic on participants' mental and physical health, academics, social connections, and employment. To explore coping mechanisms used by youth during the pandemic, specifically around sleeping and eating behaviors, social support, and social media use, participants answered "*How have you coped with the stress of COVID-19?*" To guide discussion of potential resources and support that would be beneficial for youth during a pandemic, participants responded to "*What types of support do youth need during COVID-19?*" The final question ended the interview on an empowering note, providing participants with an opportunity to name what they would want older adults to know about their experiences during the pandemic in hopes to inform how they can be better supported: "*What would you want older adults to know about youth coping with COVID-19?*"

Table 2.1 Demographics of Study Sample

	n	%
<b>Age</b>		
16	1	4.35
17	6	26.09
18	4	17.39
19	4	17.39
20	3	13.04

21	5	21.74
<b>Race/Ethnicity</b>		
White	11	37.93
Black/African American	6	20.69
Hispanic/Latinx/Spanish Origin	6	20.69
American Indian/Alaskan Native	1	3.45
Asian	4	13.79
Native Hawaiian/Pacific Islander	0	0
Middle Eastern	1	3.45
Another	0	0
Prefer not to say	0	0
<b>Gender Identity</b>		
Male	1	4.35
Female	21	91.30
Trans Male	0	0
Trans Female	1	4.35
Genderqueer/Gender-nonconforming	0	0
Another	0	0
Prefer not to say	0	0
<b>Sexual Identity</b>		
Heterosexual/Straight	13	56.52
Gay/Lesbian	0	0
Queer	2	8.70
Bisexual	6	26.09
Asexual	0	0
Pansexual	1	4.35
Another	0	0
Prefer not to say	1	4.35
<b>Disability/Impairment</b>		
Yes	5	21.74
No	15	65.22
Prefer not to say	3	13.04
<b>Highest Level of Parental Education</b>		
Less than High School	0	0
Some High School	1	4.35
GED	0	0
High School Graduate	2	8.70
Some College, Vocational/Technical School, Associate Degree	4	17.39
College Degree (BS/BA)	10	43.48
Some advanced work, but no Graduate Degree	0	0
Master's Degree (MS/MA)	6	26.09
Some work toward Doctorate or Advanced Degree	0	0
MD, JD, DO, DDS, Ph.D	0	0

## **Data Collection and Analysis**

All study interviews were audio-recorded and uploaded for transcribing on Temi, an advanced online speech-to-text transcription software. Transcribed interviews were given a preliminary read by graduate and undergraduate student researchers to quality check for errors, and to become familiar with interviews, on Temi. Team members read transcripts while listening to the interview audio recording to ensure any errors were fixed as well as to remove any identifying personal information. All transcribed interviews were then quality-checked in a second round by the graduate student researcher to ensure interviews were accurately transcribed and to continue building familiarity with interviews.

Interpretative phenomenological analysis (IPA) was used to analyze interview transcripts consisting of an inductive approach to allow for thematic findings to emerge directly from interviews rather than imposing themes on study participants (Miles & Huberman, 1994; Thomas, 2006). Four research team members – one graduate student, two undergraduate students, and a faculty advisor – examined interview transcripts for patterns that appeared within and across participant interviews. First, IPA typically begins with an initial reading and rereading to explore the context and immerse oneself in the original data (Miller et al., 2018). As such, the research team independently performed initial readings of transcripts in Temi and made comments within the platform or on a separate, secure page regarding particular words or phrases that frequently emerged within the interview. Emerging themes were then chosen based on a saturation criterion, in which no new information emerged from interview transcripts (Patton, 2002; Saunders et al., 2018). In this study, saturation occurred when participant interviews highlighted similar information about their experiences during the pandemic regarding concerns, coping



strategies, additional stressors, and recommendations for support (e.g., programs, practices). However, on the other hand, it is important to note novel information that emerges from the interviews. In the case of this study, a novelty criterion was conceptualized as themes emerging from participant narratives that were impacted by social identities and/or systems of power. The novelty criterion was also conceptualized as emerging themes that were not discussed in current research articles included within the study literature review.

Next, in IPA, the researcher develops emerging thematic categories by focusing on transcript chunks in addition to comments made within the transcript to find connections (Miller et al., 2018). The comments made by the research team regarding patterns emerging within and across interviews were then organized into categories based on thematic similarities. Afterward, these groups were given a title to represent the emerging theme category and respective subcategories. Table 2.2 displays all emerging themes with related subthemes, their definitions, and examples of each.

All coding then took place on Dedoose, a web application for storing and analyzing mixed-methods and qualitative research data. Before beginning coding, the research team checked the clarity and consistency of emerging themes from coding, using the following process. The first round of coding was performed by the graduate student team member and faculty advisor, who has extensive experience with qualitative methods, to confirm findings within the draft codebook by exploring chunks of interviews. Then, all team members discussed the codebook. Next, on Dedoose, two undergraduate team members completed a series of matching codebook themes to sample texts from interview transcriptions, created by the graduate student, to determine inter-rater reliability

(Cronbach's  $\alpha > 0.80$ ). The research team met weekly to discuss any discrepancies and made changes accordingly to finalize the main codebook, centered on understanding participant voice within transcripts. The graduate and undergraduate student researchers completed the remainder of coping by exploring chunks of interviews.

After coding the data, the researcher explored intersectionality within participant interviews since a critical component of IPA is “to gather holistic information about the phenomenon of study while attuning to contextual factors, intersecting identities, and interlocking systems of oppression to understand how they influence lived experience” (Chan & Farmer, 2017; Parmenter et al., 2021). Current literature surrounding intersectionality and the COVID-19 pandemic consists of calls to action: our research must acknowledge intersectionality given that the pandemic has impacted youth differently based on their social identities and positions with systems of power (Ezell et al., 2021; Ryan & Ayadi, 2020). To explore intersectionality in participant narratives, code count categorized by participant demographic information was tracked in Dedoose. From this process, three emerging codes were selected for exploring intersectionality: 1) concern, 2) coping, and 3) recommendations.

To further ensure credibility of findings, “rich descriptions” of the particular phenomenon is a common strategy used within phenomenological studies (Marshall & Rossman, 2011). As such, thick, illustrative quotes are presented from multiple participant narratives to highlight each theme discussion. Additionally, the use of quotes from multiple participant narratives will guide discussion of intersectionality within youth experiences during the pandemic. Finally, to be consistent another principal component of IPA, double hermeneutic (i.e., the researcher making sense of the participant making sense of what

happened to them), findings will use the following format: a) summarizing the emerging theme, b) presenting participant quote(s), c) summarizing the researcher's analysis of the quote (Chan & Farmer, 2017; Miller et al., 2018).

Table 2.2 Full Codebook

Emerging Code	Subcodes	Examples
<b>Concern</b>  Participant expresses sentiments of care or worry about the physical and/or mental health of self, others, and general public health.	<b>Self</b>  Participant expresses concern for personal physical and/or mental health (stress, anxiety, depression, safety, energy, motivation). Participant may identify concerns stemming from virtual school or lack of daily schedule/structure.	<i>"When school had first started, I was really stressed and had a lot of anxiety."</i>  <i>"Well, throughout my life I've just been the kid with learning disabilities. So, on top of that, just COVID and not being able to get that 1-on-1 help and stuff I need with a lot of my teachers has just impacted me a lot."</i>
	<b>Others</b>  Participant expresses concern for the safety and/or well-being of parents, grandparents, or community members.	<i>"So, I guess just one of my biggest worries is, I have a little sister that has an immune issue... I just want to make sure that I'm doing everything right, so she doesn't get it."</i>
	<b>Public Health</b>  Participant expresses concern for general public	<i>"Luckily we were not impacted by it [COVID-19] much financially or with deaths in the family. We were very blessed in that sense"</i>
		<i>"People are a lot more relaxed now, and it just worries me that they are"</i>

	health regarding COVID-19 (i.e., following or not following recommended CDC guidelines).	<i>not taking it as seriously as they should."</i>
<p><b>Coping</b></p> <p>Participant identifies behaviors they use to alleviate physical and/or mental health concerns related to COVID-19.</p>	<p><b>Social Media</b></p> <p>Participant describes coping by either increased or decreased use of social media (or other internet use such as streaming services and video games).</p> <p><b>Mental Health Habits</b></p> <p>Participant identifies coping by use of mental health services and/or techniques. Participant identifies actively seeking mental health help or identifies the need to seek help.</p> <p><b>Physical Health Habits</b></p> <p>Participant identifies coping by a change (increase/decrease) in exercise, eating, or sleeping patterns</p> <p><b>Religion/Spirituality</b></p> <p>Participant identifies the role of religious and spiritual practices (e.g., mantras, praying, talking to god/God) as a coping mechanism.</p>	<p><i>"Social media is very helpful... to stay connected to people."</i></p> <p><i>"When I'm trying to study in my room, I turn to social media after like 10 or 15 minutes."</i></p> <p><i>"I have my first therapy appointment at the beginning of December... so I've basically up until this point been trying to cope on my own."</i></p> <p><i>"I've recent, as of this week, been taking advantage of counseling."</i></p> <p><i>"I'm spending more time outside, like just going on long walks or runs..."</i></p> <p><i>"I found myself just wanting to sleep more..."</i></p> <p><i>"I've gotten more spiritual. So, I definitely pray more, look up to God more to help me cope."</i></p>

	<p><b>Hobbies</b></p> <p>Participant identifies any coping strategy that does not fit into the above subcodes (e.g., arts, writing, volunteering, pets, etc.).</p>	<p><i>“I kind of started to pick up, like, old hobbies. I’ve picked them up here and there, like, with painting, I’ve done it on and off.”</i></p> <p><i>“When I get really overwhelmed, I journal...”</i></p>
<p><b>Social Support</b></p> <p>Participant identifies the role of social support (from family, friends, peers, etc.) during the COVID-19 to cope with physical and/or mental health concerns related to COVID-19, including a loss of social connections or actively seeking out of social connections.</p>	<p><b>Increase in social support</b></p> <p>Participant expresses more time spent (in-person or virtual) with social connections and/or using social connections to alleviate physical and mental health concerns.</p> <p><b>Loss of social support</b></p> <p>Participant expresses little/no time or difficulty in fostering social connections to alleviate physical and mental health concerns. Participant may also express losing social connections due to the pandemic.</p>	<p><i>“[My friends] kind of helped to give an outlet, and it’s helpful to know that everybody’s kind of going through the same struggle.”</i></p> <p><i>“I like sending time out people, it really gets me out of my head.”</i></p> <p><i>“I feel like I had more friends, more social connections before this [COVID-19] happened.”</i></p> <p><i>“I never really see anybody’s face anymore...”</i></p>
<p><b>Environment</b></p> <p>Participant expresses other stressors that are not directly related to COVID-19 but are related to the socio-political climate of both the United States. Participant expresses added stress from interpersonal interactions as well as</p>	<p><b>Interpersonal</b></p> <p>Participant names interactions with others (e.g., views about COVID-19/election, individual encounters with racism, etc.) that cause added stress during the pandemic.</p>	<p><i>“I actually live with two people who are [on] very opposite ends of the political spectrum... so we’re pretty chill about it, but there’s been a few times that it’s been a little tense and then my family is also very politically divided.”</i></p>

systemic/macro-level issues and inequities.	<p><b>Systemic/Macro-Level</b></p> <p>Participant names structural issues and inequities (e.g., presidential election, police brutality, discrimination in healthcare, etc.) that cause added stress during the pandemic.</p>	<p><i>“As a minority, you always know that there’s discrimination that still exists...”</i></p> <p><i>“If I were to get sick, would I be in good hands of somebody who wouldn’t discriminate against me?”</i></p>
<p><b>Recommendations</b></p> <p>Participants identify resources that are needed to support youth during a pandemic. Such support involves physical health, mental health, social support, academic support, and the role of older adults.</p>	<p><b>Physical Health</b></p> <p>Participant identifies potential resources that promote more physical activity or healthy living during the pandemic (e.g., food outlets, walking clubs, etc.)</p> <p><b>Mental Health</b></p> <p>Participant identifies the need for more resources that promote mental health access and education (e.g., student therapy, telehealth, social media campaigns).</p> <p><b>Social Support</b></p> <p>Participant identifies the need for resources that foster increased social connection whether virtual or in-person (e.g., peer or mentoring groups)</p> <p><b>Academic Support</b></p> <p>Participant identifies necessary resources that</p>	<p><i>“I’d say more outlets for healthy eating...”</i></p> <p><i>“I don’t know how to find a therapist...”</i></p> <p><i>“It would be helpful to have somebody there in the dorms or common areas for students just to go drop by or seek help.”</i></p>

	<p>should be provided by their schools (e.g., financial aid, tutoring, information regarding COVID-19 news/cases, etc.)</p> <p><b>Role of Older Adults</b></p> <p>Participant identifies emotional support that is needed from older adults (e.g., parents, teachers, advisors, etc.) for youth during a pandemic.</p>	<p><i>“Something that could connect me to different scholarships or ways to get money for school...”</i></p> <p><i>“I would just want [older adults] to know that our feelings are very real... my emotions are very valid, and I think that emotions on a large scale are valid.”</i></p> <p><i>“So, just like being very understanding with your kids and being open with them...”</i></p>
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## CHAPTER 3

### QUALITATIVE FINDINGS AND INTERPRETATIONS

This study aimed to illuminate the experiences of youth residing in South Carolina during the COVID-19 pandemic. To fully understand and explore these experiences, interpretative phenomenological analysis (IPA) was used to address the following questions:

1. What are South Carolina youth experiences related to mental health during the COVID-19 pandemic?
2. How does intersectionality shape South Carolina youth experiences during the pandemic?
3. How can South Carolina youth's lived experiences inform mental health support (e.g., programs, policies, and practices) during and after the pandemic?

Qualitative findings from semi-structured interviews illustrated three salient themes regarding youth experiences during the pandemic: 1) concern, 2) coping, and 3) recommendations. Each emerging theme included subthemes to fully bring to light how youth made sense of and narrated their concerns, coping, and recommendations for programs, policies, and practices to support young people during the pandemic. Two subthemes emerged to describe participants' concern during the pandemic: concern for 1) the self and 2) current social-political conditions. Four subthemes emerged to describe participants' reflection on their coping strategies to alleviate concerns related to the



pandemic and social-political stressors: 1) mental health habits, 2) physical health habits, 3) social support, and 4) social media. Finally, four subthemes emerged to explain the recommendations participants considered and offered for programs, policies, and practices to better support young people during the pandemic: 1) academic support, 2) mental health support, 3) social support, and 4) support from older adults. Table 3.1 highlights each emerging theme and respective subthemes. All participant responses can be categorized in at least one theme/subtheme and many participant experiences reflect multiple themes.

Table 3.1 Themes and percentage of each theme in participant responses

Theme	Subtheme(s)	% of sample
Concern	Self	100% (n=23)
	Social-Political Conditions	91% (n=21)
Coping	Mental Health Habits	74% (n=17)
	Physical Health Habits	100% (n=23)
	Social Media	100% (n=23)
	Social Support	100% (n=23)
Recommendations	Academic Support	87% (n=20)
	Mental Health Support	96% (n=22)
	Social Support	96% (n=22)
	Support from Older Adults	100% (n=23)

### **Concern**

#### ***Concern: Self***

When reflecting on the impact of the COVID-19 pandemic, all participants highlighted concerns for their health and well-being. Notably, participant concerns for their well-being were situated within transitions to virtual school format and a lack of daily structure or schedule, including feeling less motivated, overwhelmed, stressed, and anxious. Alaina reflected on the lack of motivation she felt while switching to virtual school during recommended health guidelines for lockdowns and quarantine:

*When I went to school, it was something that I did every day, so I got up at a certain time and I left my house, but now, I don't necessarily follow a schedule... I feel like if I followed a more routine schedule, things would be better, but that's so difficult. Like when you just don't leave the house that much... So, I definitely feel like my motivation has drained just cause it's hard to see the end result when you're doing the same thing every single day.*

Because of a loss in structured schedule from pandemic-related school changes, Alaina brings to light its impact on young people's motivation and self-efficacy in virtual school settings. Participants also named missing school traditions with peers and friends (e.g., sports events, prom, graduation) and important life transitions and milestones (e.g., applying to college, starting college, finding a job) as stressors that shaped concerns for their overall well-being. Mary reflected on the life decisions and considerations she had to make post-graduation in the pandemic which added to her stress:

*And so, school has still been a big stress for me because I'm graduating. Do I go to grad school right after, do I take a gap year? That was definitely one of the biggest stressors for me... Like how was this going to work, especially during COVID times? Like, how am I going to figure out where I want to go and... we don't know what 2021 is going to bring at this moment. So, how would grad school even look at this moment? So that one was a really big stressor until I decide until I made a decision on that.*

Young people have previously expressed heightened mental distress in handling academic-related changes regarding virtual versus in-person school format and structure since the start of the pandemic (Cohen et al., 2020; Tasso et al., 2021). While not commonly expressed in current pandemic mental health literature, participants also highlighted the

mental distress they felt from missing school traditions with peers and friends as well as navigating important life decisions and transitions post-graduation.

However, these concerns were not the same for all participants as systems of oppression differently influenced youth experiences with COVID-19 health guidelines and healthcare services. In the context of concern for self, youth of color expressed heightened concerns from interpersonal racism while following COVID-19 quarantine and isolation guidelines. Given her experiences with racism, specifically racializing public health concerns, on her college campus, Kylie shared concerns for her well-being and safety while needing to self-quarantine:

*I think what impacted my emotional health more was [my] roommate situation because it kind of blew up because of COVID... I wanted her to take a COVID test because she ended up being around somebody that was exposed and got COVID... I think that really put a downer on my mental health because she turned from that situation to my skin color because I'm African-American... And she tried to terrorize me and was saying she's going to put up different flags and different racial things in our room... in a place that we equally share and we equally belong in. And so that really put a "Debbie Downer" on myself because I've always been confident in my skin and who I am... So, it kinda just made me feel really sad and I'm trying to do the right thing, be safe grow as a young adult or a young teenager...*

Additionally, youth of color expressed increased concerns surrounding systemic racism and receiving adequate healthcare services. Britney shared her concerns for herself in seeking and receiving adequate medical care due to the discrimination she might face as a Black woman in healthcare systems: *"As a minority, you always know that there's*

*discrimination that still exists... it's been stressful... if I were to get sick, would I be in good hands of somebody who wouldn't discriminate against me?"* Because of the distrust and harm perpetrated by healthcare systems, Britney highlights the very real experiences of Black Americans, and more specifically Black women and girls, impacting their choice to seek services for health concerns during the pandemic (Kirksey et al., 2021; Rosenthal & Lobel, 2011).

### ***Intersectionality***

Intersections between systems of power differently shaped youth experiences during the pandemic. In the context of concern for self, youth with preexisting disabilities expressed heightened concerns surrounding the academic systems and having access to necessary resources for virtual school settings. Looking at the intersections of gender and ableism, transgender youth with preexisting disabilities, although feeling distressed from inadequate access to resources, noted instances of better mental health in virtual school settings where there were fewer interactions with unaccepting peers and bullies. Iana brought to light the experiences of being a transgender youth with learning differences navigating virtual school. Iana shared their experiences with elevated mental health concerns due to the lack of access to necessary resources they needed to thrive in virtual classes: *"Well, throughout my life I've just been the kid with learning disabilities. So, on top of that, just COVID and not being able to get that one-on-one help and stuff I need with a lot of my teachers has just impacted me a lot."* However, Iana also noted experiencing better well-being in virtual school where there were fewer interactions with unaccepting peers: *"I used to get bullied a lot at school, so it's helped my mental health... I feel like it [virtual school] is better definitely... in a positive way because the bullying has stopped."*

While transgender youth have expressed heightened mental health distress from reduced access to social support provided by schools (Green et al., 2020; Hoyt et al., 2020), Iana highlights an intersectional experience that has not been thoroughly explored regarding transgender youth's academic needs not being met but, on the other hand, feeling safe from peer bullying in virtual school settings. It is important to acknowledge this intersectional context for LGBTQ+ young people when considering necessary resources and accommodations (e.g., available class materials, peer and mentor support, school-based mental health services; Green et al., 2020; Hawke et al., 2021) for virtual as well as in-person school settings as the pandemic continues.

### ***Concern: Social-Political Conditions***

Many participants also noted concern regarding the current social-political conditions, both within nationally and internationally, (e.g., 2020 presidential election, upsurge in youth activism within and in support of the Black community, the climate change crisis, immigration injustices) which intersected with and exacerbated participant concern for themselves during the pandemic. Notably, witnessing and discussing social-political events in the U.S. and the world as well as perceiving a lack of control in their ability to make change added to participants' mental distress including heightened anxiety, fear, hopelessness, and loss. Aisha highlighted the impact she felt on her mental health regarding her ability to balance school life with the social-political conditions within the U.S.:

*So, like the Black Lives Matter movement and everything that happened in early May of last year [2020]... It was really hard as a teenager to be expected to take in all this bad news as if we were sponges and just be expected to move on with our day. And that*

*wasn't even just related to the pandemic cause that happened recently, this was a few months ago where there were mass shootings, like every day, and teenagers were just expected to carry on with their day, and go to school, and not let it impact them, which was really eye opening in a very bad way.*

For Aisha, a balance between being aware of social justice issues and her well-being was important to her experience during the pandemic. However, balancing awareness and involvement in social issues as a teenager with little time to stop and process while navigating pandemic-related school changes was a point of additional stress for other young people (Tabari et al., 2021; Waselewski et al., 2020).

On the other hand, participants also named other stressors while discussing these social justice issues, specifically tension with and lack of support from older family members and other adults. Ari reflected on the responses and reactions she received from older adults when discussing the 2020 presidential election and the rise in youth involvement in social movements:

*I mean a lot of adults belittle younger participation with politics, especially given that these are the things that are literally gonna affect the rest of our lives... Like people are dealing with this very differently. It's manifesting itself in a lot of different ways like people's mental health and their physical health and their emotional well-being... But, we have to worry about whether or not we're going to have clean air and clean water and whether or not we can have kids...*

Ari highlights a common point of stress for young people engaging in discussions with older adults about U.S. social justice issues that directly impact young people's future (e.g., adultism – the belief system based on the idea that the adult human being is in some

sense superior to the child or young person; Corney et al., 2021). During these conversations, young people have reflected on a lack of acknowledgment and emotional support from older adults regarding young people's knowledge of current social-political issues as well as their ability to advocate for social change.

However, it is important to note that participant identities tied systems of power impacted how they understood, reacted to, and took action regarding the current social-political environment. In the context of concern for social justice, youth of color expressed heightened distress in witnessing social justice issues that affected themselves and those in their communities. Hayhay reflected on the impact she felt as a Palestinian witnessing and discussing the maltreatment of Palestinian civilians and refugees during the 2021 Israel-Palestine crisis:

*So, it's extremely hard to see the Palestinian oppression by Israeli forces. That's extremely hard to see. It's very hard to see people not care that Palestinians are being oppressed and they're dying in the largest open-air prison. And to hear people talking about both sides, it's extremely frustrating and it's very hard to continue to see people like you being oppressed and tortured.*

Hayhay raises a point in which, for youth of color, witnessing individuals and communities who looked like them experience oppression on loop in the media worsened their mental health during the pandemic (Hoyt et al., 2020). Moreover, for these youth, having to engage in conversations and educate others about these injustices, both in-person and online, further impacted their well-being.

### *Intersectionality*

Intersections between systems of power further impacted how participants understood, reacted to, and took action regarding these social justice issues. Some participants reflected on systems of power which intensified their concerns for their well-being, safety, and rights in multiple dimensions as young people living in various social positions within the U.S. During a time of racism, escalated by xenophobia during the pandemic and its impact on immigrant communities and communities of color (Liu & Modir, 2020; Stop AAPI Hate, 2021), it is critical to explore this intersectional impact for young people. At the intersection of xenophobia and racism, for some first-generation youth of color, the current social-political environment within the U.S. shaped their views of personal safety and overall well-being. Sally reflected on fears for her safety as a first-generation Black student, and especially for the safety and lives of undocumented immigrant youth of color, situated in the U.S. regarding Deferred Action for Childhood Arrivals (DACA):

*With everything as far as racial unrest and brutality in all aspects, not even just Black Lives Matter, but also with DACA and hearing about everything going on. It's just made me really worried about not only my own safety but what about children who are undocumented... when I would see those things, I didn't feel like I mattered, if something like that happened, I would either one, not even get any attention except for friends because it wouldn't matter or two, I would just be another hashtag. And that's just kind of frightening to think about when, out of all the things I could be doing in life and all the things that I can be remembered for, the only thing I would have to be remembered for is how I died.*



Because of racism and xenophobia within the U.S., Sally raises a point of concern that first-generation immigrant youth of color must consider for themselves and those in their community when navigating U.S. school systems that impact their well-being, safety, rights, and ultimately their lives. In addition, at the intersections of gender and heterosexism, Mallory reflected on her experience and fear for her rights in multiple dimensions in the U.S. as a bisexual woman:

*With the abortion rights being up for question in a lot of places, it's like, am I going to have rights today? Who knows? And with all these LGBTQ and transgender bans and all this legislation that's being done that also directly affects me and my people, being queer people and it's very stressful.*

LGBTQ+ youth have reported greater mental health distress from the disruption in access to health care services at schools and within their broader communities (Green et al., 2020; Hawke et al., 2021). Mallory reflects on additional concerns that LGBTQ+ young people who identify as and are perceived as women consider regarding their rights to both comprehensive and reproductive health care in the U.S. in addition to navigating both personal and school responsibilities during the pandemic.

### **Coping in Context: Pandemic Lockdowns and Quarantine**

In the face of heightened concerns for their mental health and well-being, young people still found many ways to thrive and take care during recommended health guidelines for lockdowns and quarantine. Participants found relief through a) mental health habits (e.g., seeking out therapy or professional help), b) physical health habits (e.g., eating, physical activity), c) social media (e.g., social media platforms and television streaming services), and d) social support (e.g., friends, family, partners).

### ***Mental Health Habits***

During lockdowns, school changes, and social distancing, participants sought out mental health habits, specifically from therapy and professional help to take care of their health and well-being. For instance, Clay reflected on the help she received from seeking out in-person therapy when she realized the toll the pandemic had on her health and well-being:

*When I started seeing my therapist more regularly, I actually ended up having to start seeing a psychiatrist to get on medication. So that was kind of a big thing for me. It's realizing, oh, this really has impacted me. And I mean, talking to my therapist, she thinks it's more of the grief that has built up over the past year. And it all kind of builds up to the point where I was like, I need something more, this isn't helping enough.*

Diana also reflected on the toll the pandemic had on her mental health. Specifically, Diana realized the need to actively seek out extra support from a therapist instead of coping on her own:

*I think my have my first therapy appointment and the beginning of December. So, I've basically up until this point been trying to cope on my own. I definitely think it helps to talk to someone that you don't know very well... I don't have to censor anything.*

Similarly, Gigi also started seeing a therapist over the pandemic, specifically she noted the positive impact of teletherapy which she appreciated for its flexibility in getting help:

*I personally go to therapy and that's been really helpful to just do the telehealth and whenever I need I just email and be like, hey, can you meet me in like an hour? And*

*then do it online. That's been kind of a nice thing about it is that it's more flexible in my schedule.*

While all participants noted elevated concerns for their mental health and well-being during the pandemic, mental health habits were discussed among 17 out of 23 participants. Young people who did comment on turning to mental health habits noted the value of acknowledging the need for and then actively seeking help from mental health care professionals instead of coping with the pandemic and social isolation on their own.

### ***Intersectionality***

It is important to highlight how intersecting identities and experiences shaped young people's mental health habits to thrive and take care of their well-being when faced with pandemic- and school-related stressors. For Britney, navigating the healthcare system and receiving adequate care as a Black woman was a concern for her during the pandemic which impacted her well-being and decisions to seek care. With her concerns for seeking healthcare during the pandemic, learning to seek help from others, especially health care providers, was a new experience for Britney to recognize and prioritize her needs for support when faced with challenging experiences:

*I started going to counseling this week. So, I think this is a step in the right direction about like kind of talking through these things cause I usually try to handle everything on my own... I've been like that since I was a child. I've been like very independent or like if something's wrong, I'll try to handle it myself or like something's bothering me, I'll just brush it under the rug or like just deal with it on my own. So yeah, I definitely don't go to other people for like help that often. So, I'm trying to figure out what that looks like to rely on other people.*

Though we see the harmful impact of intersecting systems of oppression (e.g., racism and sexism) in Britney's narrative, we see that thriving and resistance can still be found. For Britney, being able to prioritize her own mental health needs was a critical coping strategy to foster her well-being while navigating these systems in the pandemic.

### ***Physical Health Habits***

Additionally, many participants turned to physical health habits related to eating and physical activity to boost their well-being while quarantined at home. For instance, Michael reflected on how focusing on his physical health, particularly doing activities that brought him joy, positively impacted his mental health: *"I'm definitely focusing on things that benefit my mental health like exercise, fresh air, going out and taking walks in the morning... getting sleep at night and eating healthy... taking the time to just do things that I enjoy."*

Camille also expressed the positive impact exercising had on her mental health when facing school changes and stressors and her own mental health:

*I'd go outside and I do push-ups and dancing and stuff like that, and I felt so much better once I did. Like, I didn't feel so lazy and depressed all the time. And then, since I've been going to college and they have a gym for free, I've been lifting weights and it's made me more confident. I have more energy. It's made me feel a thousand times better...*

Likewise, while quarantined at home with family, young people spent more time eating and cooking. For example, Hayhay reflected on the comfort she felt from home-cooked meals during her time with her family early on during the pandemic:

*I'm eating better, man. I'm eating homecooked food every day. My mom makes me food. If I'm hungry, I just let her know... You know, it's a fully stocked kitchen, so I've been*

*eating better at home instead of when I was at school... Everything is easy for me to cook with so that's been great.*

Rose also shared similar experiences while quarantined at home and the positive feelings she felt from eating home-cooked meals with her family:

*I think certainly when I was in quarantine I was just encouraged to eat more. I was at home with my family and my mom's a very good cook, so I feel like before... I didn't even have time to eat. And when COVID started and we just spent more time at home with my mom doing homemade meals, it [eating habits] certainly had increased, but in a good way.*

All participants noted the positive impact physical health habits had on their health and well-being. For participants, these coping strategies were most beneficial in being physically active outside and eating and cooking with family and friends, especially when during lockdowns and quarantine. While these young people described their coping strategies, a focus on engaging in physical health habits with others around them was important to maintaining their well-being. Additionally, it is worth noting that intersectionality did not emerge from participant narratives of coping through physical health habits. As seen in the quotes above, the use of physical health habits to cope revolved around participants' shared identities as youth-aged students navigating the pandemic.

### ***Social Media***

When reflecting on social media as a form of coping, participants commented on an increase in social media use since the start of the pandemic. Participants noted the use of social media platforms (e.g., TikTok, Twitter, Snapchat) as well as television streaming platforms (e.g., Netflix, YouTube) to fill their time during school transitions and to distract

from school stressors. To illustrate, Georgia reflected on her increased social media use to cope with feelings of anxiety during virtual schooling:

*I definitely use it [social media] a lot more and I don't necessarily want to, but sometimes it's just mindless scrolling. Sometimes it's just procrastination, but it's so easy to do because I'm so anxious about school or something. And it's just an activity that doesn't require much thought.*

Jill also shared her increased use of social media and streaming services to cope and fill her time during the period when schools were transitioning to online:

*I found myself at the beginning I would always be on my phone cause I had no other things to do. Like especially that one short period of time where we didn't have school at all before... I would just be on my phone. I have schoolwork, but I didn't have to worry about testing or anything of that nature. So it would be on my phone, maybe binge-watching Netflix or something like that.*

In addition, many participants used social media platforms as a way to keep connected and destress with family, friends, and other loved ones. Gigi noted the value of social media as one of her coping strategies to keep distracted from school stress but also to keep connected with her peers:

*I've noticed I even use it during class, which is terrible, but when the camera's just from here up, you know, so you can kind of text under the table or whatever, but I have noticed even texting, sending memes back and forth, going on Tik Tok is a big thing, but just anything to feel like you're part of something, I guess. So, I know that inside joke, I saw it on the internet, you know, just to feel like you're part of a community.*

All participants highlighted an increase in their social media use as the pandemic continued. All 23 participants noted the ease of turning to social media when doing virtual school from their homes, especially to distract from school-related stress. Moreover, participants reflected on finding community and keeping connected through social media platforms which boosted their health and well-being. Again, while young people noted their coping strategies using social media, a focus on the social aspect of social media platforms was central to supporting their well-being in a time of increased social isolation. However, intersectionality did not emerge from participant narratives of social media as a form of coping with pandemic lockdowns and quarantine. As seen in the quotes above, the use of social media to cope revolved around participants' shared identities as youth-aged students navigating the pandemic.

### ***Social Support***

Finally, all participants commented on the role of social support to alleviate stress during the time of lockdowns and quarantine. Due to a loss in social-emotional support networks from the closing of schools, many young people spent increased time seeking out or fostering social support, particularly talking to friends and family. For instance, Rose reflected on the value of family members as support, especially having her sister to turn to while quarantined at home:

*I think certainly my sister... she's been a person that I have been really close to my whole life... I feel like I know her so well and she knows me so well that we kind of know exactly what to say to each other in certain situations... I feel like she's my go to person that when I feel stressed, or are going through something, really knows like what to say at that moment to make it better.*

Similarly, Michael shared that spending more time with his family positively impacted both his well-being and his relationship with his family, which was something his family had not had the time for before:

*Kind of what helped me a lot in that sense is going back to how my relationship with my family kind of got better. I think that helped to just kind of stabilize my emotional health a little bit. Just being able to have people to talk to and to interact with, especially, with my family, face-to-face.*

Jill also reflected on spending time with her family during lockdowns which positively impacted her well-being as well as her relationship with her family:

*I think my biggest support would be my family because we were spending so much time together. We were able to talk more about it, more openly, because when you're on a phone, sometimes it feels like you're kind of restricted, like you want to get off with them.. you don't want it to spend too much of their time, but my family was sitting across the couch from each other... we were able to openly express...*

Previous research has noted that many young people reported stress in relationships with family members while quarantined at home (Magson et al., 2021; Tabari et al., 2021), however, many participants acknowledged their opportunity to spend quality time with family. Being able to foster relationships with family members had a positive impact on young people's well-being while much of the country was shut down. During this time, young people also sought support from friends and peers. Notably, connecting with peers who had similar pandemic-related experiences was comforting for young people to feel connected and find community in a time of social isolation. For example, Samantha



reflected on her friendships as social support and being able to talk about their shared experiences during school changes:

*I had my high school friend and we have this big group chat of 12 people. And we're all at different colleges, but regardless of that, we could still all relate. Like, yes, I'm so stressed right now, I also have no motivation to do this work. It was just comforting that people I was close with understood what I was feeling... But with my own friends, knowing that they were feeling the same way, it was comforting because I was no longer by myself.*

Similarly, Georgia shared the positive impact she felt in being able to turn to friends for support, especially after missing important milestones as students:

*Laughing with them [my friends], not necessarily talking about the pandemic or anything, but also it's a good space for me to talk about just feelings with school and stress. And they're also going through it and just, with senior year and things like that. So, it's nice to just talk with other people who are going through the same thing and just kinda help support each other and just knowing that there's people who are there for me and understanding is really good and supportive So it's nice to have that little community.*

During the pandemic, many young people experienced a loss in social-emotional support networks due to the closing of schools and community centers (Loades et al., 2020; Tasso et al., 2021). While this was a common experience for all 23 participants, young people noted the need for and benefit of actively seeking out new and/or existing social relationships for support. Findings support from same-aged peers who had similar pandemic experiences was a source of relief for young people when faced with stress from school and social changes.

### *Intersectionality*

Because intersecting identities and systems influenced participants' pandemic concerns, it is important to highlight how these experiences shaped how young people sought social support to thrive and take care of their well-being when faced with pandemic- and school-related stressors. To illustrate, Iana reflected on the importance of their identity as an LGBTQ+ student in seeking out support from friends who shared similar experiences as LGBTQ+ students during school transitions: *I've definitely have a really tight friend group full of a lot of other social outcast kids and we've always just help each other out and stuff. So that's probably the biggest thing...*

Lola also shared seeking out support from university groups such as finding community among other first-generation Hispanic students who had similar experiences during the pandemic while isolated on campus:

*I do one on-campus group.. it's all first-generation Hispanic students... I wouldn't say we're all besties or anything, but it is kind of nice to have people that are similar to you in those ways. Like seeing how they're dealing with things similar to you and getting to see them and talk to them is kind of nice.*

Lola and Iana highlight the value of connecting with peers who share similar life experiences as a way to cope with pandemic-related stress. For systematically marginalized young people, being able to emotionally connect with other young people in their communities based on shared identities was critical to supporting their mental health in a time of social isolation. Young people who sought out these social connections found comfort in multiple dimensions of their lives as they navigated pandemic-related concerns situated within oppressive systems.

### **Coping in Context: Social Injustices**

Young people still found many ways to thrive and take care despite heightened concerns for their mental health and well-being in a time of a divisive 2020 presidential election and increased uprisings to address racism and its backlash. It is important to note that all participants completed this study during the rise in support of the Black Lives Matter movement and increased violence surrounding the 2020 presidential election. Both were consistently reported to have negatively impacted a majority of participants' well-being as noted in the previous section (i.e., concern: social-political conditions). Different from coping during lockdowns and quarantine in which young people relied heavily on therapy, social media use, and social support, participants found ways to maintain their health and well-being when faced with social injustices on loop in the media, particularly through a) mental health habits (e.g., shifting mindsets, spirituality) b) social media breaks, and c) social support boundaries.

#### ***Mental Health Habits***

When faced with stress from witnessing and experiencing social injustices, some participants reflected on the use of mental health habits. Different from mental health habits in the context of the pandemic (e.g., seeking out therapy or professional help), young people specifically used practices to shift their mindsets in order to maintain their mental health and well-being. For instance, Georgia expressed the need to shift her mindset in recognizing what actions were in the scope of her control to better support her well-being:

*I try to cope with it by just doing what I can for the environment and just recognizing that I can't necessarily stop it or do much on my own... worrying about it won't*

*necessarily change it so, just like trying to spread awareness by separating myself from constantly worrying about the world...*

Other young people turned to humor to shift their mindsets when engaging in difficult interactions or conversations about the 2020 presidential election and increased uprisings to address racism. For example, Samantha recognized a balance between being hopeful and humorous when engaging in these kinds of conversations with family members while quarantined at home:

*There were smaller victories that I would be joyful of. And then there'd also be just instances where I just laugh things off and that's kind of how I dealt with it: I took what I could and I laughed off the rest because I did not want to get them [my parents] mad about it.*

Similarly, Gigi also turned to humor, when appropriate, to shift her mindset when she experienced stress during conversations with family members about the presidential election:

*Usually humor, I think especially like political memes. And so, if you can kind of make it into a joke of like, well, you know, I saw this on internet, it must be true. Or like some sort of joke to kind of make it less of an attack and more of like funny... I guess if you can, some of these are really serious and you can't make jokes about it, but if you find any humor that's usually helpful.*

### ***Intersectionality***

In the previous section, young people noted heightened concern for social-political conditions that was greatly shaped by intersectional identities and systems. As such, it is critical to highlight how young people used mental health habits to thrive and take care

when faced with distress from social injustices that directly impacted them.. To illustrate, Mallory reflected on her coping strategies when faced with fears about her rights as a bisexual woman and the rights of other LGBTQ+ youth. Mallory noted the value of spirituality, a novel theme emerging from participant narratives, and its positive impact on her overall health and well-being:

*Over the past year, I've actually gotten very much into spirituality and meditation and just sort of more positive aspects of spirituality. Not necessarily any religion at all, but just adhering to a more positive moral and mental state.... But that has really helped me to just take some time to sit with my thoughts and understand them... I think there is more outside of just what is here on this earth and my moral body there is a higher something else.*

While Mallory noted her increased distress due to anti-LGBTQ+ sentiment and legislation, she notes the benefit of turning to spirituality and related mindful practices to ground herself and find peace despite. While not as commonly noted as a coping strategy for young people, for systematically marginalized young people, spirituality was a way of shifting their thoughts to understand and validate their experiences outside of social injustices.

### ***Social Media Breaks***

While many participants turned to social media to cope with pandemic lockdowns and quarantine, they also noted the negative impact of increased time on social media. For instance, participants reflected on the overwhelming impact they felt from increased time monitoring social injustices and social-political events and the need to take a break. Alaina

reflected on the need to take a break from social media as a way to cope with additional stressors in the news:

*Honestly, when I felt like I was getting overwhelmed, I just would have to take a break, from my phone or stop watching the news or something like that, just because, I guess that was really my only connection to it. So, I knew it was important to stay informed and everything, but at the same time it's good to know when you need to stop and turn away from things.*

Similarly, Michael noted the impact monitoring the election had on his well-being and the need to intentionally take a break from social media and other news outlets:

*I'm trying not to get so involved in news and trying to kind of avoid constantly looking at online news and having the TV on and stuff, especially when all this started, that kind of stressed me out a lot. So that's something that I've really had to kind of learn to practice self-control.*

Both Alaina and Michael reflected on a common experience raised by young people regarding increased monitoring of the media during the pandemic and U.S. social-political conditions (Oosterhoff & Palmer, 2020; Waselewski et al., 2020). A balance between being aware of social justice issues and well-being was important to many participants during the presidential election and uprisings to address racism. However, differently from using social media to cope during lockdowns and quarantine, young people needed breaks from social media when witnessing trauma on loop in the media to take care of their health and well-being.

### *Intersectionality*

It is also important to highlight that identity, specifically race and ethnicity along with preexisting mental health struggles, shaped how young people coped with stress from experiencing and witnessing racism, uprisings to address racism, and its backlash on loop in the media. For example, Hayhay reflected on the need to take breaks from social media, especially when witnessing harm perpetrated against people of color, people who look like her, in tandem her own preexisting mental health struggles during the pandemic:

*And when it comes to the issues itself, I just kind of have to scroll past and look at memes instead to try to balance it cause it's too much to have everything with COVID, the depression, and then have everything on social media, letting me see that, you know, the world does not care about people, about certain people. It doesn't care about Muslims. It doesn't care about people of color, in order to keep going on with my life and balance my own mental health.*

Hayhay notes a social media coping strategy that other young people of color shared in order to support their mental health and well-being when witnessing racism and racial trauma in the media. While young people highlighted the use of social media breaks to distract from an increased intake of news, youth of color specifically bring to light the need to distract from injustices in which harm and violence perpetrated against others who look like them and their communities. In addition to needing to cope with news intake, youth of color who also witnessed this harm and violence against their communities needed to turn away from social media in order to maintain their mental health and well-being.

### ***Social Support Boundaries***

While many participants noted the value of social support during the time of lockdowns and social isolation, many young people also noted the need to set boundaries with social support. Specifically young people highlighted setting boundaries when faced with adultism (i.e., the belief system based on the idea that the adult human being is in some sense superior to the child or young person; Corney et al., 2021) or difficult conversations about the current social-political context. Notably, participants reflected on the positive impact of setting boundaries specifically in interactions with family members during pandemic lockdowns and quarantine. To illustrate, Clay reflected on the need to step away from divisive conversations with older family members and focus on other things:

*I mean whenever I would go to the lake, like to see my grandparents, I would always just kind of go sit on the dock somewhere where I could still be with them, but not really have to listen. And I mean with my parents, it was like, I would just kind of try to change the subject or I would just go do something else. And I mean sometimes it wouldn't really work and at times it would...*

Lola also reflected on navigating difficult conversations with her family members in order to keep the environment more peaceful while quarantined at home:

*I would say with my family, I do definitely try to avoid it. There are conversations that I don't really want to get into, I don't really want to have because I would say we're all kind of very strong-minded people and don't really want to get into the whole arguing thing. It just doesn't feel like it needs to happen. You know, I'm pretty sure they're pretty*



*set on their- on how they feel about things. And I won't be the one to change their minds. So, I kind of try and keep everything at peace here...*

For some participants, setting boundaries during difficult conversations about the presidential election and increased uprisings to address racism with social support, especially family members with differing viewpoints, was critical to supporting their well-being and maintaining relationships while spending increased time quarantined at home. Differently, from intentionally seeking out connections with social support to boost their well-being, young people also noted the need to avoid or step away from politically and socially divisive conversations to maintain a less stressful environment as well as their well-being.

### ***Intersectionality***

In addition, it's important to highlight that identity, specifically race and ethnicity, shaped how young people sought out social support to cope with the stress from experiencing and witnessing racism, uprisings to address racism, and its backlash. For example, Kylie reflected on how she coped with the racialization of her public health concerns when quarantined with a campus roommate. Kylie highlighted the value of social support, especially feeling seen and heard when talking to friends who share similar experiences as students of color at primarily white universities:

*And same with my other friend, having him as a support. Cause he, I guess from his experiences as a minority at a primarily white school, he's had the same time, same type of issues... So being able to talk to him was good.*

Furthermore, intersecting identities and experiences shaped how young people sought out social support to thrive and take care of their well-being while experiencing and

witnessing social injustices. To illustrate, Sally, who experienced elevated stress and worry about her safety and the safety of documented and undocumented immigrant youth of color, reflected on the value of her friends as social support: *“I would talk about it with my friends and kind of get my thoughts out because a lot of the times talking with them made me feel like in that moment that I was important and I matter.”*

### **Recommendations for Support**

As highlighted in the previous sections, we can see that 1) young people are experiencing a heightened concern for their own, and the world's, well-being during the pandemic, and 2) they are still finding ways to take care and be well. Since a core value of this study is to center youth voice and experience, all participants had the opportunity to provide suggestions for programs, policies, and practices to better support them and other young people during the pandemic. Participants named four areas of needed support in the ongoing pandemic: a) academic support, b) mental health support, c) social support, and d) support from older adults.

#### ***Academic Support***

Out of all 23 participants that discussed elevated concerns for their mental health and well-being during pandemic-related school changes, 20 young people recommended better academic support during the pandemic. Notably, young people reflected on needing college or work transition resources (e.g., tutors, mentors) as well as financial aid (e.g., scholarships, funding). To illustrate, Lianne reflected on her wishes for mentoring groups as she was beginning her transition from high school to college, especially during a time of heightened uncertainty due to these changes:

*I think for my age specifically mentoring groups would probably be better because we're about to go into the world. So, like just having people who are maybe in college to help us navigate the world or like give us tips on how to cope with things, because we're about to go to college and learn things for ourselves. So, like having people who have experienced this already might be a little bit more beneficial.*

Ari also highlighted her wishes for mentoring systems for supporting students who are transitioning from college to working jobs, especially adjusting to new settings in a time of heightened uncertainty:

*So definitely finding some way to like have a support system for a lot of new students or seniors. I think the best support would definitely be like adjusting. Well, there's no way to tell us what the world is going to look like. So, like there's no one that can really help us adjust, like a real adult, out of college life... Like that would definitely be a resource, say like someone to help us adapt, but we don't have anyone that can help us adapt to what the world would be like right now.*

For both Lianne and Ari, recommendations for academic support took the form of having an older peer to turn to for guidance with important school and life transitions during the pandemic. While describing necessary academic support, participants' ideas intersected with social support, especially during a time of heightened uncertainty surrounding pandemic-related school and work changes. Academic support that also incorporates social support may be critical to consider when supporting current and transitioning students' well-being during this time.

### *Intersectionality*

Though intersecting social systems and identities shaped young people's concerns, they were still able to thrive and take care during the pandemic. As such, it is critical to highlight recommendations for academic support from young people within intersecting social positions. Notably, students from lower-income backgrounds reflected on the need for funding or financial support from their schools, especially during lockdowns and uncertainty with securing jobs. To illustrate, Victoria shared the financial challenges she faced as a low-income student who also lost her job during the pandemic. Victoria reflected on the financial support she wished she had while navigating her ability to pay for school:

*Probably financially because I paid for everything myself and then I lost my job. I just recently got a job two days ago so that's good. And well that one was PRN so I'm not going to be working that much. And then I got another one today, which is seasonal, so that's good. But like it's still, it's still stressful cause you never know what's going to happen. And that's like, I want financial burdens to be the least of my worries. And I can't say that they are right now. I feel like they're still kind of up there. So maybe like some kind of financial program, another stimulus check, or something.*

Victoria highlights additional concerns students needed to consider regarding their ability to navigate school changes. Financial support in the context of schooling was a recommendation addressed by lower-income students. While participants noted elevated stress due to school changes (e.g., schedules, virtual formats), lower-income students highlighted additional stress from school finances that needed support in order to thrive during the pandemic. Academic support that considers these multiple dimensions that impact students will be critical for supporting systematically marginalized students.

### ***Mental Health Support***

While only 17 out of 23 participants used mental health habits (e.g., therapy, shifting mindsets, spirituality) to cope with pandemic and social-political stressors, 22 participants called for better mental health support from schools and the surrounding community. Notably, participants commented on the need for accessible mental health services for students and other young people navigating stressful school and life changes. For instance, Georgia reflected on the challenges in accessing therapy services at her school and wished for more opportunities to receive consistent and affordable support from their schools or within her community:

*I think the biggest thing that would be helpful would be counseling resources... there are counseling sessions available on campus, but it is pretty difficult to get an appointment... And then outside of campus counseling is pretty expensive. So yeah, if there was maybe more availability from the student center to get counseling and be able to get in somewhat regularly, that would be really nice. Just to have a professional to talk the through, with the stress.*

Gigi also wished for more opportunities to receive mental health services through her school, specifically virtual options to fit within student schedules. For Gigi, having a virtual option to expand access to mental health services through schools would have been beneficial to her thriving during the pandemic:

*I know that like telehealth has become a thing. So hopefully that will increase. Cause I know we get 10 visits for my university's mental health, but I've heard a lot that they get booked up really fast and it's hard to like get in. So, I'm hoping that maybe that*

*will kind of expand the options or even they have some private practices that are going online. That's kind of easier to get into because you don't have to travel to the office.*

Both Georgia and Gigi noted recommendations for mental health support from schools that were highlighted by many young people. First, young people needed accessible and affordable mental health services whether through their schools or in the surrounding communities. Second, young people reflected on the rise of teletherapy and its value in extending access to mental health services for students. A combination of accessible and affordable mental health services provided by schools and communities may be important to support young people's well-being during pandemic-related changes.

However, recommendations for mental health support were not the same for all participants as systems of oppression (e.g., racism, sexism, ableism, etc.) differently influenced youth experiences. Notably, racial identity shaped young people's recommendations for mental health support. Specifically racial identity match with mental health professionals emerged from participants' narratives of mental health support recommendations. To illustrate, Kylie reflected on her needs for having a Black counselor to identify with. Kylie noted her ability to do so in her hometown, but made a call to action for her schools' services to have more diverse and inclusive counseling for students:

*Having counseling services and people that look like you and having counseling services to people that are like a wide variety of ranges. So at my school is only two counselors... and like there were people that I really couldn't identify with... but like knowing that I could go to my therapist at home was good, but like for people that don't have that option, I think, you know, having other sources of where they can see people online that will be free...*

Kylie raises a key point noted by other systematically marginalized students: connection to others with shared social identities. In the context of mental health services specifically, having shared identities (e.g., race, ethnicity, gender, etc.) with a mental health professional or at least having a shared understanding of social identities was important to youth of color in seeking support. In addition, it is important to note that intersectionality did not explicitly emerge from participant recommendations for mental health support. The majority of recommendations provided by participants revolved around their shared identities as youth-aged students navigating the pandemic. However, in seeing Kylie's narrative and the importance of shared identities and shared understanding of social identities, intersectionality will be critical to consider in order to support systematically marginalized young people within mental health services.

### ***Social Support***

Social support was consistently reported as a positive coping strategy for all 23 participants during the period of lockdowns and social isolation. Likewise, 22 participants reflected on their wishes for more structured social opportunities in their schools to destress and find community with peers. Notably, young people wished for both virtual and in-person opportunities to connect with other students who shared similar interests and experiences during the pandemic as way to support their mental health and well-being. For instance, Kylie commented on her wishes for frequent social groups for young people to debrief and connect about stressful things impacting young people in society:

*I think peer groups were good. Like going to weekly discussions, being able to talk to people just about any and everything going on. It's a lot of things going on in our society. And so, it was good to be able to like talk whether it was COVID or other things going on.*

*And so, I think that was a good thing, having that group of people to talk about those types of things with, and like, know that it was gonna happen every Monday. So, I know I'm going to go to it every Monday and never really like even though all this stuff is going on it never really changed, like it would always happen on Monday, so I think it was good. I know that I was like, when Monday comes I know I can go to this group. And like, we would just talk about things. I thought that was like really good. So having those like peer groups would be good.*

Additionally, many participants highlighted social support groups that intersected with mental health to strengthen young people's well-being during the pandemic. To illustrate, Mallory reflected on her desire for group therapy or peer support groups to find community and relate to other young people experiencing stress during the pandemic:

*Like online, peer group therapy, or just groups, like sit down and like, let's talk about how awful this experience has been. It was actually a group therapy that was offered to me through counseling before the pandemic hit and I was planning on going and then spring break and then the pandemic happened. And yeah, I feel like a group therapy has always seemed like a really good option for me, just because hearing other people's stories helps me to understand that, like I'm not alone in this...*

For young people, being able to connect and find community with other young people who had similar pandemic-related experiences was critical to supporting their mental health and well-being. Furthermore, a majority of participants called for more structured opportunities to talk about and reflect on pandemic stressors that directly impacted young people. It is also worth noting that intersectionality did not emerge from participant recommendations for social support. The majority of recommendations



provided by participants revolved around their shared identities as youth-aged students navigating the pandemic. However, it may still be critical to consider intersectionality to support systematically marginalized young people's mental health and well-being seeing that many of them noted turning to social supports who shared similar identities as a form of coping with the pandemic.

### ***Support from Older Adults***

As previously mentioned in prior sections, many young people noted experiences of adultism with older adults in their lives (e.g., grandparents, parents, older relatives, etc.). Specifically, conversations about a) the pandemic and b) the social-political context (e.g., the 2020 presidential election, uprisings to address racism, etc.) were situations with older adults in which young people's mental health was most negatively impacted. All 23 participants highlighted a need for emotional support from older adults regarding the toll the pandemic and social injustices had on their health and well-being. Regarding the future of the pandemic and society as a whole, young people hoped for older adults to support them through compassion, patience, and understanding. To illustrate support from older adults in the context of the pandemic, Lianne reflected on her wishes for older adults to acknowledge and understand the experiences of young people from their perspectives, especially coping with pandemic and important life milestones with friends:

*I think I kind of want them to like have patience with us because I feel like adults would probably assume that this is easy for us because we're always on social media or because we're very tech-savvy. But just to know that, like this isn't normal for anyone... you think that this may be a little easier for the teens... like we're coping just as much as them... even though I don't work a job or I don't pay bills, I still have things in my life that*

*I need to think about. So just like keeping in mind that and having compassion when it comes to like us wanting to go out... but like just understanding that like we're not being reckless, we just really want to be with our friends.*

Mary also reflected on her wishes for support from older adults, specifically being open about their own mental health during the pandemic to foster solidarity and community with young people facing similar stressors:

*I think also maybe offering like their aspects on things. I don't know if that's just me, but like how it's [the pandemic] impacting them, because they don't really talk about it. At least I haven't had family members talk about it to me. And I haven't heard a lot of older folks say like, this is how it's impacting me. It's just this is what it is. So, I think hearing their aspects on things and understanding what they're going through as well would really help us to see that we're not in this alone. We're not struggling by ourselves. Like everyone else is struggling too...*

Having authentic support from older adults in their social circles was a form of support that all participants wished they had as they navigated stressful pandemic changes. Specifically, young people wished that older adults were more open and understanding of the impact of the pandemic on young people's mental health and lives. Young people wished older adults understood the pandemic's impact on school changes and missing important life milestones with their peers (e.g., prom, graduation, etc.). Authentic consideration of and discussion with young people and their mental health in this way will be critical for older adults who wish to support young people as the pandemic continues.

To illustrate support from older adults in the context of social-political conditions, Rose reflected on her wishes for older adults to acknowledge and validate the impact of the current social-political context on young people's mental health:

*I would want adults to remember that, you know, teenagers are young. They feel things and believe in things just as much as they do. I feel like when, you know, when adults grow up, they kind of forget that teenagers have emotions and we feel things and like their opinions are valid... their feelings are valid. I feel like there are so many teenagers and people that, you know, they come out and say like, 'Oh, you know, I'm suffering from this,' or 'I'm going through that.' And adults just kind of say, 'Oh, it's a phase.' Or 'It will go away.' Like, and they just kind of like discredit it because it's not like worth anything. So, I would just like adults to remember that, you know, teenagers are going through stress and emotions about the election and, you know, Black Lives Matter and different things that have been happening in the country too.*

Similarly, Aisha commented on her wishes for older adults to acknowledge the impact of social-political conditions on young people and their well-being. Aisha also wished that older adults recognized young people's knowledge and ability to be just as socially and politically engaged as older adults:

*I think what they need to realize is that we're not sponges. So, we can't just take in everything all at once. But also, too that like, no matter how politically charged the youth might be or anything, we are still teenagers. And I think we prioritize human rights over anything... I think that they didn't realize that the youth cares about human rights rather than the economy. And that will change when we grow up. But I really hope it doesn't. So,*

*like, I think humanizing themselves when they talk to us, rather than saying everything in intellectual terms and thinking we can't understand it because I promise you, we do...*

Rose and Aisha highlight common points raised by other young people as they navigated divisive social-political contexts during the pandemic. First, young people needed older adults to understand and validate that the impact monitoring or engaging in social justice efforts has on young people's mental health. Second, young people also needed older adults to support them and view them as knowledgeable and capable to speak on and engage in social-political efforts. Consideration of young people and their mental health in these realms will be critical for older adults who wish to support young people in social-political engagement as the pandemic and divisive context continues.

### ***Intersectionality***

Since we have seen how intersecting social systems and identities shaped young people's concerns and coping during the pandemic, it is valuable to note intersectional recommendations for support from older adults for systematically marginalized youth. For example, as Iana shared their concerns about navigating virtual school settings as a transgender youth with learning disabilities, they also reflected on the necessary support from older adults. Specifically, Iana wished that older adults were more open to and understanding of the diverse identities and experiences of younger generations and how they are directly impacted by social injustices:

*I'd mostly just say that they need to learn to like, be like tolerant and like be like open and not like judge kids, my generation for like, cause we're, everyone goes through a journey with their sexuality and stuff and they might think that they identify something and then go back. I'm really just understanding that it's a bumpy road and that a lot of us are*

*also just scared about the political climate right now cause we can't really control it, but we're affected by it a lot... like the youth of today is really just scared about the future.*

Iana highlights a further consideration for older adults regarding being aware of young people's identities and how they shape their experiences within the current social-political context. While many young people noted heightened stress due to monitoring social injustices, young people who were situated within systems of oppression noted heightened stress due to social injustices that directly impacted them and their communities. Calls for support that acknowledge and consider systematically marginalized identities and experiences are critical for older adults who wish to support young people's health and well-being.

## CHAPTER 4

### DISCUSSION

Young people in this study shared their experiences with mental health stressors and coping during the COVID-19 pandemic and related social-political contexts. Young people's narratives brought to light their mental health and well-being experiences during the pandemic through their shared identities as youth-aged students. Notably, young people felt concern regarding an interaction between pandemic-related school changes and social-political stressors. While experiencing heightened stress from these concerns, young people also highlighted their ability to thrive and take care including coping by seeking out mental health resources and support, engaging in exercise and comforting foods, relying on or fostering new social support with peers, and turning to social media to distract and even find community. Additionally, young people's narratives bring to light their intersectional experiences during the pandemic in which their social positions as well as systems of power shaped their mental health concerns, successes and challenges with coping, and ideas for future support.

#### **Youth Concern for Self: Pandemic and Social Political Stressors**

The young people in this study brought to light concerns that greatly impacted their mental health and well-being during the pandemic. A concern for the self that stemmed from pandemic and social-political stressors frequently emerged from young people's narratives. Primarily young people discussed concern for their mental health in the context of pandemic-related school changes with emphasis on missing important milestones and a

loss in social-emotional support when in virtual learning settings (e.g., spending time with peers during sport events, prom, graduation etc.). These stories can also be found in recent research stories that has noted this impact on youth in educational contexts including both missing important school events and being connected with social support (Hoyt et al., 2020; Tasso et al., 2021; Velez et al., 2022). Future research may continue monitoring the impact of continuing school changes on youth mental health, specifically as it relates to the value of social-emotional support in these settings.

Additionally, young people reported concern for society due to the current divisive social-political environment. Primarily, young people noted pressures to balance being informed of current social justices issues along with school responsibilities. Many young people also noted increased instances of adultism (the belief system based on the idea that the adult human being is in some sense superior to the child or young person; Corney et al., 2021) when seeking emotional support from older family members and community members when faced with social-political stressors. Current literature highlights young people's increased concerns for the implications for U.S. society due to the divisive response to the pandemic including a distrust in government handling of the pandemic, access to necessary resources, and monitoring or involvement in social justice efforts (Cohen et al., 2020; Oosterhoff & Palmer, 2020; Tabari et al., 2021). Young people's narratives show that they were more concerned about and negatively impacted by monitoring and being involved in social justice efforts along with balancing pandemic health concerns and school responsibilities. Future research may consider exploring how these intersecting concerns impact youth mental health, especially as current youth

continue to grow and eventually age-out of this developmental life period as the pandemic continues.

### **Youth Coping in Contexts Despite Stressors**

Despite heightened psychological distress during the pandemic and related social-political conditions, young people in the study illuminated their ability to thrive, resist, and take care. Social support frequently emerged from young people's narratives regarding various forms of coping strategies. During recommended guidelines for lockdowns and quarantine, young people primarily turned to mental health habits (e.g., seeking help from others, therapy), physical health habits (e.g., exercising, eating with others), social media, and social support to cope with heightened stress.

However, when coping with social injustices, young people used different strategies including mental health habits (e.g., shifting mindsets), social media breaks, and social support boundaries to maintain their well-being and relationships with family, especially when spending increased time at home. At the time of this study's conception, there was little literature highlighting youth's capacity to thrive and take care in the face of pandemic stressors. Recent research studies now also highlight common coping strategies amongst young people including keeping busy or distracted, keeping connected with social supports, exercising and being outside, adhering to a daily routine (Rosen et al., 2021; Waselewski et al., 2020). These findings from the literature further show the many ways young people continue to thrive and take care in spite of pandemic and social-political stressors. Youth narratives also bring to light the value of social support for many young people in finding connection and community with other young people due to their common experiences, and interests, during the pandemic. Future research may consider exploration



of social support as a protective factor for youth in the context of the continuing pandemic situated in divisive social-political conditions. This information may be valuable for supporting young people in other potential public health crises and/or climate-induced disasters within the U.S.

### **Intersectionality and Youth Experience: The Pandemic and Social Justice**

A key component of this study is intersectionality as a means to center youth, specifically systematically marginalized youth's voice and experiences during the current COVID-19 pandemic and divisive social-political context. In this study specifically, youth narratives bring to light their intersectional experiences that can inform potential policies, programs, and practices to better support young people in the continuing pandemic. First, concerns during the pandemic were not the same for all young people as intersecting systems of oppression shaped their concerns. Prior literature has noted an exacerbated effect on individuals and communities of color due to structural inequities regarding access to necessary healthcare, financial support, and online school support (Khazanchi et al., 2020; Kirksey et al., 2021; Muñoz-Price et al., 2020). Prior literature has also noted a heightened impact on sexual and gender minority youth during the pandemic such as a lack of access to supportive spaces as well as mental health support often offered in schools and the community (Green et al., 2020; Hawke et al., 2021; Salerno et al., 2020). Specifically in this study, racism and sexism shaped youth of color's, who identified as female, ability and safety in seeking care from health care systems and other social supports. Additionally, intersections between gender and ableism also shaped disabled, transgender young people's experience in virtual school settings including a lack of access to necessary educational support while also feeling safe from unaccepting peers. Future research must

consider intersectional youth experiences as the pandemic continues specifically to fully understand how systems of oppression shape youth mental health experiences and related needs for support.

Concerns in the context of the current social-political environment were also not the same for young people due to the impact of intersecting systems of oppression. Prior literature has noted the negative impact of social-political contexts, specifically presidential elections, on students who identify as female, racial minority, sexual minority, lower to middle social class, and non-Christian (Hagan et al., 2020). In this study, findings revealed that the intersection of racism and xenophobia shaped first-generation and immigrant young people of color's concerns for their own and others in their community's safety. Moreover, the intersection of racism and sexism impacted LGBTQ+ young people, who identified as female, mental health regarding their safety and rights to both comprehensive and reproductive health care in the U.S. Future research must continue to consider intersectional experiences as social injustice continue nationally and internationally. In addition, understanding how systems of oppression shape youth's mental health and needs while witnessing and engaging in social justice efforts will be critical to supporting their well-being moving forward.

Another key aim of this study was to incorporate a more strengths-based approach to intersectionality. Such an approach helped bring to light how systematically marginalized young people found ways to thrive, resist, and take care despite the divisive pandemic and related social-political conditions. Young people's narratives revealed that identity shaped how they used coping strategies (e.g., mental health habits, social support, social media, etc.) to support their mental health and well-being. For instance, some young

people sought social support through peers with similar identities who shared similar life experiences navigating oppressive interactions and systems. Additionally, young people of color coped with social media by taking more frequent breaks when witnessing racism and racial trauma perpetrated against other who looked like them and their communities in the media. Future research must consider how intersectionality shapes coping as it may guide future programs, policies, or practices for better supporting systematically marginalized students as social injustices continue to circulate the media both nationally and internationally.

### **Recommendations**

Finally, since the young people in this study found ways to cope with pandemic and social-political stressors, they provided many suggestions for policies, programs, or practices to better support youth mental health as the pandemic continues. When this study began, literature had not highlighted recommendations for support specifically based on young people's lived experiences. It is also important to note that these recommendations were described based on South Carolina youth experiences and needs. Young people's narratives indicate the value of creating new or bolstering existing resources and support that are informed by their lived experiences, suggestions, and ideas. Specifically young people in this study wished for better academic support, more accessible mental health support, structured social support opportunities, and emotional support from older adults. Mental health support and social support within schools and the community were consistently brought up amongst young people in this study. Research might further explore the role of social support as a protective factor for youth mental health outcomes in the context of public health crises. Moreover, social support groups may be crucial to

consider in university and community mental health efforts to further foster connections for youth as both the pandemic and social injustices continue.

### **Youth-Centered School Recommendations**

In the context of school-related stressors during the pandemic, many young people highlighted a need for social support and connection. It may be valuable for researchers as well as high schools and universities to begin thinking about ways to better support student mental health during public health crises in the face of stressful social-political events. Specifically, young people wished for casual interactions to connect with peers who shared hobbies and interests in order to cope with pandemic stressors. High schools and universities may consider the value of interest groups or social events focused on activities as a means to promote well-being among young people during the ongoing pandemic and social-political stressors. Furthermore, many young people wished for mentoring programs within high schools and universities to support big life transitions into college or the workforce. Current research regarding mentor programs for youth note the beneficial impact when integrated into schools such as tutoring and navigating online school settings, facilitating skill-building and real-world application, as well as emotional and social support components (Kaufman et al., 2022; McQuillin et al., 2021).

Additionally, many young people noted the intersection between social support and mental health to strengthen their well-being such as peer-to-peer support groups or group therapy. High schools and universities may consider partnering with mental health practitioners to consider and create school-based mental health support that is responsive to disasters and crises and fosters social and emotional support for both youth and adults they interact with. Existing literature has highlighted the benefits of such response efforts

involving sharing experiences about event-related stressors and emotional reactions, skill-building around mental health and coping, and providing resources and services for safety and support (Nastasi et al., 2011; Weist et al., 2002). Other school-based mental health efforts in response to COVID-19 have also begun to identify strategies to promote well-being and resilience amongst students and parents as well as teachers and staff (i.e., a multi-tiered approach to support; Terepka et al., 2021; Torres-Pagán et al., 2022). Such efforts have incorporated long-term skill-building around mental health screenings, social-emotional learning, parental engagement, as well as partnerships with clinicians to provide resources for management (National Academics of Sciences, Engineering, and Medicine, 2021). Mental health response efforts such as these, may be beneficial for thinking about multiple levels of aid including naturally occurring supports for students through parents, teachers, and school staff. Such school-based efforts must also consider intersectional identities in order to provide support for youth experiencing stressors beyond school including interactions with systems of oppression.

### **Youth-Centered Clinical Recommendations**

Young people in this study brought to light the impact of pandemic and social-political stressors on their mental health and well-being. Many young people noted the need for accessible mental health services both within schools and within their communities. Some young people also called for promotion of mental health education for peers and older adults that focuses on the impact of a divisive social-political landscape on their mental health during this developmental life period. Mental health practitioners may consider how to partner with schools to advocate for mental health education on multiple levels to involve older adults (e.g., parents, teachers, administrators) in supporting young

people (Terepka et al., 2021; Torres-Pagán et al., 2022). In addition, mental health practitioners may consider how environments such as the pandemic and social-political contexts shape youth development and mental health. Centering this impact may guide treatment planning as well as development of community mental health support for young people as the pandemic continues.

Furthermore, almost all young people in the study highlighted the value of social support and group support therapy settings specifically as it relates to shared identity and experiences with systems of power and oppression. Mental health practitioners may consider incorporating identity exploration as well as cultural humility practices within group therapy to support young people's collective well-being. Furthermore, mental health practitioners must consider intersectional identities and contexts to provide adequate mental health care to youth experiencing systemic oppression. There are existing frameworks that may help guide support for diverse young people in both mental health and school-based settings that are worth exploring in a more youth-centered way including narrative therapy (Combs & Freedman, 2012; Wallis et al., 2011), trauma-informed therapy (Griffin, 2020; Han et al., 2021), and radical healing frameworks (French et al., 2020).

### **Youth-Centered Policy Recommendations**

Young people in the study wished for emotional support from older adults with desires to build community in understanding and advocating for pandemic and social-political stressors. One avenue to consider for inclusion of youth voice and experience in policy that directly affects them are youth-adult partnerships which are grounded in authentic decision-making, natural mentorship, reciprocity, and community connectedness (Camino, 2000). Youth-adult partnerships are typically found in models for engaging

young people in collective social action such as youth organizing and youth participatory action research (YPAR). Current research has shown the positive developmental impacts of youth organizing and YPAR partnerships for young people including academic motivation and engagement (Kirshner & Ginwright, 2012; Kornbluh et al., 2015); identity development and empowerment (Abraczinkas & Zarrett, 2020); increased critical thinking, sense of agency, and sense of belonging (Kirshner & Ginwright, 2012; Ozer, 2017); and potentially emotional healing processes (Ballard & Ozer, 2016).

Additionally, since many participants noted the need for accessible mental health support, policymakers may consider efforts for mental health promotion for youth. Moreover, seeing that social positions shaped participants' experiences and needs during the pandemic, policymakers may also consider mental health promotion that is conscious of systematically marginalized youth experiences. One avenue to consider is the creation of counterspaces in schools and within communities. Counterspaces are "safe spaces" deliberately created to enhance the well-being of individuals experiencing oppression (Case & Hunter, 2012). Research has also noted the positive impacts of these spaces including promotion of individual and collective identity development, resistance to dominant narratives, peer-to-peer support, and skills for combatting oppressive conditions (Cerezo & Bergfeld, 2013; Ong et al., 2018).

Finally, while not a prominent theme, some young people in the study did bring to the light the financial stressors students faced stemming from loss in personal and familial income, reductions or interruptions in academic financial aid, and illegibility in receiving government stimulus checks. Moreover, while not readily noted in this study's narratives, current research has also highlighted additional financial stressors for young people

including housing and food insecurity and access to basic needs (Soria et al., 2022). Policymakers may consider what financial programs could look like for young people who are responsible for their own finances related to schooling and basic needs in the face of the continuing pandemic and related uncertainties (Soria et al., 2022).

### **Limitations and Future Directions**

While there are many contributions that this study can make to the field, a consideration of its limitations can help guide future research. Due to the small sample size ( $n = 23$ ), demographic information may be limited and therefore are limited in generalizability. However, it is important to highlight that interpretative phenomenological analysis (IPA) methodology utilizes smaller samples to ensure richness of information and to further understanding of complex phenomena (Smith, 2011). It is worth highlighting a large portion of participants identified as female and as such, the experiences of male and gender-nonconforming youth are not readily highlighted. Due to these sampling limitations, the findings of this study cannot make claims for all youth. Limitations in sampling do raise important questions though of exploring gender-based experiences, specifically centering transgender youth experiences, during the pandemic and current social-political contexts. As a young person who experienced the pandemic and switch to virtual settings, there may be limitations in sampling through social media and virtual school settings as well as participation in the study due to virtual interviews. As such, researchers should consider exploring the narratives and needs of young people who do not have internet access or who are not enrolled in schools during the COVID-19 pandemic.

Moreover, the study was only conducted regarding South Carolinian youth experiences during the COVID-19 pandemic which may not be generalizable to the



experiences of youth in other regions of the U.S. or in other countries. Recommendations from this study are focused on South Carolina contexts and thus, future research may continue to explore young people's experience across the country to better understand how the continuing pandemic and divisive social-political context in the U.S. is impacting their mental health and needs. It may also be valuable to further understand young people's capacity to take care, thrive, and resist in order to better support young people across the U.S. There are also so many other intersectional youth experiences that were not brought to light beyond this study. Interview questions in this study also did not explore young people's knowledge and understanding of intersectionality in their own lives. Future research and practice may consider intersectionality as a framework and tool to better understand and support young people experiencing interacting stressors from systems of oppression.

Finally, it is important to note a limitation in obtaining feedback from participants surrounding study findings and recommendations. Due to the pandemic and mobility, there were challenges in sharing the findings with participants to obtain their insight. Future directions for this study as well as future research surrounding youth mental health and needs during the pandemic should consider the value of obtaining participant feedback. Such methods are important not only to support confidence in qualitative findings regarding youth experiences during the pandemic but also to better understand support and efforts that directly impact them.

### **Conclusion**

Centering young people's experiences is critical in future efforts to promote mental health support (e.g., programs, practices, policies) in the continuing pandemic and beyond.

Young people note several recommendations to consider in these future efforts. Notably, support that is responsive to continuing pandemic and social-political stressors may further promote youth well-being and coping. Intersectionality as a framework and tool toward social justice helps bring to light 1) the experiences of young people, and systematically marginalized young people, navigating the interaction of pandemic and social-political stressors, 2) the many ways young people continue to resist and take care, and 3) ways to center youth voice in research and efforts for mental health support that directly impact them.

## REFERENCES

- Abraczinskas, M., & Zarrett, N. (2020). Youth participatory action research for health equity: Increasing youth empowerment and decreasing physical activity access inequities in under-resourced programs and schools. *American Journal of Community Psychology*, 66(3–4), 232–243. <https://doi.org/10.1002/ajcp.12433>
- Ballard, P. J., & Ozer, E. J. (2016). Implications of youth activism for health and well-being. *Contemporary youth activism: Advancing social justice in the United States* (pp. 223–244).
- Bowleg, L. (2021). Evolving intersectionality within public health: From analysis to action. *American Journal of Public Health*, 111(1), 88–90. <https://doi.org/10.2105/AJPH.2020.306031>
- Bryant, R. A., Gibbs, L., Gallagher, H. C., Pattison, P., Lusher, D., MacDougall, C., Harms, L., Block, K., Sinnott, V., Ireton, G., Richardson, J., & Forbes, D. (2018). Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires. *Australian & New Zealand Journal of Psychiatry*, 52(6), 542–551. <https://doi.org/10.1177/0004867417714337>
- Butler-Barnes, S. T., Lea, C. H., Leath, S., & Colin, R. (2019). Voluntary interdistrict choice program: Examining Black girls’ experiences at a predominately white school. *The Urban Review*, 51(2), 149–176. <https://doi.org/10.1007/s11256-018-0464-y>

- Camino, L. A. (2000). Youth-adult partnerships: Entering new territory in community work and research. *Applied Developmental Science*, 4(sup1), 11–20.  
[https://doi.org/10.1207/S1532480XADS04Suppl\\_2](https://doi.org/10.1207/S1532480XADS04Suppl_2)
- Carter, R. T., Lau, M. Y., Johnson, V., & Kirkinis, K. (2017). Racial discrimination and health outcomes among racial/ethnic minorities: A meta-analytic review. *Journal of Multicultural Counseling and Development*, 45(4), 232–259.  
<https://doi.org/10.1002/jmcd.12076>
- Centers for Disease Control and Prevention. (2021). *CDC COVID Data Tracker*. Centers for Disease Control and Prevention. <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>.
- Chan, C. D., & Farmer, L. B. (2017). Making the case for interpretative phenomenological analysis with LGBTGEQ+ persons and communities. *Journal of LGBT Issues in Counseling*, 11(4), 285–300.  
<https://doi.org/10.1080/15538605.2017.1380558>
- Cohen, A. K., Hoyt, L. T., & Dull, B. (2020). A descriptive study of Coronavirus Disease 2019–related experiences and perspectives of a national sample of college students in spring 2020. *Journal of Adolescent Health*.
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170–180. doi:10.1037/a0014564
- Combs, G., & Freedman, J. (2012). Narrative, poststructuralism, and social justice: Current practices in narrative therapy. *The Counseling Psychologist*, 40(7), 1033–1060. <https://doi.org/f399t7>

- Corney, Tim, Trudi Cooper, Harry Shier, and Howard Williamson. "Youth participation: Adulthood, human rights and professional youth work." *Children & Society*, December 6, 2021, chso.12526. <https://doi.org/10.1111/chso.12526>.
- Cowlshaw, S., Metcalf, O., Varker, T., Stone, C., Molyneaux, R., Gibbs, L., Block, K., Harms, L., MacDougall, C., Gallagher, H. C., Bryant, R., Lawrence-Wood, E., Kellett, C., O'Donnell, M., & Forbes, D. (2021). Anger dimensions and mental health following a disaster: Distribution and implications after a major bushfire. *Journal of Traumatic Stress*, 34(1), 46–55. <https://doi.org/10.1002/jts.22616>
- Crenshaw, K. (1989). "Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics," *University of Chicago Legal Forum*, 1989(1).  
<http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Cuthbertson, C. A., Newkirk, C., Ilardo, J., Loveridge, S., & Skidmore, M. (2016). Angry, scared, and unsure: Mental health consequences of contaminated water in Flint, Michigan. *Journal of Urban Health*, 93(6), 899–908.  
<https://doi.org/10.1007/s11524-016-0089-y>
- Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 Pandemic—United States, June 24–30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(32), 1049–1057.  
<https://doi.org/10.15585/mmwr.mm6932a1>

- Danese, A., Smith, P., Chitsabesan, P., & Dubicka, B. (2020). Child and adolescent mental health amidst emergencies and disasters. *The British Journal of Psychiatry*, 216(3), 159–162. <https://doi.org/10.1192/bjp.2019.244>
- Ellis, W. E., Dumas, T. M., & Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science* 52(3), 177-187. doi:10.1037/cbs0000215
- Ezell, J. M., Salari, S., Rooker, C., & Chase, E. C. (2021). Intersectional trauma: COVID-19, the psychosocial contract, and America’s racialized public health lineage. *Traumatology*. <https://doi.org/10.1037/trm0000302>
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(1). doi:10.1186/s13034-020-00329-3
- Fish, J. N., McInroy, L. B., Pacey, M. S., Williams, N. D., Henderson, S., Levine, D. S., & Edsall, R. N. (2020). “I’m kinda stuck at home with unsupportive parents right now”: LGBTQ youths’ experiences with COVID-19 and the importance of online support. *Journal of Adolescent Health*, 67(3), 450–452. <https://doi.org/10.1016/j.jadohealth.2020.06.002>
- Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020). Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response.

- Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 443–445.  
<https://doi.org/10.1037/tra0000889>
- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14–46. <https://doi.org/10.1177/0011000019843506>
- Gibbs, L., Block, K., Harms, L., MacDougall, C., Baker, E., Ireton, G., Forbes, D., Richardson, J., & Waters, E. (2015). Children and young people’s wellbeing post-disaster: Safety and stability are critical. *International Journal of Disaster Risk Reduction*, 14, 195–201. <https://doi.org/10.1016/j.ijdr.2015.06.006>
- Green, A., Price-Feeney, M., & Dorison, S. (2020). *Implications of COVID-19 for LGBTQ youth mental health and suicide prevention*. Retrieved from <https://www.thetrevorproject.org/2020/04/03/implications-of-covid-19-for-lgbtq-youth-mental-health-and-suicide-prevention/>
- Griffin, G. (2020). Defining trauma and a trauma-informed COVID-19 response. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S279–S280.  
<https://doi.org/10.1037/tra0000828>
- Hagan, M. J., Sladek, M. R., Luecken, L. J., & Doane, L. D. (2020). Event-related clinical distress in college students: Responses to the 2016 U.S. Presidential election. *Journal of American College Health*, 68(1), 21–25.  
<https://doi.org/10.1080/07448481.2018.1515763>
- Han, H.-R., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A

- systematic review. *PLOS ONE*, 16(6), e0252747.  
<https://doi.org/10.1371/journal.pone.0252747>
- Hawke, L.D., Hayes, E., Darnay, K., & Henderson, J. (2021). Mental health among transgender and gender diverse youth: An exploration of effects during the COVID-19 Pandemic, *Psychology of Sexual Orientation and Gender Diversity*.  
<http://dx.doi.org/10.1037/sgd0000467>
- Hoyt, L. T., Cohen, A. K., Dull, B., Maker Castro, E., & Yazdani, N. (2021). “Constant stress has become the new normal”: Stress and anxiety inequalities among U.S. college students in the time of COVID-19. *Journal of Adolescent Health*, 68(2), 270–276. <https://doi.org/10.1016/j.jadohealth.2020.10.030>
- Kantamneni, N. (2020). The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda. *Journal of Vocational Behavior*, 119, 103439. <https://doi.org/10.1016/j.jvb.2020.103439>
- Khazanchi, R., Evans, C. T., & Marcelin, J. R. (2020). Racism, not race, drives inequity across the COVID-19 continuum. *JAMA Network Open*, 3(9), e2019933.  
<https://doi.org/10.1001/jamanetworkopen.2020.19933>
- Kirksey, L., Tucker, D. L., Taylor, E., White Solaru, K. T., & Modlin, C. S. (2021). Pandemic superimposed on epidemic: Covid-19 disparities in Black Americans. *Journal of the National Medical Association*, 113(1), 39–42.  
<https://doi.org/10.1016/j.jnma.2020.07.003>
- Kirshner, B., & Ginwright, S. (2012). Youth organizing as a developmental context for African American and Latino adolescents. *Child Development Perspectives*, 6(3), 288–294. <https://doi.org/10.1111/j.1750-8606.2012.00243.x>



- Konnoth, C. (2020). Supporting LGBT Communities in the COVID-19 Pandemic. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3675915>
- Kornbluh, M., Ozer, E. J., Allen, C. D., & Kirshner, B. (2015). Youth participatory action research as an approach to sociopolitical development and the new academic standards: Considerations for educators. *The Urban Review*, 47(5), 868–892. <https://doi.org/10.1007/s11256-015-0337-6>
- Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 Pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health*, 6(1), 70–78. <https://doi.org/10.1037/sah0000275>
- Liu, S. R., & Modir, S. (2020). The outbreak that was always here: Racial trauma in the context of COVID-19 and implications for mental health providers. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 439–442. <https://doi.org/10.1037/tra0000784>
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. (2020). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59 (11), 1218–1239. <https://doi-org.pallas2.tcl.sc.edu/10.1016/j.jaac.2020.05.009>
- Magson, N. R., Freeman, J. Y. A., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2021). Risk and protective factors for prospective changes in adolescent mental health during the COVID-19 Pandemic. *Journal of Youth and*

- Adolescence*, 50 (1), 44–57. <https://doi-org.pallas2.tcl.sc.edu/10.1007/s10964-020-01332-9>
- May, V. (2015). *Pursuing Intersectionality, Unsettling Dominant Imaginaries*. Taylor & Francis.
- Miller, R. M., Chan, C. D., & Farmer, L. B. (2018). Interpretative phenomenological analysis: A contemporary qualitative approach. *Counselor Education and Supervision*, 57(4), 240–254. <https://doi.org/10.1002/ceas.12114>
- Muñoz-Price, L. S., Nattinger, A. B., Rivera, F., Hanson, R., Gmehlin, C. G., Perez, A., Singh, S., Buchan, B. W., Ledebor, N. A., & Pezzin, L. E. (2020). Racial disparities in incidence and outcomes among patients with COVID-19. *JAMA Network Open*, 3(9), e2021892. <https://doi.org/10.1001/jamanetworkopen.2020.21892>
- National Academies of Sciences, Engineering, and Medicine. (2021). School-Based strategies for addressing the mental health and well-being of youth in the wake of COVID-19 (p. 26262). *National Academies Press*. <https://doi.org/10.17226/26262>
- Novacek, D. M., Hampton-Anderson, J. N., Ebor, M. T., Loeb, T. B., & Wyatt, G. E. (2020). Mental health ramifications of the COVID-19 pandemic for Black Americans: Clinical and research recommendations. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 449–451. <https://doi.org/10.1037/tra0000796>
- Oosterhoff, B., & Palmer, C. A. (2020). Attitudes and psychological factors associated with news monitoring, social distancing, disinfecting, and hoarding behaviors

- among US adolescents during the Coronavirus Disease 2019 Pandemic. *JAMA Pediatrics*, 174(12), 1184. <https://doi.org/10.1001/jamapediatrics.2020.1876>
- Ozer, E. J. (2017). Youth-led participatory action research: Overview and potential for enhancing adolescent development. *Child Development Perspectives*, 11(3), 173–177. <https://doi.org/10.1111/cdep.12228>
- Ozer, E. J., Abraczinskas, M., Duarte, C., Mathur, R., Ballard, P. J., Gibbs, L., Olivas, E. T., Bewa, M. J., & Afifi, R. (2020). Youth participatory approaches and health equity: Conceptualization and integrative review. *American Journal of Community Psychology*, 66(3–4), 267–278. <https://doi.org/10.1002/ajcp.12451>
- Parmenter, J. G., Galliher, R. V., Wong, E., & Perez, D. (2021). An intersectional approach to understanding LGBTQ+ people of color's access to LGBTQ+ community resilience. *Journal of Counseling Psychology*, 68(6), 629–641. <https://doi.org/10.1037/cou0000578>
- Poteat, V.P., Marx, R.A., Calzo, J.P., Toomey, R.B., Ryan, C., Clark, C.M., & Gülgöz, S. (2020). Addressing inequities in education: Considerations for LGBTQ+ children and youth in the era of COVID-19. *Society for Research in Child Development: Statement of Evidence*.
- Power, E., Hughes, S., Cotter, D., & Cannon, M. (2020). Youth mental health in the time of COVID-19. *Irish Journal of Psychological Medicine*, 1-15.  
doi:10.1017/ipm.2020.84
- Public Broadcasting Service. (2020). *How Zoom and social isolation are challenging the mental health of America's teens*. PBS. <https://www.pbs.org/newshour/show/how-zoom-and-social-isolation-are-challenging-the-mental-health-of-americas-teens>.

- Roberts, Y. H., Mitchell, M. J., Witman, M., & Taffaro, C. (2010). Mental health symptoms in youth affected by Hurricane Katrina. *Professional Psychology: Research and Practice*, 41(1), 10–18. <https://doi.org/10.1037/a0018339>
- Rosen, M. L., Rodman, A. M., Kasparek, S. W., Mayes, M., Freeman, M. M., Lengua, L. J., Meltzoff, A. N., & McLaughlin, K. A. (2021). Promoting youth mental health during the COVID-19 Pandemic: A longitudinal study. *PLOS ONE*, 16(8), e0255294. <https://doi.org/10.1371/journal.pone.0255294>
- Rosenthal, L., & Lobel, M. (2011). Explaining racial disparities in adverse birth outcomes: Unique sources of stress for Black American women. *Social Science & Medicine*, 72(6), 977–983. <https://doi.org/10.1016/j.socscimed.2011.01.013>
- Ryan, N. E., & Ayadi, A. M. (2020). A call for a gender-responsive, intersectional approach to address COVID-19. *Global Public Health*, 1-9.  
doi:10.1080/17441692.2020.1791214
- Salerno, J. P., Williams, N. D., & Gattamorta, K. A. (2020). LGBTQ populations: Psychologically vulnerable communities in the COVID-19 Pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S239–S242. <https://doi.org/10.1037/tra0000837>
- Schippers, M. C. (2020). For the greater good? The devastating ripple effects of the Covid-19 crisis. *Frontiers in Psychology*, 11, 577740.  
<https://doi.org/10.3389/fpsyg.2020.577740>
- Schmitz, R. M., Robinson, B. A., Tabler, J., Welch, B., & Rafaqut, S. (2020). LGBTQ+ Latino/a young people's interpretations of stigma and mental health: An

- intersectional minority stress perspective. *Society and Mental Health*, 10(2), 163–179. <https://doi.org/10.1177/2156869319847248>
- Sehanobish, E., Barbi, M., Fong, V., Kravitz, M., Sanchez Tejera, D., Asad, M., Matsumura, C., Ferastraoaru, D., O'Neill, M., Karagic, M., Akbar, N., Bottalico, D. M., Patel, V., Peshansky, A., Rangareddy, M., Hudes, G., Kim, M., Eisenberg, R., Nath, A., ... Jerschow, E. (2021). COVID-19-induced anosmia and ageusia are associated with younger age and lower blood eosinophil counts. *American Journal of Rhinology & Allergy*, 194589242110048. <https://doi.org/10.1177/19458924211004800>
- Silveira, S., Kornbluh, M., Withers, M. C., Grennan, G., Ramanathan, V., & Mishra, J. (2021). Chronic mental health sequelae of climate change extremes: A case study of the deadliest Californian wildfire. *International Journal of Environmental Research and Public Health*, 18(4), 1487. <https://doi.org/10.3390/ijerph18041487>
- Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Healthy Psychology Review*, 1(5), 9-27.
- Sneed, R. S., Dotson, K., Brewer, A., Pugh, P., & Johnson-Lawrence, V. (2020). Behavioral health concerns during the Flint water crisis, 2016–2018. *Community Mental Health Journal*, 56(5), 793–803. <https://doi.org/10.1007/s10597-019-00520-7>
- Sreenivasan, H., Kane, J., & Thoet, A. (2021). *How the pandemic is impacting college students' mental health*. PBS. <https://www.pbs.org/newshour/show/how-the-pandemic-is-impacting-college-students-mental-health>.

Stop AAPI Hate. (2021). *National report (Through September 2021)*. Stop AAPI Hate.

<https://stopaapihate.org/national-report-through-september-2021/>

Tabari, P., Amini, M., Khoshnood, K., & Arya, N. (2021). Multi-dimensional effects of the COVID-19 Pandemic considering the WHO's ecological approach. *Global Public Health*, 16(1), 136–148. <https://doi.org/10.1080/17441692.2020.1839934>

Tasso, A. F., Hisli Sahin, N., & San Roman, G. J. (2021). COVID-19 disruption on college students: Academic and socioemotional implications. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(1), 9–15.

<https://doi.org/10.1037/tra0000996>

Terepka, A., Torres-Pagán, L., & De La Fuente, A. (2021). Schools on the front lines: School based health centers amidst COVID-19. *School Psychology*, 36(5), 398–409. <https://doi.org/10.1037/spq0000432>

Teti, M., Schatz, E., & Liebenberg, L. (2020). Methods in the time of COVID-19: The vital role of qualitative inquiries. *International Journal of Qualitative Methods*, 19, 160940692092096. <https://doi.org/10.1177/1609406920920962>

Torres-Pagán, L., Terepka, A., Zhen-Duan, J., & Piombo, M. (2022). Multiphasic process model of interventions: Revisiting school-based mental health provider responses to student's mental health in the wake of COVID-19. *Psychological Services*, 19(Suppl 2), 46–57. <https://doi.org/10.1037/ser0000545>

Velez, G., Hahn, M., & Troyer, B. (2022). Making meaning of COVID-19: An exploratory analysis of U.S. adolescent experiences of the pandemic. *Translational Issues in Psychological Science*, 8(2), 269–281.

<https://doi.org/10.1037/tps0000326>

Wallis, J., Burns, J., & Capdevila, R. (2011). What is narrative therapy and what is it not?

The usefulness of Q methodology to explore accounts of White and Epston's (1990) approach to narrative therapy. *Clinical Psychology & Psychotherapy*, 18(6), 486–497. <https://doi.org/b7zg6s>

Waselewski, E. A., Waselewski, M. E., & Chang, T. (2020). Needs and coping behaviors of youth in the U.S. during COVID-19. *Journal of Adolescent Health*, 67(5), 649–652. <https://doi.org/10.1016/j.jadohealth.2020.07.043>

Weems, C. F., Taylor, L. K., Cannon, M. F., Marino, R. C., Romano, D. M., Scott, B. G., Perry, A. M., & Triplett, V. (2010). Post-traumatic stress, context, and the lingering effects of the Hurricane Katrina disaster among ethnic minority youth. *Journal of Abnormal Child Psychology*, 38(1), 49–56. <https://doi.org/10.1007/s10802-009-9352-y>

World Health Organization. (2021). *WHO Coronavirus (COVID-19) Dashboard*. World Health Organization. <https://covid19.who.int/>

## APPENDIX A: LITERATURE REVIEW PRISMA DIAGRAM

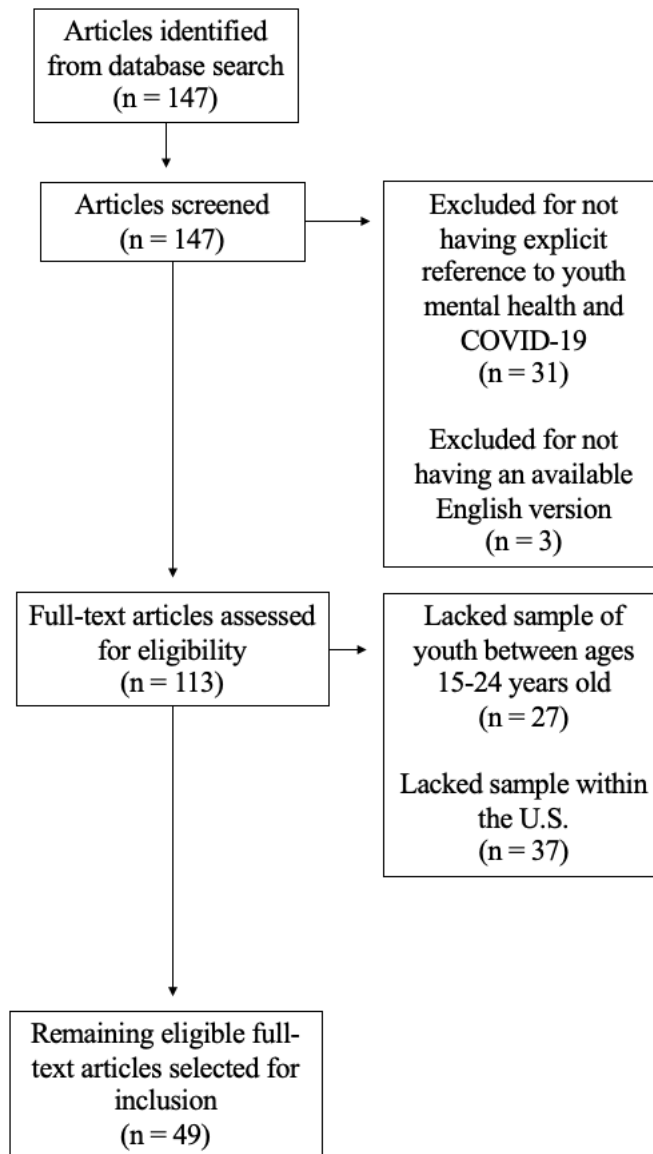


Figure A.1 Literature Review PRISMA Diagram



## APPENDIX B: LITERATURE REVIEW ECOLOGICAL MODEL

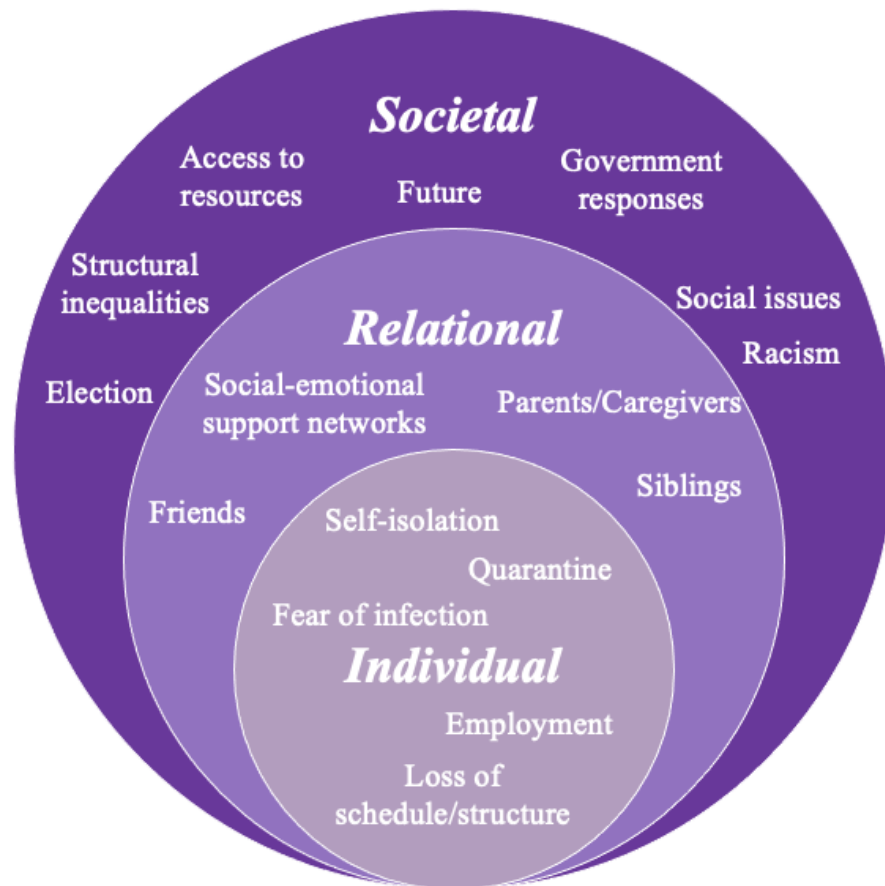


Figure A.2 Literature Review Ecological Model

## APPENDIX C: RECRUITMENT FLYER

**2020** ▼

UNIVERSITY OF SOUTH CAROLINA,  
DEPARTMENT OF PSYCHOLOGY

Youth Empowered Solutions to COVID-19

**INTERVIEW PARTICIPANTS NEEDED!** ▼

**DISCUSS MENTAL HEALTH AND COVID-19 WITH US!**

**ARE YOU A SOUTH CAROLINA RESIDENT AGED 16-21?**

**\*\*\*30-45MIN INTERVIEWS WILL BE CONDUCTED VIA PHONE OR VIDEO & WILL BE RECORDED\*\*\***

**\$25 GIFT CARD FOR PARTICIPANTS!**

INTERESTED AND WANT TO SCHEDULE AN INTERVIEW? CONTACT:  
YESCV19@GMAIL.COM

Figure A.3 Study Recruitment Flyer

## APPENDIX D: PARTICIPANT INVITATION LETTERS

Dear Participant,

My name is Magdalena Moskal, and I am a Clinical-Community Psychology doctoral student in the Department of Psychology at the University of South Carolina. This study is funded by the American Psychological Association (Society for Community Research and Action, Division 27).

I am exploring young adults' (aged 18-21) experiences with COVID-19 and its impact on their health and well-being. If you decide to participate, you will be asked to complete a short demographic survey which will take no more than 2 minutes. You will also participate in a virtual interview via phone or video call which will last about 30-45 minutes. This study will attempt to answer the following questions: 1) What is the impact of COVID-19 on young people's health and well-being, and 2) What resources, supports, and practices are young people utilizing to cope with COVID-19?

In particular, you will be asked questions about your experiences with COVID-19 as well as useful resources and support during the pandemic. For example, "How have you coped with the stress of COVID-19?" or "What resources would be helpful for you during COVID-19?" You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to answer. The meeting will take place virtually, via phone or video call, and should last about 30-45 minutes. The interview will be audio recorded so that all details are included and that we can accurately transcribe what is discussed. The tapes will only be reviewed by members of the research team and destroyed upon completion of the study.

Participation is confidential. Study information will be kept in a password-protected computer in a secure location at the University of South Carolina. The results of the study may be published or presented at professional meetings, but your identity will not be revealed. You will be asked to create a pseudonym (i.e., fake name) so no identifying information will be used.

You will receive a \$25 gift card for participating in the study which will be mailed to your preferred mailing address. If you do not want your personal mailing address to be disclosed, an in-person drop off place can be arranged.

We will be happy to answer any questions you have about the study. You may contact me by phone (863) 398-2328 or email [mmoskal@email.sc.edu](mailto:mmoskal@email.sc.edu) or my faculty advisor, Dr. Mariah Kornbluh, by phone (803) 777-2418 or email [MARIAHK@mailbox.sc.edu](mailto:MARIAHK@mailbox.sc.edu). Thank you for your consideration. If you want to participate, please email [YESCV19@gmail.com](mailto:YESCV19@gmail.com) to schedule an interview and fill out a demographic questionnaire.

With kind regards,



Maggie Moskal  
(863)398-2328  
[mmoskal@email.sc.edu](mailto:mmoskal@email.sc.edu)

Dear Parent/Guardian,

My name is Magdalena Moskal, and I am a Clinical-Community Psychology doctoral student in the Department of Psychology at the University of South Carolina. This study is funded by the American Psychological Association (Society for Community Research and Action, Division 27).

I am exploring older adolescents' (aged 16-17) experiences with COVID-19 and its impact on their health and well-being. If you decide to allow your child to participate, they will be asked to complete a short demographic survey which will take no more than 2 minutes. They will also participate in a virtual interview via phone or video call which will last about 30-45 minutes. This study will attempt to answer the following questions: 1) What is the impact of COVID-19 on young people's health and well-being, and 2) What resources, supports, and practices are young people utilizing to cope with COVID-19?

In particular, your child will be asked questions about their experiences with COVID-19 as well as useful resources and support during a pandemic. For example, "How have you coped with the stress of COVID-19?" or "What resources would be helpful for you during COVID-19?" Your child may feel uncomfortable answering some of the questions. They do not have to answer any questions that they do not wish to answer. They may also stop the interview at any given point in time. The meeting will take place virtually, via phone or video call, and should last about 30-45 minutes. The interview will be audio recorded so that all details are included and that we can accurately transcribe what is discussed. The tapes will only be reviewed by members of the research team and destroyed upon completion of the study.

Participation is confidential. Study information will be kept in a password-protected computer in a secure location at the University of South Carolina. The results of the study may be published or presented at professional meetings, but your child's identity will not be revealed. Your child will be asked to create a pseudonym (i.e., fake name) so no identifying information will be used.

Your child will receive a \$25 gift card for participating in the study which will be sent to a preferred mailing address. If you do not want a personal mailing address to be disclosed, an in-person drop off place can be arranged.

We will be happy to answer any questions you have about the study. You may contact me by phone (863) 398- 2328 or email [mmoskal@email.sc.edu](mailto:mmoskal@email.sc.edu) or my faculty advisor, Dr. Mariah Kornbluh, by phone (803) 777-2418 or email [MARIAHK@mailbox.sc.edu](mailto:MARIAHK@mailbox.sc.edu). Thank you for your consideration. If you would like your child to participate, please have them email [YESCV19@gmail.com](mailto:YESCV19@gmail.com) to schedule an interview and fill out a demographic questionnaire.

With kind regards,



Maggie Moskal  
(863)398-2328  
[mmoskal@email.sc.edu](mailto:mmoskal@email.sc.edu)

## APPENDIX E: DEMOGRAPHIC SURVEY

1. What is your age?
  - a. \_\_\_\_\_
2. What categories describe you? Choose all that apply.
  - a. White
  - b. Black or African America
  - c. Hispanic, Latinx, or Spanish origin
  - d. American Indian or Alaskan Native
  - e. Asian
  - f. Native Hawaiian or Pacific Islander
  - g. Middle Eastern or North African
  - h. Another, please specify: \_\_\_\_\_
  - i. Prefer not to answer
3. How do you currently describe your gender identity?
  - a. Male
  - b. Female
  - c. Trans male
  - d. Trans female
  - e. Genderqueer/gender nonconforming
  - f. Different identity, please specify: \_\_\_\_\_
  - g. Prefer not to answer
4. Do you consider yourself to be:
  - a. Heterosexual or straight
  - b. Gay or lesbian
  - c. Queer
  - d. Bisexual
  - e. Asexual
  - f. Pansexual
  - g. Another, please specify: \_\_\_\_\_
  - h. Prefer not to answer
5. How do you describe your religious, spiritual practice, or existential world view?
  - a. \_\_\_\_\_
6. Have you been diagnosed with any disability or impairment?
  - a. Yes
  - b. No
7. If so, are you comfortable disclosing?
  - a. \_\_\_\_\_
8. What is the highest level of education either parent has completed?
  - a. Less than High School
  - b. Some High School

- c. GED
  - d. High School Graduate
  - e. Some College, Vocational or Technical School, Associate Degree
  - f. College Degree (BS/BA)
  - g. Some advanced work, but no Graduate Degree
  - h. Master's Degree (MS/MA)
  - i. Some work toward Doctorate or Advanced Degree
  - j. MD, JD, DO, DDS, Ph.D
9. To ensure confidentiality, please create a pseudonym (fake name) to be used in the study:
- a. \_\_\_\_\_

## APPENDIX F: QUALITATIVE INTERVIEW PROTOCOL

**Introduction:** We are interested in learning about adolescents' experiences with COVID-19. We are using this data to help develop potential support systems and interventions for adolescents.

1. What are your top concerns with COVID 19?
  - a. **Probe:** Individual health, familial health, health in your community
  - b. **Probe:** Mental Health
2. How has COVID 19 impacted your family?
  - a. **Probe:** Familial Stress, Health, Employment
3. How has COVID 19 impacted you?
  - a. **Probe:** Mental, Physical, Academics
  - b. **Probe:** Social Connections
  - c. **Probe:** Employment, or Family Employment
4. How have you coped with the stress of COVID-19?
  - a. **Probe:** Sleep, eating, and physical behaviors
  - b. **Probe:** Energy level
  - c. **Probe:** Social Supports, Social Media Use
5. Who do you rely on for support when you are stressed? How do they help you?  
Has this relationship been impacted by COVID 19?
  - a. **Probe:** Family, friends, community, church groups, others
6. What types of resources would be helpful for you during COVID 19?
  - a. **Probe:** Peers, Mentor
  - b. **Probe:** Internet Use and Access, Virtual/Physical Resources
  - c. **Probe:** Mental Health Support
7. Broadly speaking, what types of supports do young people need during COVID 19?
  - a. **Probe:** Peers, Mentors
  - b. **Probe:** Social Media Use, and Access; Virtual/Physical Resources
  - c. **Probe:** Mental Health Support
8. In the current environment, what other stressors are impacting your health and well-being (if any)?
  - a. **Probe:** Black Lives Matter
  - b. **Probe:** Election Outcomes
9. What would you want older adults to know about youth coping with \_\_\_\_\_  
(state stressors mentioned in question 8)?
10. What would you want older adults to know about youth coping with COVID-19?

APPENDIX G: CODING MAP

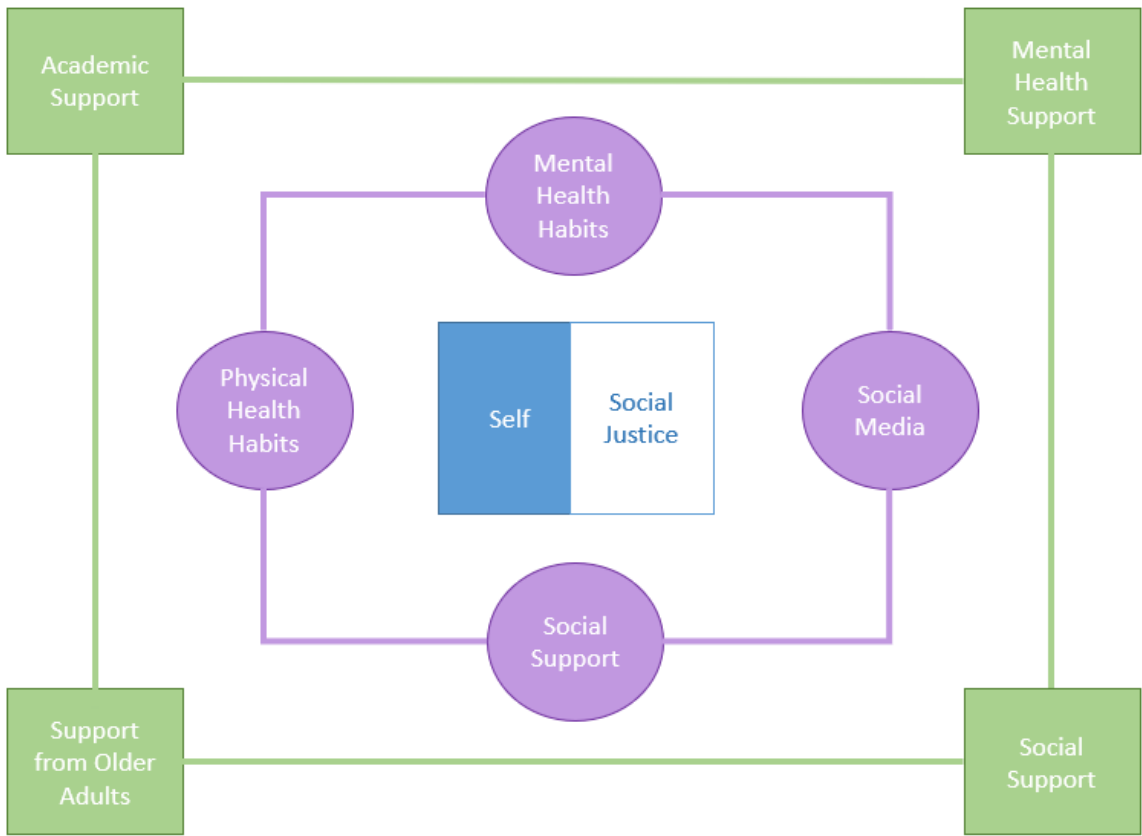


Figure A.4 Qualitative Coding Map