VIEWPOINT

Youth-Initiated Mentoring as a Scalable Approach to Addressing Mental Health Problems During the COVID-19 Crisis

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Although adolescents have lower COVID-19 infection rates compared with adults, the pandemic is taking a toll on young people's mental health. There have been multiple reports of increases in mental health challenges for adolescents during the ongoing COVID-19 pandemic, including a rapid systematic review indicating that adolescents are now more likely to experience high rates of depression and anxiety.[1] This calls for a response from clinical services to offer support and early intervention where possible and be prepared for an increase in mental health problems. It also calls for the mobilization of social networks, which are beneficial for health and can function as a buffer against various individual and contextual risks. Especially for adolescents, supportive relationships with caring adults have been found to be a protective factor of the development for mental health problems.[2] Therefore, besides societal awareness of the potential effect of these supportive relationships, clinicians, social workers, and teachers should facilitate youths' connections with natural mentors.

Supportive, nonparental adults play a critical role in the lives of adolescents, helping them navigate their identities, and providing support that can offset considerable individual and contextual risks, while promoting resilience across a range of important academic, behavioral, and health domains (eg, van Dam et al[3]). Research indicates that the benefits of such relationships for mental and relational health can last into adulthood, even for those who experienced significant childhood adversities.[4] Yet adolescents from ethnic minority groups as well as socioeconomically disadvantaged families are less likely to have such supportive and caring relationships with nonparental adults relative to their more privileged peers (eg, Raposa et al[5]). Despite considerable efforts to foster such connections through formal youth mentoring programs that match youths with adult volunteers, recruiting enough adults to meet the demands of vulnerable youths and their families has been a persistent problem, as has retaining these mentors once matched with mentees.[6] Youth-initiated mentoring (YIM), a hybrid approach in which youths and their families are helped to identify and recruit caring adult mentors from within their existing social networks and to maintain such relationships, is a promising strategy for addressing these problems and expanding the reach of youth mentoring.

Although most YIM programs are in the early stages of development, a 2021 meta-analysis[7] describes its application in different domains: to prevent school dropout as a systemic approach to prevent out-of-home placement among vulnerable youths, with youths in foster care, with delinquent youths, as a preventive approach for youths who are at risk or being hospitalized for attempting suicide, and as a universal prevention strategy in educational settings to support first-generation college students.[7] The meta-analysis provides encouraging empirical evidence that this approach protects against risks, fosters positive outcomes, and might improve the outcomes of youth psychological therapy and the delivery of treatment. The study revealed that, across a range of outcomes, overall effects were significantly greater ($g = 0.30$) than achieved by either formal mentoring (volunteer-based mentoring, $g = 0.21$)[8] or purely natural mentoring (youths experiencing a supportive adult within their community but not embedded within a formal mentoring program, $g = 0.22$).[3]

The reported effects of YIM programs may in part result from the familiarity and comfort with the recruited mentors as well as the tendency to focus on specific problems (eg, violence prevention in a high-violence area, prevention of suicide, and out-of-home placement). Such targeted approaches differ from most formal mentoring programs, which use a general nonspecific, friendship approach for youths with various needs. A 2020 meta-analysis[9] indicated that targeted mentor programs, matched to the specific needs of their mentees, had larger effect sizes than nonspecific programs ($g = 0.25$ vs $g = 0.11$).[9] Moreover, several of the interventions included in the YIM meta-analysis incorporated professional mental health treatment with the YIM approach, a focus that may have resulted in stronger treatment motivation, more positive adult-youth alliances, and improved goal orientation.

Additionally, YIM relationships tend to be remarkably long-lasting, even in traditionally high-risk samples. In 1 study, 74% of participants reported having contact with their recruited mentors almost 2 years after the official program commitment. Likewise, when a YIM program was used to prevent out-of-home placement of youths with complex needs, 75% of the adult mentors kept in touch with the adolescents after 2 years, and 80% of the youths still lived at home or within their community. Additionally, qualitative studies have underscored how meaningful it was for adults recruited as mentors in YIM programs to have been selected and invited to serve in this capacity.[10] Because they already knew the adolescent, they had more realistic expectations and were able to build on an established tie. Unlike mentors recruited and selected by formal mentoring programs, who tend to volunteer in hope of making a positive difference in an adolescent's life, YIM men-

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tors have reported beginning the relationship feeling they have already made such a difference by virtue of being chosen by the youth to serve as his or her mentor.[10]

Youths in the top socioeconomic status quartile have somewhat greater access to natural mentors than do lower-income and at-risk youth,[6] but YIM offers a promising strategy for increasing the latter groups' access by intentionally connecting them with adults they trust from within their communities. This innovative preventive, scalable approach shifts current systems of care and social service from client-focused to network-focused, which raises new questions. For example: how do professionals and natural mentors collaborate successfully? What new skills does this require from clinicians and social workers? What type of support do recruited mentors need? Given the health-promoting and protective nature of mentoring relationships, it is imperative that we increase access to them for all youths. Especially in these challenging times, with increased isolation and loneliness owing to COVID-19 restrictions, supportive relationships can offer an important antidote.

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