Archives of Psychiatric Nursing 35 (2021) 653–657

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

"I'm losing everything all over again": Responses from youth experiencing homelessness during the COVID-19 pandemic

Lynn Rew [a,*], Olivia Yeargain [a], Clara Peretz [b], Emily Croce [a]

[a] The University of Texas at Austin School of Nursing, Austin, TX, United States of America
[b] The University of Texas at Austin Hicks School of Social Work, Austin, TX, United States of America

A B S T R A C T

Purpose: Already at high-risk for adverse consequences associated with daily living, youth experiencing homelessness face additional barriers to health and well-being during the COVID-19 pandemic. The purpose of this study was to identify the self-reported experiences and healthcare needs of youth experiencing homelessness as services in the community began to shut down at the beginning of the pandemic.
Method: From May through November 2020, qualitative data were obtained by telephone or Facebook messenger from 20 youth ($M = 22.4$, $SD = 2.64$ years) who had been enrolled in a longitudinal intervention study.
Results: Content analysis of qualitative data yielded 5 categories and 1 overall theme. Categories were resource availability, financial instability, mental health, relationship conflict, and maladaptive coping. The overall theme was multiple losses. Youths lost jobs, means of financial support for self and family, access to social and healthcare services, meaningful and important relationships, and skills and controls over high-risk behaviors such as substance abuse.
Conclusions: Having similar experiences such as social isolation as those of high school students during the pandemic, the youths in this sample experienced multiple and simultaneous losses, needing time to grieve, and leaving them once more at high-risk for adverse outcomes.

Youth experiencing homelessness (YEH) at the time that the COVID-19 pandemic hit the United States were already one of the most vulnerable groups in the nation. As others noted, vulnerable populations, including those who self-identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ), and those who experience homelessness may be at risk "for negative health sequelae" as a result of a relaxation of resources and support previously available to these youth (Cohen & Bosk, 2020). An international panel of adolescent researchers declared that YEH have been further burdened by this pandemic and deserve greater attention to their unique needs (O'Brien et al., 2021).

Given that YEH have been disadvantaged by circumstances, often far beyond their personal control, and frequently bear the burdens of health disparities, their unique experiences during a year of pandemic turmoil may provide healthcare providers and scientists alike with new insights into what it is like to "lose everything all over again". Thus, the purpose of this study was to describe the unique, increased, and changing needs a sample of YEH faced as a result of the pandemic.

Background

Exact numbers of YEH in the U.S. are unknown, but nearly 10% of youth have reported one or more experiences of homelessness by age 25 (Morton et al., 2018). This population is frequently understudied and underserved. People experiencing homelessness have mortality rates that are 5–10 times greater than the general population for all causes, and COVID-19 has the potential to further widen this gap as they experience reduced access to care (Tsai & Wilson, 2020). YEHs lack stable housing, control over their movements, and access to hygiene supplies (Coughlin et al., 2020). Many YEH lack the social relationships enjoyed by other youth because of the absence of family members and being separated from other supporting connections such as school, work, and other community affiliations; consequently, they form new social networks, some of which increase their risk for engaging in health-risk behaviors (Brown et al., 2019) or experiencing victimization (Curry et al., 2016). Youth who self-report their identity as lesbian, gay, bisexual, or queer or questioning (LGBQ) report greater mental health needs and sexual victimization than non-LGBQ youth (de la Haye et al., 2012).

YEH do not have traditional support networks such as family members or colleagues associated with employment; hence, in general, they are at greater risk for poor health outcomes and greater stress than youth who are housed (Prock & Kennedy, 2020). Researchers have found that YEH who use fewer available social services spend more time on the street and, as a result, are more likely to experience traumatic events

* Corresponding author at: 1410 Red River, Austin, TX 78704, United States of America.
E-mail address: ellerew@mail.utexas.edu (L. Rew).

https://doi.org/10.1016/j.apnu.2021.08.002
Received 16 June 2021; Accepted 4 August 2021
Available online 10 August 2021
0883-9417/© 2021 Elsevier Inc. All rights reserved.

such as victimization (Curry et al., 2016). Moreover, those who receive services in high-quality settings report less involvement in street economy (e.g., panhandling, shoplifting, or trading sex for money) than those who receive services in other settings (Gwadz et al., 2017).

A common experience of YEH is that of social exclusion or being denied access to many of the social and economic systems that characterize the society that surrounds them (Goering et al., 1997). Restricted access to social services and benefits despite their great need for them leads to health and safety disparities in this population. Being socially connected, however, mitigates some of the adverse outcomes otherwise associated with experiences of homelessness (Author, blinded for review; Begun et al., 2018; Stewart et al., 2010). As the duration of homelessness increases, so does youths' participation in risky behavior, yet service utilization decreases (Ng et al., 2013).

Although all people who experience homelessness are vulnerable to multiple adversities, young people face particular challenges owing to poor preparation for adulthood (e.g., lack of education, as well as social and job skills), multiple types of victimization, sexual exploitation, and the prevalence of using drugs and alcohol as a means of coping with their living conditions (Haley et al., 2004). Recent studies based on principles and strategies of positive psychology and the Positive Youth Development movement (Lerner et al., 2014) provide evidence that supportive relationships, resources, and opportunities help to reduce health-risk behaviors in youth who experience homelessness (Author, blinded for review; Hughes et al., 2010). Despite these promising studies, we do not know what happens to this population when suddenly confronted with the closing of drop-in centers that provide limited health and social services in the best of times.

Method

Setting, sample and data collection

The study took place in a southern state. Youths ($N = 20$) completing their participation in a longitudinal intervention study (Author, blinded for review) volunteered to provide qualitative data when the COVID-19 pandemic began. These youth were aged 18–23 years when they enrolled in the parent study and all were experiencing homelessness when they were recruited for the intervention study between 2017 and 2020. The study took place at one of two drop-in centers that provided health and social services to such youth in a large city. The parent study used a Solomon four-group design to test a one-on-one intervention that focused on developing skills in setting goals, developing self-efficacy to resist alcohol, and self-efficacy to resist risky sexual behaviors. Participants were originally randomly assigned to one of four groups: two groups provided pre-intervention or services as usual (SAU) data, the other two groups provided only demographics at the time of enrollment, and all groups provided post-intervention or post-SAU data at prescribed intervals for a total of six months. All participants provided data (Time 1) immediately upon completing the intervention (or an equivalent time period of obtaining SAU, which was approximately three weeks following enrollment), (Time 2) three months later, and (Time 3) six months later. When the pandemic began, these participants were due to provide their 6-month follow-up data by interview with a trained graduate research assistant.

Following an amendment approval from the institutional review board (IRB) for the protection of human subjects, participants who were contacted to provide their 6-month follow-up data during the pandemic were invited to participate in a brief semi-structured interview. Interviews were conducted either by phone ($n = 12$) or through Facebook messenger ($n = 7$) and one participant completed both a telephone interview and a Facebook messenger response for a total of 20 participants. The interview began with a grand tour question: "How has the Coronavirus pandemic affected you?" Depending on the response, we followed up with additional questions about their physical and mental health, access to services, and what they perceived their biggest challenge to be during this time. Telephone interviews lasted 5–30 min, were audio-recorded with participants' consent, and transcribed verbatim. Written data provided through Facebook were analyzed directly.

The sample ($N = 20$) consisted of 12 females, 7 males, and one transgender male (assigned female at birth). Eight (40%) were Hispanic/Latinx, 3 were Black (15%), and 9 (45%), were White. Ages ranged from 19 to 26 years, $M = 21.45$ ($SD = 2.7$ years). Twelve reported their sexual orientation as straight/heterosexual whereas one said she was pansexual, one was lesbian, three were bisexual, and three reported they were questioning or uncertain. Thirteen (65%) were high school graduates or had a GED, three had completed the 11th grade (15%), three had completed 10th grade (15%), and one had completed 9th grade (5%).

Analytic plan

Data were analyzed using content analysis (Renz et al., 2018). Steps included (1) preparing the data, (2) reading the transcripts several times, (3) noting specific information found in the text, (4) defining the unit of analysis, (5) developing codes, (6) coding text, (7) drawing conclusions from coded data, and (8) describing and interpreting findings. This method was selected because we sought to explain a historical phenomenon and its associated emotions. The unit of analysis for this report was *youth experiencing homelessness* (YEH) and the unit of observation was the description of a *YEH's experiences during the COVID-19 pandemic*. We followed Morse's (2008) definitions for categories and themes in coding, analyzing, and interpreting the data. The categories were "collections" of coded data that were similar and contained similar samples of text. The theme was the "essence" or meaning of the data that ran consistently throughout the interpreted text (Morse, p. 727).

We attended to trustworthiness (rigor) associated with a qualitative descriptive design to ensure both descriptive and interpretive validity (Sandelowski, 2000). We sampled only those youth who we knew to be experiencing homelessness at the time they had enrolled in our intervention study (i.e., purposive sampling) and we acknowledged our bias that these YEH would have unique needs and challenges similar to but different from those the rest of society was experiencing. We believed that our analysis and interpretation of the data we collected would be credible and transferable to other similar youth in other geographic locations. Although we were not able to contact the participants again for member checks following our data analysis, we believe that the findings were confirmed by multiple participants who provided similar and believable data.

Results

After reading the texts multiple times and coding all data provided by the participants in this analysis, we identified five major categories and one overall theme. We present the categories here in terms of the most to the least prevalent in the data. The categories were: financial instability, mental health, resource availability, relationship conflict, and maladaptive coping.

Category 1: financial instability

Loss of resources was pronounced in the area of financial resources. Sixteen (80%) participants reported difficulties related to financial instability, of which seven reported job loss related to the COVID-19 pandemic, one reported a decrease in hours and five reported inability to find work since the start of the pandemic. One participant reported she quit her job cleaning COVID-19 rooms at the hospital due to fear for the health of her children while another participant quit to move back home with family after a spike in cases in the geographic area. One participant, whose retail job was cut, stated, "people are out there hiring but it's like, it's very limited, so that's the only concern…very low pay

and hardly people are even hiring because of the Corona, they are overstaffed or cut hours or anything like that, so it's very hard to find a job".

Another participant reported he was laid off for two months and it was "two months of terror…Yes, I was starving bad". Some participants reported that the job loss exacerbated their financial difficulties including one who had to take out a loan after losing three part-time jobs. Another had to borrow money from her father for rent but would have preferred not to because her father has three young children with medical problems. Finally, one participant reported that COVID had affected him the most financially, leaving him unable to support his family and driving him to sell weed: ". . . it sucks. I'm gonna say it…I sell weed if I have to, I sell dope. Because it makes freaking money. I smoke my girl, but I don't smoke, I sell it. It's what I gotta do".

Category 2: mental health

Thirteen (65%) of the participants reported exacerbation of mental health issues including increased anxiety and depression. "I had a lot of plans to better my life and I feel like everything just got put off to a halt. And like, it's nobody's fault, but it just kinda, like, made me feel like shit…it made me feel bad about everything…I've just been pretty sad and depressed". A single mother of four children reported her children were also more anxious due to not being able to leave the house frequently, and had difficulty comprehending the circumstances given their ages. Two participants reported fears of leaving their house or room due to the threat of COVID-19 exposure. "It's [mental health] pretty negative I guess because when I self-isolate, it's kinda hard for me to like not just be inside of my own thoughts, and not think about everything that is like, messed up, um, in the world right now. And it's like I would love a distraction but I know that if I come back, like if I catch COVID, or something right, like if I go out and get a job and catch it, I'm - I'm losing this room" [referring to housing].

Five participants reported feelings of hopelessness and/or feeling overwhelmed with the circumstances including one 25-year-old man who lost his identification and was unable to gain employment, one 19-year-old woman whose belongings were lost by the City when her shelter moved locations, and a 19-year-old woman who stated: " I have a lot of weight on my shoulders, and I get very overwhelmed with things. Like, I have so much to do, but, like, I don't even know where to start and stuff'. The young man who lost his ID added, "So just mentally, I'm stuck. Like I'm worthless." A 23-year-old Black female talked about her anxiety this way, "Sometimes I don't even want to do that [take a walk] because when you see a lot of people, you just start freaking out, and with me who has anxiety, anxiety starts acting up really, really bad, where I just have to quarantine myself in my house, so it does affect you mentally." One 25-year-old White woman added, "I got my stimulus check, but then half of it got stolen right from under me. And I can't go to therapy because doing it over the phone is too triggering."

Almost half of the participants surveyed (9/20) also reported feelings of isolation related to the shut down and guidelines for social distancing. A 19-year-old man said, "It's kind of pulled me away from people rather than pull me towards people…in a more, just like, depressive, sad way." And a 22-year-old White, pregnant woman said, "I can't really go anywhere, you know, we're kinda just isolated here." Similarly, a 26-year-old White woman stated "I was not built for quarantine. I need social interaction. So yeah, it has been tough".

Category 3: resource availability

Over half ($n = 12$; 60%) of the participants reported that the COVID-19 pandemic negatively impacted their ability to utilize previous resources. The type of resources varied widely and included government services like WIC, Food Stamp office, the Department of Motor Vehicles (DMV) and housing through The Housing Authority of the City. For example a 20-year old Black woman stated, "Like, I just had a baby during the pandemic, so the WIC office had shut down." A 19-year-old White woman said, "I think just somewhat planning and also mentally planning how to, you know, get available resources if it's shut down or whatever, not like, where to get them and how to get there, and you know, just getting some of the, basically, subsidies that I can't always get by myself."

One participant had a particularly difficult dilemma after he lost his identification card and was unable to get another one and, therefore, he was also unable to get a job, because the Department of Motor Vehicles (DMV) was closed. Other participants reported that charitable organizations, like drop-in centers for homeless youth, food pantries and churches, were closed. These centers not only had previously provided food, clothes, and hygiene items, but they also provided social support, housing and Internet access as well. One participant reported that the truck that had delivered hot food to his campsite stopped coming and individuals there were given one meals-ready-to-eat (MRE) each day. Three participants reported difficulty obtaining medical resources including medications. Two of the participants who had children reported a lack of childcare, including daycare; when one was able to find a daycare open, she also found it to have multiple children who were COVID-19 positive. Three participants reported difficulty obtaining medical care including mental health care due to closure of medical offices and prescription unavailability, asthma exacerbation, and inability to transition to tele-therapy.

Category 4: relationship conflict and loss

Six participants reported relationship conflict as being a significant effect of the COVID-19 pandemic. A White female, aged 26, said, "I mean, I don't know if it's the quarantine or just in general, but um, like I've never had somebody develop a dependency on me and he has, and I don't like that. So, I'm just trying to put some distance between us." A Latina female, aged 19, said there was "a lot of fighting, because everyone's cooped up in the house. Better than being in the streets, but I still just don't like it".

And a 23-year-old Black woman speaking of her sister and mother said, "sometimes people don't understand that and think you're trying to be rude and stuff like that, but they don't know. They don't know what's going through your mind or what's going on with you personally. They just always think you're mad and angry and upset. You know, sometimes, you just, you gotta, you just need a mental break." And one mother with three young children said, "it just made my kids like, 'no, we need to leave somewhere', and I'm just like, I can't explain – I mean I can explain to them and tell them why, or like why we can't go anywhere but to them it's just like, 'mama just don't want to go nowhere', so it's like, it kinda sucks like that for me, because I'm like, like damn my kids like are literally going crazy in the house and it's like, I can't -we can't just like go to the park or anything."

Beyond relationship conflict, three of the participants reported deaths of individuals related to them. As one White woman said after her partner's father died, "it has affected one of my family members and obviously that's going to be hard to handle on me as well." Another White woman reported the death of her boyfriend as well as, "I lost a few family members and in the midst of it all, I lost, like my boyfriend and it was like really hard."

Category 5: maladaptive coping

Five of the participants identified alcohol and drug use as strategies for coping with the pandemic. A 19-year-old Latina said, "And I drank, like every day during quarantine . . . I was like constantly drinking. And I started doing a lot of other drugs during this time." One White male, aged 26, described the downside of being unable to go to the gym. He said, "[My] brain is foggy, things seem more tedious . . . and more likely to drink more alcohol." A 24-year-old Latino reported a reoccurrence of methamphetamine use due to stress. And another 19-year-old Latina

talked about having an abusive family, having everyone she ever loved taken away from her and becoming homeless. Then she added, "So I feel like just being 100% clean is probably one of the hardest things that I have had to struggle with during my homelessness." Other coping strategies reported were watching more TV and playing video games.

Theme: multiple losses

The theme of loss was evident throughout the various categories of responses. In the category of financial instability, the loss of jobs or the ability to apply for a job owing to the loss of an identification card resulted ultimately in the loss of financial stability and the means to provide for oneself and one's family. In the second category of mental health, these youth described the loss of their mental stability as it related to the loss of work, an income, and a place to live. In the third category, resource availability YEH described being unable to access the drop-in centers where they had previously obtained social services as well as health and hygiene products. Thus, they lost many of the material supplies used in daily living and they lost social interactions with those who could help them back on their feet. Similarly, the theme of loss was apparent in the fourth category, relationship conflict, in which youth described the loss of stable conflict-free relationships as well as the absolute loss of significant persons by deaths due to COVID-19. And finally, in the category of maladaptive coping, some had lost the skills and control over their lives they had worked hard to achieve. For some this meant control over an addiction whereas for another it meant controlling where they slept at night. One person's response reflected this theme clearly when she said, "I'm losing everything all over again." To emphasize the magnitude of this theme, she added, "I'm not the only one who's dealing with this. So many, it's hundreds of people, it's thousands of people that are going through this right now."

Discussion

To the best of our knowledge, this is among the first papers to be written about the lived experiences of the pandemic for youth experiencing homelessness. The data reported here reflect the multiple ways in which these youth experienced losses: through financial instability, mental health problems, unavailability of resources, relationship conflict, and the use of maladaptive coping strategies. Some of these youth had just recently received their first stable housing placements when this stability was suddenly threatened by the inability to earn money to continue to pay for their housing, the loss of improved mental health and social functioning, and the loss, not only of tangible goods to support daily living, but the loss of the personal support provided by health and social service professionals with whom they had interacted at the drop-in center. Although few reported the loss of loved ones to the virus, yet a few of them experienced the loss of more than one significant other during this time.

Our findings are not unlike reports from high school students who were surveyed about their biggest challenges during the COVID-19 pandemic. Although the biggest challenge identified by these mainstream adolescents was academics, which was not a category described by any of the YEH in our sample, they also described challenges related to mental health, including loneliness, anxiety, depression, and stress. Most of the YEH who comprised this analytic sample were not enrolled in school, thus academics were not a current challenge. Like the high school students, however, they also identified missing their friends and experiencing family conflict [24]. Unlike the high school students in Scott et al.'s (2021) sample, more pressing among the YEH, however, was the impact of financial instability, which was mentioned by 80% of our sample. YEH often have difficulty with part-time and full-time employment under non-pandemic circumstances. Having a stable income is generally a pre-requisite to gaining independence and acquiring housing. As Slesnick et al. (2018) found, YEH seek both legal and illegal sources of income. In addition, Slesnick's team found that mental health problems were a barrier to finding employment, but that once achieved, employment contributed to improved mental health. These researchers suggested that interventions to address employment and mental health together were important when addressing the vulnerabilities of YEH.

Mental health represented a major loss of stability for YEH. In addressing their perspective on vulnerable youth and the COVID-19 pandemic, Cohen and Bosk (2020, p. 1) warned that YEH are ". . . at a disproportionately high risk for depression" and other mental health problems while simultaneously lacking access to resources that would ensure their health and wellbeing. As detailed in our report, YEH in this sample reported feelings of loneliness, anxiety, sadness, and depression. They were frustrated at being unable to continue therapy, find transportation to go pick up their medications, or to get "unstuck" from just being in their own heads.

Our findings are similar to those of Hoyt et al. (2021), who surveyed college students (ages 18–22 years) at two times during the pandemic. They found, as we did, that economic and environmental factors affected these students' well-being. In particular, Hoyt et al. found that qualitative responses to an open-ended question about how the pandemic affected them included descriptions of stress and anxiety related to being laid off from a job, caretaking responsibilities, and loss of access to counseling resources. YEH also experienced stress and anxiety related to these and other losses. Although the particular details of these experiences varied greatly, the sense of the loss of mental health and wellbeing was recognizably similar.

YEH in this analysis described feeling lonely and depressed, which is similar to what Lee et al. (2020) found in a community sample of youth in Seattle, Washington. Mandates to adhere to mitigation strategies such as social distancing and sheltering in place contributed to these mental health phenomena. For these YEH, the closure of community drop-in centers and other social service organizations also contributed to these feelings as youth could no longer drop in for a meal or a simple conversation.

Youth in this study had been associated with drop-in centers in a large city where they met with friends and professionals who had provided material resources such as food, clothing, hygienic supplies, employment guidance, assistance with temporary and more permanent housing, and opportunities for socializing and having fun. When the pandemic was announced as a reality, the centers closed down and the youth were suddenly and keenly aware of the tremendous loss this presented to them. As one of them said, it felt as if "I'm losing everything all over again." Coupled with the loss of employment and the reality that many of the jobs that had previously been available for those with few job skills were now gone, the loss of access to the myriad resources offered by the drop-in centers was an enormous threat to their stability. This loss threatened their path to independence, a dream and a goal that these youth were hoping to achieve.

Although identified by fewer than one out of three YEH in this sample, relationship conflict signified an important loss to these youth. Given the important need for socialization at this stage of development, the loss of significant others can feel devastating. This loss is evident not only in the major events such as the death of a loved one, but in being restricted from going places to meet up with friends and acquaintances. In general, YEH do not have a lot of structure in their lives, but during a pandemic, they can lose what little structure they may have recently experienced, leaving them at loose ends. This lack of structure then leads some to engage in coping strategies that are maladaptive or harmful such as using drugs and alcohol.

Our findings concerning the YEH's coping strategies are in contrast with the findings of Mason et al. (2021) who reported findings from a longitudinal observational study of nearly 2000 young adults who enrolled in the study, *Happiness and Health*, during high school. They found that some of these youths were coping with the pandemic through unhealthy eating, particularly those who were female and those who experienced depressive symptoms. The finding that none of the YEH in this sample reported overeating or eating unhealthy foods during the

pandemic underscores one of the defining attributes of those who are homeless: the lack of regular, nutritional meals. It was somewhat surprising to find that none of the YEH mentioned any type of eating as YEH have been shown to encounter barriers to eating nutritional and regular meals (Ferguson, 2007; Kloubec & Harris, 2021; Tyler et al., 2012).

Limitations

In this analysis, we acknowledge several limitations. Participants who responded may not represent our overall population due to self-selection bias. This sample includes only those YEH who remained in our city during the "shelter in place" orders as the pandemic was first acknowledged in the U.S. Our study represents one limited geographic area of the country, thus yielding a non-probability sample; however, as noted by Rice et al. (2012, p. 697), convenience sampling may be the "only viable way to collect data from this population". Many of the interviews took place via written communication using Facebook messenger. As a result, some participants were not available to respond to all questions, and participants responded at different times during the early months of the pandemic.

Despite these limitations, we followed a rigorous process that makes the findings from this analysis credible and trustworthy. We found that YEH had similar experiences throughout the pandemic as youth of similar ages who were experiencing much more stability in terms of housing and activities of daily living. As Waselewski et al. (2020) acknowledged, youth throughout our nation experienced the impact of the COVID-19 pandemic in similar ways. The multiple losses encountered by all youth demand that adolescent healthcare professionals address youths' basic needs, including safe opportunities to socialize and time and space to grieve what was lost.

Funding source

The study was funded by the National Institute of Child Health and Human Development/National Institutes of Health, R01 HD083576, awarded to the first author.

References

Author (blinded for review) will be added at a later date.

Begun, S., Bender, K. A., Brown, S. M., Barman-Adhikari, A., & Ferguson, K. (2018). Social connectedness, self-efficacy, and mental health outcomes among homeless youth: Prioritizing approaches to service provision in a time of limited agency resources. *Youth & Society, 50*, 989–1014. https://doi.org/10.1177/0044118X16650459

Brown, S. M., Barman-Adhikari, A., Combs, K. M., & Rice, E. (2019). Sociodemographic and substance use characteristics associated with typologies and composition of social support networks among young experiencing homelessness in Los Angeles, USA. *Health & Social Care in the Community, 28*, 533–543. https://doi.org/10.1111/hsc.12886

Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics Perspectives, 146*(1), 1–3. https://doi.org/10.1542/peds.2020-1306

Coughlin, C. G., Sandel, M., & Stewart, A. M. (2020). Homelessness, children, and COVID-19: A looming crisis. *Pediatrics, 146*(2). https://doi.org/10.1542/peds.2020-1408

Curry, S. R., Rhoades, H., & Rice, E. (2016). Correlates of homeless youths' stability-seeking behaviors online and in person. *Journal of the Society for Social Work and Research, 7*(1), 143–176. https://doi.org/10.1086/685107

Ferguson, K. M. (2007). Implementing a social enterprise intervention with homeless street-living youths. *Social Work, 52*(2), 103–112. https://doi.org/10.1093/sw/52.2.103

Goering, P., Wasylenki, D., Lindsa, S., Lemire, D., & Rhodes, A. (1997). Process and outcome in a hostel outreach program for homeless clients with severe mental illness. *American Journal of Orthopsychiatry, 67*(4), 607–617. https://doi.org/10.1037/h0080258

Gwadz, M. V., Cleland, C. M., Leonard, N. R., Bolas, J., Ritchie, A. S., Tabac, L., Freeman, R., Silverman, E., Kutnick, A., Dicksohn, V. V., Hirsh, M., & Powlovich, J. (2017). Understanding organizations for runaway and homeless youth: A multi-setting quantitative study of their characteristics and effects. *Children and Youth Services Review, 73*, 398–410. https://doi.org/10.1016/j.childyouth.2017.01.016.

Haley, N., Roy, E., Leclerc, P., Boudreau, J. F., & Boivin, J. F. (2004). Characteristics of adolescent street youth with a history of pregnancy. *Journal of Pediatric and Adolescent Gynecology, 17*, 313–320. https://doi.org/10.1016/j.jpag.2004.06.006

de la Haye, K., Green, H. D., Jr., Kennedy, D. P., Zhou, A., Golinelli, D., Wenzel, S. L., & Tucker, J. S. (2012). Who is supporting homeless youth? Predictors of support in personal networks. *Journal of Research on Adolescence, 22*, 604–616. https://doi.org/10.1111/j.1532-7795.2012.00806.x

Hoyt, L. T., Cohen, A. K., Dull, B., Castro, E. M., & 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

Hughes, J. R., Clark, S. E., Wood, W., Cakmak, S., Cox, A., MacInnis, M., Warren, B., Handrahan, E., & Broom, B. (2010). Youth homelessness: The relationships among mental health, hope, and service satisfaction. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 19*, 274–283. PMC2962540.

Kloubec, J., & Harris, C. (2021). Food acquisition strategies of homeless youth in the greater Seattle area: A cross-sectional study. *Journal of the Academy of Nutrition and Dietetics, 121*(1), 47–58. https://doi.org/10.1016/j.jand.2020.05.013

Lee, C. M., Cadigan, J. M., & Rhew, I. C. (2020). Increases in loneliness among young adults during the COVID-19 pandemic and association with increases in mental health problems. *Journal of Adolescent Health, 67*, 714–717. https://doi.org/10.1016/j.jadohealth.2020.08.009

Lerner, R. M., Wang, J., Chase, P. A., Gutierrez, A. S., Harris, E. M., Rubin, R. O., & Yalin, C. (2014). Using relational developmental systems theory to link program goals, activities, and outcomes: The sample case of the 4-H study of positive youth development. *New Directions for Youth Development, 144*, 17–30. https://doi.org/10.1002/yd.20110

Mason, T. B., Barrington-Trimmis, J., & Leventhal, A. M. (2021). Eating to cope with the COVID-19 pandemic and body weight change in young adults. *Journal of Adolescent Health, 68*(2), 277–283. https://doi.org/10.1016/j.jadohealth.2020.11.011

Morse, J. M. (2008). Confusing categories and themes. *Qualitative Health Research, 18*(6), 727–728. https://doi.org/10.1177/1049732308314930

Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health, 62*(1), 14–21. https://doi.org/10.1016/j.jadohealth.2017.10.006

Ng, R. A. C., Muth, S. Q., & Auerswald, C. L. (2013). Impact of social network characteristics on shelter use among street youth in San Francisco. *Journal of Adolescent Health, 53*, 381–386. https://doi.org/10.1016/j.jadohealth.2013.04.018.

O'Brien, J. R. G., Auerswald, C., English, A., Ammerman, S., Beharry, M., Heerde, J. A., Kang, M., Naous, J., Pham, D.-Q., Santa Maria, D., & Elliott, A. (2021). Youth experiencing homelessness during the COVID-19 pandemic: Unique needs and practical strategies from international perspectives. *Journal of Adolescent Health, 68*, 236–240. https://doi.org/10.1016/j.jadohealth.2020.11.005

Prock, K. A., & Kennedy, A. C. (2020). Characteristics, experiences, and service utilization patterns of homeless youth in a transitional living program: Differences by LGBQ identity. *Children and Youth Services Review, 116*, 105176. https://doi.org/10.1016/j.childyouth.2020.105176

Renz, S. M., Carrington, J. M., & Badger, T. A. (2018). Two strategies for qualitative content analysis: An intramethod approach to triangulation. *Qualitative Health Research, 28*, 824–831. https://doi.org/10.1177/1049732317753586

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*, 334–340. https://doi.org/10.1002/1098-240x(200008)23:4<334::AID-NUR9>3.0.CO;2-G

Scott, S. R., Rivera, K., Rushing, E., Manczak, E. M., Rozek, C. S., & Doom, J. R. (2021). "I hate this": A qualitative analysis of adolescents' self-reported challenges during the COVID19 pandemic. *Journal of Adolescent Health, 68*, 262–269. https://doi.org/10.1016/j.jadohealth.2020.11.010

Slesnick, N., Zhang, J., & Yilmazer, T. (2018). Employment and other income sources among homeless youth. *Journal of Primary Prevention, 39*, 247–262. https://doi.org/10.1007/s10935-018-0511-1

Stewart, M., Reutter, L., Letourneau, N., Makwarimba, E., & Hungler, K. (2010). Supporting homeless youth: Perspectives and preferences. *Journal of Poverty, 14*, 145–165. https://doi.org/10.1080/10875541003711631

Tsai, J., & Wilson, M. (2020). COVID-19: A potential public health problem for homeless populations. *The Lancet, 5*(4), e186–e187. https://doi.org/10.1016/S2468-2667(20)30053-0

Tyler, K. A., Akinyemi, S. L., & Kort-Butler, L. A. (2012). Correlates of service utilization among homeless youth. *Children and Youth Services, 34*, 1344–1350. https://doi.org/10.1016/j.childyouth.2012.03.010

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*, 649–652. https://doi.org/10.1016/j.jadohealth.2020.07.043