IRJIF:5.010

North Asian International Research Journal of Pharmaceutical & Medical Sciences

ISSN: 2456-8287 Vol. 5, Issue-8 August-2021

Index Copernicus Value: 55.07 Fulfill MCI Criteria Thomson Reuters ID: S-8304-2016

A Peer Reviewed Refereed Journal

ANALYSES OF THE RELATIONSHIP BETWEEN COVID-19 PANDEMIC AND THE OVERALL OUTCOMES' TREATMENTS FOR MENTAL HEALTH CLIENTS

[1]DOMONIQUE LOUIS, [2]DR. PARK E. ATATAH, [3]DR. CATHERINE W. KISAVI-ATATAH, [4]DR. LATRICIA KYLE & [5]DR. CLOSETTA REDDEN-LOUIS

[1.] BA, BSN, RN, PMHNP-S, MSN in Progress Veterans Health Administration Clinical Nursing Education Mental Health Services Dallas Ft. Worth Bonham, Oklahoma USALouis.domonique@outlook.com

[2.] Ph.D. Public Health Services & Criminal Justice, Assistant Professor, Prairie View A&M University, Prairie View, TX, USA. Department of Health & Kinesiology Research Coordinator petatath@pvamu.edu or petatah@yahoo.com

[3.] Ph.D. Health Services, Assistant Professor, Prairie View A&M University, Prairie View, TX, USA ckisavi-atatah@pvamu.edu or ckisavi-atatah@yahoo.com

[4.] Ph.D. Criminal Justice, Adjunct Faculty Baton Rouge Community College Baton Rouge, Louisiana, USA kylel@mybrcc.edu or latriciakyle@yahoo.com

[5.] DPC in Counseling, DPC, M.Ed., E.Ds., BCC, DPC, CIT, PLPC Certified Counselor CCE, Board Certified Coach D.P.C., Counselor Faculty Madison High School Tallulah, Louisiana USA jags2clo@yahoo.com

ABSTRACT

This descriptive quantitative research study investigated the correlations/relationships between treatments' accessibilities between 2019 and 2020 due to COVID-19 pandemic among minorities especially among Blacks/African Americans and Hispanics for mental health clients in the US. The study used national data obtained from Center of Disease Control and Prevention (CDC) as part of the analyzed data statistic analyzed as to obtain some reliabilities, validities, and credibility from the data about the corrections/relationships between COIVD-19 pandemic and the treatments' accessibilities for mental health clients in the US in general. This study used Social Construction of the Ideology of Reality Theory. The study found that in 2019, the study found interestingly that treatments' accessibilities analyses were satisfactory, the study found that 32 out of 50 or 64% agreed while 18 out 50 or 36 disagreed with treatments' accessibilities. In 2020 the study found that 1 out of 50 or 2% agreed while 48 out of 50 or 98% disagreed with treatments' accessibilities in pretests. In 2019, the study found that conversely, treatments' accessibilities analyses, the study found that 15 out of 42 or 36% agreed while 27 out 42 or 64% disagreed with treatments' accessibilities. In 2020 the study found that 5 out of 42 or 12% agreed while 37 out of 42 or 88% disagreed with treatments' accessibilities. This study summed that there were overwhelming correlations/relationships between the dependent and independent variables at 100% confidence levels across the

board; as such, the study accepted the Alternative hypotheses and rejected the Null hypotheses. This study suggests that the findings and the results of this study should be closely analyzed as to assist mental health clients, health care practitioners, and mental health families' members, which should eventually bring some "POSITIVE SOCIAL CHANGES" to all; as we continue to tackle COVID-19 pandemic about the treatments' accessibilities for mental health clients across the board in the US.

KEYWORDS: COVID-19 PANDEMIC, CORONAVIRUS, PANDEMIC, MENTAL HEALTH CLIENTS, FAMILIES, MINORITIES, BLACKS/AFRICAN AMERICANS, HISPANICS, TREATMENTS, ACESSIBILITIES, HOSPALIZATIONS, DEATHS, UNDERLYING HEALTH CONDITONS, DISCLASSIFICATIONS

INTRODUCTION

The purpose of this study was to investigate the relationship between COVID-19 pandemic and the overall outcomes of available or submission to mental health treatments in the United States (US). While mental health treatments in the US are lagging behind annually during normal times, but possibly the periods of COVID-19 Pandemic are even more fundamental for mental health clients from state to state and that was the purpose of this quantitative research study.

LITRATURE REVIEWED

From a generalized standpoint, treatments of mental health clients in the US fundamentally lagged behind as compared to other advanced countries worldwide; however, the only time you hear the word "Mental Health Issues" is when a crime such as mass shooting has occurred, and the politicians will singularly blame the occurrence on mental health issues which is the easiest way to get out of the political responsibilities. While it is true mental health issues could motivate known and diagnosed mental health client to create such unheard-of crimes in the US there, he may be some compounding factors that were overlooked by leaderships across the board. For example, according to some recent studies that was conducted by Kisavi-Atatah, Atatah, Branch-Vital, Laws, and Opusunju (2020), in their initial investigative (Underlying Health Conditions One) and Kisavi-Atatah et al. (2020). (Underlying Health Condition Two) as well as (Underlying Health Condition Three) by Atatah et al. (2020);

The purpose of this quasi-experimental quantitative research study was to examine the relationships between children overeating habits and in activities with their weight gains and Body Mass Index (BMI) blood sugar A1C levels associated with minorities in Southwest Houston, Texas. This study investigated 15 associative items; but only the first two items were analyzed in this study due to the overwhelming database statistics it generated after the initial analyses. However, additional items such as item 3 to 15 will be addressed in the follow-up studies in the future. This study collected some monthly samples from 20 volunteered participates. Since the issues associated with CORONAVIRUS or COVID-19 has become prevalence among minorities in general, this study intends to shed some lights on minorities between the ages of 6 to 18 years children and the roles their parents may play or not play to control their weight gains and BMI blood sugar A1C levels collectively. This follow-up quantitative research study will concentrate on items numbers 7 alone; along with some brief areas in COVID-19 overall implications (see Atatah et al., 2020 pp. 89-90; Atatah et al., 2016; Atatah et al., 2021 for more).

While it is arguable that there may be no relationships between BMI, Obesity, Lifestyles, Racial Classification and mental health treatments' outcomes and mental health implications, the truth during the pick of COVID-19 pandemic demonstrated that the relationships are noticeable across the board. Above all, the United States Supreme Court recently saved Affordable Care Act (ACA) by answering the sub question if COVID-19 infection can be classified as a preexisting condition and the treated and covered by ACA. The Supreme Court provided a YES answer with a vote of 6 out 9 or 67% of the conservative US Supreme Court voted and classified COVID-19 infection as a preexisting condition which needs to be covered by ACA.

In fact, while this ruling is not as robust as it can be, issues such as mental health relationships between clients' treatments outcomes was not classified as preexisting condition in this case because the US Supreme Court can only rule about the cases in front of the court and not cases that may be classified as supplementary cases in the long run tied to the previously ruled about cases such as mental health as a preexisting condition, mental health as an illness has been historically classified and demonstrated as a preexisting condition for millions of Americans. However, during the COVID-19 pandemic, many states in the US classified underlying conditions as yardsticks as to why more minorities posed a higher marginal propensity to die of COVID-19 pandemic as compared to their counterparts. Possibly, there may be why mental health clients' violence may be classified as "mental health issues"; rather than the analyses of implications of other possible compounding factors that were intentionally undermined by our leaderships in general (see Atatah et al. 2020; Atatah et al. 2021; Atatah et al. 2021; Kisavi-Atatah et al. 2020 for more).

According to information obtained from Center for Disease Control and Prevention (CDC, 2021), COVID-19 posed some unintended consequences especially based on racial and ethnicity disparities due to its failed mitigations' strategical approaches. For example, CDC Pin pointedly answered the below question;

Why are some racial and ethnic minority groups disproportionately affected by COVID-19?

1. Introduction
2. Risk of Exposure to COVID-19
3. Risk of Severe Illness or Death from COVID-19
4. Disparities in COVID-19 Illness
5. Disparities in COVID-19-Associated Hospitalizations
6. Disparities in COVID-19 Deaths
7. Unintended Consequences of COVID-19 Mitigation Strategies
8. What We Can Do to Move Towards Health Equity

COVID-19 mitigation activities are actions that people, and communities can take to slow the spread of the virus. These mitigation activities include personal prevention practices and actions to safely maintain operations and healthy environments in facilities and workplaces. Some examples of personal prevention practices include hand washing, staying home when sick, practicing social distancing, and wearing a face mask. COVID-19 mitigation activities have also included restrictions on travel and gatherings, academic and

> business closures, and stay-home orders. The goal of these mitigation activities is to minimize COVID-19 cases and deaths, but they can also have economic, social, and secondary health consequences. (Para. 1)

Additionally, CDC added that;

> Many of the inequities in social determinants of health drive poor health outcomes, such as neighborhood and physical environment, health and healthcare, occupation, economic stability, and education. These inequities may become worse during the COVID-19 response, disproportionately affecting racial and ethnic minority groups. Unintended consequences of these inequities may include lost wages, unemployment, and loss of health insurance as a result of business closures; stress and social isolation because of restrictions on social gatherings; and the stigma of having or being suspected of having the virus if wearing a mask. These unintended consequences may cause exceptional difficulties in communities with limited resources and communities in which mitigation strategies are more strictly enforced. (Para. 2)

For example, it is arguable that discrimination exists in systems which are meant to protect well-being and health. Additionally, it is arguable that such historic discrimination's approaches are associated with higher marginal propensities for those systematically discriminated against to pose higher infection rates with COVID-19, profoundly sick, hospitalized, and eventually die from COVID-19 pandemic. These discriminations tools include but not limited to poor housing, education, criminal justice, and lack of workable finance. Furthermore, it includes racism, shapes social and economic factors that can be put racial and ethnic minority groups at higher risk for COVID-19 infection. The studies summed collectively that these same factors, in turn, contribute to worse economic, social, and secondary health consequences of mitigation strategies(see Price-Haygood & Burton et al., 2020; Millet et al., 2020; Paradies, 2020; Simon et al., 2018; Cordes & Castro, 2020 for more).

Beside the above, according to CDC (2021);

> Disproportionate impacts of mitigation strategies data and information are limited about unintended consequences of COVID-19 mitigation strategies for different racial and ethnic minority groups. Some studies that have identified disproportionate impacts of COVID-19 mitigation strategies for racial and ethnic minority groups are described below. (Para. 4)

There is no doubt that systematic disproportionate impacts of mitigation strategies data and information not to mention misinformation or disinformation created some unmentioned unintended negative consequences of COVID-19 pandemic against minorities in the US.

Such disproportional items associated with COIVD-19 pandemic's outcomes against minorities in the US were unemployment and loss of health insurance coverages, food insecurity, housing instability, preventions, and refusal of public healthcare services, and not to mention mental health implications across the board. For example, according to information obtained from CDC (2021);

> The COVID-19 pandemic may increase food insecurity for some people because of loss of jobs and children not getting school lunches. Food insecurity occurs when people do not have stable access to food or do not

> eat consistently because of lack of money and other resources. In 2016, 15.6 million U.S. households were food insecure at some time during the year. Racial and ethnic disparities related to food insecurity existed prior to the COVID-19 pandemic. In 2016, non-Hispanic Black households were nearly 2 times as likely to be food insecure than the national average (22.5% versus 12.3%, respectively) and 18.5% of Hispanic or Latino households reported food insecurity. (Para. 5)

These systematic or historical systemic approaches against minorities in the US are unequivocally fundamental across the before, during, and possibly after COVID-19 pandemic effects (see Nord et al., 2006; Economic Policy Institute, 2020; Coleman-Jensen et al., 2017; Peng-jun et al., 2020; Walker et al., 1995-2011; Anandappa et al., 2018; for more).

Mental Health and Bereavements and Clients' Health Cares' Outcomes

While the above pinpointed factors which affect the outcomes of clients' well-being were historically documented, mental health issues and outcomes are even more fundamental. According to most recent information obtained from CDC (2021), the implications of clients' mental health issues cannot and must not be undermined. The roles COVID-19 pandemic played on the inefficacies of mental health clients' overall outcomes cannot be underscored. For example, according to additional documented information obtained from CDC (2021);

"Mental health and bereavement the disproportionate burden of COVID-19 experienced by racial and ethnic minority groups, combined with the unintended consequences of COVID-19 mitigation strategies, including increased social isolation, may also affect mental health and bereavement" (para. 5).

There is no doubt that issues associated with COVID-19 pandemic definitely increased the numbers of mental health issues we all have to deal with to our failed COVID-19 pandemic mitigations' strategies. COVID-19 pandemic created a once in a century fear among children and adults in the US. For example, since 1918 and 1919, no generation have seen such overwhelming fears about the future due to COVID-19 pandemic as compared to influenzas' pandemic which took more than 50 million lives worldwide. COVID-19 created fears of the unknowns, anxieties among adults and children of all ages, lack of stabilities across the board for all Americans. Additionally, issues associated with isolations known as "social distancing", quarantines, wearing masks internally and externally, and not to mention washing hands regularly and repeated were another compounding factors which accelerated an already complicated situation known as COVID-19 pandemic. However, the mitigations' strategies were more challenging for all leaderships in the US due to their politicized mentalities rather than letting the scientific health care practitioners lead the way. In fact, COVID-19 pandemic was mismanaged from top to bottom (see Fitzpatrick et al., 2020 for more).

Beside the above, additional documents indicated that "Another study found symptoms of adverse mental or behavioral health conditions were more common among Hispanic and non-Hispanic Black people compared with non-Hispanic White people" (see Czeisler et al., 2020, para. 1).

> However, another study found that compared with White young adults (aged 18-30 years), Asian American young adults were less likely to report high levels of poor mental health symptoms, includingdepression,

and both Asian American and Hispanic or Latino young adults were less likely to report high levels of anxiety (Liu et al., 2020). The effect of the COVID-19 pandemic onmental health may be influenced by theintersection of age, income, employment, and other social factors, in addition to race and ethnicity.

Above all, the studies added that;

Bereavement: Many people are experiencing grief during the COVID-19 pandemic. Grief is a normal response to loss during or after a disaster or other traumatic event. Grief can happen in response to loss of life, as well as to drastic changes in daily routines and ways of life that usually bring us comfort and a feeling of stability. Some groups may be more likely to experience loss of a loved one due to COVID-19. Non-Hispanic Black people were found to be more likely to have a close relative who died from COVID-19. (Verdery et al., 2020. para. 1 & 2)

And majority of the studies summed that;

Inequities in the social determinants of health increase the negative effects of the COVID-19 pandemic for some racial and ethnic minority groups. We need to work together to reduce the negative effects that COVID-19 community mitigation strategies have had on individuals and communities, including working to address inequities in the social determinants of health. Learn more about what we can do to move towards health equity. (Para. 6)

The question now becomes was/is COVID-19 pandemic mitigation strategies' approaches more fundamental in the increases of positive or negation health care treatments' outcomes for mental health clients? Precisely, that is the focus of this quantitative pre-test and post-test research study.

As documented in most recent research studies about the implications associated with COVID-19 pandemic's reasons for exposures to infections, serious illnesses, hospitalizations, and deaths, the classifications on underlying conditions the studies found that the classifications of underlying condition as associations in general were being classified based on the racial or ethical natural wellbeing which nobody cannot be changed. Above all, because of natural outcomes; for example, according to some of the most overwhelming studies obtained about COVID-19 pandemic's implications' outcomes which were blamed on underlying conditions' preexisting conditions with minorities in general especially with Black/Brown communities in the US, underlying conditions among minorities were intentionally blamed on minorities' inabilities, ineffectively, inefficiently, or even un-proficiencies to take good care wellbeing by themselves (see Atatah et al., 2020; 2021; Kisavi-Atatah., 2020; 2020 for more). This means the primary focus of this pre-post quantitative scientific quantitative research study was to focus on the roles COVID-19 pandemic played in the overall treatments' accessibilities and outcomes with mental health clients across the board in the US during the pandemic.

PICOT

The picot question has been presented as: "Among parents and children of minorities especially Blacks/Africans and Hispanics and the mental health issues created by COVID-19 pandemic." (P), how does the implementation of COVID-19 pandemic affect the mental health treatments' accessibilities between June to December 2019 versus June to December 2020 with a self-reported quantitative survey instrument (I) Intervention with self-reported scorecard and addition educational program (C) accessibilities to mental health treatments(O) over a period 6 months 2019 and 2020 (T)?"

P - Population/Patient = how does the implementation of an intervention such as program education enhance mental health treatments' accessibilities for minorities especially Blacks/African Americans and Hispanics?

I - Intervention/ Indicator = Intervention self-reported scorecard and a follow-up with an additional educational program

C - Comparator/control = No intervention versus intervention educational program

O - Outcome = impact of COVID-19 pandemic mental health treatment accessibilities for minorities especially Blacks/African Americans and Hispanics

T- Time = over a period of 6 months 'measurements June 2019 to December 2019versus June 2020 to December 2020 mental health treatments' accessibilities among Blacks/African Americans and Hispanics.

THEORETICAL FRAMEWORK

This study used Social Construction of the Ideology of Reality Theory as a lens of analyses which stipulated that error thinking, faulty errors, default errors, gossips, false perceptions, assumptions, and presumptions lead to the creation of ineffective, inefficient, and in proficient public social policies (Berger & Luckmann, 1966).

RESEARCH METHODOLOGY

According to Atatah, Kisavi-Atatah, and Vital-Branch (2016);

> These measurements concentrated on general descriptive statistics, percentile values, central tendencies, dispersions, and distribution of data, along with one-way sample statistics test, and a confidence interval differences test was set at < 0.05 or < 0.95. Nominal scale was used as the scale of measurement in this study. Non-Experimental Descriptive study relies on the statistical analyses of existing secondary or primary data, through comprehensive measurements of the above-mentioned measurements' perimeters. (p. 202)

The collected data was fed into SPSS version 27 for data analyses.

RESEARCH QUESTIONS

This pretests and protests quantitative research study investigated two major research questions.

These questions were:

Research Question 1.

RQ 1: What are the correlations/relationships between mental health clients' treatments accessibilities among minorities especially among Blacks/African Americans and Hispanics before and after COVID-19 pandemic?

Alternative Hypothesis 1

There are correlations/relationships between mental health clients' treatments accessibilities among minorities especially among Blacks/African Americans and Hispanics before and after COVID-19 pandemic.

Null Hypothesis 1

There are no correlations/relationships between mental health clients' treatments accessibilities among minorities especially among Blacks/African Americans and Hispanics before and after COVID-19 pandemic?

Research Question 2.

RQ 2: What are the correlations/relationships between educational intervention program and mental health clients' treatments accessibilities among minorities especially among Blacks/African Americans and Hispanics before and after COVID-19 pandemic outcomes?

Alternative Hypothesis 2

There are correlations/relationships between educational intervention program and mental health clients' treatments accessibilities among minorities especially among Blacks/African Americans and Hispanics before and after COVID-19 pandemic outcomes.

Null Hypothesis 2

There are no correlations/relationships between educational intervention program and mental health clients' treatments accessibilities among minorities especially among Blacks/African Americans and Hispanics before and after COVID-19 pandemic outcomes.

TYPES OF DATA COLLECTED FOR THE STUDY

Open data collection of a survey instrument was sent online through Monkey Survey and the following demographics were not required as to protect the privations of the participants.

Demographics

"To protect the interests and the privacies of the participants, personal demographic information such ages, names, date of birth (DOB), drivers' licenses (DL), addresses, and residential zip codes were not needed or obtained in this project" (See Atatah et al., 2020, pp. 95-96; Kisavi-Atatah et al., 2020& Kisavi-Atatah et al., 2020 for more).

Needed Items:

Race was needed, age was needed because you have to be 20 years plus to participate in this study; ethnicity was needed, mental health diagnosis was needed, treatments' accessibilities to mental health facilities was needed, during of treatment for the past two years between 2019 and 2020 was needed, and treatment outcomes were needed as well.

Not Needed Items:

Academics' status was not needed, marital status was not needed, employment status was not needed, actual mental health diagnoses status was not needed, parental financial status was not needed, locations of mental health facilities' locations were not needed as to simply protect the participants' privacies.

This survey instrument concentrated on three major areas as shown below;

1. **Do you agree or disagree that your mental health treatments' accessibilities outcomes were better or worst between June and December 2019?**
2. **Do you agree or disagree that your mental health treatments' accessibilities outcomes were better or worst between June and December 2020?**
3. **Did you have any assistance or education as to improve your mental health treatments' accessibilities facilities outcomes during both years?**

After the pretest survey was collected, an education intervention scorecard was sent to the responded participations and advised to read thoroughly through the interventional education program instructions prior to answering the survey questions which was the posttest survey.

DATA COLLECTION

Initially, 120 survey instruments were sent out through Monkey Survey via online and 50 out of 120 or 41.6% were received fully completed; however, those that were not fully completed were disqualified from the

study. These data were classified as pretest due to lack of intervention prior to collecting these data. Thereafter, the intervention scorecard along with the same survey instrument was resent to 50 initial respondents with specific instructions about reviewing, reading, and answering the scorecard prior to retaking the survey instrument item. The study received 42 out of 50 or 84% back and these data were classified as posttest as well, those that were not fully completed were disqualified from the study. And all the data (pretest & posttest) were fed into SPSS version 27 for data analyses.

Pretests and Posttests Results/Findings of the Study

Pretests Results and Findings

Table 1. Descriptive Statistics Pretests

Statistics

		COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US	Mental Health Treatments' Accessibilities 2019	Mental Health Treatments' Accessibilities in 2020
N	Valid	50	50	42
	Missing	0	0	0
Mean		1.2400	1.3600	1.9800
Std. Error of Mean		.06101	.06857	.02000
Median		1.0000	1.0000	2.0000
Mode		1.00	1.00	2.00
Std. Deviation		.43142	.48487	.14142
Variance		.186	.235	.020
Skewness		1.256	.602	-7.071
Std. Error of Skewness		.337	.337	.337
Kurtosis		-.443	-1.708	50.000
Std. Error of Kurtosis		.662	.662	.662
Range		1.00	1.00	1.00
Minimum		1.00	1.00	1.00
Maximum		2.00	2.00	2.00
Sum		62.00	68.00	99.00

Table 1. Showed a mean of 1.24 for US treatments' accessibilities for mental health clients among minorities, 1.36 mean in 2019 and 1.98 for 2020. Also, the sta. deviations were .43, .48, and .14 respectively for the US, 2019 and 2020 (see table 1 above for more).

Table 2.Frequencies Distributions for **COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US 2019 and 2020**

COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mental Health Treatments' Accessibilities 2019	38	76.0	76.0	76.0
	Mental Health Treatments' Accessibilities in 2020	12	24.0	24.0	100.0
	Total	50	100.0	100.0	

Table 2. Showed the frequencies distributions for Covid-19 pandemic treatments' accessibilities for mental health clients especially for minorities in the US and there were no missing numbers (see table 2 above for more).

Table 3. Mental Health Treatments' Accessibilities 2019

Mental Health Treatments' Accessibilities 2019

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	32	64.0	64.0	64.0
	Mental Health Treatments' Accessibilities 2019	18	36.0	36.0	100.0
	Total	50	100.0	100.0	

Table 3. Showed the frequencies distributions for mental health accessibilities for mental health clients in 2019; N=50 and there were no missing numbers (see table 3 above for more).

Table 4. Mental Health Treatments' Accessibilities in 2020

Mental Health Treatments' Accessibilities' in 2020

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	2.0	2.0	2.0
	2.00	49	98.0	98.0	100.0
	Total	50	100.0	100.0	

Table 4. Showed the frequencies distributions for mental health treatments' accessibilities for mental health clients in 2020; N=50 and there were no missing numbers (see table 4 above for more).

Figure 1. Color Coded representation of COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in 2019 and 2020

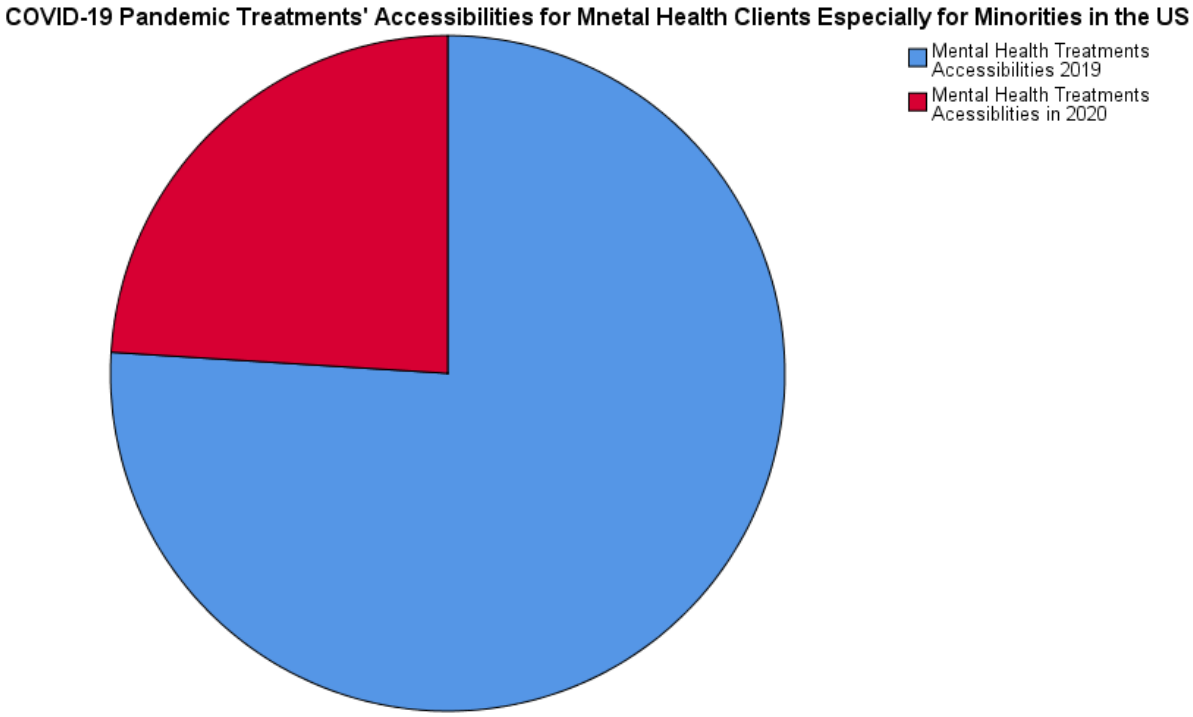

Figure 1. Showed the Color-Coded representation of COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in 2019 and 2020; dark red represented 2019 and blue represented 2020 (see Figure 1 above for more).

Figure 2. Color-Coded Mental Health Treatments' Accessibilities in 2019

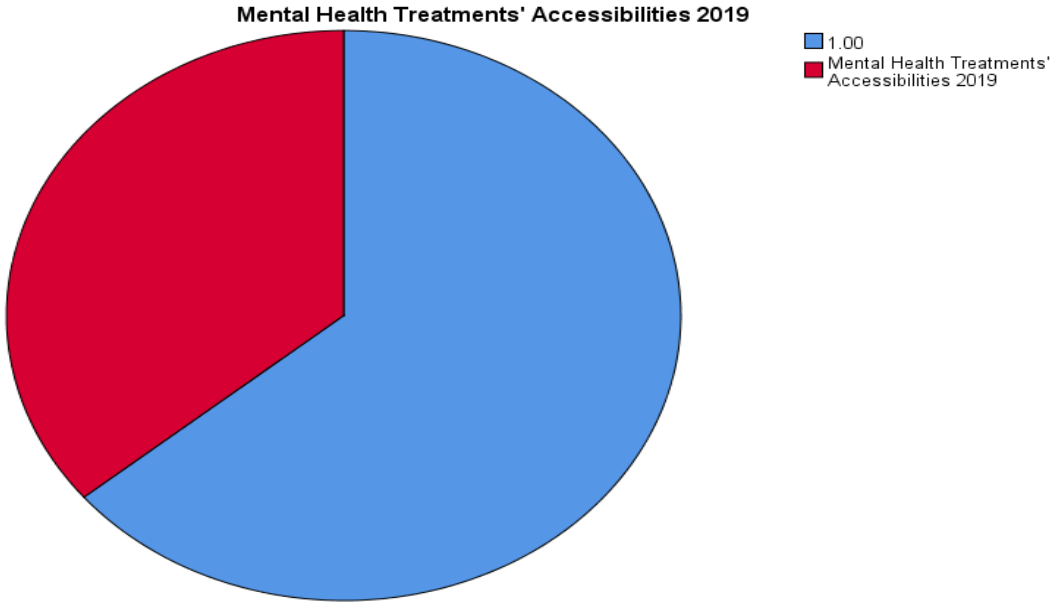

Figure 2. Showed the Color-Coded representation of Mental Health Treatments' Accessibilities in 2019 blue agreed and dark red disagreed (see figure 2 above for more).

Figure 3. Color-Coded Mental Health Treatments' Accessibilities in 2020

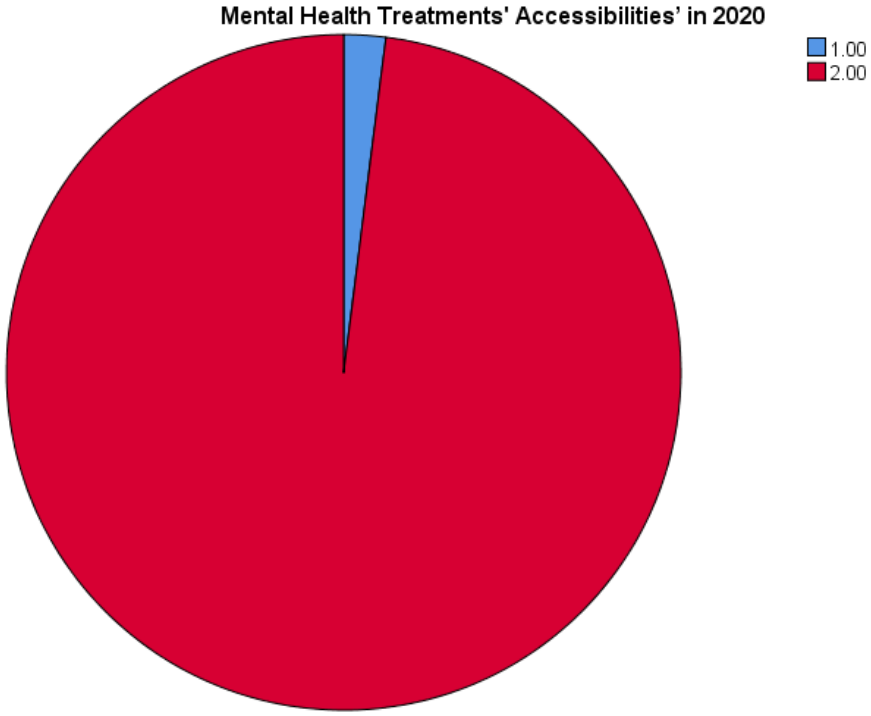

Figure 3. Showed the Color-Coded representation of Mental Health Treatments' Accessibilities in 2020 blue agreed and dark red disagreed (see figure 3 above for more).

Table 5. T-Test One-Sample Statistics

T-Test

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US	50	1.2400	.43142	.06101
Mental Health Treatments' Accessibilities 2019	50	1.3600	.48487	.06857
Mental Health Treatments' Accessibilities' in 2020	50	1.9800	.14142	.02000

Table 5. Showed the T-Test One-Sample Statistics N=50, means were 1.24, 1.36, and 1.98 while sta. deviations were .43, .48, and .14 (see table 5 above for more).

Table 6. One-Sample Test

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower	Upper
COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US	20.324	49	.000	1.24000	1.1174	1.3626
Mental Health Treatments' Accessibilities 2019	19.833	49	.000	1.36000	1.2222	1.4978
Mental Health Treatments' Accessibilities' in 2020	99.000	49	.000	1.98000	1.9398	2.0202

Table 6. Showed the One-Sample Test Sig. (2-tailed) outcomes and the significances were .000, .000, and .000 (see table 6 above for more).

Protests Results and Findings

Table 7. Descriptive Statistics Pretests

Statistics

		COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US	Mental Health Treatments' Accessibilities 2019	Mental Health Treatments' Accessibilities ' in 2020
N	Valid	42	42	42
	Missing	0	0	0
Mean		1.1429	1.6429	1.8810
Std. Error of Mean		.05465	.07483	.05058
Median		1.0000	2.0000	2.0000
Mode		1.00	2.00	2.00
Std. Deviation		.35417	.48497	.32777
Variance		.125	.235	.107
Skewness		2.118	-.619	-2.441
Std. Error of Skewness		.365	.365	.365
Kurtosis		2.606	-1.701	4.153
Std. Error of Kurtosis		.717	.717	.717
Range		1.00	1.00	1.00
Minimum		1.00	1.00	1.00
Maximum		2.00	2.00	2.00
Sum		48.00	69.00	79.00

Table 7. Showed a mean of 1.14 for US treatments' accessibilities for mental health clients among minorities, 1.64 mean in 2019 and 1.88 for 2020. Also, the sta. deviations were .35, .48, and .33 respectively for the US, 2019 and 2020 (see table 7 above for more).

Table 8.Frequencies Distributions for **COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US in 2019 and 2020**

COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mental Health Treatments' Accessibilities 2019	36	72.0	85.7	85.7
	Mental Health Treatments' Accessibilities in 2020	6	12.0	14.3	100.0
	Total	42	84.0	100.0	
Missing	System	0	0		
Total		42	100.0		

Table 8. Showed the frequencies distributions for Covid-19 pandemic treatments' accessibilities for mental health clients especially for minorities in the US and there were no missing numbers (see table 8 above for more).

Table 9. Mental Health Treatments' Accessibilities 2019

Mental Health Treatments' Accessibilities 2019

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	15	30.0	35.7	35.7
	Mental Health Treatments' Accessibilities 2019	27	54.0	64.3	100.0
	Total	42	84.0	100.0	
Missing	System	0	0		
Total		42	100.0		

Table 9. Showed the frequencies distributions for mental health accessibilities for mental health clients in 2019; N=42 and there were no missing numbers (see table 9 above for more).

Table 10. Mental Health Treatments' Accessibilities 2020

Mental Health Treatments' Accessibilities' in 2020

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	5	10.0	11.9	11.9
	2.00	37	74.0	88.1	100.0
	Total	42	84.0	100.0	
Missing	System	0	0		
Total		42	100.0		

Table 10. Showed the frequencies distributions for mental health accessibilities for mental health clients in 2020; N=42 and there were no missing numbers (see table 10 above for more).

Figure 4. Color Coded representation of COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in 2019 and 2020

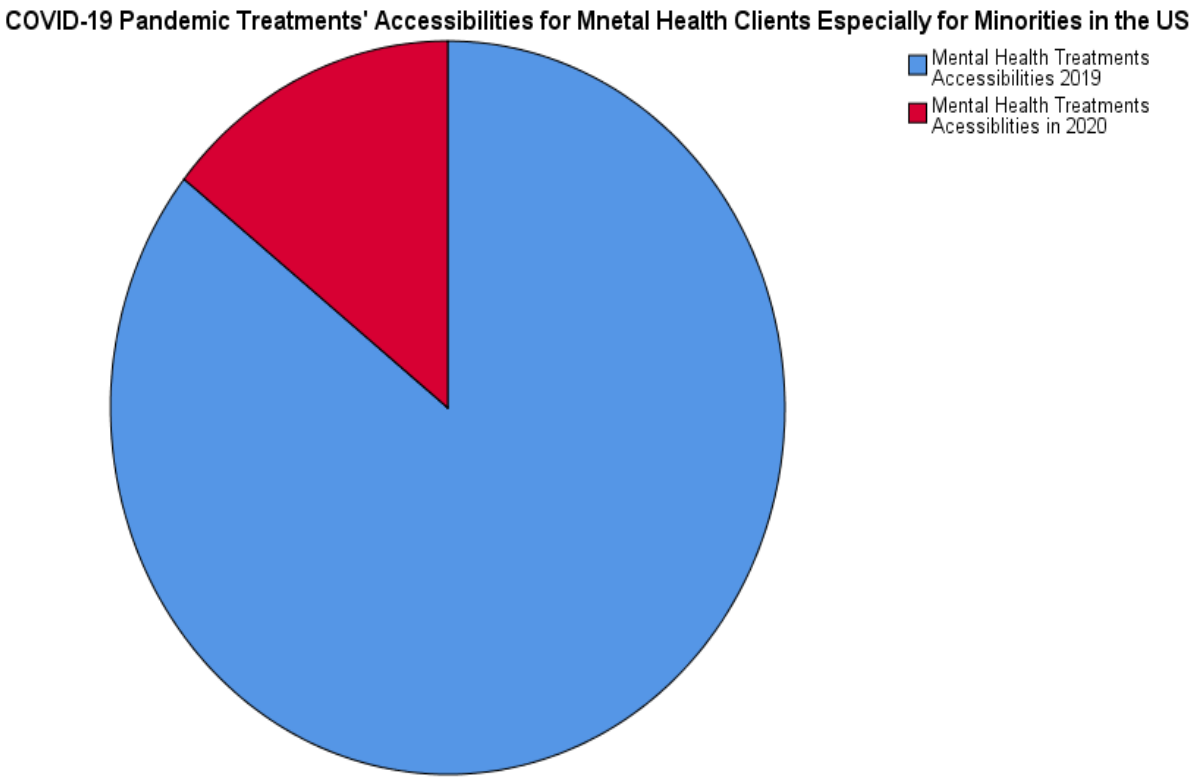

Figure 4. Showed the Color-Coded representation of COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in 2019 and 2020; dark red represented 2019 and blue represented 2020 (see Figure 4 above for more).

Figure 5. Color-Coded Mental Health Treatments' Accessibilities in 2019

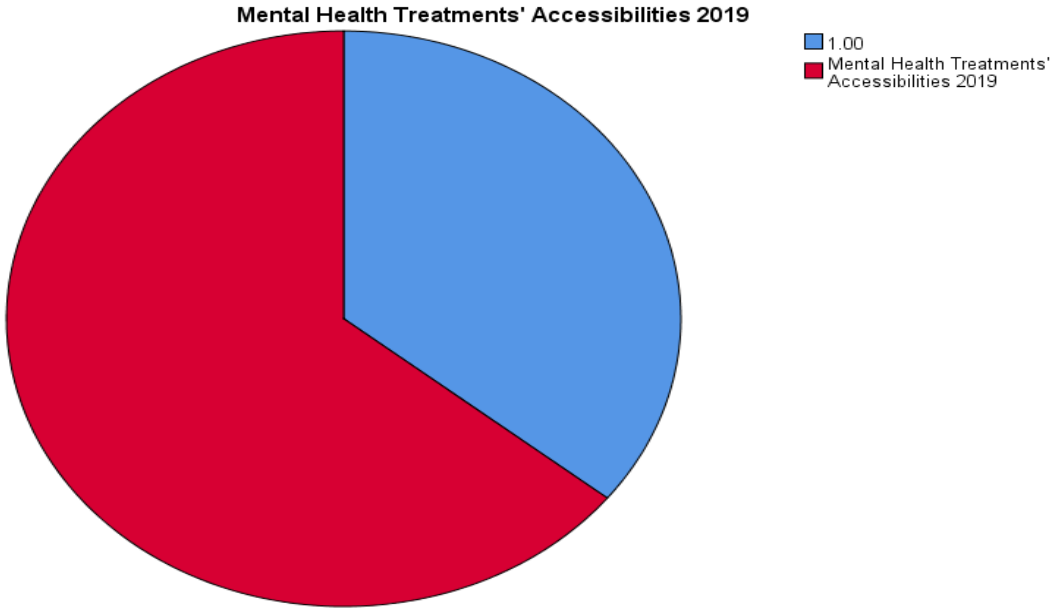

Figure 5. Showed the Color-Coded representation of Mental Health Treatments' Accessibilities in 2019 blue agreed and dark red disagreed (see figure 5 above for more).

Figure 6. Color-Coded Mental Health Treatments' Accessibilities in 2020

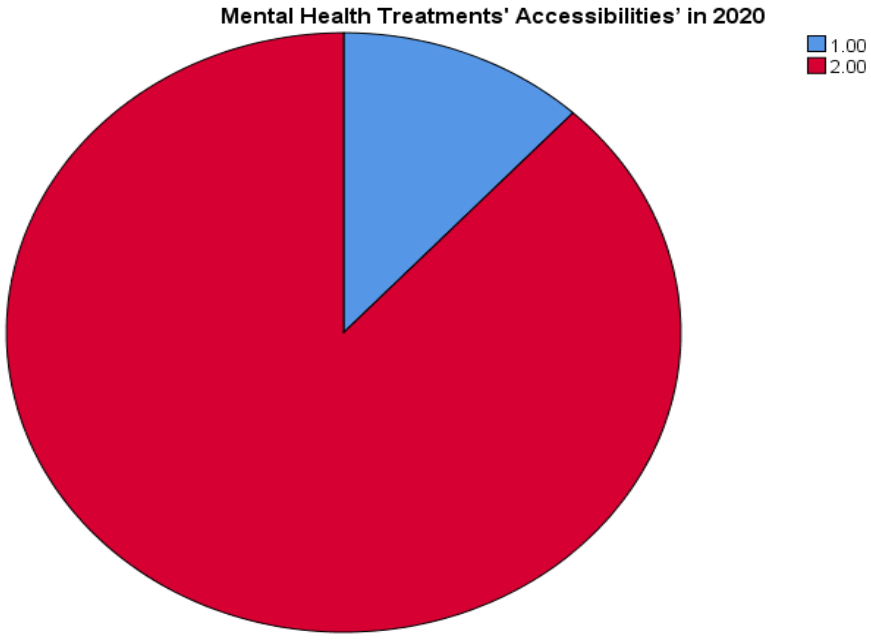

Figure 6. Showed the Color-Coded representation of Mental Health Treatments' Accessibilities in 2020 blue agreed and dark red disagreed (see figure 6 above for more).

Table 11. T-Test One-Sample Statistics

T-TestOne-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US	42	1.1429	.35417	.05465
Mental Health Treatments' Accessibilities 2019	42	1.6429	.48497	.07483
Mental Health Treatments' Accessibilities' in 2020	42	1.8810	.32777	.05058

Table 11. Showed the T-Test One-Sample Statistics N=42, means were 1.14, 1.64, and 1.88 while sta. deviations were .35, .48, and .33 (see table 11 above for more).

Table 12. One-Sample Test

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower	Upper
COVID-19 Pandemic Treatments' Accessibilities for Mental Health Clients Especially for Minorities in the US	20.913	41	.000	1.14286	1.0325	1.2532
Mental Health Treatments' Accessibilities 2019	21.954	41	.000	1.64286	1.4917	1.7940
Mental Health Treatments' Accessibilities' in 2020	37.191	41	.000	1.88095	1.7788	1.9831

Table 12. Showed the One-Sample Test Sig. (2-tailed) outcomes and the significances were .000, .000, and .000 (see table 12 above for more).

INTERPRETATION OF THE RESULTS/FINDINGS OF THE SUDY

In the pretests, the study found that there were significant differences correlations/relationships between the dependent and independent variables for mental health clients treatments' accessibilities between 2019 and 2020 especially in minorities in the US due to COVID-19 pandemic. For example, in 2019 and 2020 the pretests reviewed 38 out of 50 or 76% agreed that there were treatments' accessibilities as compared to 12 out of 50 or 24% disagreed. In 2019, the study found conversely, treatments' accessibilities analyses, the study found that 32 out of 50 or 64% agreed while 18 out 50 or 36 disagreed with treatments' accessibilities. In 2020 the study found that 1 out of 50 or 2% agreed while 48 out of 50 or 98% disagreed with treatments' accessibilities (see tables 1, 2, 3, & 4; and figures 1, 2, & 3 for more). The statistically significant differences indicated that there were profound correlations/relationships between the dependent and independent variables at .000, .000, and .000 or 100% correlations/relationships which indicated profound correlations/relationships as such the study rejected the null hypothesis and accepted the alternative hypothesis **(see tables 5, 6, & scorecard sample in the appendices for more).**

In the posttests, the study found that there were significant differences correlations/relationships between the dependent and independent variables for mental health clients treatments' accessibilities between 2019 and 2020 especially in minorities in the US due to COVID-19 pandemic. For example, in 2019 and 2020 the posttests reviewed 36 out of 42 or 86% agreed that there were treatments' accessibilities in 2019 as compared to 6 out 42 or 14% agreed the same year. In 2019, the study found that conversely, treatments' accessibilities analyses, the study found that 15 out of 42 or 36% agreed while 27 out 42 or 64% disagreed with treatments' accessibilities. In 2020 the study found that 5 out of 42 or 12% agreed while 37 out of 42 or 88% disagreed with treatments' accessibilities (see tables 7, 8, 9, &10; and figures 4, 5, &6 for more). The statistically significant differences indicated that there were profound relationships between the dependent and independent variables at .000, .000, and .000 or 100% correlations/relationships which indicated profound correlations/relationships as such the study rejected the null hypothesis and accepted the alternative hypothesis **(see tables 11, 12& scorecard sample in the appendices for more).**

IMPLICATIONS AND SIGNIFICANCE OF THE STUDY

This study showed several significance and implications to participants, researcher/s, healthcare practitioners and others in several ways.

1. The study showed the accessibilities' treatments for mental health clients especially minorities in the US were negatively compounded due to COVID-19 pandemic in 2020 and currently.
2. The study showed that while treatment accessibilities for mental health clients were proactively limited in the past, they are worst today due VOVID-19 pandemic
3. The study showed that programs and educational accessibilities tools can be effective in directing mental health clients to treatments' resources.
4. The study showed that unequivocal holistic approaches by all health care practitioners can be effective in addressing mental health clients' concerns and treatments.

5. Finally, the study showed that getting families members involved in the treatment modalities is a must as to be successful mental health treatments outcomes.

LIMITATIONS OF THE STUDY

This study exposed several limitations as discussed below;

1. The limited data which were analyzed in this showed lack of generalization of the study across the board.
2. The collected data were conducted with online Monkey Survey instrument which poses issues or reliabilities, credibility, and validities of the collected data.
3. The collected data were self-reported in the survey instruction which poses reliabilities and credibility issues
4. The study data were distance from the participants due to online data collections due to COVID-19 pandemic.
5. Finally, the scope of the study was small which could create additional limitations.

CONCLUTION AND DISCUSSION

In conclusion, this study shed some valuable lessons about the overwhelming lack of treatments' accessibilities for mental health clients in the US in general especially when dealing with minorities such as Blacks/African Americans and Hispanics in particular. The study showed that an already compounded issues such mental health treatments' accessibilities were made worst due to COVID-19 pandemic in 2020 and even currently. There is no doubt that mental health issues and new cases have more than tripled due to COVID-19 pandemic in late 2019, 2020, and 2021. Issues related Mental health have been blamed for current violent rise in domestic violence, suicides, alcoholism, substance abuses, opioid addictions robberies, burglaries, mass shootings, increase in purchases of assault rifles such as pistils and automatic military weapons which are not designed for the streets of America. These increases are directly tied to COVID-19 pandemic in the US. Studies upon studies obtained from CDC among others have shown that there are direct correlations/relationship between COVID-19 pandemic and preventable un-presidential increases of violent criminal behavior in the US. Unfortunately, majority of deaths among minorities especially among Blacks/African Americans and Hispanics were blamed on preexisting underlying health conditions; which technically undermined the actual cause of deaths documentations across the board. This methodology undermined the actual counts of deaths from COVID-19 pandemic in the US. Despite the above, political interests, personal interests, interpersonal interests, along with immediate financial individualized or generalized financial interests have created some unseen some internal interval statistical insignificant, irresponsible, or responsible, insignificant versus significant, inconveniences versus conveniences indifferences statistical insignificant indifferences between unequivocal ways to successfully tackle COVD-19 pandemic across the board.

This study underscored that COVID-19 pandemic has exposed all the disparities between races' correlations/relationships in the US for the world to see and analyze. Issues such as unnecessary police brutalities which were hidden and now exposed for the world to see and analyze for themselves. Issues such roads or airports' rages have been exposed to the world to see and analyze for themselves. **There is no doubt that COVID-19 is a "symmetric quagmire" for the world to tackle with possibly for years to come.** In fact, COVID-19 pandemic

has created a new normal for the US and the world to reevaluate where we go from here as we all continue to tackle this historic pandemic known as COVID-19 pandemic in the final analyses. It is sad to state that many will be sick, many hospitalized, and will eventually die until we reconcile all our internal intervals' statistical insignificances differences between us; because the primary job of any politician is to protect lives and not to take lives at any levels. In fact, COVID-19 pandemic is a chemical catalyst of violence in the US today. The study suggests that politicians should follow the sciences results and tell the outcomes' truths and do not demand the social scientific outcomes to follow them; because politicians are not proven social scientific researchers in any formats. Cut off the lies the implications of COVID-19 because too many innocent minorities souls especially Blacks/African Americans along with Hispanics have met some unimaginable sad deaths from COVID-19 pandemic in the US. Overall, the study found that there were significant statistical differences between "no intervention and educational program versus intervention educational program applications" based on the data analyzed in this study. **In summation, the findings and the results of this study should assist mental health clients, health care practitioners, and mental health families' members, which should eventually bring some "POSITIVE SOCIAL CHANGES" to all; as we continue to tackle COVID-19 pandemic about the treatments' accessibilities for mental health clients across the board in the US.**

RECOMMENDATIONS OF THE STUDY

This study recommends the followings as to be able to maintain and sustain the noted changes based on its findings/results.

1. The study recommends that locals, districts, states, and federal entities need to be proactively involved in addressing issues of mental health clients in general.
2. Holistically proactive applications are must as to be sustainable in the future due to COVD-19 pandemic.
3. Holistically interventions by health care practitioners are effective prescriptions as to effectively treat mental health clients across the board.
4. The study recommends that clients' parents, family, and significant others should be involved as to achieve some positive outcomes from mental health treatments and accessibilities in the US.
5. Finally, the study recommends to all involved in the mental health treatments modalities should be mindful about the unequivocal rise of mental health issues and new cases due to COVID-19 pandemic.

ACKNOWLEDGEMENTS

This study was self-funded, and we thank all the participants especially those who openly completed the measurements instructions and their participation in the interventions' processes.

CONFLICT OF INTERESTS

We share no conflict of interests in this study

REFERENCES

1. Anandappa, M., Boakye, E. A., Zeng, W., Rebmann, R., & Chang J. J. (2018) Racial disparities in vaccination for seasonal influenza in early childhood. *Public Health Reports.* 2018;158:1-8. DOI: https://doi.org/10.1016/j.puhe.2018.01.030external icon
2. Atatah, P.E., Kisavi-Atatah, C. W. and Branch-Vital, A. (2016) Classification: The Analyses of the Psychometric Performances' Effects on the Special Needs Offenders Program. *Open Journal of Social Sciences, 4,* 198-216. http://dx.doi.org/10.4236/jss.2016.4502
3. Atatah et al. (2020). "Underlying Health Conditions Three" Analyses of Underlying Health Conditions Among Minorities' Children in Southwest Houston, Texas and The Roles Parents Play to Complicate the Inabilities to Control Them. Available at http://www.ijahss.com/vol5-issue9.html
4. Atatah et al. (2021). "Coronavirus COVID-19 Pandemic One" Globalization 4 Analyses of the Races Relationship Implications and Review of Vaccines" Confidences Levels Implications Among Blacks/African Americans in the US. Available at https://www.nairjc.com/assets/img/issue/IBYMFS_3uBcb8_wsEh22_XMKYV9_225095.pdf
5. Berger, P.L. & Luckmann, T. (1966). The Social Construction of Reality: A Treatise in the Sociology of Knowledge. New York. Doubleday & Company; 1966
6. Cordes, J. & Castro, M. C. (2020). Spatial Analysis of COVID-19 Clusters and Contextual Factors in New York City. Spat Spatiotemporal Epidemiol. 2020; 34:100355. DOI: https://dx.doi.org/10.1016%2Fj.sste.2020.100355external icon
7. Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A. & Singh, A. (2017). Household Food Insecurity in the United States in 2016. *USDA-ERS Economic Research Report No.* (ERR-237). 2017.
8. Center for Disease Control and Prevention (CDC). (2021). Unintended Consequences of COVID-19 Mitigation Strategies https://search.legalboulevard.com/serp?q=Unintended+Consequences+of+COVID-19+Mitigation+Strategies&sc=YZTruafuO09o10
9. Czeisler, M. É., Marynak, K. & Clarke KE, et al. (2020). *Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. MMWR Morb Mortal Wkly Rep 2020; 69:*1250–1257. DOI: http://dx.doi.org/10.15585/mmwr.mm6936a4external icon.
10. Czeisler, M. E., Lane, R. I. & Petrosky E, et al. (2020*). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020. MMWR Morb Mortal Wkly Rep.* 2020; 69:1049-1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.
11. Drennan, C. R., Coleman, S. M. & de Cuba S. E et al. (2019). Food Insecurity, Health, and Development in Children Under Age Four Years. *Pediatrics.* 2019;144(4): e20190824. DOI: https://doi.org/10.1542/peds.2019-0824external icon
12. Economic Policy Institute. (2020). *Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus-Racism and Economic* Inequality [online]. 2020 [cited 2020 Jun 28]. Available from URL: https://www.epi.org/publication/black-workers-covid/external icon
13. Fitzpatrick, K. M., & Harris, C., Drawve, G. (2020). Living in the Midst of Fear: Depressive Symptomatology among US Adults During the COVID-19 *Pandemic. Depression and Anxiety.* 2020;1-8. DOI: https://doi.org/10.1002/da.23080external icon.

14. Kisavi-Atatah et al. (2020). "Underlying Health Conditions One" Analyses of Underlying Health Conditions Among Minorities' Children in Southwest Houston, Texas and The Roles Parents Play to Complicate the Inabilities to Control Them. Available at http://www.nairjc.com/setup/social-science-humanities/ssh826.pdf
15. Kisavi-Atatah et al. (2020). "Underlying Health Conditions Two" Analyses of Underlying Health Conditions Among Minorities' Children in Southwest Houston, Texas and The Roles Parents Play to Complicate the Inabilities to Control Them. Available at http://www.ijahss.com/vol5-issue9.html
16. Santoli, J. M., Lindley, M. C. & DeSilva, M. B et al. (2020*). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration – United States*, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:591-593. DOI: http://dx.doi.org/10.15585/mmwr.mm6919e2external icon.
17. Simons, R. L., Lei, M. K. & Beach SRH, et al. (2018). Discrimination, Segregation, and Chronic Inflammation: Testing the Weathering Explanation for the Poor Health of Black Americans. Dev Psychol. 2018;54(10):1993-2006. DOI: https://doi.org/10.1037/dev0000511external icon
18. South, A. M., Palakshappa, D. & Brown, C. L. (2019). Relationship Between Food Insecurity and High Blood Pressure in a National Sample of Children and Adolescents. *Pediatr Nephrol.* 2019;34(9):1583-1590. DOI: https://doi.org/10.1007/s00467-019-04253-3external icon
19. Liu, C. H., Zhang, E. & Wong GTF et al. (2020). Factors Associated with Depression, Anxiety, and PTSD Symptomatology during the COVID-19 *Pandemic: Clinical Implications for U.S. Young Adult Mental Health. Psychiatry Research.* 2020;290. DOI: https://doi.org/10.1016/j.psychres.2020.113172external icon
20. Millet, G. A., Jones, A. T. & Benkeser D, et al. (2020). Assessing Differential Impacts of COVID-19 on Black Communities. *Ann Epidemiol.* 2020;47:37-44. DOI: https://doi.org/10.1016/j.annepidem.2020.05.003external icon
21. Nord, M., Andrews, M. & Carlson, S. (2006). Household Food Security in the United States, 2005 [Internet]. Washington: *USDA Economic Research Service;* 2006 [cited 2020 Aug 27]. Report No.: ERR-29. Available from URL: https://www.ers.usda.gov/webdocs/publications/45655/29206_err29_002.pdf?v=41334 pdf icon[PDF – 880 KB]external icon
22. Paradies, Y. A. (2006). Systematic Review of Empirical Research on Self-reported Racism and Health. *Int J Epidemiol.* 2006; 35(4):888–901. DOI: https://doi.org/10.1093/ije/dyl056external icon
23. Price-Haygood, E. G. & Burton J, et al., (2020). Hospitalization and Mortality among Black Patients and White Patients with Covid-19. *N Engl J Med.* 2020. DOI: https://doi.org/10.1056/NEJMsa2011686external icon
24. United States Census Bureau. (2020). *Household Pulse Survey Data Tables [Week 12 Household Pulse Survey: July 16 – July 21 and Week 1 Household Pulse Survey: April 23 – May 5]. 2020 [cited 2020 Aug 27].* Available from URL: https://www.census.gov/data/tables/2020/demo/hhp/hhp1.html#techdocexternal icon.
25. Peng-jun, L., O'Halloran, A. & Williams W W et al. (2020). Racial and Ethnic Disparities in Vaccination Coverage among Adult Populations. *Am J Prev Med.* 2020; 49 (6 Suppl 4): S412-S415.DOI: https://doi.org/10.1016/j.amepre.2015.03.005external icon
26. Verdery, A. M., Smith-Greenaway, E., Margolis, R. & Daw, J. (2020). *Tracking the Reach of COVID-19 Kin Loss with a Bereavement Multiplier Applied to the United States. Proceedings of the National Academy of Sciences of the United States of America.* 2020; 10:10. DOI: https://doi.org/10.1073/pnas.2007476117external icon.

27. Walker, A. T., Smith, P. J. & Kolasa, M. (1995-2011). Reduction of Racial/Ethnic Disparities in Vaccination Coverage, 1995-2011. MMWR Morb Mortal Wkly Rep Supplements. 2014;63(01):7-12. Available from URL: https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a3.htm.
28. Wolfson, J. A. & Leung, C. W. (2020). Food Insecurity and COVID-19: Disparities in Early Effects for US Adults. *Nutrients.* 2020; 12:1648. https://doi.org/10.3390/nu12061648external icon

APPENDICES

Scorecard 1: COVID-19 pandemic treatments' accessibilities for mental health clients' pretests sample

	Agreed	Disagreed
1. "**Do you agree or disagree that your mental health treatments' accessibilities outcomes were better or worst between June and December 2019?"**	**1**	**1**

	Agreed	Disagreed
2. "Do you agree or disagree that your mental health treatments' accessibilities outcomes were better or worst between June and December 2020?"	**1**	**1**

	Yes	No
3. "Did you have any assistance or education as to improve your mental health treatments' accessibilities facilities outcomes during both years?"	**1**	**1**

Scorecard 1: COVID-19 pandemic treatments' accessibilities for mental health clients' posttests Sample

	Agreed	Disagreed
1. "**Do you agree or disagree that your mental health treatments' accessibilities outcomes were better or worst between June and December 2019?"**	**1**	**1**

	Agreed	Disagreed
2. "Do you agree or disagree that your mental health treatments' accessibilities outcomes were better or worst between June and December 2020?"	**1**	**1**

	Yes	No
3. "Did you have any assistance or education as to improve your mental health treatments' accessibilities facilities outcomes during both years?"	**1**	**1**