5-2022

THE IMPACT OF COVID-19 ON SCHOOL-AGED CHILDREN'S MENTAL HEALTH: MIXED-METHOD STUDY OF FAMILIES IN SOUTHERN CALIFORNIA

Christina Williams

THE IMPACT OF COVID-19 ON SCHOOL-AGED CHILDREN'S MENTAL

HEALTH: MIXED-METHOD STUDY OF FAMILIES IN SOUTHERN CALIFORNIA

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Christina Annette Williams

May 2022

THE IMPACT OF COVID-19 ON SCHOOL-AGED CHILDREN'S MENTAL

HEALTH: MIXED-METHOD STUDY OF FAMILIES IN SOUTHERN CALIFORNIA

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

by

Christina Annette Williams

May 2022

Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

Dr. Laurie Smith, M.S.W. Research Coordinator

ABSTRACT

On March 13, 2020, the director of Services to Students with Disabilities came out of the office and stated the employees and students were not returning to school effective immediately due to the world's shutdown over COVID-19. COVID-19 swiftly created panic causing toilet paper and water to be rationed, but who really took the time to think about how this would affect school-aged children and their families. How does shutting down in-person learning and household dynamics change when a disease taking the lives of almost a million people sweeps across the United States of America. Were parents ready to teach their children at home, and would their family survive on one income since mom or dad lost their job due to the closures of hundreds and thousands of facilities? What about the mom, dad, aunt, uncle, grandmother, grandfather, friend, cousin, or teacher who did not know COVID-19 would be the last thing they experience. Any one of these events has impacted every single person in this country. Now it is time to see the real impacts of COVID-19 now that we are trying to return to normalcy, and how we can move forward with a more effective plan to deal with a global pandemic. Findings related to this research include understanding stressors like anxiety, worry, lack of social interaction or social development, and the need for mental health services to supplement the effects of COVID-19 on school-aged children and their families. These findings are discussed in the context of Maslow's Hierarchy of needs through research, and recommendations for social work practice.

ACKNOWLEDGEMENTS

First, I would like to acknowledge the love, favor, grace, and mercy God has given me throughout this process. I am truly grateful for this experience and appreciate every tear, consultation, and lenience of the faculty, staff, and cohort throughout this amazing journey. No words can ever express how fortunate I am to be a part of such an amazing school, with beautiful people, and a faculty who truly inspires you to think, grow and succeed.

Acknowledging first, Dr. Carolyn McAllister for her leadership and diligence in developing a program that I could be the first to graduate from. Her motivation, mentorship, and positivity inspire me to continue believing anything is possible. She is the epitome of girl power, awesome sauce, and the equivalent of a cool breeze and jazz music.

I would like to acknowledge Dr. Rigaud Joseph for leading us through the labyrinth of mastering social work. I have never met a more patient, clarifying, and understanding professor in my life. His leadership, kindness, and knowledge in research gave me the tools I need to feel confident in completing this research.

Last, I would like to acknowledge my mother, who believed in my five-year plan. Although the road was tough, my mother never stopped supporting me. I believed in myself because I saw my mother persevere. She raised me as a single mother, and so I believed I could do anything regardless of being a single mother.

DEDICATION

The inspiration behind this work stemmed from my own experience with COVID-19. COVID-19 rocked my world in more ways than one, and since my internship afforded me the opportunity to see the effects on families and the school system, I jumped at the chance to understand how it not only affected my family but the families around me. Thus, I dedicate this work to my children. They were at times, my reason for living. I could not have gotten this far without their love, patience, care, understanding, and compromise to everything we experienced throughout this journey. My children are the ones who deserve this degree just as much as I do, for, without them, this journey would be incomplete. My children taught me that growth, change, and vulnerability are strengths we can all choose to possess. They taught me that love is not just extended to the ones we live with, work with, or work for, but love must be extended to the ones we do not know, the ones who are disadvantaged, and the ones who look like they do not need it but really do. My children inspired me to persevere when I wanted to give up and for that, I dedicate this work to them, the reason why I understand the meaning of life.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE:

PROBLEM FORMULATION

Introduction

Mental Health is an ongoing focus during the development of school-aged children (SAC) and families in the education system. According to the Center for Disease Control and Prevention (CDC) (2018), mental health includes emotional, psychological, and social well-being. Ultimately, mental health affects how a person thinks, feels, and acts. In SAC, mental health can determine the success of children throughout grade school and into adulthood. Working for the Royal College of Pediatrics and Child Health (RCPCH) Glasper (2020) found that 83% of young people said their mental health has worsened during COVID-19 (Glasper, 2020). A 2015 Census stated, there were 74.5 million students in the United States and of that 74.5 million, only 17.1 million students were diagnosed with a mental impairment under the age of 18, yet staggeringly 22% of adolescents are diagnosed before adulthood (Child Mind Institute, 2015). Seeing the negative impacts COVID-19 has already had on the country as a whole when trickled down into the school systems, there are current and post disadvantages COVID-19 leaves on school systems across the globe. Initially, mental health impedes success among SAC and families causing tremendous damage to the academic success of children and the cohesiveness of families in the education system.

Scope, Cause, Impact

Individually, COVID-19 separated SAC from the social aspect of development, but also ignited a challenge in the social structure of the family when faced with unforeseen circumstances related to COVID-19. What happens when a child loses both or its sole primary parent? When a child is faced to be a ward of the state in foster care or forced to live with family members due to the loss of their parent from COVID-19, how is that child's mental health impacted? Better yet, is the mental health impact on the student so profound they are no longer interested in school? Although the scenarios mentioned previously are some of the worst-case scenarios due to COVID-19, it is not the only one to happen in almost two years of dealing with the pandemic. School-aged children have not just lost a parent, a sibling, a grandmother, or grandfather; they have lost friends, cousins, aunts, uncles, and sometimes teachers. What happens to the family's well-being when faced with unpredicted situations? Moreover, are the children and families connected to the services necessary to keep them motivated to succeed in school and life? The need for Mental Health services within school systems has never been more needed than today. Adverse Childhood Experiences (ACEs) seek to identify and educate people about the different types of traumas in children. Trauma can be related to the loss of a family member, a change of atmosphere in the home, and a pandemic changing the way families are structured (Centers for Disease Control and Prevention, 2021). As a result of these changes, children are often overlooked in ways to

cope with the ever-changing atmosphere around them. As of 2018, there are at least 257 school-based health care centers in California serving over 270,000 students, compared to the state's total of over 6 million students enrolled in K-12 (Washburn, 2018). There is an unprecedented need to address the mental health of school-aged children to improve academic success post-COVID-19. Additionally, addressing families dealing with mental health concerns is at the forefront of the demand to address mental health. The plan to address these problems starts with the analysis of the main problems affecting students in the classroom so the need can be seen. Some of the needs are hyperactivity, attention deficit disorder, social anxiety, adjustment disorders, and operational defiant disorder. When measuring the prevalence before, during, and after the pandemic, the evidence should express the need for more school-based mental health departments.

Intervention

The expressed need of mental health departments in education systems is centered on more than just what people observe in the environment, but the understanding of treatment and preventative measures to address those needs. The National Mental Health Act is a law supporting the research and was inoculated on July 3, 1946, in an attempt to amend the Public Health Service Act, providing research relating to psychiatric disorders and aid in the development of more effective methods of prevention, diagnosis, and treatment of such

disorders, and for other purposes (National Institute of Mental Health, 2017).

Furthermore, within the Children's Health Act of 2000, Division B, Title XXXI of

Provisions Relating to Services for Children and Adolescents says the Secretary

awards grants to further research and development of programs focusing on

behavioral and the biological aspects of psychological trauma responses

(Bilirakis, 2000). In other words, researchers have the right to research and

develop programs addressing the issues people are dealing with, which relates

to the effects of mental health on SAC and families in the education system.

Considering the state, the country is in right now it faces one of the most difficult

times, getting back on track to what is perceived to be normal. The new normal

means implementing programs and utilizing treatments as a priority when

addressing the needs of mental health in SAC and families. Immense efforts to

address the adverse mental health effects of COVID-19 on SAC and families are

essential as schools transition to in-person instruction.

Treatments

Corresponding with the efforts to address adverse mental health effects of

COVID-19, are the treatments necessary to prevent or concentrate on Adverse

Childhood Experiences (ACEs). According to the Center for Disease Control

(CDC), ACEs have a major impact on future violence victimization and

perpetration, and lifelong health and opportunity (Beckmann, 2017). ACEs are

brought on by several circumstances including experiencing violence, abuse

neglect, witnessing violence in the home or community, and having a member

attempt or die by suicide. Additionally, being exposed to parents or guardians

experiencing dealing with substance abuse, mental health problems, and

instability due to parental separation or household members being in jail or prison

(Centers for Disease Control and Prevention, 2021). When a child experiences

adverse circumstances, it can change the trajectory of the child's life if not

treated, causing the long-term effects of those experiences to deviate the child

from a successful life, which in turn, creates adults incapable of functioning in

society. Additionally, the struggles related to ACEs may not be present in the

virtual setting, and upon returning to school, teachers, adults, and other faculty or

staff are capable of assessing these struggles and addressing them.

Purpose, Rationale, and Significance

The purpose of this study is to explore the impact of COVID-19 on mental health

in SAC and families in southern California. This study was carried out under the

following two research questions:

> 1) How does COVID-19 affect the mental of school-aged children and their
> families in Southern California?
>
> 2) To what extent has Covid-19 impacted the mental health of school-
> aged children and their families in Southern California?
>
> Despite the implementation of several interventions, mental health

remains a rampant issue in the K-12 system. Research on the impacts of

COVID-19 is arguably understudied, especially in southern California.

5

Furthermore, social workers have an ethical obligation to address social problems (NASW, 2021). According to the National Association of Social Workers Code of Ethics, the goal of social workers seeks to "enhance human well-being and help meet the basic human needs of all people (NASW, 2017, p.1). The findings from this study will provide insight into the importance of continued studies on the long-term impacts of mental health in society related to life-changing circumstances. Moreover, the continued exploration of the impacts of COVID-19 on the mental health of SAC is a staple for research related to the long-term effects of global pandemics. Furthermore, information from this study will encourage the necessity of mental health departments in educational systems to address mental health concerns among SAC and families.

CHAPTER TWO:

LITERATURE REVIEW

Introduction

One of the essential components of research is the analysis of researched materials related to the topic. Featured in this section are the theories and literature related to the impact of COVID-19 on school-aged children's mental health. This section will feature a complete synthesis of the literature including the limitations of existing studies, synthesis of theoretical perspectives guiding the research, and critical analysis of the theoretical perspective guiding this research. Fortunately, this analysis has the assistance of the Literature Review table and the Theory Evaluation Scale (TES) to assist in the process of analyzing the literature.

Synthesis of Literature

Concentrating on the impacts of COVID-19 on school-aged children's mental health is a necessary study. A necessary topic requires the support of similar research as a means to justify the continued research on this topic. Incorporating sound research is necessary for this topic as it provides additional insight into the impacts of this region. Fortunately, the research featured in this segment will provide a sound understanding of the impacts on this country and others.

As the impacts of COVID-19 continue to manifest, so is the need for research related to understanding those impacts. The first research related to the impact of COVID-19 on school-aged children comes from Daniela Fontenelle-Tereshchuk. Fontenelle-Tereshchuk's (2021) topic is, "Mental health and the COVID-19 crisis: The hopes and concerns for children as schools re-open." The purpose of this study was to understand how the pandemic affected education and the burden on children. The methods used in this study were Qualitative focus groups and interviews of 40 parents of children attending elementary school. The study incorporated multiple forms of analysis including bivariate, chi-square tests, and exploratory analysis. The study was conducted in Alberta, Canada, and provides insights from a non-United States soil perspective. The key findings related to this study revealed mental health as one of the main concerns of impacts of COVID-19 during the temporary closure of schools, social interactions were limited, in-person interaction with teachers and students affected the emotional and academic support, resulting in a lack of quality education with lessened academic support (Fontenelle-Tereshchuk, 2021). Additionally, results showed when utilizing a blended or hybrid approach to returning to in-person education, parents were concerned about the quality of education and the effects of mental health on children's social development; and an increase in COVID-19 cases may result in returning to in-home schooling after having the opportunity to return in-person (Fontenelle-Tereshchuk, 2021). Since one in every six children between the ages of 2- 8 years old has some form of

mental, behavioral, or developmental disorder, as the children's age increases, so does the likelihood to experience the before-mentioned mental health concerns. (Ghandour et al., 2018). While this study provides the perspective of the parent, it is necessary to understand the perspective of the students.

Adding to the content of the literature review is a native soil study. The "Impact of COVID-19 Pandemic on the Mental Health of Students From 2 Semi-Rural High Schools in Georgia," introduced by, Gazmararian et. al., assisted a different perspective of the study. The point of this study was to understand the impact of COVID-19 on adolescents. The methods used during this study included a cross-sectional COVID-19 survey with diverse socioeconomic demographic students between the 9th and 12th grades, for a total of 761 students participating in this study. This study found that ¼ of students were concerned about the pandemic, 47% worried about themselves or someone close to them being infected (Gazmararian et. al, 2021). The study found that 1/3 of students felt nervous/ anxious or depressed, 43% felt lonely/isolated; while another 1/3 of students were concerned about family financial disparities, and 40% of students had difficulty adjusting to living at home during lockdown (Gazmararian et. al, 2021). This study offers information on the perspective of adolescents on native soil, but we must still consider the additional insight of SAC and families in a different country to gain global insight into this research.

Along with the previous study surveying students within our continent, is additional research studying more adolescents. The next study related to

understanding the impact on adolescents is, COVID-19 and Student Well-Being: Stress and Mental Health during Return-to-School, conducted by Schwartz et. al (2021). The existing study was completed in Alberta, Canada as well. The information was collected from 2 public schools and 2 private catholic schools between the ages of 12-18 years of age. The methods used were conducted through online surveying using the Child Revised Impact of Event Scale (CRIES), and Behavior Intervention Monitoring Assessment System (BIMAS-2). Information collected displayed the correlation between males and female, as well as the older youth compared to younger youth. The females and older youth reported higher scores on the measure of negative effects on cognitive behavior, and older youth reported fewer conduct behaviors than younger youth, although females reported higher conduct behaviors than males despite being the male as a predictor of higher conduct scores. An additional report supports the idea that when separated by gender, girls are less likely than boys to have a mental, behavioral, or developmental disorder (Ghandour et al., 2018). Along with COVID-19 exist, there will be continued research to provide an understanding of the impacts as well as the limitations of this research.

<div align="center">Existing Studies Limitations</div>

Information related to the impact of COVID-19 is a continued research subject but keeping in mind the limitations of research is important when addressing additional tools needed for further research. Since limitations exist in previous

studies, this research hopes to address future possibilities of research based on the following limitations. When analyzing previous research, the studies all indicated a need to incorporate elementary-aged participants, and parents. A trend amongst all of the studies was a lack of theory to explain the paradigms existing between the participants and the communities. Two of the studies did the student-based analysis, while the other study conducted a parent-based analysis. While recognizing a need to study students understanding the impact of the family as a whole allows learning more about the dynamics of the family and how they contribute to the overall outlook on the effects of COVID-19. Finally, the methodology of qualitative and quantitative research and the location of southern California allow additional research from a different area of the country.

<div align="center">Synthesis of Theoretical Perspectives</div>

Much of the research depends on the analysis and critique of previous research. Comprehension of the impacts of COVID-19 on SAC and families requires an in-depth perspective of theories explaining the necessity of this research. The theories closely related to comprehending the relationship between the variables of this research are Ecological Systems Theory, Transactional Stress & Coping Theory, and Vulnerability & Role of the Government Theory. Analyzing these theories develops expanded insight on the importance of this research and how the variables intertwine to tell a story for future researchers to understand. Theories also provide a means to understand

how to address the problems associated with the research. Additionally, the theories are a way of explaining the need for supporting interventions to address the global crisis people are experiencing.

Amid the impacts of COVID-19 on the mental health of children in southern California, are the theories associated with the conflicts in question. The first theory supporting ideas related to this concern is Bronfenbrenner's Ecological Systems Theory. The system was founded in 1974 and is meant to explain the dynamic interactions environments have on the developing child (Guy-Evans, 2020). The Ecological Systems Theory has five systems explaining the relationships between the dynamics of the environments. The Chronosystem is changes occurring over life's course (Guy-Evans, 2020). Macrosystems are the attitudes and ideologies of the culture around the child (Guy-Evans, 2020). The Exosystem consists of the family members and neighbors within the community (Guy-Evans, 2020). The microsystem is the immediate environment of the child including the parents, siblings, teachers, and school peers (Guy-Evans, 2020). Mesosystem seems to be the most important as there are interactions between the microsystem's meaning the parent to teacher relationship, and the peers to siblings, relationships (Guy-Evans,2020). This theory is important to the research considering the provision of insight on how COVID-19, a chronosystem, affects the macro, Exo, and microsystems all while changing the mesosystem as a whole. For example, a social high-schooler who experiences no in-person contact with friends, teachers, and neighbors is heavily

affected by their ecological systems. Along with the Ecological Systems Theory are additional theories supporting this idea.

When considering theories related to this research, Lazarus and Folkman's Transactional Stress and Coping Theory is essential in defining the relationships in mental health while dealing with COVID-19. According to this theory, people are always evaluating stimuli within their environment (Biggs et. al., 2017). Analyzing Lazarus and Folkman's research pertains to understanding how cognitive appraisal works. Appraising involves placing events or stimuli in two categories. The first category is the individual personal agenda, which includes a person's values, goals, and beliefs; while the other category involves environmental factors including a person's demands and resources (Biggs et. al., 2017). After committing to the type of cognitive appraisal necessary to analyze the stimuli or event, a person uses one and/or two methods to handle the event or stimuli (Biggs et. al., 2017). These methods are called problem-focused and emotion-focused coping. Problem-focused coping relates to the coping strategies meant to manage the stressor; while emotion-focused coping, deals with regulating the emotions arising as a result of the stressful event (Lazarus and Folkman, 1984). Results from this study indicate positive outcomes when people utilize the problem-focused coping strategy rather than emotion-focused coping strategies. Recognizing the importance of this research, expounding on this theory as a point of reference is essential when comprehending the relationship between the variables. Evaluating the ways, a person copes when facing

stressful stimuli is one thing, but having the resources to manage those stressful stimuli is another.

Providentially, there are theories related to evaluating, addressing, and solving the impacts of COVID-19 on the mental health of SAC and families, starting with the theories related to vulnerability. According to Fineman's Vulnerability Theory and the Role of Government, it is the state's local government's responsibility to answer the call of human's inherent vulnerability by providing equal access to societal institutions that distribute resources (Kohn, 2014). The COVID-19 pandemic places everyone in a vulnerable position, and as a result, has implemented numerous policies addressing homelessness, hunger, rental assistance, and financial stability. Given the current conditions of students being in-person in the educational system and parents returning to work, the Vulnerability Theory and the Role of the Government is a key component to defining how this research can be implemented on a broader scale.

Critical Analysis of Theoretical Perspectives

In agreement with the necessity of theories related to this research is the critical analysis of these theories. Auspiciously, there is an instrument by which theories are analyzed relating to research. Drs. Rigaud Joseph and Mark J. Macgowan created the Theory Evaluation Scale (TES) (2019), as a tool for analyzing social work theories. TES is the only tool being used in social work as an analysis of social work theories. TES utilizes several categories to analyze

social work theories including, "whether the theory has coherence if the theory has conceptual clarity, the theory outlines and explains its philosophical assumptions, does the theory describes its historical roots in connection with previous research, can the theory be tested and proven false via observational and experimental methods, has the theory been critically tested and validate through empirical evidence, does the theory explains its boundaries or limitation, can the theory account for the systems within with individuals interact with people around them, and does the theory recognize humans as active agents within their environments" (Joseph & Macgowan, 2019). For each of these categories, there is an s from 1-5 grading from the lowest of one, to the highest of 5; and calculating the total score, grading on the following collective ranges of 1-10 as Poor, 11-19 as Fair, 20-29 as Good, and 30-45 as Excellent (Joseph & Macgowan, 2019). The focus of TES is to assess the shortcomings associated with using social work theories to provide insight on potential alternatives where shortcomings exist in the theories. Ultimately, the analysis creates a well-round understanding of theories used to address research and the theories necessary to address social problems.

The theories related to the Impact of COVID-19 on School-aged Children's Mental Health are analyzed within this research. The theories are Ecological Systems Theory (EST), Transactional Stress & Coping Theory (TSCT), and Vulnerability and Role of Government Theory (VT). These theories were chosen

Table 1.

Critical Analysis of the Ecological Systems Theory, the Transactional Stress,
and Coping Theory, and the Vulnerability and Role Government Theory
with Joseph and Macgowan's Theory Evaluation Scale (TES)

Criteria	*Description*	*Score*		
		EST*	*TCST***	*VT****
1	The theory has coherence.	5	5	5
2	The theory has conceptual clarity.	5	5	5
3	The theory clearly outlines and explains its philosophical assumptions.	3	3	3
4	The theory describes its historical roots in connection with previous research.	5	5	5
5	The theory can be tested and proven false via observational and experimental methods.	3	1	2
6	The theory has been critically tested and validated through empirical evidence.	2	1	1
7	The theory explains its boundaries or limitations.	3	1	3
8	The theory accounts for the systems within which individuals interact with people around them.	5	5	5
9	The theory recognizes humans as active agents within their environment.	5	5	2
Overall score		**36**	**31**	**31**

Theory quality based on overall TES score: Excellent for Ecological Systems Theory
Theory quality based on overall TES score: Excellent for Transactional Stress & Coping Theory
Theory quality based on overall TES score: Excellent for Vulnerability & Role of Government
  Theory

*Ecological Systems Theory
**Transactional Stress & Coping Theory
***Vulnerability & Role of Government Theory

because of their significance to the research. Table 1 shows how each theory is

graded in each category.

Based on the information in the figure above, analysis of the effectiveness

of each theory as it relates to the research is made. EST scored Excellent based

on the overall score of 36 on a collective scale of 1-45 points. EST's highest

scores were incoherence, conceptual clarity, historical roots connected to

previous research, accounts for systems within which individuals interact with

people around them, and recognizes humans as active agents within their

environment. The lowest score received by EST was a 2 in the theory has not

been critically tested and validated through empirical evidence. Since the overall

score is 36 on the scale, EST is a sound theory in the field of social work.

TSCT is the second theory assessed on TES. TSCT scored a 31 on the

TES. TSCT got the highest scores incoherence, conceptual clarity, historical

roots connected with previous research. TSCT accounts for the systems within

which individuals interact with people around them, and the theory recognizes

humans as active agents within their environment. The lowest scores received by

17

TSCT were because TSCT is not tested and proven false via observational and experimental methods, TSCT is not critically tested and validated through empirical evidence, and the theory does not sufficiently explain its boundaries or limitations. Although TSCT scored low in 3 of 9 categories, the overall total of 31 validates TSCT as Excellent on the scale of theories within the field of social work.

The last theory to undergo analysis was VT. VT scored an overall 31 on the TES. VT's strongest categories were incoherence, conceptual clarity, historical roots connected to previous research, and accounting for the systems within which the individuals interact with people around them. The lowest categories VT had where the theory is not tested and proven false via observational and experimental methods, VT is not critically tested and validated through empirical evidence, and the theory does not recognize humans as active agents within their environment. Granted VT did not score as well in 3 of the 9 categories, but the overall score is high enough on TES for placement in the Excellent category as VT relates to the field of social work.

CHAPTER THREE:

METHODS

Introduction

Information on the present and changing circumstances surrounding the impact COVID-19 has on the mental health of SAC and families explains the need to continue research. Since the research is relatively new, research is imperative to further express the growing concerns within school systems and communities. This chapter entails several subtopics including ethics/protection of human subjects, research design, sampling, data collection instruments and procedures, study variables or sensitizing concepts, hypothesis, and data analysis.

Ethics/Protection of Human Subjects

The researcher completed the Collaborative Institutional Training Initiative before seeking approval from the Institutional Review Board to conduct research. The researcher collected identifiable information and took proper precautions to protect the identity of all participants. All files and recordings are password-secured on the personal laptop of the researcher, and only access will be granted by the researcher or the supervising research coordinator. The researcher sent out a recruitment email along with a QR code and/or link asking for participants. Eligible participants had at least one child within the school-age

range starting at the age of 5 years old and enrolled in a Southern California school system. The sample was limited to parents who can speak English. Seeing as the researcher is only fluent in the English language, the study was limited to participants who completes the interview in English. Once participants showed interest in participation, the researcher scheduled a meeting via Zoom or telephone to conduct an interview. The recruitment email was sent to potential participants within the researcher's social network. This study followed all necessary COVID-19 regulations with the utmost respect and consideration for the health and well-being of all participants.

Research Design

This study incorporated an exploratory research design to understand the impact of COVID-19 on school-aged children and their families. Taking into account the climate of COVID-19 and the ongoing changes of stipulations regarding in-person contact, the mixed-methods design with qualitative and quantitative measures were utilized to give participants the option or comfort of completing Zoom or telephone interviews.

The qualitative portion of the study allowed an in-depth understanding of the impacts of COVID-19. The quantitative portions of the study were used for descriptive statistics purposes. Quantitative helped the researcher understand the extent to which COVID-19 impacted school-aged children and their families in Southern California.

Sampling

This study applied a non-probability sampling method to recruit participants. Sampling methods included availability sampling, convenience sampling, and snowballing. The researcher made use of professors, faculty, staff, and social networks to link potential participants. Participants included parents with children enrolled in a school district in Southern California. The researcher aimed to reach at least 10 completed interviews or questionnaires and the researcher was able to complete 10 interviews.

Data Collection Instruments and Procedures

The researcher conducted semi-structured interviews with study participants. The interviews was done through zoom. The researcher developed an interview guide. Examples of possible questions are:

1. On a scale of 1 to 10 (1 being the least impacted, and 10 being most impacted), To what extent has COVID-19 impacted school-aged children and families in Southern California?

2. How does COVID-19 impact your life?

Demographic questions were collected. These included age range, gender, relationship status, and salary range. Basic needs assessment consisted of one question relating to the access of mental health services, and provisional aspects of the family during COVID-19. The basic needs questions sought to connect the family with local resources at the debriefing and conclusion of interviewing. The researcher brought into to play scaling questions to assess the

extent to which COVID-19 has impacted the mental health of children and families.

On the day of the interview, the researcher required participants verbally express their consent to participate and give permission to be recorded during the interview. The researcher began the interview once a verbal expression of informed consent is received. After the interview, the researcher downloaded the collected data and stored it on a password-safe personal computer in a secured location. The only person able to access collected data was the researcher and research supervising coordinator.

Study Variables or Sensitizing Concepts

This study included several key concepts, including COVID-19, mental health, school-aged children, and Southern California. These concepts will be defined below:

COVID-19: According to the World Health Organization (WHO), COVID-19 is a newly discovered infectious disease, spreading through saliva droplets, and affecting the respiratory system (World Health Organization, n.d.).

Mental health: Based on information from the U. S. Department of Health and Human Services, mental health involves psychological, emotional, and social well-being. Mental health is the essential factor in how people feel, think, and act. Additionally, mental health determines how people relate to others, handle stress, and make choices (U. S. Department Health and Human Services, n.d.).

Southern California: Southern California consists of the following counties; Mono, Inyo, Kern, Santa Barbara, Ventura, Los Angeles, San Bernardino, Riverside, Orange, San Diego, and Imperial for a total population of over 23 million.

School-aged Children: School-aged children are considered children between the ages of five to eighteen attending a school system.

Data Analysis

The researcher transcribed the qualitative portion of the data (interviews) herself by hand with the assistance of Zoom transcripts. Transcribing involved listening to the recordings and writing down participants' responses. The researcher transferred the transcribed data into a Word document and spreadsheet for analysis purposes. Participants' responses were identified through codes and then organized into categories. The latter was then summarized into themes. The researcher looked for patterns or relationships in responses. For the quantitative portion of the study, the researcher analyzed scaling responses and demographic variables on an excel spreadsheet for descriptive statistics purposes in support of qualitative analysis. The whole process is consistent with the thematic analysis procedure.

Summary

Chapter three disclosed the methods acquired in support of this research project. Furthermore, the researcher addressed the system by which the study was

piloted. The research design, sampling, data collection instruments and procedures were also outlined throughout this chapter. Moreover, chapter three discussed the study variables/sensitizing concepts and data analysis procedures. Finally, chapter three focused on the ethics/protection of human subjects.

CHAPTER FOUR:

RESULTS

Introduction

Information gathered within the spectrum of research is one of the key components to painting a picture of how the research is essential. This chapter provides demographic information about families within southern California who have school-aged children enrolled in a K-12 school. Material exemplified is through similar perceptions throughout the research process. Perceptions include feelings of fear related to getting sick, feeling of stress, worry, isolation, and anxiety around numerous changes surrounding COVID-19; lack of social interaction with friends and family, and heightened mental and physical health concerns since COVID-19 started.

Qualitative Data Analysis

School-aged Parents Enrolled in Southern California

There were a total of 10 participants in this study. Within the total, 80% were female and 20% were male. Eight of the participants reported being married, and only one single, and one widowed parent. Additionally, the participants reported their income as 30% ($0-$19,999), 20% ($40,000-$69,999), and 50% ($70,000 and above). Out of all the parents, only two stated they were stay-at-home parents.

Each parent also disclosed the number of school-aged children in the home. Six parents reported having only one child, three parents reported having only two children, and one parent reported having more than three children. The children's education levels ranged from kindergarten to high school. The demographics of participants are displayed in detail in Table 2 below.

Table 2.
Demographic Information for Families w/SAC enrolled in Southern California Schools

Age Range	Frequency	Percentage
Under 44 (C and under)	7	70%
45 and above (D and over)	3	30%
Gender		
Male	2	20%
Female	8	80%
Non-Binary	0	
Relationship Status		
Married	8	80%
Single	1	10%
Divorced	0	
Widowed	1	10%
Separated	0	
Other	0	
Salary Range		
$0-$19,999	3	30%
$20,000-$39,999	0	
$40,000-69,999	2	20%
$70,000 and above	5	50%

Number of Children		
1	6	60%
2	3	30%
3 or more	1	10%

Qualitative Data Interviews

Once completing the demographic questions of the interview, participants were asked ten open-ended questions. The time for the interview spans from approximately 10 minutes to approximately 31 minutes for an average of approximately 19 minutes total. Participants were asked to share their overall thoughts surrounding COVID-19 and the impact COVID-19 has on mental health, which examined several spheres including impacts of COVID-19 on their life, whether COVID-19 impacts mental health, COVID-19 impacts on SAC, assessing school's readiness with COVID-19, and adjustments to virtual/distance learning.

Overall Thoughts on COVID-19

The overall thoughts on COVID-19 rendered a variety of responses from participants. A couple of participants reported feeling as though COVID-19 was unexpected and stressful, while other participants report an overreaction to COVID-19, feeling all over the place, COVID-19 has jeopardized people's physical, emotional, and mental health, and just wanting it to be over. For instance, Participant 3 explained, "Sadness, Anger. That's kind of a never-ending and evolving, liked through a pandemic. Things have changed in some ways, so I

expected unexpected outcomes" (Participant 3, Personal Interview, February 2022).

And similarly, Participant 5 stated

It was unexpected or something that nobody, at least not in my lifetime thought that was going to happen. I didn't think it was going to be what it is today. I feel like after this experience, the world would never be going to be the same (Participant 5, Personal Interview, February 2022).

Additionally, participants expressed how COVID-19 impacts multiple aspects of their lives. For example, Participant 6 articulated "It's a very challenging situation that poses serious health risks, especially to certain segments of the population, especially the elderly" (Participant 6, Personal Interview, February 2022).

Comparably, Participant 8 discloses an in-depth idea stating

I would say that it's brought a great deal of challenges, not only to people's health but also to people's mental health to people's emotional health. It's brought a lot of strain within families, within the community, within relationships, so it's definitely a challenge. (Participant 8, Personal Interview, February 2022).

Lastly, participants conveyed a desire for COVID-19 to be over with. For instance, Participant 5 said "I just really want it to be over" (Participant 5, Personal Interview, February 2022). Likewise, Participant 9 stated "my thoughts with that it's like I wish it was over" (Participant 9, Personal Interview, February

2022). Also, Participant 10 expressed "It's something that needs to hopefully get resolved or at least, minimize hopefully sooner rather than later" (Participant 10, Personal Interview, February 2022).

Impacts of COVID-19 on Mental Health

Out of 10 participants at least 4 stated experiencing some form of stress, anxiety/worry, loss of social interaction, and isolation related to COVID-19.

Stress

The first aspect displayed is related to stress within the impacts of COVID-19. First Participant 1 states "I don't see COVID being the issue, I see the increased workload that I've had, the increased responsibilities that have been my issue and it has really been stressful" (Participant 1, Personal Interview, February 2022). Second, Participant 4 stated

I would say, maybe because it just has a lot to do with the stress that it gives and sometimes people don't know how to, or myself at first, at times I don't know how to manage my stress, so it could also affect other parts of my body, so I believe that COVID 19 definitely impacts, the mental health of a person. So, as I mentioned earlier, I think it gives me stress, some anxiety at times and I those are the two main ones (Participant 4, Personal Interview, February 2022).

Third, Participant 5 expressed

I actually, my husband contracted it, tested positive with COVID on our wedding weekend, so that was kind of really stressful so I went from

29

getting married to being like the primary caregiver of my husband,

because I never seen him so sick in my life, the way that he was

(Participant 5, Personal Interview, February 2022).

Fourth Participant 8 claimed

I think it has affected it in the sense of the level of stress and having to

manage other people's mental health. I think when you live in a home with

multiple or a variety of people then that stress, I've carried on that stress,

like it becomes my stress. (Participant 8, Personal Interview, February

2022).

Next Participant 9 articulated, "It's been rough a lot of stress" (Participant 9,

Personal Interview, February 2022). Lastly, Participant 10 explained,

It's definitely been stressful it's not easy, I'm the one taking care of our

girls and so it's hard. I don't get a lot of alone time or time to just kind of do

what I would like to do (Participant 10, Personal Interview, February

2022).

<u>Anxiety/Worry</u>

The next subject exhibited within impacts on mental health included

feelings of anxiety related to COVID-19. For example, Participant 4 stated "I think

it gives me stress, some anxiety at times and I those are the two main ones"

(Participant 4, Personal Interview, February 2022). Second, Participant 5

expressed

We didn't see anybody else we didn't meet with anybody else we didn't do

anything and again anxiety is like what if it happens to me. It's always that

anxiety of what if, and what can I do to help. My anxiety, in the beginning, I

probably thought I got COVID like 20 items, because any little symptom,

any little allergy because I suffer from allergies, and it was right around

those times. I think that's the most part, like anxiety and worry about is my

family going to be safe (Participant 5, Personal Interview, February 2022).

Next Participant 8 articulated

I think that it's for some, is created it's isolated like people from others

because based on health fears were and it's also divided people and so

it's caused a lot of anxiety. And then also, you know high in that level of

anxiety and stress, you know because of the reality of the health risks that

come with it so I think that's how it impact person's mental health

(Participant 8, Personal Interview, February 2022).

Last, Participant 9 explained, "A lot of stressing and grades going down, getting a

lot of anxiety because of that, and I try my best to keep up with the kids at home,

but it's very tough I've been getting anxiety about that" (Participant 9, Personal

interview, February 2022).

<u>Social Interaction</u>

Within the total sample population, four participants discussed feelings of

loss in social interactions. Participant 2 expressed

I'm just losing that social aspect that we had. I've lost, you know, a lot of

that like social connection with my people in my cohort. That was really big

for my daughter. She couldn't really form a relationship with her therapist

over a video screen (Participant 2, Personal Interview, February 2022).

The next Participant 5 explained "We didn't see anybody else we didn't meet with

anybody else; we didn't do anything and again its anxiety is like, what if it

happens to me" (Participant 5, Personal Interview, February 2022). Third,

Participant 6 exclaimed *"At least, I certainly felt like I came to depend on her for a

lot of my social interaction because was basically the person that I saw all the

time, so" (Participant 6, Personal Interview, February 2022).* Last, Participant 7

was considered the outlier when stating

I don't really do that many social interactions or go to a lot of places. but I

see like my daughter, who is school age, and even some of my other

friends were really impacted by the stay-at-home orders and the stay

away from friends and other things like that (Participant 7, Personal

Interview, February 2022).

Isolation

Considering the total sample size, four of the participants expressed

feelings of isolation related to mental health concerns of COVID-19. For instance,

Participant 3 divulged "I think it negatively impacts people when they've been in

isolation and don't have sort of solid footing underneath them and think it really

negatively impacts a person's mental health" (Participant 3, Personal Interview,

February 2022). The next Participant 5 disclosed "First it was like the isolation, it was just us in our family for like a whole summer" (Participant 5, Personal Interview, February 2022).Then Participant 6 indicated

> I think for a lot of people feel isolated, a lot of people feel a great deal of uncertainty. I think there was still very much a feeling of isolation. I think it brought us together in more ways so, even though there was a certain isolating effect (Participant 6, Personal Interview, February 2022).

Last, Participant 8 conveyed "I think it's created a platform for people to feel isolated, feel more of a greater division based on beliefs" (Participant 8, Personal Interview, February 2022).

Impacts on School-aged Children

While discussing the impacts of COVID-19 on SAC one main theme was noted which was a loss of social interaction as well as an outlier of no impact on the school-aged child. For example, the outlier Participant 1 stated

> COVID was not a particular challenge for my son. He improved in school, he really loved virtual schooling. Because he likes to be alone, he liked the ability to take breaks at home and do crafts and do things like that the other thing is that it allowed him to build virtual connections with friends that he didn't have before. (Participant 1, Personal Interview, February 2022).

The alternative to this response is Participant 7 explained that "I've noticed that she is much more impressionable than she seems likes she's trying to catch

up on the social interaction she missed out on and is just playing catch up in terms of that" (Participant 7, Personal Interview 2022). Participant 4 addressed something similar but different

> Initially, I would say confusion and not you know, being on spring break and not being told you can go back to school in March of 2020 that brought confusion and a sense of loss. And then I think she's been angry at times, and she's looking for someone to blame (Participant 3, Personal Interview, February 2022).

> Participant 6 expressed a difference between their male and female SAC as such

> They didn't have the luxury of interacting with their friends the way they normally would have. So, I think there was a certain amount of isolation going on there. I know I feel that, especially where my daughter was concerned who's the older of the two that her social anxieties, I think became more pronounced as a result of this. I mean certainly since we've come back to school in person, she has isolated herself even more severely and she barely has any connections with any of her classmates other than you know the most superficial. As far as my son he seems to have snapped back more readily. He's the younger of the two but he has always been a much more outgoing sociable type of personality. I think he seems to have recovered so far, better in that regard, in terms of coming

back to normal than my daughter (Participant 6, Personal Interview,

February 2022).

Provisions

Throughout the process of studying provisions, almost all candidates stated having reasonable financial situations to navigate the pandemic except for two who discussed the loss of employment and financial strain. For instance, Participant 3 claimed

He got laid off like a month or two into the start of the pandemic so people, but it put more stress on me. To find another sort of side job, so that we would be okay and I wouldn't worry about money so, but by not worrying about money, I put more responsibility on myself (Participant 3, Personal Interview, February 2022).

On the opposite end of the spectrum, Participant 2 discussed

I was a student when this happened so personally for me, there were a lot of programs that actually benefited me, so I was feeling a supplement. A high supplement in my finances and an increase in food stamps. I was on unemployment before COVID hit, so I was all of a sudden getting this increased amount of unemployment and it was really helpful for me, I was able to save some money and do some things so personally for me it didn't really impact my finances or anything like that. It actually helped me in a way if that makes sense (Participant 2, Personal Interview, February 2022).

From an employed standpoint Participant 1 revealed "our finances didn't change because we both stayed employed full-time" (Participant 1, Personal Interview, February 2022). Last, Participant 9 expressed a contrary insight on finances during COVID-19,

We spend most of our money buying snacks and food for the kids and they spend a lot of time at home. Especially paying for a babysitter or having somebody to come home, so it really got me and my husband with finances (Participant 9, Personal Interview, February 2022).

Assessing School Readiness

When assessing schools' readiness to deal with the constant changes of stipulations surrounding COVID-19, participants had mixed feelings about the school's readiness, from schools that did the best they could, while other participants felt the schools had no idea what they were doing. For example, Participant 7 stated

I think the schools did really poorly. I'm watching my daughter do some of the work and how much I just expect her to get her work done and the way they were doing things while COVID was going seems like oh you didn't do your work it's fine like turn it in next month. A pandemic shouldn't have limited them with modern technology they're doing their schoolwork (Participant 7, Personal Interview, February 2022).

Participant 1 had two different experiences when dealing with two different teachers from the first year to the next when stating

The first one, he struggled, but nobody knew what the heck they were

doing. That was like he did fine, he did well enough. His teacher for the

next year was excellent. Hated tech, but she did a beautiful job. She

engaged them she made them get on screen. They were when I would

walk in, and kind of listen in, they were engaged in class, they were

reading to each other, they were doing group work together and what she

did is she went into her classroom and just taught the class (Participant 1,

Personal Interview, February 2022).

Participant 9 had a difference in districts experience when expressing

Honestly, they were tough, they were really tough. They were expecting

me to be right there with them and be checking on the fly be taking them

that they were paying attention. Unfortunately, I had to work. I couldn't do

that and a lot of the schools and teachers, well especially this school out

there, what mine was going on, they wouldn't really talk to me on that side

now. When I moved to this side then useful that they're very

understandable, so it depends on where you are, it really does (Participant

9, Personal Interview, February 2022).

Participant 3 explained "I think people tried their best in charge. I think

information was constantly changing, but I also think that there was a disparity

between school districts that maybe have higher income families than schools

that have lower income families" (Participant 3, Personal Interview, February

2022). Similarly, Participant 4 communicated

I feel like at first, I had no idea how to handle it and it was like chaotic, but I feel like some schools are handling it better than others, and I also think it's because of the Community. The schools in some schools have more resources and funding compared to other communities that are low, low income or minority group communities (Participant 4, Personal Interview, February 2022).

<u>Adjustments to Virtual/Distance Learning</u>

In an effort to understand adjustments to virtual learning four participants felt they adjusted to virtual learning pretty well, while three participants states it was not easy, and two participants were on the fence about the transition from difficult to easy depending on the age of the child. As an illustration, Participant 1 conveyed

It was super easy we had a laptop that he could use so we didn't need to ask for any additional tech. We, you know, probably the biggest challenge was having three people online at the same time. Bandwidth, but we have the luxury of space so we all worked upstairs for months and months we all three worked upstairs and my husband and I each had our own room like bedrooms, that we worked, and then my son worked in our hallway, and he had a table and a compute so that we could monitor him (Participant 1, Personal Interview, February 2022).

Similarly, Participant 6 indicated

In terms of the adjustment to virtual learning, I think for us it was relatively smooth in terms of because we knew what we needed to get, we knew

that our kids needed to have a place where they can do their work, and so

we got them each a desk and made sure they were set up in the room, so

that they had a place that they can sit each day and do their lessons and

had some routine that would, at least in some way reinforce you know

what their classroom experience would have been like as best we could,

under the circumstances (Participant 6, Personal Interview, February

2022).

Likewise, Participant 7 revealed

I'd say my daughter adjusted pretty well. She was able to do all the work.

Still, the only difference, I think I don't think she had any problems with

virtual learning. I think she has just missed the social interactions once

again (Participant 7, Personal Interview, February 2022).

On the other hand, Participant 2 informed

I know it was really hard for her to adjust to virtual learning at 13 at the

time you're not exactly inclined to have your face on camera in front of

everybody. Just being 13 and you know having to like talk on camera was

really, really hard for her. She just really kind of shut down and wasn't on

doing it at all (Participant 2, Personal Interview, February 2022).

Similarly, Participant 4 vented

So, at first, it was really hard because we're not really into technology, and

then add on to that, I feel like the older child was always being negative

about her virtual learning. She just didn't want to go to class. She said she

didn't understand it, so I believe it impact her the most (Participant 4,

Personal Interview, February 2022).

Likewise, Participant 9 voiced

They adjusted because of the fact that they were able to stay home. But

adjusting to doing homework, doing virtual learning it was tough for them.

It was something that they just couldn't do. My kids have to go in and you

know work with the teacher, not on the computer they can't handle that

(Participant 9, Personal Interview, February 2022).

Lastly, the participants who stated they were on both sides of the

spectrum were Participants 8 and 10 who aired

Participant 8,

I would say the initial was tough and rough and adjustment-wise, but I

think as time went on, and with a lot of support within in our home, I think

eventually the adjustment went well to the virtual learning but initially was

definitely tough. Tough having to deal with connection difficulties or

glitches or the systems. The programs that the school was using and so

forth, like didn't match (Participant 8, Personal Interview, February 2022).

Similarly, Participant 10 voiced

It wasn't easy, especially for my nine-year-old. She was pretty

independent, she's good about if she had reading assignments, and she

was just more independent with any school work that needed to be done.

My six-year-old was a little more challenging and I get it. She changes it

was hard for you to know for anybody it's hard to sit on a computer for that long, and then have to do extra work on top of that. So, I would say she probably had it the hardest, or she didn't adjust right away. It took some time.

Quantitative Data Analysis

During completion of the interview questionnaire, participants were asked 4 quantitative questions in support of the qualitative questions. Quantitative questions measured the average impact of COVID-19 on mental health, and the average intensity level of the impact of COVID-19. Figures 1 and 2 show the impact and intensity below.

Figure 1 gages the average impact of COVID-19 on mental health. According to the figure, the researcher discovered the average impact of COVID-19 on mental health ranges from moderate to high impact, [n=(10), 5.25-8.75].

Figure 1

Average Impact of COVID-19 on Mental Health
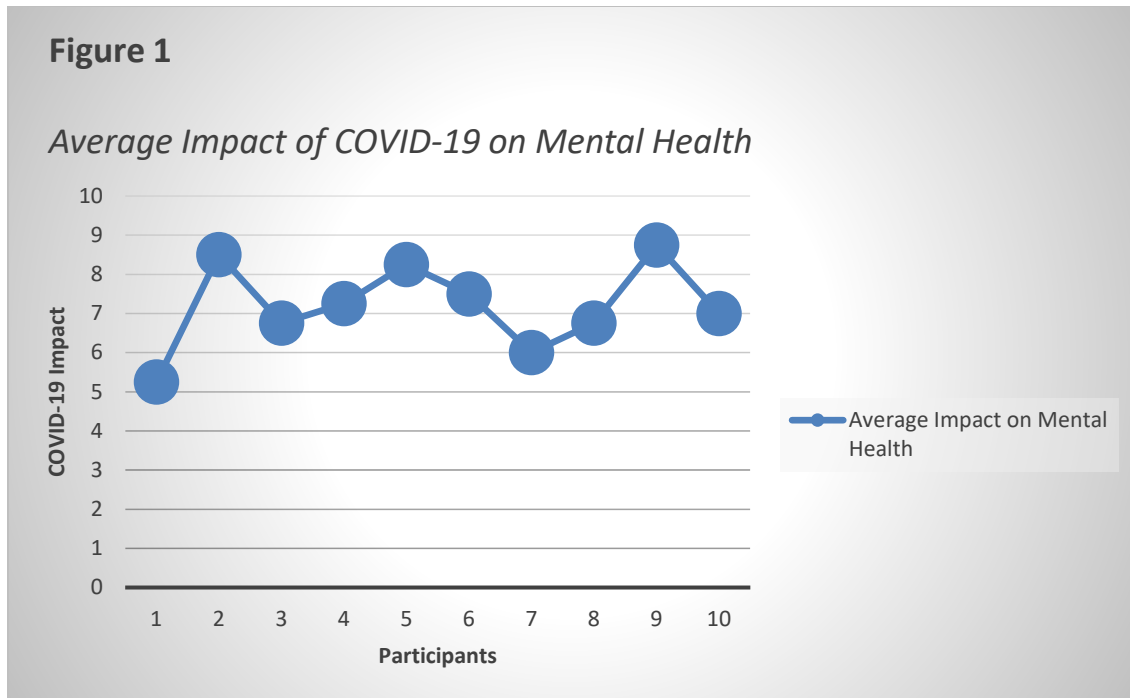
Figure 1. Average Impact of COVID-19 on Mental Health

Figure 2 shows the level of intensity of the impact of COVID-19. Each participant is represented as having some form of impact as a result of COVID-19, but Participant 1 responded to question 18 stating, "having an 8 in a positive way" (Participant 1, Personal Interview, February 2022). Likewise, Participant 4 voiced, "8 in a positive way" (Participant 4, Personal Interview, February 2022). Participant 3 responded to question 17 stating, "8 in a negative way" (Participant 3, Personal Interview, February 2022).

Figure 2
Average Intensity Level in Impact of COVID-19
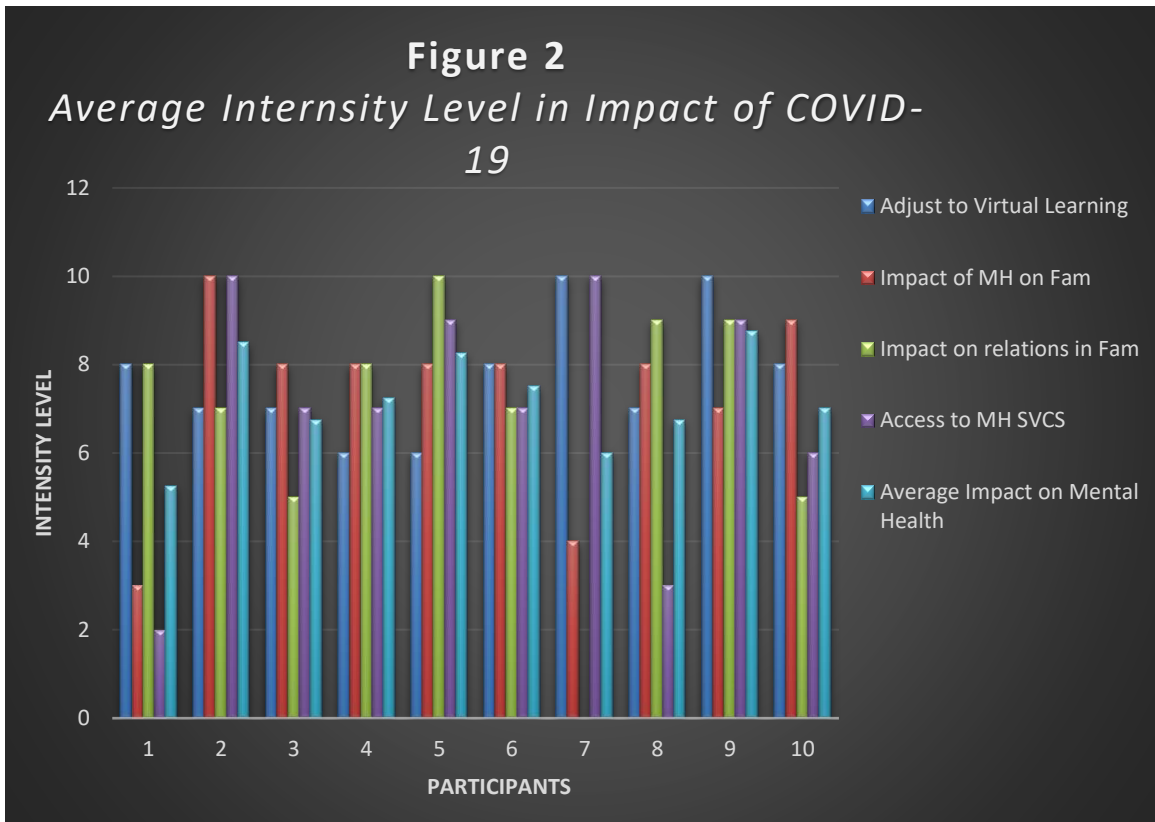
Figure 2. Average Intensity Level in Impact of COVID-19

Summary

The data gathered from this chapter is based on one-on-one questionnaire interviews with individuals. The themes identified throughout this process were feelings of isolation, stress, anxiety, loss of social interaction, and an overall moderate to high impact on the mental health of individuals. The research utilized a qualitative approach to acquire robust data concerning the overall effect COVID-19 has on SAC and their families.

CHAPTER FIVE:

DISCUSSION

Introduction

This chapter is providing a summation of the exploration of results to address research questions; How does COVID-19 affect the mental of school-aged children and their families in Southern California; to what extent has Covid-19 impacted the mental health of school-aged children and their families in Southern California? As explained before, themes identified in chapter four were surrounding addressing mental health concerns due to isolation, stress, anxiety/worry, loss of social interaction, and an overall medium escalating to the high impact of COVID-19 on SAC and their families. Incorporated in this chapter are the implications of this study along with recommendations for the social work profession, unexpected findings, and additional research necessary for progress. Lastly, the paper discusses the limitations and strengths along with the conclusion.

Maslow's Hierarchy

Throughout the discoveries of the study, the researcher found much of the circumstances related to COVID-19 amongst SAC and their parents within a theory related to basic needs. Maslow's Hierarchy of needs(1943) is a theory discussing the essential aspects by which a person thrives in life. The basic needs include physiological, safety, love, esteem, and self-actualization (McLeod, 2020). The earliest form of Maslow's hierarchy of needs expressed

motivational stages of a person's life requiring completion to gain self-actualization. Unfortunately, COVID-19 disrupted patterns in everyone's life forcing individuals into survival mode, and in the long run, destroying the process of managing the hierarchical needs of people. Consequently, Maslow's theory perfectly explains the reason why this country and others should have contingency plans for dealing with the basic needs of SAC and their families, further justifying continued research on this topic. In conjunction with understanding the basic needs of SAC and their families in addressing the mental health concerns related to this research.

Addressing Mental Health Concerns

Mental health is one of the main topics of COVID-19. This study found that all participants experienced some form of strain related to COVID-19. Whether it was through the school system or in everyday life, COVID-19 impacts the mental health of school-aged children and their families in southern California. This information is reliable due to the findings that one cannot under-estimate the detrimental impact of COVID-19 relate to school-site closures on students (Hirsch et al., 2022; Golberstein et al., 2020). Additionally, this information is reliable on a global scale as parents in a different case study indicated that the mental health of their children was one of the main concerns as the impact of COVID-19 during the temporary closure of schools from mid-March until June 2020 in Alberta (Fontenelle-Tereshchuk, 2021). Included in addressing the

mental health concerns of SAC, parents expressed their concerns about having a feeling of isolation.

Isolation

Isolation during COVID-19 was an inevitable outcome with COVID-19. It is also a major impact on families and SAC within this study. Supporting literature to these findings explains that children who had experienced enforced isolation or quarantine were five times more likely to require mental health services input and experienced higher levels of posttraumatic stress (Loades et al., 2020). Similar studies exemplified, separation from family, stigmatization, fear of an unknown disease, and social isolation can all have a negative psychological impact on children (Imran & Pervaiz, 2020). Any person or child who is forced to change their routine from interaction to no interaction feels a sense of loneliness translating to isolation. The feeling of isolation can bring on other mental health concerns including stress.

Stress

Stress is a fiber among the COVID-19 concerns within SAC and families. Studies show increased stress from before COVID-19, although stress decreased since COVID-19 started, overall stress remains higher than before COVID-19 began (Adams et al., 2021). Along with the overall stress increase, parenting-specific stress is increased for many families (Adams, et al., 2021). Coincidentally another study reports children's well-being represents an additional negative predictor of parental stress, meaning parents of children with

better psychological adjustment experience fewer difficulties in their parental role (Cusinato et al., 2020). Managing stress can be just as difficult as stress, which often brings on other stressors such as anxiety/worry.

<u>Anxiety/Worry</u>

Anxiety/worry within SAC and their families was another stressor expressed throughout this research. Stress is a common factor for COVID-19, but an additional stressor is anxiety/worry that comes along with COVID-19 (Adams et al., 2021). Similarly, with stress, anxiety also poses a significant risk factor contributing to other psychiatric disorders in adulthood (Duan et al., 2020). Anxiety and worry brought on by a traumatizing event have a long-lasting effect on children and families. COVID-19 is counted as a major historical event and has the potential to have future effects on the way the world deals with outbreaks on a global scale. Specifically, the lack of social interaction made an impact on the effects of COVID-19.

<u>Social Interaction</u>

Qualitative data collected within this study shows children had difficulty adjusting to the changes associated with school closure, specifically when facing the loss of social interaction. Subsequently, an additional study revealed children are also coping with the lack of sociability from friends and the structured schooling and extracurricular activities offered (Adams et al., 2021). Another study adds to reliability where a wide range of consequences for children and adolescents resulting from COVID-19 is an increase in depressive mood

symptoms resulting from social interaction deprivation and the closing of schools (Viola & Nunes, 2021). As such, understanding the importance of social interaction while living through a pandemic is an important factor to consider.

<u>Unexpected Finding</u>

Although the researcher expressed findings throughout this chapter regarding information surrounding the research questions, there was an unexpected finding within the study. The unexpected finding during this study is the responses to whether the participant's ability to provide for their family was affected by COVID-19. The responses to whether families were capable of supporting their families during this study showed most families were capable of supporting their families regardless of loss of employment. One of the main concerns during the pandemic and the reasons for all the supplemental programs throughout the pandemic was providing for families. From people who were employed, people who lost employment, and people who left employment to support their children's needs, almost every family had financial support. Acquiring the ability to provide for your family in such an uncertain time makes some strain of changes brought on by COVID-19 lessened. It also goes to show the importance of supplying resources for families going beyond financial support, but mental health as well. Bridging the stressors involved in the impacts of COVID-19 on SAC and their families requires recommendations to the social work profession.

Recommendations for Social Work Profession

Considering the drastic changes COVID-19 created for families and children alike the research has recommendations for the social work profession. Recommendations for the social work profession comprise developing mental health departments within school systems incorporating social workers and creating family groups with emphasis on cultural awareness, communication, and pandemic preparations.

The social work profession gathered momentum as the mental health needs of SAC and parents suffered from the effects of COVID-19. Unforeseen was the magnitude of the need for mental health services related to COVID-19. Recently, other research suggests that social isolation, anxiety, fear of getting sick, uncertainty, chronic stress, and economic difficulties may lead to the growth or aggravation of stress-related disorders and suicidality in vulnerable populations including individuals with pre-existing psychiatric disorders, low-resilient persons, and individuals who reside in high COVID-19 prevalence areas need mental health services to prevent potential negative outcomes (Sher, 2020). The social work profession needs to provide additional services to SAC in the school systems. Social workers are built for assessing, planning, and evaluating the needs of families and SAC. There is no time like the present for more school systems to embrace the idea of having social workers in school systems with fully developed mental health departments within the school system supporting the needs of SAC and their families. Furthermore, there is a need for

social workers to be at the forefront of the disparities associated will equal

access to resources related to educational services in cases where society must

shut down, everyone has an opportunity not to worry about internet coverage,

faulty computers, or a structured learning system supplying each student with the

method of education best suited for their learning style.

Family groups within the school system are necessary to build community

among schools and families. When the school provides ways for families to build

better relationships with each other and the school, opportunities for the student

and school system improve. Encouraging families to build better relationships

with the school and parents at a time feasible for them, stimulates involvement in

what is occurring with the school. Also, schools have an opportunity to reform the

way they teach students. Encouraging healthy strategies for managing the

difficulties with school among families in workshops reassures children's

success. Another factor is teaching emergency preparation skills to families

including an emergency plan and ways to implement their plan from any location,

especially in school. Accompanied by the recommendations of the social

profession are the limitations and strengths of this research.

Limitations and Strengths

The researcher would be remised to mention the limitations and strengths

of this research project. The limitations associated with this research project were

related to questions including demographics, qualitative, and quantitative. The

limitations related to demographic questions included ethnicity, age of the school-aged child(ren), grade of the school-aged child(ren), school district, level of education, disability status, and possible foster care system. The limitations linked to qualitative questions were; when did you notice COVID-19 impacting you and/or your family; how long do you believe it will take to recuperate from the effects of COVID-19; and what changes, if any, would you make in addressing your family's ability to adjust to the changes of COVID-19. Additional limitations include the correlation between the experiences of single parents compared to married couples, as well as the socio-economic status. The limitations connected to quantitative questions where the level of intensity did not include whether the impact was positive or negative. In a few circumstances, Participants disclosed the impact positively, while others expressed having a negative impact. While limitations are important to acknowledge, strengths are what pull this project together to promote further research on this topic. Strengths regarding this project include the quality of open-ended qualitative questioning. The open-ended questions surrounding this project allowed participants to freely express their concerns therapeutically surrounding COVID-19. Upon ending the interview, participants often mentioned how the quality of questions allowed them to reflect on their overall experience, and break down how the pandemic affected them. On a couple of occasions, participants disclosed more intimate details not related to COVID-19, but occurring within the timespan of COVID-19, allowing them to process their emotions encompassing a release and relief feeling.

Conclusions

Ultimately, COVID-19 affects us all. While some families were affected more than others, families were affected nonetheless. The evidence retrieved suggests more research is necessary to provide continual understanding associated with the impacts of COVID-19, specifically in the area of long-term effects of COVID-19. Moreover, COVID-19 manifested concerns such as mental health that were either dormant or brought on by COVID-19. Considering how COVID-19 changed the way we see each other, the distance we can be around each other, and ultimately how we interact, COVID-19 is a historical event emphasizing a need for change in how we manage critical events in society. Conclusively the evidence expressed suggests the time for social workers is now for schools to develop programs to create change and provide resources to families in need.

APPENDIX A:

SAMPLE QUESTIONNAIRE

1. What is your age range?

    a. Under 25   b. 26-34   c. 35-44   d. 45-55   e. 56 or more

2. What is your gender?

    a. Male   b. Female   c. no binary

3. What is your relationship status?

    a. Married   b. Single   c. Divorced d. Widowed e. Separated f.

    Other

4. What is your salary range?

    a. $0-$19,999   b. $20,000-$39,999 c. $40,000-$69,999 d. $70,000

    and above

5. How many school-aged children are in the home? _____

6. What are your thoughts on COVID-19?

7. How does COVID-19 impact your life?

8. Since mental health address how people think, process, and interpret life,

    how do you feel COVID-19 impacts a person's mental health?

9. In what ways has COVID-19 affected your mental health?

10. What changes, if any, have you noticed in your school-aged children

    since COVID-19 began?

11. How has COVID-19 impacted your ability to provide for your family, (in

    terms of homework, finances, supervision, etc.)?

12. Since COVID-19 started, how have your feelings changed?

13. How do you evaluate the impact of COVID-19 on your family?

14. How do you assess the readiness of schools with handling the changes related to COVID-19?

15. How did your family adjust to the changes of virtual learning?

16. On a scale of 0-10 (0 being the worst experience ever, and 10 being the best experience ever), how would you rate your family's ability to adjust to virtual learning?

17. On a scale of 0 – 10 (0 being the lowest impact, and 10 being the greatest impact), how would you rate the impact of COVID-19 on the mental health of members of your family?

18. On a scale of 0 – 10 (0 being the lowest impact, and 10 being the greatest impact), how would you rate the impact of COVID-19 on the relationship among members of your family?

19. On a scale of 0 – 10 (0 being the least access, and 10 being the greatest access), how would you rate your access to resources to address mental health concerns within your family?

APPENDIX B:

INFORMED CONSENT

The study in which you are asked to participate is designed to collect the perception of families from Southern California to understand the impacts COVID-19 has on the mental health of school-aged children and parents. The study is being conducted by graduate social work student Christina Williams under the supervision of Dr. Carolyn McAllister, professor of social work at California State University San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore the impact of COVID-19 on the mental health of school-aged children above 5 years old and parents in southern California.

DESCRIPTION: Participants will be asked questions concerning the impact of COVID-19 on their families and children who are enrolled in schools in southern California. Demographic questions will also be asked.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: You will not be asked to provide personal identifiable information. The interview will be recorded, and participants will be invited to turn off cameras so that their faces will not be captured. Recorded responses will be used to analyze the impacts of COVID-19 on school-age children and families in Southern California. Responses will be stored on a password secured personal computer. The information will be destroyed three years after completion of study. Only the research team will have access to collected data and findings will be published in an aggregated format. If participants are interested in moving forward, participant will be asked questions and invited to complete short questions on a survey that will be read to the participant.

DURATION: It will take about 30-45 minutes to complete the interview process.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer questions with which are uncomfortable and can omit the question or terminate your participation at any time throughout the interview process. There will be minimal to no risks throughout the interview process.

BENEFITS: There will be no direct benefits to the participants, but the outcomes from the study will provide essential insights on the impact COVID-19 has on the mental health of families and school-aged children within Southern California.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Carolyn McAllister via (909) 537- 5559 (office number), or cmcallis@csusb.edu (e-mail).

RESULTS: Results of this study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after June 2022.
****
****

This is to certify that I read the above and I am 18 years or older, and agree to participate in the study.

_____   _____
Place an X mark here   Date

This is to confirm my consent to be recorded.

_____   _____
Place an X mark here   Date

APPENDIX C:

DEBRIEFING STATEMENT

The study you have just completed was designed to investigate the impact of Covid-19 on the mental health of school-aged children above 5 years old and their parents. In this study, the participant is informed of possible risks associated with completing this study. If the participant indicates concerns regarding mental health, participant will be provided additional resources to local mental health agencies for counseling and support. The study was created to understand the impact of Covid-19, but is prepared to provide guidance to supportive services, should the participant indicate the need for services. At the conclusion of the contact information statement is a list of mental health resources should a participant indicate risks concerning mental health.

Thank you for your participation and for not discussing the contents of the study with other constituents. If you have any questions about the study, please feel free to contact Christina Williams or Professor Carolyn McAllister at cmcallis@csusb.edu or (909) 537-5501. If you would like to obtain a copy of the results of this study, please go to the CSUSB ScholarWorks website at the end of Spring Semester of 2022.

APPENDIX D:

IRB APPROVAL

IRB-FY2022-49 - Initial: IRB Admin./Exempt Review Determination Letter

1 message

---

do-not-reply@cayuse.com <do-not-reply@cayuse.com>   Fri, Nov 19, 2021 at 4:21 PM
To: 006798773@coyote.csusb.edu, cmcallis@csusb.edu

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-49

Carolyn McAllister Christina Williams
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Christina Williams:

Your application to use human subjects, titled "The Impact Of COVID-19 On School-Aged Children's Mental Health: A Mixed-Method Study Of Families In Southern California" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and

campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at offcampus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and

continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date**
- **and current throughout the study. Submit a protocol**
- **modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB**
- **before being implemented in your study.**
 Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
  Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-49 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

REFERENCES

Adams, E. L., Smith, D., Caccavale, L. J., & Bean, M. K. (2021). Parents are

stressed! Patterns of parent stress across COVID-19. *Frontiers in

Psychiatry*, *12*, 300.

Administration for Children and Families (n.d.). *Family Preservation and Family

Support Services Program* (FP/FS)*, 1994-2002.*

https://www.acf.hhs.gov/opre/project/family-preservation-and-family-

support-services-program-fp/fs-1994-2002

Beckmann, K. A. (2017). Mitigating adverse childhood experiences through

investments in early childhood programs. *Academic Pediatrics,17*(7), S28-

S29.

Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's

psychological stress and coping theory. In C. L. Cooper & J. C. Quick

(Eds.), *The Handbook of Stress and Health: A Guide to Research and

Practice* (pp. 351-364). Wiley.

Bronfenbrenner, U. 1979. *The ecology of human development: Experiments by

nature and design*. Harvard University Press.

Centers for Disease Control and Prevention. (2018, January 26). Learn about

mental health - mental health - CDC. *Centers for Disease Control and

Prevention*. https://www.cdc.gov/mentalhealth/learn/index.htm.

Centers for Disease Control and Prevention. (2021, April 6). Preventing Adverse

    Childhood Experiences |Violence Prevention|Injury Center|CDC. *Centers for*

    Disease Control and Prevention.

    https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal

    =https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ff

    astfact.html.

Child Mind Institute, C. M. (2015). *What's the Tie Between Mental Health and*

    Juvenile Justice? Speak Up for Kids Mental Health Report.

    https://childmind.org/2015-childrens-mental-health-report/.

Cusinato, M., Iannattone, S., Spoto, A., Poli, M., Moretti, C., Gatta, M., &

    Miscioscia, M. (2020). Stress, resilience, and well-being in Italian children

    and their parents during the COVID-19 pandemic. *International Journal of*

    Environmental Research and Public Health, *17*(22), 8297.

    https://doi.org/10.3390/ijerph17228297

Duan, L., Shao, X., Wang, Y., Huang, Y., Miao, J., Yang, X., & Zhu, G. (2020).

    An investigation of mental health status of children and adolescents in

    China during the outbreak of covid-19. *Journal of Affective Disorders*, *275*,

    112–118. https://doi.org/10.1016/j.jad.2020.06.029

Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse

    childhood and community experiences: The building community resilience

    model. *Academic Pediatrics*, 17(7), S86-S93.

Figueiredo, C. S. de, Sandre, P. C., Portugal, L. C. L., Mázala-de-Oliveira, T.,

Chagas, L. da S., Raony, Í., Ferreira, E. S., Giestal-de-Araujo, E., Santos,

A. A. dos, & Bomfim, P. O.-S. (2020, November 11). Covid-19 pandemic

impact on children and adolescents' mental health: biological,

environmental, and social factors. *Progress in Neuro-Psychopharmacology

and Biological Psychiatry.* Retrieved March 17, 2022, from

https://www.sciencedirect.com/science/article/pii/S0278584620304875

Ford, D. E. (2017). The community and public well-being model: A new

framework and graduate curriculum for addressing adverse childhood

experiences. *Academic Pediatrics, 17*(7), S9-S11.

Fontenelle-Tereshchuk, D. (2021). Mental health and the COVID-19 crisis: The

hopes and concerns for children as schools re-open. *Interchange*, *52*(1),

1-16. https://doi.org/10.1007/s10780-020-09413-1

Foti, P. (2020). Research in distance learning in greek kindergarten schools

during the pandemic of covid-19: possibilities, dilemmas,

limitations. *European Journal of Open Education and E-learning Studies,

5*(1). Retrieved

from https://www.oapub.org/edu/index.php/ejoe/article/view/3080/5717

Gazmararian, J., Weingart, R., Campbell, K., Cronin, T., & Ashta, J. (2021).

Impact of a covid-19 pandemic on the mental health of students from 2

semi-rural high schools in Georgia. *Journal of School Health*, *91*(5), 356-

369.

Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH,

Blumberg SJ. Prevalence and treatment of depression, anxiety, and

conduct problems in U.S. children. *The Journal of Pediatrics*, 2018.

Published online before print October 12, 2018 [Read summaryexternal

icon]

Glasper, A. (2020). Reports on the mental health of children during the current

pandemic. *British Journal of Nursing*, *29*(22), 1354–1355. https://doi-

org.libproxy.lib.csusb.edu/10.12968/bjon.2020.29.22.1354

Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease

2019 (COVID-19) and mental health for children and

adolescents. *Jama Pediatrics*, 174, 819–820. https://doi.org/

jamapediatrics.2020.1456

Guy-Evans, O. (2020). *Bronfenbrenner's Ecological Systems Theory*.

https://www.simplypsychology.org/Bronfenbrenner.html

Hirsch, S. E., Bruhn, A. L., McDaniel, S., & Mathews, H. M. (2022). A survey of

educators serving students with emotional and behavioral disorders during

the covid-19 pandemic. *Behavioral Disorders*, *47*(2), 95-

107. https://doi.org/10.1177/01987429211016780

Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for

children & adolescents in COVID-19 Pandemic. *Pakistan Journal of*

Medical Sciences, *36*(COVID19-S4), S67–S72.

https://doi.org/10.12669/pjms.36.COVID19-S4.2759

Joseph, R. (2020a). The theory of empowerment: A critical analysis with the theory evaluation scale. *Journal of Human Behavior in the Social Environment*, *30*(2), 138-157.

Joseph, R., & Macgowan, M. J. (2019). The theory evaluation scale: An epistemological tool for analyzing social work theories. *Social Work Education*, *38*(2), 269-281.

Kohn, N. A. (2014). Vulnerability Theory and the role of government. *Yale Journal of Law & Feminism*, *26*(1), 1-24.

Lazarus, R. S., DeLongis, A., Folkman, S., & Gruen, R. (1985). Stress and adaptational outcomes: The problem of confounded measures. *American Psychologist*, *40*, 770–779. doi:10.1037/0003-066X.40.7.770

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. *New York: Springer.*

Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. (2020, June 3). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of covid-19. *Journal of the American Academy of Child & Adolescent Psychiatry*. Retrieved March 28, 2022, from https://www.sciencedirect.com/science/article/pii/S0890856720303373

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50

(4), 370-96. from https://www.simplypsychology.org/maslow.html

Mcleod, S. (2020, December 29). Maslow's hierarchy of needs. *Simply*

Psychology. Retrieved March 22, 2022, from

https://www.simplypsychology.org/maslow.html

Mukhtar, K., Javed, K., Arooj, M., & Sethi, A. (2020). Advantages, limitations and

recommendations for online learning during covid-19 pandemic

era. *Pakistan Journal Of Medical Sciences*, *36*(COVID19-S4), S27–S31.

https://doi.org/10.12669/pjms.36.COVID19-S4.2785

National Association of Social Workers. (2021). *Code of Ethics of the National*

Association of Social Workers.

https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-

English

National Center for Injury Prevention and Control, Division of Violence Prevention

(Ed.). (2020, April 3). Adverse childhood experiences (ACEs*). Centers for*

Disease Control and Prevention.

https://www.cdc.gov/violenceprevention/aces/index.html.

National Institute of Mental Health. (2017). The NIH almanac.

https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-

mental-health-nimh

Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental

    health for child trauma treatment during and post-covid-19: Limitations and

    considerations. *Child Abuse & Neglect*, *110*.

    https://doi.org/10.1016/j.chiabu.2020.104698

Radhika, G., Rajendran, R., & Sankar, R. (2020). Systems thinking approach for

    the promotion of mental health among adolescents: The role of food,

    sports, music, yoga, and spirituality need for a paradigm shift towards a

    post-COVID-19 India. *Indian Journal of Positive Psychology*, *11*(4), 331–3

Schwartz, K. D., Exner-Cortens, D., McMorris, C. A., Makarenko, E., Arnold, P.,

    Van Bavel, M., ... & Canfield, R. (2021). COVID-19 and student well-being:

    Stress and mental health during return-to-school. *Canadian Journal of*

    School Psychology, *36*(2), 166-185.

Sher, L. (2020). The impact of the covid-19 pandemic on suicide rates. *QJM: An*

    International Journal of Medicine, *113*(10), 707–712.

    https://doi.org/10.1093/qjmed/hcaa202

T.W. Viola and M.L. Nunes, Social and environmental effects of the COVID-19

    pandemic on children, *Jornal de Pediatria* (2021),

    https://doi.org/10.1016/j.jped.2021.08.003

Washburn, D. (2018, September 20). *School-based health care is a low priority in*

    California. EdSource. https://edsource.org/2018/california-lags-in-offering-

    health-care-and-mental-health-services-in-schools/602522.

World Health Organization. (n.d.). *Coronavirus*. World Health Organization.

https://www.who.int/health-topics/coronavirus#tab=tab_1.

United States Congress. (2010). The Patient Protection and Affordable Care Act.

Public Law, 111-148.

United States Congress. (2000, October 17). H.R.4365 - 106th Congress (1999-

2000): Children's Health Act of 2000. Congress.gov.

https://www.congress.gov/bill/106th-congress/house-bill/4365.