

Employment Support in a COVID World: Early response and impact of the 2019 novel Coronavirus on employment services and the people we serve

If you are reading this Issue Brief, you already know COVID-19 has dramatically impacted behavioral health and other disability services. There has been a spike in the number of people seeking support¹, the level of support², and the workforce's ability to manage their stress while attending to people seeking services³. The range and type of services offered have adapted amidst the evolving recommendations from governing bodies and institutions.

Employment support is a vulnerable service due directly to COVID-19 (e.g., fewer in-person exchanges, technology challenges, increased health risk for both the behavioral health worker and the person they serve) and indirectly (greater competition for jobs due to the ever-increasing jobless within the larger community). The references below offer a comprehensive reading list of articles and research addressing the concerns employment providers experience on a day-to-day basis with examples of communications, policy amendments, and protocols.

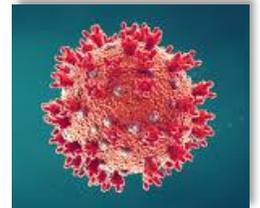
The Association of People Supporting Employment First (APSE) conducted a survey that included providers from both Developmental Disabilities and Mental Health. They noted challenges within telehealth and virtual support,

Over 43% of Americans with disabilities employed in 2018 worked in industries now most affected by the crisis.

including limited access to technology for both the person being served and the service provider. Many policies limit reimbursement when services are provided via telehealth or other not-in-person services. The survey identifies "silver linings" to be had during this time. Examples of learning born

out of the challenges and innovations developed during this period include:

- Acknowledging the meaningful work that occurs in virtual settings. How we meet is more important than where we meet.
- Using virtual tools creates more time to talk with people and invites more meaningful identification of personal strengths and experiences.
- Explore opportunities for more entry-level jobs created due to pandemic change in lifestyles and job availability, e.g., [Grubhub](#) driver or other "gig economy" jobs.
- The divide between the disability workforce and the general workforce can be overcome by using standard employment practices and resources:
 - Use social media more for staying in touch
 - Assist people in using existing generic job search tools like [Indeed](#) and [CareerBuilder](#).
 - Attend virtual affinity conferences like Society for Human Resource Management (SHRM)



Essential Information for Leadership and Policy Makers:

- The EEO laws, including the ADA and Rehabilitation Act, continue to apply during the time of the COVID-19 pandemic. Still, they do not interfere with or prevent employers from following the CDC or state/local public health authorities' guidelines and suggestions about steps employers should take regarding COVID-19. Guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. **Therefore, employers and employment specialists benefit from staying informed about rapidly changing workplace safety.** <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
- While the future of work is an unknown variable at best, ensuring that the door to employment for the population of Americans with mental health conditions doesn't remain shut is our number one priority. **Equipping business and industry to further advance inclusive workplace practices, to advantage a diverse workforce in a post-COVID environment, is essential.** The economic impact experienced by Americans with disabilities is compounded by the economic disparities that existed before the current crisis. Greater flexibility must be exercised in implementing policies that support financial entitlements and benefits to the population of people with disabilities—ensuring critical incentives to re-employment and employment in the future. <https://www.ilr.cornell.edu/work-and-coronavirus/public-policy/impact-workforce-and-people-disabilities>
- **Service recipients and staff will all benefit from COVID-19 mental health considerations.** **ThriveNYC** provides a guide specific to workplace mental health. A summary of healthcare inequities and an easy to use a checklist for supporting mental wellness during the pandemic is included in the printable document. <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2020/05/COVID-19-Workplace-Mental-Health-Guide-Employers.pdf>
- The impact of the COVID-19 pandemic on Individual Placement and Support (IPS) supported employment services teaches policymakers there is **substantial evidence that new strategies and innovation implemented as a result of COVID-19 are recommended to keep in a post-COVID world.** These include the use of remote technologies, online interviews, providing ongoing support remotely, and providing more frequent support remotely. Survey results were provided by 88 New York State implementation sites, focusing on adaptations and innovations reported during a Mental Health Technology Transfer Center Network (HHS Region 4: Southeast) sponsored webinar. <https://southeastmhttc.org/impact-of-covid-19-realities-on-ips-supported-employment-webinar/>

Emerging Policy Need: Equitable COVID-19 Vaccination Initiative

Everyone is excited about vaccinations being available for COVID-19. As a component of services offered via supported employment, many participants will need to decide if and when to get a vaccine. Preparing supported employment staff to address these questions with an agency-consistent definition will benefit all participants.

Ezekiel J. Emanuel, MD, PhD, and colleagues authored an editorial for the JAMA Network. They began by enumerating 3 relevant ethical values considered COVID-19 vaccine allocation:

1. Benefiting people and limiting harm is a universal value
2. Prioritizing disadvantaged populations is likewise fundamental
3. Equal concern precludes consideration of differences, such as gender, race, or religion, when doing so would not help prevent harm or prioritize disadvantaged groups.



HealthLeadsUSA, an innovation hub that seeks to unearth and address deep societal roots of racial inequity that impact our health system reports, “According to recent polls, only 58% of the U.S. population would get vaccinated as soon as COVID-19 vaccines become available. The vaccine distribution strategies proposed in the U.S. lack a clear focus on racial health equity and clear coordination among federal, state, tribal and other local levels. This moment in



time demands a new level of collaboration, partnership, resources, and knowledge sharing.” People receiving public mental health services, especially people of color who are seeking employment, are a high-risk group. They are also more likely to experience delayed access to COVID-19 vaccines. Consider the 3 challenges and 3 opportunities:

THE CHALLENGE

The trust gap: Historic concerns, new racial tensions, systemic racism, and heightened disparities have further eroded public trust in a safe, effective, and accessible COVID-19 vaccine among hardest hit communities of color.

The leadership gap: A multitude of public/private players are engaged in vaccine strategy, but no single group has emerged to assume responsibility for a national vaccine supply and demand strategy or consistent national movement on these topics.

The resource gap: States face a significant resource gap for distribution and communication around a COVID-19 vaccine.

THE OPPORTUNITY

Ideas about how we **prioritize community health, public safety, and public trust** that previously seemed radical are now moving toward the mainstream.

Policy actors – including legislators and advocacy groups – now have a **broader latitude to shift the narrative** and change how health works in communities.

The **future of public health is local**, making it a national imperative to effectively and authentically engage local communities, bolster community-led solutions, and bring together multiple stakeholders committed to working collaboratively to solve our nation’s complex health and equity issues.

Persad G, Peek ME, Emanuel EJ. Fairly Prioritizing Groups for Access to COVID-19 Vaccines. JAMA. 2020;324(16):1601–1602. [doi:10.1001/jama.2020.18513](https://doi.org/10.1001/jama.2020.18513)
<https://healthleadsusa.org/equitable-vaccine-distribution-project/>

Center for Psychiatric Rehabilitation

Since 1979, the Center for Psychiatric Rehabilitation has been devoted to improving the lives of individuals with psychiatric conditions. We conduct research, provide training and deliver services to adults with psychiatric conditions and young adults wishing to complete their education.

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Endnotes

¹ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external icon>.

² Stephenson J. CDC Report Reveals “Considerably Elevated” Mental Health Toll from COVID-19 Stresses. JAMA Health Forum. Published online August 25, 2020. [doi:10.1001/jamahealthforum.2020.1078](https://doi.org/10.1001/jamahealthforum.2020.1078)

³ Managing mental health during COVID-19. American Medical Association. <https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19>

⁴ <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

