

**Supporting the Mental Health of Georgia Job Seekers and Employees with
Intellectual and Developmental Disabilities (I/DD) During the Pandemic and**

Post-Pandemic:

**A Focus on Encouraging Good Mental Health Through Reintegration and
Continued Integration of Georgians with I/DD into Their Communities**

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Executive Summary

The Covid-19 pandemic has affected life for everyone. This paper specifically provides context for how individuals with intellectual and developmental disabilities (I/DD) have managed in terms of their employment, mental health, and community inclusion during these challenging times. This paper examines how we, as professionals supporting with Georgians with I/DD, must do better to aid these individuals to reintegrate and continue to integrate into their communities. Since competitive integrated employment is an essential part of being fully participatory in their communities, supporting the mental health of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic must be conducted. This paper details action plans with steps we must take to ensure the mental needs of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic are met.

Introduction

Prior to the Covid-19 pandemic, Georgians with intellectual and developmental disabilities (I/DD) already struggled to find, get, and keep competitive integrated employment opportunities. According to Christiansen (2022), in 2018, only 13% of Georgians with I/DD were in competitively employed in community settings. This means only 2,101 individuals were in competitive employment settings, while 16,671 were receiving supports in day programmatic settings, which includes sheltered subminimum wage and non-wage activities. While there is no published data available past 2018 about the number of Georgians with I/DD in competitive integrated employment settings, there are reports (described later) of job losses experienced by individuals with disabilities during the pandemic.

March 2020 signaled an end to how people were living their lives. Although cases and deaths in Georgia are declining from the cases reported in 2020 and 2021, society is still dealing with the negative consequences of a prolonged pandemic. The Centers for Disease Control and Prevention (2022) report they expect variants of the disease to continue to evolve. The Omicron variant is a concern as it is more communicable than earlier variants. Therefore, it is important to recognize the Covid-19 pandemic is still ongoing. In fact, the emergence of increased communicable variants has led localities in Georgia to sometimes reinstate face mask mandates and social distancing measures.

As the pandemic rages on, individuals with I/DD continue to experience barriers to employment, one of which is dealing with the psychological stresses of

the prolonged pandemic. The mental health impacts of living through the Covid pandemic as individuals with I/DD have not been abundantly found and investigated. Intense and prolonged social isolation affects the psychological health of individuals in general (Kim, Bhullar, & Debra, 2020). However, for individuals who experience oppression because of societal inequality, their psychological health is at increased risk (Kim, 2020; Sevelius, Gutierrez-Mock, Zamudio-Haas, McCree, Ngo, Jackson, Clynes, Venegas, Salinas, Herrera, Stein, & Gamarel, 2020).

In aiding Georgians with I/DD in reconnecting and staying connected in their communities, there needs to be a systematic effort in supporting the mental health of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic. Competitive integrated employment is an essential part towards the full inclusion of Georgians with I/DD within their communities. As such, we, as professionals in the disability services field, cannot ignore the psychological effects Covid-19 continues to have on job seekers and employed Georgians with I/DD.

Covid-19 and Georgians with I/DD

On March 23, 2020, Georgia Governor Brian Kemp ordered a shelter-in-place order for those considered 'medically-fragile.' His shelter-in-place order furthermore applied to individuals living in long-term care facilities (Bluestein, 2020). For individuals with I/DD in Georgia, the Department of Behavioral Health and Developmental Disabilities (DBHDD) operates five large institutions. Besides these large institutions, the state of Georgia supplies funding to providers to make available services in such congregate settings as group homes, host homes, nursing homes, and care facilities housing sixteen persons or less. Although, Lulinski, Tanis,

and Nelis (2018) report 258 individuals with I/DD living in large institutions, Kemp's shelter-in-place order affected the hundreds of individuals in these other congregate settings as well. Facilities implemented strict visitor policies and socially isolated individuals with I/DD (even more than they were before the pandemic) from their communities. Even for those not living in congregate settings, the pandemic caused individuals with I/DD to lose services enabling them to take part fully in their communities. These services enable individuals to find, get, and keep competitive integrated employment.

Health Effects of Covid-19 on Individuals with I/DD

Individuals with I/DD do often experience health issues from secondary health conditions as well as from the social circumstances in which they live. Comorbidities, inadequate opportunities to receive high quality health care, and ecological considerations all influence individuals with I/DD being more at risk to develop chronic health ailments (Hsieh, Rimmer, & Heller, 2014). Health disparities related to individuals with disabilities stem largely from historic and pervasive marginalization of this population (Krahn, Walker, & Correa-De-Araujo, 2015). The advent of the Covid pandemic forced society to go back to old ways of completely segregating and socially isolating individuals with I/DD for the sake of their health. Justified at the time, backsliding to totally segregating and socially isolating individuals with I/DD may have significant impacts way beyond the end of the pandemic. These impacts will contribute to the psychological health of individuals with I/DD as they regain integration into their communities as well as competitively employed in their communities.

Need to Address Mental Health

For a population who has continuously struggled to become fully integrated and participatory within their communities, the Covid-19 pandemic curtailed strides Georgians with I/DD had made to achieve the goal of complete inclusion. Georgians with I/DD faced and continue to face decreased access to services allowing them to become meaningful parts of their communities. They faced and continue to face increased degrees of social isolation. As a result, increased degrees of social isolation have affected their well-being and mental health. Research studies, such as Lake, Jachyra, Volpe, Lunskey, Magnacca, Marcinkiewicz, and Hamdani (2021) and Lund, Forber-Pratt, Wilson, and Mona (2020) reveal individuals with I/DD experienced and are experiencing significant challenges to their mental health as well as well-being related to the pandemic. These challenges include accessing factual information, interpreting information, navigating healthcare resources, contending with medical rationing fears, meeting public hygiene expectations, facing denial of community-based supports, relying on non-paid supports, and losing face-to-face interactions.

The importance of addressing the mental health needs of Georgians with I/DD as seek out or continue with competitive integrated employment must be paramount. Individuals with I/DD have not had the same opportunities to use strategies to their peers without disabilities have had during the past two years in dealing with the sudden lack of in-person social connections. For example, the word *Zoom* has developed a whole other meaning besides going fast. *Zooming* now is the term usually associated with teleconferencing via a computer-based video

application. However, for those with I/DD, accessing technology is often exigent. A large population of individuals with I/DD struggle with access to technology. Some individuals with I/DD need support and/or training to use technology effectively (Chadwick, Ågren, Caton, Chiner, Danker, Gómez-Puerta, Heitplatz, Johansson, Normand, Murphy, Plichta, & Wallén, 2022) With reductions of services, individuals with I/DD have even less opportunities to access technology and support to use that technology. Limited access technology and support to use that technology additionally restricts another strategy people without disabilities have used and continue to use during the pandemic. This strategy is telehealth/telemedicine.

The need for access to telehealth/telemedicine has increased since the start of the Covid-19 pandemic. A part of the array of services offered through telehealth/telemedicine are mental health supports. These mental health supports could help Georgians with I/DD cope with the stresses of and social isolation caused by the pandemic. The potential for telehealth/telemedicine services to aid individuals with I/DD about mental health issues is great, but barriers and challenges to these services must be addressed robustly (Krysta, Romańczyk, Diefenbacher, & Krzystanek, 2021). Use of telehealth/telemedicine by Georgians with I/DD will ease the challenge of finding accessible transportation (especially in rural areas with no public transportation) and diminish the demand with adherence to mask mandates and other public measures. However, expanding the use of telehealth/telemedicine for Georgians with I/DD must not be in lieu of improving access to in-person health service. Improving access to telehealth/telemedicine

must be done concurrently with improving access to telehealth/telemedicine for Georgians with I/DD.

Employment Impacts of Covid on Individuals with I/DD

In the United States, early in the pandemic, an estimated one million individuals with disabilities experienced loss of jobs (Smith, 2020). By mid-2021, 200,000 more individuals with disabilities lost their jobs (Wong, Ezeife, Kudla, Crown, Trierweiler, Capraro, Tomazin, Su, Pham, & Heinemann, 2022). Many individuals with I/DD reported job opportunities lost or hours worked reduced (Carey, Miller, & Finnegan, 2021; Dodds, Maurer, Montgomery, Cutting, & Jilek, 2022; Schall, Brooke, Round, & Lynch, 2021).

When the pandemic started, the State of Georgia and its' counties implemented shutdowns of non-essential businesses. These shutdowns were months long and mainly affected the service industry. Restaurants and retail outlets closed, leaving employees without paychecks or laid-off. Unfortunately, most people with disabilities, especially those with I/DD, work in low-paying, service industry jobs where teleworking is not an option (Smith, 2020). Therefore, many individuals with I/DD lost their competitively paid jobs in the communities. Furthermore, only 30% of people with disabilities had jobs with high teleworking potential (Smith, 2020). People with disabilities who worked in essential jobs such as those in agriculture and mining, information, transportation, utilities and financial activities kept more jobs than people with disabilities in other industries. Individuals with disabilities in installation, service, and repair jobs reported the most loss of employment (Office of Disability Employment Policy, 2020).

Supporting the Mental Health of Georgia Job Seekers and Employees with I/DD

As we reach closer to returning to how life was before the pandemic, there are still increased barriers to for individuals with I/DD stemming from Covid-19. These barriers existed before the pandemic and are currently worsened. One of these barriers relates to ensuring support for the mental health needs of Georgia job seekers and employees with I/DD. Georgia job seekers and employees with I/DD continue to face issues such as lack of supports and services to find, get and keep competitive integrated employment. These supports and services include those aiding mental health. This lack of supports and services is significantly due to the national workforce crisis currently happening, but it also has to do with how we as professionals in the disability services field fundamentally aid and value Georgians with I/DD.

Calls to Action

Better supporting the mental health of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic will require systematic changes in the method we provide services and supports to them. The following paragraphs detail two broad action plans. These broad action plans have specific steps we have a duty to take to better supporting the mental health of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic. We need to stop needlessly isolating Georgians with I/DD from their communities. As said earlier, the start of the pandemic required us to further segregate Georgians with I/DD from their community peers. As a result, social isolation affected their mental health. As we slowly exit from the pandemic, it is imperative we do not continue this practice.

We must take the following action steps to ensure we end the unnecessary exclusion of Georgians with I/DD from partaking in all aspects of community life, including being competitively employed in settings with peers without disabilities. This will be significant in addressing the mental health of Georgians with I/DD. These steps are based on plans related to 1) supporting policies promoting community inclusion and equity, while ending policies upholding segregation and unfairness, and 2) expanding quality community-based mental healthcare access for Georgians with I/DD.

1. Supporting policies promoting community inclusion and equity, while ending policies upholding segregation and unfairness. As this paper previously discussed, marginalization of individuals with I/DD significantly affects their mental health. Continued policies promoting or, at the very least, financially incentivizing segregating Georgians with I/DD must stop. According to Hotez, Hotez, Rosenau, and Kuo (2021), fragmented access to general health and prophylactic care, stereotypes held by society and the medical community, and marginalization contribute to the higher rates of mental health conditions experienced by individuals with I/DD. In 2022, we still have a disability service system performing services inconsistent with the sprits of the Americans with Disabilities Act, the Olmstead Decision, the Department of Justice Settlement Agreement, and the Home and Community-Based Services (HCBS) Settings Rule.

In terms of supporting the mental health of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic, we need to a) phase out the practice of paying individuals subminimum wages, and b) financially incentivize services and supports enabling Georgians with I/DD access to competitive integrated employment opportunities.

- a. *Phasing out the practice of paying individuals subminimum wages* requires legislative action to change policy. In 1938, the Fair Labor Standards Act (FLSA) created a special exemption authorizing employers to pay wages significantly lower than the minimum wage to workers with disabilities. Progressive at the time, these wage provisions were created to encourage the employment of veterans with disabilities in a manufacturing-centered economy. Nowadays, paying significantly lower than the minimum wage to workers with disabilities is increasingly inequitable and challenging to civil rights. Supporting the phasing out the practice of paying individuals subminimum wages starts with i) understanding the effects of subminimum wages has had on the mental health of individuals with I/DD, ii) building a coalition encouraging the phasing out the practice of paying individuals subminimum wages and, iii) actively endorsing an Employment First agenda.

- i. *Understanding the effects of subminimum wages has had on the mental health of individuals with I/DD* is possible through actively listening to individuals with I/DD who are or have been subjected to being paid subminimum wages. For example, James Meadours (2010), who is an individual with I/DD, talks about his feelings when receiving his first paycheck as an employee making subminimum wages in a YouTube clip. We must not only review the information available online but reach out to Georgians with I/DD to hear of their experiences.
- ii. *Building a coalition encouraging the phasing out the practice of paying individuals subminimum wages* needs to happen now. We need to build and join the coalition to be favor of a policy that focuses on phasing out the practice of subminimum wages specifically in the State of Georgia. The author of this paper is currently supporting this endeavor through a contract with the Georgia Council on Developmental Disabilities (GCDD). Through this contract, a coalition will be created for the purposes of strategizing ways to eliminate 14c and shift focus on competitive integrated employment.

iii. *Actively endorsing an Employment First agenda* must occur by following through with implementation of activities making competitive integrated employment the first choice in providing daily supports and services to Georgians with I/DD. This requires us to continue in working towards the expected outcomes of the Employment First Council. The expected outcomes surround making “employment as the first and preferred option for individuals with disabilities receiving public services who choose careers as a path to independence.” (Georgia Vocational Rehabilitation Agency, 2020).

b. *Financially incentivize services and supports enabling Georgians with I/DD access to competitive integrated employment opportunities* means a total restructure of provider rates about offering day supports in sheltered workshop settings verses services allowing Georgians with I/DD to work for competitive wages alongside individuals without disabilities. We need to address the issue by i) applying for federal demonstration grants, ii) using the federal aid provided, if passed, in the Transformation to Competitive Integrated Employment Act, and iii) exercising

cross-agency funding and services to facilitate competitive integrated employment.

- i. *Applying for federal demonstration grants* aids us in setting up how innovative models and new ways of thinking expand competitive integrated employment. These grants are often put forth by the Administration on Community Living (ACL), U.S. Department of Labor (USDOL), and U.S. Department of Education (USDOE). These entities want States to show innovative concepts about supporting competitive integrated employment.
- ii. *Utilizing the federal aid provided, if passed, in the Transformation to Competitive Integrated Employment Act* will allow Georgia employment service providers to get the aid needed for transformation of their services. If the Transformation to Competitive Integrated Employment Act passes, this federal bill will provide grants and technical aid towards transitioning employers to a business model that pays at least minimum wage to workers with disabilities. The Act will aid providers in continuing to provide services and supports to workers with

disabilities, particularly to those with the most significant disabilities.

- iii. *Exercising cross-agency funding and services to facilitate competitive integrated employment* will expand access to work opportunities. However, this requires agencies collaborating to achieve individuals' employment goals. Often though, agencies run in their own spheres and do not coordinate with each other. Successful competitive integrated employment outcomes depend on creative cross-agency funding and services. Creating teams of representatives from the Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Vocational Rehabilitation Agency (GVRA), and entities included under the Workforce Innovation and Opportunity Act (WIOA).

2. Expanding quality community-based mental healthcare access for Georgians with I/DD. Access to quality community-based mental healthcare for Georgians with I/DD is complicated by barriers. Since the pandemic started, the barriers in accessing mental health services for those with I/DD met have been worsened (Margolis, 2021). Supporting the mental health of Georgians with I/DD through reintegration and continued integration of them into their

communities calls for us to end barriers to receiving mental health services. These services must exist in local communities, not in segregated facilities just for individuals with I/DD. The latter choice contradicts the point of community reintegration and continued integration. Therefore, we must ensure access to services available to those without disabilities are accessible and at the same quality for Georgians with I/DD.

To begin addressing access, we must a) assess the specific needs of Georgia job seekers and employees with I/DD that includes solution recommendations and b) provide training to both mental health professionals and pre-service medical students about serving individuals with I/DD.

- a. *Assessing the specific needs of Georgia job seekers and employees with I/D that includes solution recommendations* will serve to guide us in our plan to expand quality community-based mental healthcare access. As stated previously in this paper, there are mental health issues experienced by individuals with I/DD since the start of the pandemic were explained. We need to investigate further how the pandemic has affected specifically Georgia job seekers and employees with I/DD. To accomplish this goal, we must conduct a statewide needs assessment which i) investigates the experiences of Georgians with I/DD and

families regarding pandemic-related mental health challenges and service access, ii) documents employment support and mental health providers' challenges in serving those with I/DD, and iii) records the workable solutions to challenges faced by all stakeholders.

- i. *Investigating the experiences of Georgians with I/DD and families about pandemic-related mental health challenges and service access* must be carried out. This can be achieved through conducting surveys, focus groups, and personal interviews with Georgians with I/DD and their families about pandemic-related mental health challenges and service access barriers. By doing these tasks, we can focus on supporting mental health as it relates to employment. We can take note of the specific barriers affecting Georgians with I/DD finding, getting, and keeping competitive integrated employment.
- ii. *Documenting employment support and mental health providers' challenges in serving those with I/DD* is also important in authenticating the complexities of supporting the mental health of Georgia job seekers and employees with I/DD. This can be achieved through conducting surveys, focus groups, and personal interviews with employment support and mental health providers about barriers in

serving those with I/DD pandemic-related mental health challenges. We can take note of the specific barriers affecting providers' abilities in aiding Georgians with I/DD with their competitive integrated employment goals.

iii. *Recording the workable solutions to challenges faced by all stakeholders* requires us not to just settle for the information gathered through the needs assessment. Creating space for contemplating solutions motivates us to act. We do not need another document without a method to address needs. We can build on the knowledge already gained through this paper as well as comprehension gotten through our needs assessment to document solutions.

b. *Providing training to both mental health professionals and pre-service medical students about serving individuals with I/DD* is critical in expanding the availability of high-quality community-based mental health services for Georgians with I/DD. Studies demonstrate often healthcare professionals have distorted views about individuals with I/DD.

Professionals tend to make healthcare decisions based on these perspectives, which do not reflect the actual needs of individuals with disabilities (VanPuymbrouck, Friedman, & Feldner, 2020). The lack of knowledge mental health professionals has about individuals with I/DD is a significant

barrier to accessing quality community-based mental healthcare for Georgians with I/DD. Subsequently, medical programs variably teach about working with individuals who have I/DD (Erwin, Hennen, Merrick, & Morad, 2014). Nationally, only 61% of medical school deans surveyed felt students were competent to work with individuals with disabilities (Holder, Waldman, & Hood, 2009). Studies show medical students report little understanding and/or misconceptions about individuals with I/DD (Ryan & Scior, 2014). Therefore, we need to i) establish partnerships with Georgia's medical / healthcare college and university programs to identify and implement methods to educate future mental health professionals about individuals with I/DD, ii) collaborate with State medical and healthcare organizations to deliver education to existing mental health professionals, and iii) create opportunities for Georgians with I/DD and their families to meaningfully contribute to the development and implementation of this education.

- i. *Establishing partnerships with Georgia's medical / healthcare college and university programs to find and implement methods to educate future mental health professionals about individuals with I/DD is a critical step to address access issues. There are five*

major medical schools in Georgia as well several other schools offering healthcare-related programs. These programs enroll thousands of students each year. Developing ways to reach these students to educate them about individuals with I/DD will expand the number of community-based professional who can provide quality mental health supports to this population. Agencies who serve Georgians with I/DD need to meet with school administrators and curriculum developers to plan to integrate I/DD-focused content in their programs.

- ii. *Collaborating with State medical and healthcare organizations to deliver education to existing mental health professionals* has the same functions as the proceeding step, only with targeting current mental health professionals. In Georgia, there are approximately 160 professionals specializing in mental health care per 100,000 population (Centers for Medicare & Medicaid Services, 2021). Using U.S. Census Bureau (2022) population projections, in July 2021, there were an estimated 10,799,566 residents of Georgia. Therefore, it is likely Georgia has approximately 17,280 mental health professionals.

We need to collaborate with such organizations such as Licensed Professional Counselors Association of Georgia, Georgia Psychological Association, and National Association on Mental Illness (NAMI) Georgia Chapter to create and distribute educational material for existing professionals in the field. We need to break away from the separation existing between I/DD services and community-based mental health providers.

- iii. *Creating opportunities for Georgians with I/DD and their families to meaningfully contribute to the development and implementation of this education is essential. Those who have I/DD and their families are in the best positions to find what they need from current and future mental health professionals about access and communication. They should be at the forefront of the curriculum.*

Conclusion

Supporting the mental health of Georgia job seekers and employees with I/DD during the pandemic and post-pandemic has complexity. This paper focused on supporting the mental health of this population through reintegration and continued integration of them into their communities. The Covid-19 pandemic has caused major disruptions of life activities for everyone. However, for Georgians with

I/DD, the pandemic only increased and added to barriers they experienced years prior to the detection of the virus. As a result, greater social isolation caused and still is generating amplified need to provide community-based supports to Georgians with I/DD. This paper has detailed the research existing about how Covid has affected the mental health and employment of those with I/DD as well as their decreased access to community services.

Competitive integrated employment is a significant part of being an active participant in the community. To ensure the mental health of Georgians with I/DD, we must support them living and working in safe fully inclusive communities. The action plans outlined in this paper is a comprehensive way to build a system support the mental health of job seekers and employees with I/DD during the pandemic and post-pandemic.

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