

The Response to COVID-19: The Impact on Disability Communities Across the World

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ABSTRACT

The mental and physical health disparities for disability communities have been impacted by COVID-19 across the world. More and more, people with disabilities are in need of psychological and medical support. Given the worldwide response to COVID-19, many people with disabilities are unable to receive services, identify methods of safe transportation, obtain necessary procedures for disability management, and access equitable sources of education.

BACKGROUND

In the world, approximately one billion people identify as having a disability. Considering the impact that the present pandemic has had on individuals' qualities of life, it is important to consider how this presents for persons with disabilities around the world. For instance, the resulting requirements of decreased interaction with individuals due to social distancing and self-isolation has negatively affected individuals in different countries requiring support and assistance from caregivers or in-home aids. Further, many community resources and educational services have been suspended, which has further contributed to socioeconomic concerns and vulnerabilities for the global disability population. Institutional care such as psychiatric facilities and prisons as well as residencies for seniors have also faced greater exposure to contamination and spread due to significant oversight of clients and residents with disabilities (United Nations, 2020).

RESPONSIBILITY TO DISABILITY

Universal Declaration of Human Rights, Article 25

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

OVERVIEW

COVID-19 Across the World As Of November 22, 2020

- **58,521,493 Global cases**
- **1,386,051 Global deaths**
- US: 12,219,209
- India: 9,095,806
- Brazil: 6,052,786
- France: 2,191,180
- Russia: 2,071,858
- Spain: 1,556,730
- United Kingdom: 1,515,802
- Accessibility Concerns:
 - Medical care, follow-up care, and medical treatment, education, updated and accessible information, transportation, essential items for living.
- Activities of Daily Living:
 - Concerns pertaining to hygiene, nutrition, physical activity, socialization or lack thereof.
- Quality of Life:
 - Increased mental health concerns, segregation by society as countries have begun reintegrating and opening.
- Systems of Care:
 - Financial systems, institutional systems, educational systems, support systems, medical systems.

RESOURCES

Disability COVID-19 Response: Mental Health

<https://disabilityin.org/resources2/covid-19-response-mental-health/>

Johns Hopkins University

<https://coronavirus.jhu.edu/map.html>

Mental Health of Persons with Disabilities During the COVID-19 Pandemic

<https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/04/Salud-Mental-Covid19-y-personas-con-discapacidad-ENGApril15.pdf>

The World Bank

<https://www.worldbank.org/en/topic/disability#2>

Universal Declaration of Human Rights

https://www.ohchr.org/en/udhr/documents/udhr_translations/eng.pdf

World Health Organization

<https://www.who.int/docs/default-source/documents/disability/covid-19-disability-briefing.pdf>

RECOMMENDATIONS

As psychotherapists, we play a vital role in disability care across disciplines to ensure the mental and physical care of our clients.

Disability-Affirmative Therapy Framework (Olkin, 2017)

1. The developmental history of the individual (and family) and how disability affected the system;
2. The current impact of disability, with an emphasis on pain, fatigue, sleep, and falls;
3. Models of disability (moral, medical, social, biopsychosocial) of the individual, the parents, the partners, and the therapist;
4. Disability in the context of other demographic and cultural variables;
5. The disability culture and community, and the client's knowledge and access to the culture and community;
6. How disability is affecting the person's current social interactions;
7. The experiences of microaggressions, discrimination, and oppression the person's has experienced or currently experiencing;
8. Current intimacy (sexuality, partnership relationships) and disability within the context of those relationships

COVID-19 Considerations

1. Proactively explore disparities in telemedicine/therapy access,
2. Develop solutions to mitigate barriers to digital literacy and the resources needed or engagement in virtual sessions,
3. Remove health system-created barriers to accessing virtual sessions,
4. Advocate for policies and infrastructure that facilitates equitable access to services.

REFERENCES

Olkin, R. (2017). *Disability-affirmative therapy*. Oxford

(Please see Resources section for additional references)