

SUPPORTING THE DUALY- DIAGNOSED THROUGH COVID-19

(Intellectual
Disabilities and
Mental Health)



**Did you know 40-50% of
people with Intellectual
Developmental
Disabilities also have
mental illness?**



LEARN MORE ABOUT THE BARRIERS
INDIVIDUALS WITH DISABILITIES FACE &
WHAT WE ARE DOING HERE AT THE
UTAH PARENT CENTER TO ASSIST
THESE INDIVIDUALS AND FAMILIES...

The General Mental Health Toll from COVID-19

Many suffer from...

Stress


Anxiety

Fear

Loneliness

Barriers

INEFFECTIVE COMMUNICATION



Inaccessible
communication
methods, forgetting
about the disability
community

BIAS AND DATA

Implicit bias that people
with disabilities do not
have a certain "quality of
life," lack of data

INCOMPATIBLE MEASURES

Failure of policy to
accommodate the needs
of people with
disabilities

INEFFECTIVE COMMUNICATION

One of the new challenges of communication during the pandemic was almost everything moving virtual. Not prioritizing the accessibility of information or simply overlooking the disability community leads to severe consequences, especially during a pandemic.

Some people who are often overlooked are people who are blind/low vision (who often need screen reader tools that are not often accessible), cognitively disabled (who often need simpler text/speech and more pictures, deaf/hard of hearing (who more often need interpreters or closed captioning).

Occasionally if these accommodations are in place, there may not be adequate training for individuals to effectively use them. These are just a few examples of the accommodations that may fall through the cracks during a public health emergency like the COVID-19 pandemic.

With the pandemic in mind, ineffective communication is a massive barrier keeping the disability community from reaching the public health information and essential services they need.

DATA

The next barrier to the disability community is the lack of data. The National Council on Disability reports gaps in disability data collection that affect the general understanding of the impact of the pandemic. This lack of data creates many challenges for addressing public health emergencies as well as preparing for the next.

In fact, in their report published in October of 2021 they mention The U.S. Standard Certificate of Death. Specifically, they highlight how “there is no space for recording disability status as a demographic characteristic of a deceased person” on the death certificate. And they go on to note that “because disability status as a demographic fact is not required or asked on death certificates, it is extremely difficult to establish even the bare fact of how many people with disabilities died from COVID-19, and we know even less about the personal characteristics or health of those who have died”

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INCOMPATIBLE MEASURES

Incompatible measures means the failure of policy or procedures to accommodate the needs of people with disabilities.

While measures to slow the spread of COVID-19 were useful in protecting much of the population, these measures “posed unique problems and barriers to people with disabilities” (National Council on Disability).

For example, when the mask mandate was put into place, the deaf and hard of hearing community, or anyone who relies on visual cues for comprehension, lost much of their ability to communicate.

Telehealth is vital for many to receive the care they need. But for people who are blind or have low vision, have cognitive disabilities, or even unstable access to the internet, telehealth was less accessible.

The stay at home orders were a particular challenge for the disability community who often rely on other people being able to bring resources and services to them. And with enforced stay at home restrictions, their health and well-being was put at risk.

Each of these examples shows that the disability community, who are already struggling to fight for the services they deserve, were not properly accommodated with these COVID-19 measures.

BIAS

The COVID-19 pandemic exposed and exacerbated the disability bias in health care.

This disability bias usually boils down to the assumption that people with disabilities do not have the same “quality of life” as those without disabilities.


This underlying bias can lead to discrimination in access to care for these individuals. This can be especially harmful during a public health crisis, when resources and time are already scarce. An implicit bias can take over in those split-second decisions.

This can also impact disability bias with the regard to the mental health of people with disabilities.

“Many healthcare professionals continue to see the poor health outcomes of people with disabilities as an inevitable function of disability rather than an avoidable consequence of accessibility barriers, lack of needed modifications in policies and procedures, and explicit and implicit bias among providers.”

THE NATIONAL COUNCIL ON DISABILITY

Unfortunately, it is quick and easy to look at someone with developmental or intellectual disabilities and say “of course they have mental health struggles, look at their low quality of life.” It is harder to address the implicit bias that makes us assume that and actually uncover the truth.



Mental Toll and Impact on Families of People with IDD/DD

The pandemic was not only hard on the mental health of people with disabilities, but their families and support systems too.



- OVERWHELMING STRESS

- POWERLESSNESS

- IMPOSSIBLE CHOICES

- NO RESPITE

- HOPELESSNESS

What are we doing about it?

Utah Parent Center



**IDD/DD Specific
Vaccine Clinics**



**Online COVID
Toolkit**



Inclusion of Rural Cities



CHW Training



Peer-to-Peer Mentoring



**Accessible
Infographics**



Utah Parent Center

**Please contact us for
support or resources**

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