

# Right to an Adequate Standard of Living: Social Work and Mental Health in a COVID-19 Era

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## Abstract

The COVID-19 pandemic may have strengthened social work students' awareness regarding the mandates of the profession. Specifically, students' unique lived experiences with COVID-19 highlighted the responsibility that the social work profession has in upholding fundamental human rights for our students. A secondary analysis of data collected via a field education survey for undergraduate and graduate social work students (N=234) was used to examine how the COVID-19 pandemic impacted students' educational experience. Results indicate that to ensure the right to an adequate standard of living, the social work profession in a COVID-19 era must broker and advocate for mental health resources. Implications for social work education are discussed.

*Keywords:* COVID-19, adequate standard of living, mental health, human rights, social work

## Introduction

The School of Social Work at San Diego State University engaged in a thoughtful planning process for what classroom and field education should look like during a global pandemic. As a response to disruptions caused by the COVID-19 pandemic, our School sought feedback from students, faculty, community agencies and field instructors, and the University. As one of the most critical stakeholders in this process, we asked students to complete an online survey to discuss

how the COVID-19 pandemic impacted their circumstances and learning goals. A single survey question may have unveiled one of the most important findings of this time. This paper discusses how our social work students, perhaps indirectly, highlighted how mental health is an unrealized component of the protected right to an adequate standard of living.

## Mental Health in the United States

The United States has pronounced mental health issues. In 2018, the Substance Abuse and Mental Health Services Administration found that one in five U.S. adults experience mental illness each year as defined by a condition affecting a person's thinking, feeling, behavior or mood, and having the potential of impacting day-to-day functioning and the ability to relate to others (SAMHSA, 2019). Recent studies suggest that the impact of coronavirus has exacerbated mental health-related issues. In late March 2020, the Kaiser Family Foundation found that 7 in 10 United States residents said that their lives were disrupted "a lot" or "some" by the outbreak; 4 in 10 adults reported that the crisis had harmed their mental health, and about 1 in 5 said it had had a "major impact" including about 25% of women, Hispanic adults, and Black adults (Kirzinger et al., 2020). The CEO of Mental Health America, Paul Gionfriddo, stated, "These numbers represent the tip of an iceberg. Tens of thousands of people are already experiencing serious mental health problems because of the pandemic, many of them young" (Sarical, 2020, para 2).

## **Mental Health Stigma**

The National Alliance on Mental Illness reported that the demand for mental health resources saw a significant increase from March 1 to April 23, 2020 from individuals concerned about financial insecurity, the lack of health insurance, and or their families becoming ill (Morgan, 2020). Despite this demand for mental health resources, the stigma around mental illness is a significant barrier to seeking help. It is estimated that 40% of individuals with serious mental illness issues in the United States went without treatment in 2011 (Corrigan, et al., 2014).

There is a clear distinction between how those in the United States tend to think about mental health and physical health, with a tendency for stigma to be associated with seeking the former. A recent study found that individuals did not believe their mental health would be perceived as a legitimate health concern equivalent to a physical ailment (Physical illness, 2020). Public stigma, institutional stigma, and self-stigma allow mental health rights to be largely ignored. For example, institutional stigma can manifest as insurance providers covering mental healthcare to a lesser extent than other care, whereas self-stigma looks like lack of motivation to seek help. Mental health is part of “health and well-being,” yet receives little recognition in terms of defining an adequate standard of living.

## **Adequate Standard of Living**

Social workers and those concerned with upholding the fundamental human rights of all persons must consider that people with mental illness are not only facing stigma, but to a higher degree, discrimination. A standard of living adequate for health and well-being, as affirmed by Article 25 of the Universal Declaration of Human Rights, is not being upheld when it comes to mental health specifically when we consider how much mental health is overlooked:

Everyone has the right to a standard of living adequate for the health and well-being [of themselves and their 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 [their] control. (United Nations, 1948)

For those with mental health challenges, experiences of discrimination include barriers to adequate housing, education, employment, and health care, as well as damaging labels such as “crazy” or “nuts.” The mental health movement is a civil and human rights movement, and through its use of education, support, and advocacy, it seeks to change laws and policies to improve access to treatment and services. Social work is inseparable from human rights, and there is a responsibility for social work professionals to uphold these rights of humans (Dibbets & Eijkman, 2018; United Nations Human Rights Council, 2010).

## **Shared Trauma**

The COVID-19 pandemic and the impending mental health crisis in its wake have created an opportunity for shared trauma. Shared trauma is defined as two individuals sharing the same collective trauma (Siegel, 2020). For example, a social worker and a client can both have similar lived experiences as related to an outside traumatic event (e.g., natural disaster, terrorist attack). However, for the social worker, their role is to help clients process their experiences with the trauma separate from the same trauma that the social worker may be experiencing as well. For our social work students, disruptions experienced to their education and personal lives due to COVID-19 generated a shared traumatic event with those they serve or plan to serve. As future social work professionals, our students indicated a responsibility to broker and advocate for an adequate standard of living that includes mental health rights at every system level, even while navigating their own lived experiences with a global pandemic.

## **Methods**

This is a secondary analysis of data collected via a School of Social Work Field Education Survey. The original purpose of the survey was to inform the School’s field education program planning efforts for the 2020-2021 academic year. Given the educational disruptions students experienced due to COVID-19 in Spring 2020, it was critical for the School to seek student perceptions regarding learning goals and expectations for field education in a COVID-19 era. We found students very

willing to qualitatively share their thoughts regarding in-person and remote field practicum experiences and seminars; future plans for their social work education; and how the School as well as field education sites could help address student concerns. As a result of the depth and variety of responses to these items, we pursued a secondary data analysis study to further understand the importance of this unprecedented moment in time. The San Diego State University Institutional Review Board reviewed and verified this secondary data analysis study as exempt in accordance with federal requirements pertaining to human subjects' protections within the Code of Federal Regulations (45 CFR 46.104).

### **Sample**

The survey was completed by a total of 234 undergraduate and graduate social work students who were to be enrolled in a BASW or MSW field placement in the 2020-2021 school year, with a response rate of 76%. Most respondents were foundation (n=78) and advanced year level (n=85) graduate students, representing 69.7% of sample; 71 respondents were undergraduate level students (30.3%). The only missing data generated from the survey (n=42) were for items that were not applicable to the respondent (e.g., not enrolled in Spring 2020 field education program). Because the scope of this study was to understand student's perceptions regarding the role of social work during the COVID-19 pandemic, surveys with missing data were included in the analysis. Demographic data was not collected. The School of Social Work is in a public university in the Southwest region of the United States.

### **Procedures**

The survey was designed by the School's Director of Field Education. Survey data were collected using Google Forms during a three-week period in May 2020. Purposeful sampling techniques were employed, with the Director of Field Education inviting participation from current and future Fall 2020 students to complete the survey. The goal of the survey was to understand student perceptions, circumstances, and learning objectives related to field education and how the COVID-19 pandemic might impact them. Data obtained for the original purpose of the survey was used to inform field education planning for Fall 2020. For this study, the Director de-identified the data collected via Google Forms for IRB approval.

### **Measures**

*School of Social Work Field Education Survey.* The Field Education Survey was predominately open-ended questions, with a total of 16 items. The survey comprised items related to intent to start or continue field practicum experience in Fall 2020; perceptions of remote competency development activities, virtual field seminars, and in-person field experiences; suggestions for School and field sites to ensure learning goals while supporting students; and the profession of social work. Sample items included "How concerned are you about COVID-19 and its potential impact on your future field practicum experience?" and "If you attended virtual field seminars in spring 2020, is there anything that Field Faculty could do to improve the learning experience?" This secondary analysis focused solely on the last item on the survey which asked, "What do you believe is the role of social work during the COVID-19 pandemic?"

### **Data Analysis**

A qualitative analysis software program, NVivo 12, was used for analysis. All data generated from the "What do you believe is the role of social work during the COVID-19 pandemic?" question was extracted from Google Forms and uploaded into NVivo 12 (N=234). Code words were grouped around a "particular concept in the data, called categorizing" (Merriam, 2002, p. 149). The two authors reviewed and coded the responses independently and discussed findings to improve trustworthiness through triangulation using thematic analysis (Braun & Clarke, 2006). Once we agreed on the established codes, we reviewed all responses (N=234) a second time independently to ensure no new codes were observed in the data set. The codes were then used to arrive at overarching themes.

### **Results**

Within the data generated from the open-ended question addressing how students perceived the role of social work in the COVID-19 pandemic, an overarching theme emerged: a responsibility to ensure an adequate standard of living for all persons. Two distinct professional social worker roles, (1) broker and (2) advocate, conceptualized this responsibility.

## **Broker**

Ensuring that individuals, families, and communities have the necessary resources to maintain an adequate standard of living was found to be a paramount role a social worker should play during the COVID-19 pandemic. A foundation year graduate student described:

I believe the role is to check in with our communities and continue reaching out to families and individuals for any assistance they may need such as needing groceries, financial resources, requiring mental and or physical support, and or feeling unsafe within their household and needing protection.

Student respondents discussed at length connecting individuals to resources that provide the fulfillment of fundamental human rights such as food, housing, safety, healthcare, and unemployment. This is further illustrated by this advanced year graduate student:

Social work is incredibly important during COVID 19. Many people are experiencing much uncertainty when it comes to their well-being both mentally, physically, and financially. Social workers can implement a wide variety of interventions to aid in the mental well-being of their clients and connect them with much needed resources following the loss of jobs due to COVID. I don't think there has been a time where social workers are so needed.

Addressing mental health concerns (e.g., depression, anxiety, isolation, suicidality) was explicitly identified as a role social workers should play in the COVID-19 pandemic. Respondents asserted that social workers should be responsible for identifying, locating, and linking resources specific to mental health, with mental health a crucial component of an adequate standard of living just as physical health needs are.

## **Advocate**

Safeguarding and promoting human rights is a significant responsibility for the social work profession. Social workers stand up against

injustices and work with or on behalf of vulnerable and oppressed individuals. Students perceived social workers undertaking a dominant advocacy role in response to the COVID-19 pandemic. A foundation year graduate student shared:

Social workers now, more than ever, continue to provide guidance to clients and connect communities to resources. COVID-19 is disproportionately affecting communities of color and exposing the impact that systematic oppression is having on people's health. Our role is to continue supporting disadvantaged populations during this pandemic.

Social workers not only advocate to ensure individuals have access to needed information, resources, and services that help meet an adequate standard of living, but social workers pursue social change to challenge social injustices. Students highlighted the responsibility that the profession has in ensuring policies created in response to the crisis are equitable. An undergraduate student shared:

Social Workers are responsible for protecting the most vulnerable populations. It is our responsibility to try and enact systematic change within our society so that in the future, vulnerable populations are better protected and equipped.

Students also felt COVID-19 was exacerbating the social injustices already present in US society. A foundation year graduate student commented:

COVID-19 is highlighting and amplifying many socioeconomic divides in our society, including access to quality healthcare, housing, education, and jobs. I believe the role of Social Work is to address these differences and advocate for disadvantaged groups, in community-based and direct practices and policymaking.

## **Discussion**

We found that undergraduate and graduate social work students demonstrated a strong consensus that social workers must connect individuals with needed resources and advocate for those that are lacking in those resources and services. Resources were considered those that ensure an adequate standard of living. Perhaps our most critical understanding of the social work profession's role in the COVID-19 pandemic, however, was the need to call out mental health as a distinct factor in defining an adequate standard of living.

## **Social Work Education Implications**

Through increased accessibility and the provision of mental health services, social work educational institutions can play a pivotal role to ensure mental health is considered a fundamental and inalienable right to an adequate standard of living, distinct from physical health. One way is by preparing students to provide social work services via telehealth. Telemental health is the practice of delivering mental health services remotely between a practitioner and a client who are at two distinct locations via communications technologies.

Before the COVID-19 national public health emergency, providers subject to the Health Insurance Portability and Accountability Act (HIPAA) had to use HIPAA compliant video conferencing platforms and were required to establish a Business Associate Agreement (BAA). The Coronavirus Aid, Relief, and Economic Security (CARES) Act has allowed greater regulatory flexibility in telehealth to increase accessibility to services. This enables uninterrupted service provision to individuals in need during the pandemic, particularly to those most at risk, including older adults and those with disabilities.

Social work programs can further support field education placement sites by ensuring that students have adequate resources to conduct remote services and offering trainings around telehealth best practices. For example, programs should provide students support with needed technologies (e.g., Internet connection, laptop), and telehealth training, including how to engage clients via telehealth; legal, ethical and clinical issues; and confidentiality. Schools must be intentional in how they prepare students and

collaborate with field sites to ensure successful delivery of telemental health services.

## **Ethical Considerations**

Additionally, we hope our findings bring about a further discussion regarding the fundamental human right of mental health and the description of Article 25 of the Universal Declaration of Human Rights. Some may argue that the UN's phrasing of "health and well-being" or "medical care and necessary social service" already implies rights associated with mental health. However, alternative or omissive language can compromise intentionality. Rebecca Solnit (2012), a journalist for the Guardian Comment Network asserts, "Change the language and you've begun to change the reality or at least open the status quo to question" (para 5). The reality is that we must include mental health in our language to describe an adequate standard of living, so that mental health receives the recognition it deserves. This is crucial given projections of an impending mental health crisis in the wake of the pandemic and other aspects of collateral damage (e.g., economic recession, overburdened physical and mental health care system).

## **Limitations**

Although the secondary data analysis study provides insight into how social work students perceive the mandates of the profession regarding mental health rights, results should be considered carefully. The reliability and validity of the instrument cannot be fully verified. Results are geographically restricted to one university and not generalizable, however findings may be useful in informing social work values and ethics curriculum. Moreover, students likely had a willingness to share personal thoughts and reflections about the pandemic's impact on their field education and personal lives and would be more willing to participate than those with differing beliefs, experiences, or delayed field education enrollment. Additionally, researchers are social work educators who may introduce unintentional bias into the data analysis and interpretations of data.

## **Conclusion**

Commitment to uphold the rights of humans within the social work profession is essential and speaks to social workers' status as essential frontline workers. Our findings indicate both

BASW and MSW students alike, galvanized by their own lived experience in facing disruptions caused by the pandemic in parallel with their clients, assert that mental health is a right to be supported, protected, and considered as necessary to an adequate standard of living as housing and financial stability are.

Social work professionals, specifically those in social work education, should take deliberate steps to facilitate discussions among students that examine access to mental health resources and how adequate mental health care should be considered a fundamental and inalienable human right. This discussion must include an awareness of shared trauma, and in this case (of the COVID-19 pandemic) provisions for the critical practice of self-care. Social work professionals must be able to model help-seeking behavior for each other as colleagues, as well as for their clients, to truly support the notion that mental health care is a fundamental human right and to dismantle the stigma surrounding access to mental health treatment.

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