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The Need for Social Workers in a Global Pandemic

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Abstract

The COVID-19 pandemic began in Wuhan, China in December 2019, spread across the globe, and has since taken a toll on the American economy, healthcare and mental health. When lockdowns began in March 2020, the American economy struggled as businesses began to close, people were furloughed from their jobs, and financial hardships began to trickle throughout the nation. Healthcare professionals worked endlessly on the frontlines to fight the pandemic with limited personal protective equipment, and faced moral dilemmas when dealing with such a high number of COVID-19 patients that they could not provide equal care to everyone. Healthcare inequity has also been a significant problem for minorities who are disproportionately impacted by the virus. This inequity remains constant through vaccine distribution as fewer minorities remain vaccinated than White Americans. Social workers can combat these issues, as well as the mental health crisis that has arisen as a result of social isolation and fear, and advocate for those struggling financially, emotionally, and for adaptive measures in healthcare. The Council on Social Work Education has released surveys showing increased interest in the social work field which is extremely important to ensure resources and programs are provided to the American people to overcome this multidimensional public health emergency.

1. Introduction

The global pandemic, and the effects of coronavirus [COVID-19], go far beyond just a public

health crisis and mitigating the spread of the respiratory virus. In addition to the threat that the virus poses to public health, it is also important to acknowledge the many socio-economic effects that will ultimately be shaped by this deadly disease. America has been hit extremely hard by this virus, with over 605,000 deaths to date (Center for Disease Control, 2021). COVID-19 has and will have a lasting effect on several aspects of society including the economy, mental health, and healthcare (Chakraborty & Maity, 2020). Social workers have the capacity to help in responding to the aftermath of COVID-19 and alleviating these social, economic, and psychological effects within the American society.

The health crisis that the country is facing is multidimensional and impacts all communities, especially impoverished ones. The aftermath of COVID-19 will be felt years later in terms of the economic recovery, the increase in poverty rates, and the decrease in profits of businesses across the country (Chakraborty & Maity, 2020). With jobs becoming scarce, businesses closed, and people being furloughed, it is difficult for those who are unemployed to find new employment. Social workers should support those who are unemployed to find new jobs and advocate for public assistance. According to the U.S. Bureau of Labor Statistics (2020), unemployment in February 2020, before lockdown, was 3.5% compared with its 21st century record high of 14.7% in April 2020. This rise in unemployment resulted in many being displaced from homes because they could no longer afford the rent or mortgage and household expenses (Nicola et al., 2020).

A goal of social workers is to help people during the pandemic recover from their hardships. By assessing the experiences of those who are unemployed, social workers see the impacts of job loss and identify interventions to assist with overcoming financial adversities (Bluestein et al., 2020). There is an extreme need for social workers to advocate for those who are marginalized and make sure legislation is passed to help in the economic and housing crises. Social workers work tirelessly to deliver social services to clients and make sure they are heard (Guerrero et al., 2020). Thus, the demand for social workers should be high during the global pandemic because advocates are needed to ensure services and resources are available to assist those who are disadvantaged.

Another concern is the impact that COVID-19 has had on mental health. As the mental health crisis increases during this uncertain time, the pandemic creates a need for social workers in the counseling profession to help those who are struggling (Pfefferbaum & North, 2020). As a result of the social distancing guidelines, citizens have had to isolate themselves from one another to stay safe; this practice is a huge adjustment to normalcy. The abnormal amount of social isolation takes an emotional toll that can result in increased levels of depression, anxiety, insecurity, post-traumatic stress disorder [PTSD], and emotional distress (Pfefferbaum & North, 2020). The fear and uncertainty of when normalcy will return fuels these mental health disorders. According to Kontoangelos et al. (2020), the increase in psychological issues due to the pandemic raises questions as to how clinics across America should reevaluate their practices and address pandemic-induced stressors/trauma. Social workers are necessary to develop policies, implement community resources/programs, and conduct private counseling, etc. to help those who are struggling emotionally and socially (Kontoangelos et al., 2020).

The importance of community-based care is something that social workers greatly understand. However, society still needs to recognize that so-

cial welfare, proper access to healthcare, and mental health services are necessary in the remediation of COVID-19 related issues and should be available immediately (Guerrero et al., 2020). Without social workers who value service, social justice, and integrity, America would struggle to staff the public, federal and state level programs needed to mitigate the mental health crisis. Intervention must occur on the micro, mezzo, and macro levels to be effective. As the global pandemic continues, it is critical that social workers are utilized, encouraged to join the field, and available to deliver mental healthcare resources and advocate for appropriate healthcare to which both are essential for recovery of the United States.

2. Literature Review

In December 2019, China reported its first case of coronavirus in the city of Wuhan, and the virus spread rapidly, causing the World Health Organization to rule it a global pandemic (World Health Organization, 2020). The COVID-19 epidemic is the first public health crisis that has reached pandemic level in this century. The contagious respiratory virus caused lockdowns, social distancing, hand washing, and the use of face masks in most or all public places to prevent the spread (Bavel et al., 2020). While three different vaccines, effective in protecting against COVID-19, have been approved in the United States, the pandemic has not ended and much more work must be done with the help of social workers to address the remaining issues (U.S. Food & Drug Administration, 2021).

2.1. Economic impacts

The effects of COVID-19 are not limited to public health as the pandemic has also impacted the American economy negatively. Global lockdowns to slow the spread of the virus have shut down businesses in almost every sector: domestic and international air travel and local transportation have been suspended, or restricted to es-

sential travel; and schools, sporting events, religious establishments, and other non-essential activities were ceased in March 2020 (Chakraborty & Maity, 2020). The World Health Organization (WHO) labeled the COVID-19 pandemic as the largest economic crisis since the 2008-2009 recession (WHO, 2020). Almost every industry and business has lost revenue and productivity, which caused millions to file for unemployment (Chakraborty & Maity, 2020).

According to the U.S. Bureau of Labor Statistics (2020), the unemployment percentage in the country rose to 14.7% in April 2020 and millions relied solely on unemployment benefits to provide for themselves and their families. As the states began to reopen, some people had stable positions that allowed them to return to work remotely (Bluestein et al., 2020). However, many did not have this luxury, and were either furloughed from their jobs or returned to work in high-risk, unsafe environments (Bluestein et al., 2020). Those in essential positions did not have the option to stay home but had to return to work in fear that they would become sick. Many worked tirelessly every day, some without a livable wage, uncertain if they would maintain their employment and basic benefits (Bluestein et al., 2020). Additionally, many essential workers tend to be from marginalized communities, and they are disproportionately affected by this public health crisis and cannot advocate for their own needs. Financial difficulties and uncertainty affect the psychological well-being of people who are already suffering in other ways during the COVID-19 pandemic.

The unemployment crisis caused by the pandemic affects every family differently, as each family in America has a different set of financial circumstances (Bluestein et al., 2020). Many variables impact their employment statuses and the interventions needed to help them during their times of need. For example, COVID-19 is particularly problematic for those coming out of college. Post-graduation employment has been adversely impacted by the lack of jobs available. According

to Bluestein et al. (2020), young people in their twenties already did not have steady employment before the pandemic, and they are more vulnerable to unemployment due to extensive job loss. The economic downturn has impacted people of every age, race, family composition, and educational background. All are suffering financially and in need of government assistance/intervention (Bluestein et al., 2020). It is extremely important that the government develops long-term recovery plans in each sector that will influence the socio-economic development of America so that businesses flourish, and individuals are prosperous (Nicola et al., 2020).

2.2. Psychological impacts

The psychological effects of COVID-19 have been just as detrimental as the physical respiratory health effects of this contagious virus. These mental health issues can result from isolation, loss of employment, financial struggles, schools closing, inadequate medical resources, access to essentials in grocery stores, etc. (Pfefferbuam & North, 2020). Humans are not used to isolation, so quarantine and stay-at-home orders were a huge adjustment. A recent study, conducted by Pfefferbuam and North (2020), showed that many people experienced anger, frustration, depression, fear, and confusion due to the uncertainty of the virus.

Emotional distress can lead to non-compliance with the guidelines set by public health experts and codified in government policies (Pfefferbuam & North, 2020). The “new normal” in the beginning of the pandemic was extremely difficult for all to adjust to so quickly and was hard for some to comprehend. Many people were frustrated and stressed by the ongoing quarantine guidelines and lockdowns, leading some to violate such orders for their own mental well-being (Pfefferbuam & North, 2020). In order to cope, some people engaged in what Bavel et al. (2020) calls *optimism bias* which is a set of false beliefs that bad things won’t happen to oneself but will occur to oth-

ers – leading people to ignore negative emotions from the virus and disregard public health guidelines. Better communication approaches can be used to help combat this bias without creating fear in people (Bavel et al., 2020). Another factor that impacts the likelihood that people will develop emotional distress from the pandemic is how vulnerable they are to contracting COVID-19 – with the elderly and those with compromised immune systems being particularly at risk (Pfefferbaum & North, 2020). Those with preexisting conditions, such as substance abuse or psychological disorders, can also experience exacerbated symptoms of worry and fear (Kontoangelos et al., 2020).

2.3. Healthcare impacts

Healthcare was directly impacted and is currently adapting to changing conditions as the virus continues to surge in America. When working with COVID-19 patients, healthcare workers endure an exhausting workload, a lack of personal protective equipment (PPE) for themselves, and a lack of ventilators and other resources for patients (Kontoangelos et al., 2020). When caring for many critically-ill patients simultaneously, doctors and nurses must continue to pivot from patient to patient – which can result in ethical dilemmas in patient care, patient safety concerns, lower quality care, and the inability for hospitals to retain their staff (Kontoangelos et al., 2020). Doctors, nurses, respiratory therapists, and all front-line workers face moral decisions that can result in guilt, shame, or cause heightened emotional distress (Kontoangelos et al., 2020).

Healthcare workers also experience distress due to their high risk of exposure while in hospitals treating patients, the lack of proper and available PPE, and increased concern about spreading the virus to those in their household (Pfefferbaum & North, 2020). Healthcare professionals have worked longer hours with limited breaks to care for those infected with COVID-19 (Pfefferbaum & North, 2020). Healthcare workers collectively

share the burden of COVID-19, and because they are crucial to the treatment of the virus, it is critically important that the emotional distress and moral dilemmas they face are addressed.

The racial disparities in healthcare during the pandemic have been prevalent, more so than before. According to Tai et al. (2020), there are multiple contributing factors to why ethnic minorities experience a higher mortality rate from the virus than White people in America. African Americans are more likely than Whites to be predisposed to chronic comorbidities like obesity, hypertension, diabetes, and heart disease that can cause death from COVID-19 (Tai et al., 2020). These issues are compounded due to unequal access to healthcare for minority groups – for example, only 8% of White people are uninsured while 12% of African Americans, 19% of Hispanics, and 22% of Native Americans do not have health insurance (Tai et al., 2020). Additionally, in the areas where racial minorities live, healthcare is often of substandard quality, creating inequities in COVID-19 treatment (Tai et al., 2020).

Through a social lens, it is evident that minorities have a higher health risk for COVID-19 because of the information, or lack thereof, that reaches minority households from healthcare institutions (Tai et al., 2020). Many do not understand – due to literacy issues, language gaps, or lack of credible information how to protect oneself from contracting the virus. Discrimination of ethnic minorities by the healthcare system creates mistrust, so these groups do not believe information given to them about how to protect themselves (Bavel et al., 2020). The healthcare system has historically created inequities for low-income and minority groups that now negatively impact the transmission rate and treatment of the virus for individuals in these groups (Tai et al., 2020). This inequity must be addressed to ensure that all communities have access to valid health guidance and proper support.

2.3.1. Vaccine Hesitancy and Race. Disparities in healthcare continue through the unequal distribution and distrust of the COVID-19 vaccines. The vaccines that have been made available – Moderna, Pfizer, and Johnson & Johnson – have been approved by the U.S. Food and Drug Administration through emergency use authorization to mitigate the ongoing public health crisis (U.S. Food & Drug Administration, 2021). However, there has been a challenge in reaching herd immunity due to the distrust in the vaccine itself. Some people do not trust the integrity of the science used to develop the vaccine, or believe it was developed too fast, and some believe the government is using it to track its own citizens. This inaccurate information has caused significant hesitancy to receive a vaccine. The structural inequities in healthcare that already existed among minorities, have been exacerbated by this distrust and lack of credible information (Bibbins-Domingo et al., 2021). Minorities receive lower quality care, have been discriminated against in healthcare settings, and have not acquired reliable information throughout history (Tai et al., 2020). This systemic racism has caused a significant gap between those who have received the vaccine to date, and vulnerable populations who have chosen not to get it even though they have been disproportionately impacted by COVID-19 (Bibbins-Domingo et al., 2021). According to Centers for Disease Control and Prevention (CDC), based on data available for 62.9% of people who are fully vaccinated, there are inequities between race and receiving the COVID-19 vaccination. The vaccination rates for those who are Black, as well as Hispanic/Latino, are significantly lower than those for White people. The actual doses administered are much fewer than what is expected based on the populations of minorities in the country. While the CDC data does not show demographic information for all fully vaccinated people in the U.S., it is possible to conclude that expected vaccination rates for minorities are not being met and are lower than those in the White populations (CDC,

2021). There is inequity due to hesitancy and fear that must be combatted for the U.S. to overcome the worst of the pandemic. The vaccines will significantly change the trajectory of the pandemic, and widespread use will ensure that the country will reach herd immunity and protect vulnerable populations. Social workers should make a significant difference through activism to mobilize minority communities and spread accurate, credible, easy to understand information about the safety of the COVID-19 vaccines, creating greater acceptance of its use (Bibbins-Domingo et al., 2021).

3. How Social Workers Can Help

3.1. Economic interventions

The economy of America has faced an unprecedented number of issues such as unemployment, decrease in corporate revenue, and housing displacements, due to the pandemic. Social workers should advocate and support those experiencing financial strain. When considering different interventions for those in need, it is vital to understand their individual circumstances to give them access to what they specifically require. Understanding these situations takes extensive research, and evidence-based practices should be utilized when remedying the long-term economic effects of COVID-19 (Bluestein et al., 2020).

The first thing to consider when addressing unemployment is to focus on how likely unemployed people are to find new jobs, their personal finances, and their families' living conditions and situation (Bluestein et al., 2020). Next, social workers should figure out their clients' strengths and what they can offer in the workforce once interventions are in place to allow them to further develop their skills. The third step is to identify the different groups of people who are unemployed and design programs to meet their needs (Bluestein et al., 2020). Finally, social workers should ensure that proper access to resources and programs are available for diverse groups. Historically, it has been difficult for those needing finan-

cial assistance to be able to access programs because of specific eligibility criteria, so it is critical that social workers advocate for low-income, disadvantaged communities (Bluestein et al., 2020).

Since the COVID-19 crisis is constantly changing, it is difficult for government officials to formulate proper policy that will help the struggling economy (Bluestein et al., 2020). The unemployment rate within minority communities was at 12.1% for African Americans and 10.5% for Hispanics in September 2020, both higher percentages than for White Americans who are less marginalized when it comes to financial opportunities (U.S. Bureau of Labor Statistics, 2020). Social workers have an ethical obligation to uphold their core values of social justice and service to make sure social problems are mitigated (NASW, 2017). Social workers should advocate for cash transfers and in-kind benefits for healthcare, housing, and food to address the needs of families who have severely been impacted by this virus or displaced from their homes (Amadasun, 2020). Public assistance would make it easier for financially struggling families to acquire food, medical supplies, and pay for their housing to avoid eviction (Amadasun, 2020). President Trump's administration rolled out the Cares Act in late March 2020 to provide a stimulus check for American families, increased unemployment compensation by \$600, and provided loans to businesses to keep them operating (U.S. Department of Treasury, 2021). The Cares Act helped stabilize the economy and assisted millions of families suffering from job loss (Nicola et al., 2020). Over the past year, social workers, in conjunction with legislators, have ensured that additional COVID-19 relief was passed and distributed to those continuing to suffer financially. New legislation under the Biden Administration, named the American Rescue Plan, was passed by the federal government in early March 2021 to offer Economic Impact Payments up to \$1,400 for qualifying individuals, as well as for qualifying dependents (U.S. Department of Treasury, 2021). These stimulus payments provided

relief to Americans still experiencing financial distress. The high unemployment rates demonstrate how important it is to address this crisis and provide public interventions to help the financial stability of American people.

3.2. Psychological Interventions

Social workers are well suited to address the psychological implications of COVID-19 caused by home confinement, isolation, loss of loved ones, and financial loss. According to Kontoangelos et al. (2020), mental health clinicians must modify their current practices to accommodate the increased number of people who need mental health support to address psychosocial issues due to COVID-19. To mitigate the spread of the virus, healthcare workers have shifted to telemedicine to treat patients (Pfefferbuam & North, 2020). Social workers should use this virtual method to talk and interact with clients, without the added stress of being exposed to the virus due to personal contact. Telehealth allows for psychological evaluations to occur in clinical practice, to monitor "queries about COVID-19 stressors, secondary adversities, psychosocial effects, and indicators of vulnerability" (Pfefferbuam & North, 2020, p. 511). Some of the psychosocial indicators include domestic violence, substance abuse, depression, and anxiety, while stressors would be mourning the loss of loved ones or worrying about the risk of infection (Pfefferbuam & North, 2020). Telemedicine has continued to be utilized and has been found to be extremely valuable to patients, vulnerable or not.

While it is too late to prevent mental health issues from arising, social workers should deliver psychological education and screenings to those experiencing or at risk for psychological issues (Pfefferbuam & North, 2020). In a recent online study of 730 clinically stable COVID-19 patients, approximately half (49.8%) felt that psychological educational services would be helpful for creating positive mental health (Kontoangelos et al., 2020). It is also important for social workers to

empower clients and focus on their strengths when creating plans to lessen pandemic-induced anxiety or depression (Kontoangelos et al., 2020). By implementing cognitive behavioral therapies, social workers should focus on vulnerable groups that are at a serious risk of mental health conditions like depression, anxiety, or stress disorders and teach them healthy coping mechanisms. Social workers may help them create goals, establish a daily routine, limit the amount of pandemic media news watched, and openly talk about feelings with family members and friends. It is also important to focus on children as they also experience distress (Pfefferbuam & North, 2020). Limiting media exposure could be a very important technique because of the negative media portrayals about the virus (Bavel et al., 2020). Further research needs to be done to examine the negative feelings that develop from the media, and how the delivery could cause less fear, while still encouraging compliance with public health measures. Changes in the delivery of pandemic news could help protect the mental health of many in society (Bavel et al., 2020).

Monitoring physical health and slowing the spread of the virus are important, but the mental health of individuals is equally as important, especially when many are isolated and alone. Social workers must use evidence-based practices and conduct research to discover new and innovative interventions. Additionally, all healthcare personnel should be trained to help with psychosocial concerns (Pfefferbuam & North, 2020). Healthcare workers and first responders should be educated in psychological issues and be able to refer individuals to the proper mental health care if needed (Pfefferbuam & North, 2020). Including social workers on the frontlines ensures the proper evaluation of patient psychosocial needs and the ability to plan for mental health emergencies. Social workers are trained to be able to adapt and shift roles quickly (Kontoangelos et al., 2020). The COVID-19 global pandemic impacts the emotional and social needs of all people, so it is critical

that interventions and access to mental health care by social work clinicians is available for all.

3.3. Healthcare Interventions

Social workers advocate for minorities based on the professional value of social justice which applies to equal access to healthcare during the COVID-19 global pandemic. According to the National Association of Social Workers' (NASW) Code of Ethics (2017), social workers must challenge any inequality that persists against oppressed groups, like racial minorities in healthcare. While defending social justice, social workers must hold healthcare workers and management accountable for equal and equitable treatment so that everyone receives needed treatment when diagnosed with this virus (Tai et al., 2020). Accountability begins with making sure hospitals, doctors' offices, and all healthcare facilities have enough staff to give standardized care regardless of patients' ethnic backgrounds. Social workers must identify disparities to ensure that all receive optimal care. Properly staffing hospitals and offices help frontline workers limit their long, stressful shifts when healthcare facilities have full COVID-19 floors. This pandemic has significantly revealed racial and economic disparities in healthcare access and treatment, and how the dignity and worth of all are not equally regarded in all healthcare facilities (Amadasun, 2020).

Those in healthcare use advocacy to connect with community-based groups; these groups are usually led by social workers who strive to empower minorities, share resources, and increase access to healthcare (Tai et al., 2020). Something that is often present in healthcare practice is implicit bias, in which clinicians' decisions negatively affect the quality of treatment received by those of different social statuses (Tai et al., 2020). To eliminate this bias, social workers should train and educate healthcare workers on self-awareness and ethical decision-making to ensure they deliver proper, equal care to all. Great strides should

be made when healthcare workers come together with social workers to actively change the system and improve the overall health of ethnic minorities.

Telehealth has become widely used in the delivery of healthcare to mitigate the spread of the virus and social workers should make sure that it is used properly when delivering care. Social workers have an ethical responsibility to their clients, and it is important that the value of integrity is upheld (NASW, 2017). Privacy and confidentiality are important when meeting with patients remotely (Spencer, 2020). It is important to have the door in the room closed to make sure there is no breach of confidentiality (Spencer, 2020). It is also critical that professionals, using webcams from home, only talk about what is clinically relevant and do not mention things in the background that do not relate to the services being offered (Spencer, 2020). While many clients and patients have access to internet and Wi-Fi for telehealth appointments, some clients must go to other public locations for internet (Spencer, 2020). Social workers must continue to advocate for access to internet for people so that those who are poor receive the same level of care as others who are privileged and have internet (Spencer, 2020). Social workers should work with healthcare workers to ensure equity in medicine for marginalized groups (Amadasun, 2020).

3.3.1. Combatting Vaccine Hesitancy. The current data shows higher COVID-19 vaccination rates among White individuals while lower vaccination rates are found in minority groups, such as in Black and Latino communities (Bibbins-Domingo et al., 2021). Social workers, in conjunction with community leaders, must implement mobilization strategies to decrease vaccine hesitancy and increase acceptance (Bibbins-Domingo et al., 2021). These mobilization efforts should focus on educating impacted communities and showing them credible, valid information regarding the efficacy of the vaccines, as well as going door to door in

underserved neighborhoods to inform and administer vaccinations. Social workers should work with communities directly to determine the direct source of their hesitancy (Bibbins-Domingo et al., 2021). It is extremely important to public health that vaccine utilization is prevalent, vaccine clinics are open in high-risk communities, and that there are community advocates present to give hesitant people the information needed so they feel comfortable receiving the vaccine (Bibbins-Domingo et al., 2021). Social workers should advocate at the macro level for more funding for local programs and mobilization efforts, as well as at the mezzo level to work directly with low-income, minority communities and strengthen their acceptance of safe, effective vaccination against COVID-19.

4. The Field of Social Work due to the Global Pandemic

4.1. Interest in the Social Work Career

The profession of social work has changed, and there is an increased need for social workers to address economic, healthcare, and mental health due to the pandemic. Needed interventions and policies rely on the advocacy of social workers. The Council on Social Work Education [CSWE] (2020) sent out a survey in September to see the impact the pandemic has had on social work education. The results reveal that program enrollment had remained equal or increased compared to Fall 2019. Enrollment increased by 10% for 13% of all the social work programs, and 22.5% for master's programs specifically (CSWE, 2020). This data is positive, as it is important to have more people in the profession, especially now that vaccines are available across the country to aid in ending the pandemic. Social workers are desperately needed to support people across the country who need economic assistance, better healthcare access, and mental health resources.

4.2. Changes in the Field of Social Work

The pandemic has altered the way social workers deliver care, and many of these changes should be sustained after the pandemic to increase access to services. Telehealth has changed social work care, expanded the number of clients served, and must remain in practice due to its ability to provide greater access to services, a core ethical responsibility of the profession (Miller, 2020). There has been much training implemented, but social workers must continue to increase their competence in working with diverse groups of people using telehealth going forward (Miller, 2020). Social workers have demonstrated that they do adapt to a changing world and build community-based practice through online meetings.

Remote services have also been beneficial for the workers themselves who save time and money meeting virtually rather than spending time and money to travel to reach various clients (Miller, 2020). Due to the pandemic, there are now increased services for employees, including initiatives to check on their health and well-being. Some social workers have even received salary increases to compensate them for the increased work and need for more flexible scheduling (Miller, 2020). Social workers are required to work long hours and often place others' needs before their own (Guerrero et al., 2020). These workforce changes are vital to keeping social workers' mental health and work-life balance, stable which is essential to the delivery of proper care to clients. The pandemic has raised many issues about access and implementation of services that need to be addressed in order to have a more equitable system of care. Social workers recognize discrepancies in policies that will continue to threaten the of value community-based care (Guerrero et al., 2020). While Americans await the return to normalcy, social workers are encouraged to continue to research new methods of interventions and continue to be prepared for the uncertainty of what is yet to come.

5. Discussion

5.1. Limitations in Research

The evolving COVID-19 pandemic creates opportunities and challenges for research now and in the future. There are challenges to the research that has been done because the virus is so new and changing constantly. The economy is struggling in terms of revenue, and there is a high percentage of unemployment, according to the U.S. Department of Labor Statistics (2020). The future of the economy is uncertain, with no one knowing how long the impacts will last. While the coronavirus spread slows, there is still uncertainty of when businesses will return to normal operations. Therefore, it is important to focus on economic research that should be used to guide the development of effective interventions (Bluestein et al., 2020). The same applies for mental health programs and services; social workers must use research and new COVID-19 data to determine what people need and implement effective programs immediately and properly. The limitations lie in the everchanging path of the virus and the inadequate amount of data that is available. A lack of comprehensive information makes it difficult for social workers to craft specific solutions to address the problems associated with COVID-19.

Another issue that arises when conducting research on the potential successes of policies are threats to internal validity. A major threat to internal validity is determining if there is causality where one variable causes another – does the intervention put in place result in the desired outcome or are there other reasons or extraneous variables responsible? History impacts internal validity, and the rates of transmission of the virus are lowering over time (Rubin & Babbie, 2016). For example, as COVID-19 becomes less of a concern in coming months as interventions by social workers are being implemented, there may be a question of whether the reduction in psychosocial impacts is

due to fewer restrictions or social work assistance. The less concerning nature of the virus, due to the distribution of vaccines, could be what changes people's circumstances rather than the programs created through social work advocacy.

Another threat to the validity of social workers' help during COVID-19 is if implemented policies are temporary. Interventions might be removed if the public threats are no longer imminent, risking gains made due to the receipt of services (Rubin & Babbie, 2016). However, removal of interventions becomes an ethical issue when social workers remove treatments that are beneficial. For example, removing services that reduced anxiety during COVID-19 might cause increased distress or feelings to return to their pre-intervention or baseline levels. Instituting services that are not always available causes an ethical dilemma for social workers as they may not be available when clients need them (Rubin & Babbie, 2016).

5.2. Limitations in Interventions

There are also limitations in delivering telehealth by social workers or healthcare providers. Spencer stresses (2020) that professionals only see clients' upper torsos via their webcams, so it is difficult to see whether their legs are bouncing from anxiety, and to determine other body language cues. When social workers lack clarity, they should ask clients critical questions about their physical response to make sure they are fully engaged with what it is going on while in treatment (Spencer, 2020). There is a lot that social workers see using webcams, but there is also a lot that remains unclear. The same is true for assessments by other healthcare providers because they are also not in-person with patients to physically assess them (Spencer, 2020). Thus, despite the positives of having access to remote treatment, there are limitations related to assessment as providers and patients are not physically together in the same physical space.

6. Conclusion and Future Research

It is evident that social workers have had major roles in the development of programs during COVID-19, including those related to increasing vaccination acceptance. Despite their importance, social workers are sometimes undervalued and consistently seen as 'unessential' (Guerrero et al., 2020). According to the U.S. Bureau of Labor Statistics (2020), there has been a substantial increase in the unemployment of American citizens, creating an extreme economic downturn. Access to healthcare and mental health resources has also been a struggle as people experience higher levels of anxiety, depression, stress, and other mental health problems due to COVID-19 (Pfefferbaum & North, 2020). Through research, evidence-based practice, and advocacy, social workers are assisting others to get through the global pandemic. Surveys done by the Council on Social Work Education (2020) have shown that there is an increase in enrollment for social work programs, which shows that there is interest in this rewarding career, even in a pandemic. There is a great need for social workers now and in the future as the impact of the virus lingers even after vaccines are distributed. Research will be needed to see if implemented interventions have been successful to assist the economy, healthcare, and mental health. Additionally, it will be important for social workers to study the lessons learned from this pandemic so that the country is adequately prepared for another public health emergency in the future.

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