Precarious Employment during the COVID-19 Pandemic, Disability-Related Discrimination, and Mental Health

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Abstract
Drawing on separate strands of research documenting the psychological consequences of (a) precarious employment and other challenges associated with the COVID-19 pandemic and (b) ableism, this study incorporates both into an examination of disability-based differences in the joint significance of discrimination and work precarity during the pandemic for mental health. Analyses utilizing data from a regional survey of people with and without disabilities in the Intermountain West (N = 2,012) provide evidence that precarious employment, greater discrimination, and disability independently predict depressive symptoms. Further, in the context of

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greater discrimination, more precarious employment is found to have greater significance for people with disabilities compared to those who are not currently disabled. These findings challenge us to think about how we engage in research concerning ableism and macro-level stressors, and underscore the role of power structures and positionality in shaping the psychological impact of employment challenges experienced during the pandemic.

**Keywords**
COVID-19, precarious employment, ableism, discrimination, mental health, disability

The social and economic realities of life during the COVID-19 pandemic have had profound psychological consequences for many people (Pfefferbaum & North, 2020; Rajkumar, 2020; Usher et al., 2020; Vindegaard & Benros, 2020), with several studies documenting a three-fold increase in the prevalence of depression during the pandemic in the general U.S. population (Ettman et al., 2020; Okoro et al., 2021; Twenge & Joiner, 2020). This spike in depressive symptomatology is partly driven by higher prevalence rates in the disability community (Ciciurkaite et al., 2021; Okoro et al., 2021). For example, further analysis of depression estimates for the U.S. population showed a 68% higher prevalence rate among people with disabilities compared to people without disabilities in the first year of the pandemic (Okoro et al., 2021).

The pandemic has also highlighted pre-existing employment inequalities and fueled the biases that serve to reinforce them (Ciciurkaite et al., 2021; Maroto et al., 2021), which is further detrimental to the psychological well-being of socially-marginalized groups. People with disabilities, for example, have long experienced ableism, which is defined as prejudice, discrimination, and the application of stigma toward people with disabilities (Friedman & Owen, 2017). Ableism engenders employment disadvantages, and undermines mental health (Brown, 2017; Campbell, 2009; Friedman & Owen, 2017) – and, there is indication that it has been highly relevant for working people with disabilities during the pandemic. As an illustration, data from the U.S. Equal Employment Opportunity Commission indicates that disability-related discrimination claims increased significantly more than any other type of claims from 2019 to 2020, and became the most common cause of charges and litigation for the first time in 2020 (Ogletree et al., 2022).
Recognizing the salience of ableism and the pandemic’s significant impact on the employment experiences of people with disabilities, the goal of this study was to understand disability status differences in the dual impact of precarious employment during the pandemic and discrimination on symptoms of depression. In the following sections, we draw on the minority stress framework (Meyer, 2003; Meyer & Frost, 2013) to contextualize differences by disability status in the salience of precarious employment during the COVID-19 pandemic and discrimination exposure for mental health. Acknowledging that differences by disability status are found to reflect both differential exposure to social disadvantages and the compounding effects of these disadvantages, this model supports the hypothesis that experiencing more precarious employment during the pandemic would amplify the psychological effects of greater exposure to disability-related discrimination, and vice versa. We tested the main and interactive effects of disability, precarious employment, and discrimination for psychological distress utilizing data from a community survey of people with physical, intellectual, and psychological disabilities and their non-disabled counterparts in the Intermountain West region of the United States (N = 2,012). Here, and throughout, it should be noted that we use the term psychological distress to refer to symptoms of depression.

**Disability, Work Precarity and the Minority Stress Framework**

The World Health Organization’s inclusive definition of disability and legal definitions used in federal and state policies refer to difficulties associated with intellectual, behavioral, physical, and/or psychological impairments (Barnes, 2000). This approach recognizes the social disadvantages that people with disabilities are more likely to experience as a group, and is consistent with an understanding of disability as a minoritized social status (Brown, 2017). This definitional approach further supports the relevance of the minority stress model for understanding variation by disability status in stressor exposure and psychological distress (Botha & Frost, 2020; Brown, 2017). The minority stress framework acknowledges that marginalized groups are exposed to greater stress and tend to be resource-poor, and further considers stressors more common or unique to these groups (Meyer, 2003). Such minority stressors function to maintain existing hierarchies or power and status, and represent an individual burden requiring greater adaptation among people occupying a minority status compared to those who do not occupy such statuses (Meyer, 2003; Meyer & Frost, 2013).
Everyday discrimination, which is the routine unfair treatment of individuals or groups on the basis of some form of difference, is frequently studied as a minority stressor because it is a regularly-occurring form of stress associated with social disadvantage contributing to worse health outcomes (Meyer & Frost, 2013; Williams et al., 2012). However, everyday discrimination does not occur in a vacuum – it is supported by and reinforces institutional policies that limit resources for some groups, and the social and economic disparities they elicit (Williams et al., 2012). For this reason, employment precarity is considered foundational to applications of the minority stress framework in the workplace (Holman, 2018).

The definition of precarious employment we utilize recognizes three dimensions of work precarity, which are (1) contract uncertainty, (2) development uncertainty, and (3) income uncertainty (Mai, 2017). Specifically, contract uncertainty refers to the degree to which a job itself is unstable or erratic; development uncertainty includes features of work contributing to a sense that one has unclear prospects for advancement; and income uncertainty refers to being underpaid, experiencing salary/pay cuts, or a lack of raises or bonuses (Mai, 2017; Mai et al., 2019; Vosko, 2006). Each of these forms of uncertainty are thought to have an additive effect on mental health (Mirowsky & Ross, 2007).

Additionally, the minority stress framework suggests that work precarity not only affects disadvantaged groups disproportionately, but also encourages further marginalization (Holman, 2018). This is why greater precarity and discrimination are theorized to jointly act as a trigger for negative emotional states disproportionately experienced by marginalized groups (Cuevas et al., 2020). Supporting this perspective, prior study demonstrates that discrimination tends to exacerbate the mental health effects of other stressful life events, including the effects of shared traumas (Ong et al., 2009; Turner et al., 2017; Williams et al., 1997, 2012).

In much the same way that racism accentuated the stressful circumstances surrounding the events of 9/11 for many race/ethnic minorities, or difficulties associated with the Great Recession magnified the effects of economic privilege and disadvantage among economically marginalized groups (Brown et al., 2019; Derr & Nagda, 2015), we suggest that ableism may amplify the effects of stressors that people with disabilities have been more likely to experience during the pandemic, such as those associated with precarious employment. To this point, the following section further details ways in which disability is central to an understanding of both precarious employment and discrimination exposure during the COVID-19 pandemic.
Applications to the Pandemic Context

Due to the effects of the COVID-19 pandemic, there is emerging evidence that precarious employment is becoming even more uncertain. Along with increasing rates of unemployment and underemployment, many workers are experiencing greater exploitation, harsher working conditions, and vague prospects for the future (Matilla-Santander et al., 2021; McNamara et al., 2021). Precarious work also appears to have increased the risk of contracting the COVID-19 and experiencing other health conditions during this period (Chen & McNamara, 2020; McNamara et al., 2021).

There is evidence that people with disabilities have been particularly affected by these challenges. For example, research suggests that pandemic mitigation efforts have been most burdensome to people with disabilities in terms of employment costs – in losses of employment, reduced employment, lower wages, and the inability to seek new employment opportunities (Ciciurkaite et al., 2021; Kuper et al., 2020; Maroto et al., 2021). As an illustration, an analysis of data from the Current Population Survey observed that the employment rate of people with disabilities dropped 24% in the first two months of the pandemic in the U.S. – March and April – alone (Maroto et al., 2021). But, the concentration of people with disabilities in precarious employment has also meant that their employers have been less flexible in providing opportunities for remote work or the enhanced use of technology. Population-level trends indicate that people with disabilities have been disproportionately unable to work from home when they want to or follow social distancing guidelines during the pandemic (Ciciurkaite et al., 2021; Kuper et al., 2020). For example, a national survey conducted by the American Association on Health and Disability among people with disabilities found that social distancing was impossible for 54% of those surveyed (Drum et al., 2020). Given these accounts, it is perhaps not surprising that people with disabilities appear to have experienced greater psychological distress in association with pandemic-related stressors overall than people who are not currently disabled (Ciciurkaite et al., 2021; Okoro et al., 2021).

Extending this consideration, the minority stress framework supports the expectation that a similar level of precarious employment during the pandemic will be associated with greater distress for people with disabilities compared to people without disabilities because of the greater social marginalization they experience in this context. Although disability is a common occurrence, and people with disabilities represent a heterogeneous group, the structural disadvantages associated with disability status are evident across multiple life domains, and particularly in the employment sector: People with disabilities continue to earn less, are more likely to
be unemployed or underemployed, and experience greater employment stress and material hardship than their non-disabled peers, on average (Brown, 2017; Iezzoni, 2011). Public opinion research further indicates that common views toward the employment of persons with disabilities are devaluing. For example, about half (48%) of those responding to a national opinion poll about the Americans with Disabilities Act indicated that they oppose workplace accommodations for people with any form of disability (Lake, 2016).

Like other “isms” that are predicated on structural disadvantage, such as sexism or racism, ableism is manifest in regular exposure to discrimination and unfair treatment (Friedman & Owen, 2017). Previous research indicates that everyday discrimination is a routine part of life among people with various impairment conditions giving rise to disability, including chronic physical health conditions, mental illness and substance use-related problems, and intellectual or cognitive impairment (Brown, 2017; Gabbidon et al., 2014; Gayman et al., 2011; Namkung & Carr, 2020). Moreover, capturing variation in discriminatory experiences helps account for variation in psychological distress among people with disabilities (Brown, 2017; Cuevas et al., 2020; Namkung & Carr, 2020). Expanding on these observations, a minority stress framework suggests that ableism may also amplify the effects of stressors that people with disabilities have been more likely to experience during the pandemic, such as those associated with precarious employment.

This amplification of threat is anecdotally evident in the framing of disability as problematic or burdensome in discussions of various workplace mitigation policies and restrictions, such as business closures, stay-at-home or shelter-in-place orders, limited non-essential work gatherings, and travel restrictions (Armitage & Nellums, 2020; Ciciurkaite et al., 2021). These actions have made people with disabilities the target of COVID-19-related ableist and discriminatory actions – which are unique strains beyond those associated with the policies themselves. What we suggest is that ableism is magnifying the effects of precarious employment more systematically. This consideration recognizes that pandemic-related difficulties at work may have a disproportionate effect when they are accompanied by exposure to unwanted attention, scrutiny, or micro-aggressions; that lost wages are too often also associated with less courteous or respectful treatment; that work-at-home restrictions and policies are especially difficult to manage when they are accompanied by threats or harassment; etc. The point is that greater work precarity and discrimination exposure may jointly contribute to disability status differences in psychological distress.
Based on these observations, we tested the following hypotheses using a model-building approach to moderation analysis:

**Hypothesis 1:** Work precarity, discrimination, and disability each independently predict psychological distress.

**Hypothesis 2:** Precarious employment (2a) and discrimination (2b) are associated with greater psychological distress for people with disabilities compared to those who are not currently disabled.

**Hypothesis 3:** People with disabilities are at heightened mental health risk due to the dual effects of work precarity and discrimination.

**Data and Method**

To investigate these hypotheses, we drew on data from a larger community survey project designed to examine health outcomes among individuals with and without self-reported disabilities in the context of the COVID-19 pandemic in the Intermountain West region of the U.S. The study was approved by the Utah State University Institutional Review Board. Respondent selection, recruitment, and data collection were conducted by Qualtrics, an internet-based survey research company that uses paid panels of respondents. The survey included an informed consent statement, and all participants were recruited on a voluntary basis.

To qualify for the survey, respondents had to be 18 years of age and currently residing in the Intermountain West (Colorado, Utah, Idaho, or Wyoming). In addition, a quota sampling technique was used to recruit two sub-samples roughly equivalent in size of individuals with and without disabilities. The disability screening question asked individuals, “Do you presently have, or have you ever have been diagnosed with any of the following health conditions?: autism; developmental disability; psychiatric or emotional disability; intellectual disability; learning disability; speech/language disability; hard of hearing; blindness or low vision; physical disability requiring a mobility assistive device; chronic/long term illness; or traumatic brain injury.” Individuals who agreed to participate in the study completed an online survey that confirmed the presence of a disabling health condition. It should also be noted that the disability screening question allowed respondents to report more than one disabling or chronic health condition. Of the respondents with multiple disabilities, co-occurring psychological and intellectual disabilities were most common (38%), followed by psychological and physical disabilities (24%), and physical and developmental disabilities (18%); approximately 20% of the subsample reported all three forms of disability.
All data collection took place in July of 2020. The complete study sample included 2,012 individuals, about half of whom reported experiencing disability (n = 1,020).

**Measures**

Summary statistics for all study variables for the full sample are presented in Table 1. The main outcome variable assessed in this study was a continuous measure of psychological distress. The main predictor variables, in addition to disability status as described above, were precarious employment and

| Table 1. Summary of Study Variables by Disability Status (N = 2,012) |
|---------------------------------------------------------------------|
| **People with disabilities** (n = 1,020) | **People without disabilities** (n = 992) |
| **Outcome and main predictor variables:** | | |
| Psychological distress, range 0–27 | 20.22*** (7.16) | 15.39 (6.53) |
| Precarious employment, range 0–10 | 3.55*** (3.03) | 2.57 (2.71) |
| Discrimination, range 0–50 | 16.96*** (12.39) | 8.12 (11.81) |
| **Sociodemographic characteristics:** | | |
| Age, range 18–80 | 37.86*** (15.61) | 41.84 (16.23) |
| Gender | | |
| Male | 0.26 | 0.27 |
| Female | 0.72 | 0.72 |
| Race/ethnicity | | |
| Non-Hispanic White | 0.78 | 0.77 |
| Black | 0.03 | 0.04 |
| Hispanic | 0.09 | 0.09 |
| Asian | 0.02 | 0.03 |
| Other | 0.08 | 0.07 |
| Education | | |
| High school or less | 0.32 | 0.25 |
| Some college | 0.36*** | 0.31 |
| College or higher | 0.32*** | 0.44 |
| Household income | | |
| Less than $25,000 | 0.33*** | 0.21 |
| $25,000–$64,999 | 0.37 | 0.35 |
| $65,000 or more | 0.30*** | 0.44 |

**Note:** Means (standard deviations) are presented for continuous measures; proportions are presented for categorical measures. Significantly different than people without disabilities, ***p < .001, **p < .01.
disability-related discrimination. Models controlled for age, gender, race/ethnicity, education, and household income.

Psychological distress (i.e., depressive symptoms) was measured using the Patient Health Questionnaire (PHQ-9), a nine-item screening instrument that asked questions about the frequency of symptoms of depression over the past two weeks. Response categories for each question in the instrument ranged from 0 (not at all) to 3 (nearly every day). The total score was based on the sum of these items, ranging from 0 to 27 (Cronbach’s alpha = .86).

The precarious employment measure was based on Mai’s (2017) six-item index including questions about contract uncertainty, development uncertainty, and income uncertainty, and was modified to include four additional questions about employment challenges unique to the COVID-19 pandemic (i.e., having to work in-person despite being afraid of getting sick; having to work during the pandemic because of the risk of losing your job permanently; furlough days associated with the pandemic, and increased job responsibilities associated with workforce cuts during the pandemic. The total precarious employment score is a straight count of the number of employment challenges or uncertainties experienced.

Discrimination was measured by the Everyday Discrimination Scale (10 items), which considers recent experiences of relatively minor and more routine experiences of discrimination (Williams et al., 1997). This scale was created to understand experiences of racial discrimination and is now widely used to understand variation in discrimination associated with other statuses. The measure asks respondents to indicate how often, in their everyday life, they are: (1) called names or insulted; (2) threatened or harassed; that, compared to other people, they are (3) treated with less courtesy; (4) treated with less respect; and (5) receive poorer service at restaurants or stores; and that people act as if (6) they are afraid of you; (7) they think they are better than you are; (8) they think you are not smart; (9) they think you are dishonest, and (10) you are followed around in stores.” Each item was scored on a scale from 0 (never) to 5 (almost every day), and the summative measure ranged between 0 to 50 (Cronbach’s alpha = 0.94).

Age. Age of respondent was measured as a continuous variable ranging from 18 to 80.

Gender. Gender was measured as a categorical variable, including females and males (reference category).

Race/ethnicity. The distribution of the original race/ethnicity measure, including non-Hispanic whites, Blacks, Hispanics, Asians, and respondents of another race/ethnic background, is presented in Table 1. This measure was recoded into a binary variable due to small cell issues and compares non-Hispanic whites (reference category) to non-white respondents.
**Education.** The measure of education captured the highest year of school completed. To illustrate variation by disability status in educational attainment, Table 1 includes three categories: high school or less, some college, and college or more.

**Household income.** Household income was measured with a nine-category variable ranging from under $5,000 in household income to $135 and above. It was modeled as a continuous variable in the regression analysis. To adjust for respondents who had missing household income data (n = 100), full information maximum likelihood (FIML) estimation was used in the analysis elaborated on below.

**Data Analysis**

Descriptive statistics and bivariate correlations first provided information on the distribution and basic patterns of correlation among key study variables. We then used ordinary least squares regression to test the study hypotheses. To examine the hypothesis that work precarity, discrimination, and disability each independently predict psychological distress (Hypothesis 1), the first step in the regression analysis assessed the main effects of work precarity, discrimination, disability and all of the covariates. Covariates included age, gender, race/ethnicity, education, and income. In the second step, the effects of disability and work precarity, and disability and discrimination, respectively were isolated with interaction tests. These tests evaluated whether people with disabilities experience greater psychological distress because of greater work precarity (disability x work precarity) (Hypothesis 2a) and greater discrimination exposure (disability x discrimination) (Hypothesis 2b). The third step examined Hypothesis 3, that people with disabilities have been at heightened mental health risk due to the combined impact of work precarity and discrimination, with a three-way interaction (disability x work precarity x discrimination). All statistical analyses were performed in Stata, version 17.

**Results**

Variation by disability status in the distribution of study variables is evident in Table 1. On average, people with disabilities reported significantly greater psychological distress relative to people who were not disabled at the time of this study. People with disabilities also reported significantly higher levels of work precarity and discrimination compared to people without disabilities. With respect to socio-demographic characteristics, people with disabilities were somewhat younger, on average, had a lower household income, and
were more likely to have attended but not graduated from college than people without disabilities.

Table 2 presents the intercorrelations of major study variables. It is noteworthy that work precarity and discrimination were each associated with worse mental health at the time of this study. That is, greater work precarity and greater discrimination were associated with greater psychological distress. The results also demonstrated variation as a function of disability status consistent with the associations reported in Table 1. Compared to the aggregate, people with disabilities reported significantly greater psychological distress, work precarity, and discrimination.

The hypothesized associations between disability, precarious employment, and discrimination were further elaborated on in the regression analysis presented as Table 3. Model 1, the main effects model, provided further indication that people with disabilities experienced greater psychological distress than people without disabilities at the time of this study. Greater exposure to work precarity and discrimination were also each associated with greater psychological distress in the model. As well, advanced age and being female were associated with reporting significantly greater psychological distress.

The addition of the disability by work precarity and disability by discrimination interaction terms in Model 2 did not yield support for the hypothesis that people with disabilities experience greater psychological distress than people who are not currently disabled in the context of greater work precarity (Hypothesis 2a) or greater discrimination exposure (Hypothesis 2b). The disability status difference in the effects of work precarity and discrimination were not significant.

The inclusion of a three-way interaction term in Model 3 provided further clarity. Model calculations also included an interaction term isolating the joint effects of discrimination and work precarity. The three-way interaction

|       | 1       | 2     | 3     | 4     |
|-------|---------|-------|-------|-------|
| 1. Psychological distress | 1.000   |       |       |       |
| 2. Precarious employment  | .512*** | 1.000 |       |       |
| 3. Discrimination         | .538*** | .505*** | 1.000 |       |
| 4. Disability             | .332*** | .308*** | .296*** | 1.000 |

Note. Spearman correlation coefficients are presented for assessing variation by disability status; for all other variables, Pearson correlation coefficients are reported. ***p < .001.
findings revealed that the dual effects of work precarity and discrimination were significantly greater for people with disabilities compared to people without disabilities. These results are consistent with the hypothesis that people with disabilities are at heightened mental health risk due to the joint and synergistic effects of precarious employment and discrimination during the pandemic (Hypothesis 3).

**Discussion**

The COVID-19 pandemic has disproportionately affected people with disabilities in terms of high infection, hospitalization, and death rates as well as substantial social and economic disadvantages (Ciciurkaite et al., 2021; Maroto et al., 2021; Okoro et al., 2021). Given the employment disadvantages many people already faced in an ableist system, this study sought to understand the joint significance of disability-related discrimination and work precarity for mental health. Drawing on the minority stress framework

| Table 3. Ordinary Least Squares Regression of Psychological Distress on Disability, Precarious Employment, Discrimination, and Interactions (N = 2,012). |
|---|---|---|---|
| | Model 1 | Model 2 | Model 3 |
| | B | SE | B | SE | b | SE |
| Disability | 2.782*** | .255 | 2.981*** | .382 | 1.160 | .749 |
| Precarious employment | .364*** | .027 | .367*** | .037 | .368*** | .034 |
| Discrimination | .203*** | .011 | .201*** | .011 | .158*** | .022 |
| Age | −.056*** | .008 | −.050*** | .008 | −.055*** | .008 |
| Female | 1.150*** | .284 | 1.291*** | .308 | 1.361*** | .285 |
| Non-white | −.177 | .307 | −.143 | .308 | −.052 | .310 |
| Education | .047 | .135 | .037 | .134 | .017 | .135 |
| Household income | −.007 | .063 | −.008 | .061 | −.014 | .061 |
| Disability x Precarious employment | .021 | .047 | .028 | .081 |
| Disability x Discrimination | | .055 | .033 | .076* | .033 |
| Precarious employment x Discrimination | | .012*** | .001 |
| Disability x Precarious employment x Discrimination | | .011*** | .002 |
| Adjusted R² | 0.42 | 0.42 | 0.43 |

*Note. Unstandardized regression coefficients (b) and standard errors (SE) are reported. *p < .05, **p < .01, ***p < .001.*
Meyer, 2003; Meyer & Frost, 2013) and utilizing data from a community survey with a sizeable subsample of people with disabilities in the Intermountain West, we first examined whether precarious employment during the COVID-19 pandemic, discrimination, and disability are independently linked with psychological distress (Hypothesis 1). Consistent with other research on the mental health costs of the pandemic for people with disabilities, and supporting the first study hypothesis, we found that disability status and greater exposure to work precarity are associated with greater symptoms of depression. Discrimination was also found to predict greater psychological distress, as anticipated based on prior study. While these findings are consistent with previous research highlighting the salience of work precarity and discrimination as minority stress experiences, they notably extend this work by identifying dimensions of precarious employment associated with the pandemic.

We then examined the moderating role of disability for the linkages of work precarity and discrimination, respectively, with psychological distress (Hypothesis 2). The results provided no indication that precarious employment is associated with greater psychological distress for people with disabilities compared to those who are not currently disabled (Hypothesis 2a). They also did not support the hypothesis that disability amplifies the association between discrimination and psychological distress (Hypothesis 2b). Building on these tests, the final stage of our analysis examined the hypothesis that people with disabilities are at heightened mental health risk due to the dual effects of precarious work and discrimination (Hypothesis 3). Supporting this view, we found that the interactive effects of work precarity and discrimination for psychological distress were significantly greater for people with disabilities relative to people without disabilities.

**Conclusion**

This analysis was guided by an understanding that macro-level social forces are bound to the stress burdens that complicate people’s lives and, thus, undermine health and well-being (Brown et al., 2019; Richman et al., 2012). It was further informed by a minority stress framework, which suggests that precarity and discrimination jointly act as a trigger for negative emotional states that are disproportionately experienced by marginalized groups. Extending these considerations to the workplace experiences of people with and without disabilities, this analysis highlights the dual and interactive significance of pandemic-related stressors and minority stressors for mental health. This approach has useful applications, including that it supports more than one intervention path to improve workplaces for people with
disabilities: Either make the work less precarious or make the workplace less hostile (or, ideally, do both). As more people experience disability associated with long COVID, there may be a particular need for such efforts to address forms of work precarity that have emerged during the pandemic tied to preventive efforts. Indeed, several studies suggest that greater flexibility in accommodating employees’ needs during the pandemic has yielded better mental health outcomes for people with and without disabilities alike (Lunt et al., 2022; Schifano et al., 2021).

The pattern of findings also raises questions concerning what it is about disability in this context that is eliciting discrimination. While research on the impact of the COVID-19 pandemic on discrimination is still emerging, this work offers several promising directions for further study, including fear of contagion and the inability to keep health information private in the workplace as potential drivers of discriminatory treatment (Fan et al., 2021). As well, there is some concern that the pandemic has made pre-existing bias towards disabled bodies more acceptable (Akerkar, 2020). For example, the language of “pre-existing or underlying” disabilities or health conditions in popular discourse has been widely used to stereotype people with disabilities and to normalize a language that implies that disabled lives are dispensable (Akerkar, 2020). Similarly, Xiang et al. (2021) found through their analysis of discussions on the social media platform Twitter that jokes/ridicule and personal opinions were frequently shared describing the lives of people with disabilities as a necessary trade-off for ending quarantine and/or avoiding negative mental health effects associated with quarantine.

Importantly, these examples recognize that discriminatory practices and treatment towards people with disabilities during the pandemic have not only happened at the interpersonal level, but are also reinforced by workplace practices, policies, and norms. Thus, in interpreting the finding that people with disabilities experienced greater psychological distress than people without disabilities due to the dual effects of employment precarity and everyday discrimination, we contend that this pattern is indicative of an ableist workplace system rather than interpersonal or group dynamics. We cannot directly test this, however, because structural ableism is not clearly conceptualized and remains largely unmeasured. A critical task for future research will be to pair everyday discrimination measures with structural discrimination measures in the study of ableism in the workplace. Research on structural racism offers several possible approaches, such as incorporating data on U.S. state-level variation in employment (i.e., accounting for relative proportions of blacks to whites who are employed or have attained a bachelor’s degree or higher) (for a review of measurement strategies, see Groos et al., 2018).
Along with addressing structural ableism, the inclusion of contextual measures could also identify policies and practices in response to the COVID-19 pandemic that have changed over time and exacerbated or reduced vulnerabilities associated with disability in the workplace. For example, when data were collected for this study in the Intermountain West region of the U.S., there were no shelter-in-place orders in Utah or Wyoming, and face masks were not required for employees of public-facing businesses in Idaho (Raifman et al., 2020). Such variation in state-level policy may further contribute to variation by disability status in the relevance of different dimensions of work precarity. Supporting this possibility, Donnelly and Farina (2021) found that the mental health effects of income shocks associated with the pandemic were reduced for individuals living in states with more supportive social policies related to unemployment insurance, among other factors. Few studies, however, have utilized state-level or other contextual data resources to assess variation associated with disability.

While the findings of this study support the need for more thorough investigation of the salience of ableism in the context of employment for physical and mental health, we are also mindful that other scholarship demonstrates a need for attention to other status characteristics. In particular, research demonstrates that Asian populations have been heavily targeted by discrimination associated with the COVID-19 pandemic and suffered psychologically as a result (Bagcchi, 2020; Fan et al., 2021). In recognizing those who occupy other disadvantaged statuses and the ways their lives have been undone and remade by the pandemic, we encourage future employment research to address how intersecting forms of oppression such as ableism, sexism, ageism, racism, and classism shape individual experiences. Indeed, research suggests that certain constellations of demographic and health characteristics may put individuals with disabilities at an increased risk for discrimination. For example, being female, older, a racial or ethnic minority, and having a behavioral disability are found to predict an increased risk of harassment (Shaw et al., 2012). Understanding the salience of multiple social statuses for employment challenges and discrimination may help guide efforts to address the pandemic’s significant mental health effects.

Several study limitations provide additional direction for future research. First, due to the cross-sectional nature of this data, we were not able to assess causality in the associations of work precarity and discrimination with psychological distress. We encourage the collection of longitudinal data to examine causality and the potential for bi-directional associations among the factors considered more clearly. Additionally, all data collection was limited to the Intermountain West region (Utah, Colorado, Idaho and Wyoming) due to grantor regulations and, as such, our results are not
generalizable to the remainder of the U.S. Within this sampling frame, women and non-Hispanic whites are overrepresented in the sample, whereas individuals with severe visual and cognitive disabilities and individuals without access to the Internet were excluded from study participation. A larger and more inclusive sample matched on to the demographic characteristics of the population of interest would facilitate a more robust comparison across individuals with and without disabilities.

These limitations notwithstanding, we are mindful that we are working at a time in which mental health services cannot meet the demand for mental health treatment (Marques et al., 2020). This analysis highlights the mental health burden people with disabilities have disproportionately experienced during the COVID-19 pandemic that is dually associated with precarious employment and discrimination. The implication of these findings is that we need to prioritize the marginalization of people with disabilities in the workplace in policy and scholarly efforts to address the mental health consequences and unmet service needs associated with the pandemic.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the National Institute on Disability, Independent Living, and Rehabilitation Research through a Switzer Fellowship.

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