



ADA Live! Episode 106: COVID and Mental Health

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Guest: Dr. Lin Hogan, Clinical Therapist at Weems Community Mental Health Center , Forest Institute of Professional Psychiatry, Meridian, Mississippi

Host: Peter Blanck, Ph.D., J.D., Chairman, Burton Blatt Institute at Syracuse University

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Dr. Lin Hogan: Hi, I'm Lin Hogan. You're listening to ADA Live.

4 Wheel City: Yo. Hi, let's roll (singing)

Christine Woodell:

Barry Whaley:

Hi everybody. On behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University, and the ADA National Network, I want to welcome you to ADA Live. I'm Barry Whaley, I'm director at the Southeast ADA Center. And as a reminder, listening audience, if you have questions about the ADA, you can use our online form any time at adalive.org.

Barry Whaley:

Well, we've completed two years of the pandemic, we're going into our third year and leading health and research organizations have been able to gather some very interesting

data on what we've been through and how it has impacted us. A particular concern is how we are doing in terms of our mental health. According to a scientific brief released in March by the World Health Organization, in the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a whopping 25%. Mental Health America's 2021 report entitled COVID-19 and Mental Health: A Growing Crisis reports the number of people looking for help with anxiety and depression skyrocketed, and the number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to the COVID-19 pandemic.

Barry Whaley:

To help us understand these findings and how COVID has impacted our mental health from a clinical perspective, we welcome Dr. Lin Hogan, a clinical therapist at Weems Community Mental Health Center, Forest Institute of Professional Psychiatry in Meridian, Mississippi. We also welcome our host, Dr. Peter Blanck, professor and chairman of the Burton Blatt Institute. So Peter, I'll turn it over to you.

Dr. Peter Blanck:

Well, thank you, Barry and Dr. Hogan, Lin, it's a pleasure to be with you. You're kind of on ground zero at a very, very challenging time in the mental health arena. Of course, I don't have to tell you that mental health is related to physical health and vice versa. It implicates substance abuse, domestic abuse, it has generational impact, suicide.

Dr. Peter Blanck:

It's a pleasure to have you today to begin a discussion about what you're seeing on the ground and perhaps laying some framework for our listeners about your views of long COVID, COVID in general, and the implications for mental health that you've seen locally, as well as in your travels and speaking around the country.

Dr. Lin Hogan:

Well, I want to say thank you. It's an honor to be a part of this podcast and to be invited, to be a part of y'all's program here. I would say that this has been a big change for us in mental health and even me exclusively as an adult psychotherapist.

Dr. Lin Hogan:

I would start by saying this: I've been doing this almost 25 years, I have never been so busy. Trying to keep up with this significant influx of both new patients, older patients that may have been seen years ago that are now calling back, and then the number of different, what I call shadow pandemic phenomena, increased substance abuse, domestic violence, things like that, we're just busy. And then of course, when there was the shutdown at the beginning of the pandemic, we lost some people. So the people that are kind of left, we're carrying two footballs, not one. So that's one interesting thing that I've come to sometimes painfully realize, I can't get to everybody. And that's kind of heartbreaking to me because of this, but it's been a big deal.

Dr. Peter Blanck:

Well, that's an understatement, of course. And it certainly has an impact on the providers, mental health and you heroes on the ground. What are the sorts of cases, obviously without breaching any confidentiality, in a kind of a generic sense? What are the sorts of issues you are seeing and how is it different? Not just in the magnitude of cases, but how is it different than what you've seen in the past?

Dr. Lin Hogan:

Well, I think some of the biggest things are the increased incidents of anxiety disorders. You know, this has been such a novel event worldwide and for society and has it had an effect on their psychology and their ability to manage stressors? The answer is profoundly yes.

Dr. Lin Hogan:

And so there's been increased anxiety in people and if you don't know, then anxiety goes up. So those with preexisting anxiety conditions, there has been exacerbation of

symptomology. And then of course, people naturally want to try to find some relief. And so they may turn to sometimes maladaptive ways, using drugs or alcohol or what have you. There's also what I've seen is an increase in people presenting with grief due to literally thousands of people in the state of Mississippi that have died. And of course, so as therapists, we're seeing the collateral effects of that. So they're coming in and they're saying, "Hey, my mom died" or "my aunt died," or "my son died." And so we're doing a lot of grief work. More so than I ever have in my life and a lot of that is due to COVID.

Dr. Peter Blanck:

And Mississippi, of course, deep in the south, high proportion of poverty, racial disparities, gender issues. How do you see this as affecting individuals who are particularly vulnerable already or who have multiple minority identities in terms of race, gender, sexual orientation, so forth?

Dr. Lin Hogan:

Well, absolutely. That's a great question. You know, everybody pretty much is aware of the low SES status of a large percentage of people in the deep south in general, but certainly in Mississippi. So I think one of the biggest problems would be barriers to accessing mental healthcare, either through no insurance and not knowing where facilities or where to get the help. I've got some patients that they can't afford the \$5 to drive into town.

Dr. Lin Hogan:

And that kind of segues into the good part of telemental health and things like that, which could also be a problem for people in rural areas that may not have the technology. But I would think just barriers to healthcare. If you lose your job, you can lose your healthcare insurance. And then just low SES means that you may not have a copay or even we have a sliding scale fee at our program, Weems Community Mental Health, which I'm elated to have, I'm elated to work for an organization that has a sliding scale where you're only charged according to your income and so that breaks down some of those barriers.

Dr. Peter Blanck:

Do you see any sort of relief in sight or is this... You're not a profit, none of us are, but if this becomes an endemic like the flu in some sorts, do you see this as fundamentally requiring a change in the provision of mental health services? I mean, you can't go on not seeing a lot of people and feeling bad about it.

Dr. Lin Hogan:

Absolutely. I think one of the lights at the end of the tunnel is telemental health. And people getting back to work, one of the things that concerns me is that there's still an over 50% rate of unvaccinated people in the state of Mississippi. And here this week, there's been an increase in positive cases of COVID. The death rate has not gone up, fatality rate has not gone up significantly like it has in previous, like with the Delta variant and Omicron when it first came out. But these variants of Omicron are kind of making a resurgence now so we're seeing more and more positive cases here lately.

Dr. Lin Hogan:

But I'd like to really see this telemental health I'm certified in, and I'm actually certified as a telebehavioral health therapist now, I did that when the pandemic came out. But one of the barriers there would be would these people in these outlying areas have access to the internet or an internet service that's going to support that type of therapy?

Dr. Lin Hogan:

So I know there's light at the end of the tunnel. As COVID tends to become an endemic, hopefully more and more people will get the vaccination. I don't want to go political today, but there's a lot of reasons that I hear when people come in. I'll ask, "Hey, well, have you had the vaccination?" And I hear just a plethora of reasons from political to personal, some religious, whatever, why they're not getting the vaccination. But I think that's part of the light at the end of the tunnel also.

Dr. Peter Blanck:

You know, having worked in Alabama for quite a while, Mississippi is not that dissimilar. There's very high rates of incarceration in local jails and state prisons. And there's a disproportionately high people of color who are in those prisons, at least compared to the general population. The whole prison system is another issue, maybe you have views on that, but reentry is going to become a big issue as well and how are those folks going to be served? Many of whom either had, or had created mental health conditions while they were in prison.

Dr. Lin Hogan:

I agree. And it's interesting, it seems like in the last six or 12 months, I've had an increase in people that have now exited the prison system or the penal system and they're seeking help, they're coming to counseling, some stick around with the counseling and some don't. I think that's a real important thing and I do see a significant number of African Americans here in the south that tend to end up in jail. And I'm sensitive to that, I kind of hate to see that, but I think that's something that's been going on a long time around here.

Dr. Peter Blanck:

We've also touched upon domestic abuse and drug use. And how is this all tied together? Of course, as levels of stress and economic disparities go up, but is there some other hidden reason that's going on?

Dr. Lin Hogan:

I think one of the main things that happened was when the country kind of shut down and this pandemic came about, there was a lot of people that lost their jobs. We had to cut down on some of our staff here at this organization I'm with. When somebody gets hit economically, that creates significant stress. There was an increase in domestic violence. We found that, for example, the local women's shelter got full. We found that, we have a CIT officer training program here in Mississippi, where we train police officers, deputies to do crisis intervention. I'm on that training team, which I'm grateful to be a part of. We found that they were very active. We found that our crisis stabilization units were being

were filled up. Our treatment center, we have a treatment center here on site, 30 to 60 90 day inpatient substance abuse treatment program just started filling up.

Dr. Lin Hogan:

So I think when people get squeezed, so to speak, economically, they worry and the stress goes up, they're going to try to find some way. And then of course there was this phenomenon where people were saying, "Okay, I'm now unemployed and I'm home with my significant other who I'm not really used to spending a lot of time with." And so there were some adjustments with that type thing that we saw. Those are some of these hidden shadow pandemics that we saw.

Dr. Peter Blanck:

Yeah. And you must see of course an increase in single parents with children and people taking care of elderly parents. How has this affected the family unit from a mental health and COVID point of view?

Dr. Lin Hogan:

Well, there's already been stressors and you talk about, you're kind of alluding to what we call the sandwich population where you have a middle aged couple that's raising kids, but then mom and dad's getting older and so they're needing some help and they might need to move in. And so even people when they lose their jobs or have economic problems will tend to move in together. And we've seen a lot of that.

Dr. Lin Hogan:

One thing I've seen too since I've been here in Mississippi is a lot of single parent families, typically mom. And of course mom has to work in a lot of cases and one of the interesting phenomena I've noticed about Mississippi is that a lot of kids these days are being raised by the grandparents, a lot of single parent households in this area. And so imagine a mom that may lose her job due to the pandemic and now what do they do? So that's increased stressors tremendously. So there has already been a lot of social

stressors and things that weigh a lot on those populations and then with the pandemic, it certainly just exacerbated those type things.

Dr. Peter Blanck:

And of course, it's heartbreaking to see teenage suicide rates and nursing home issues. What about the generational effects? Start with this new generation that's just coming of age under these conditions, how are they going to have the resilience to address these issues and hopefully engage in society in positive ways once this pandemic subsides a bit?

Dr. Lin Hogan:

Good question. And I think the key word is what you said, and that is resilience. And we know that kids and young adults can tend to be resilient for whatever reason. We may be talking about a prefrontal cortex phenomenon, I don't know. But we kind of bank on that. And so they kind of make it through. And so I would hope that it would make them stronger. You know, we're all kind of living through this pandemic now so I would hope that they would tend to get past this and move on.

Dr. Lin Hogan:

Because of the pandemic with more limited access to employment, I know that would have an effect on that population too. Talk about millennials and generation X and all that. What they're mainly wanting is to get employed, get on the job training. We've actually seen also a reduced number of people that are seeking college degrees. I think a lot of them were going straight to work and there's a lot of jobs available now that are coming back in the service industry and things like that so that's kind of a good thing. So there are jobs out there, not necessarily high paying jobs, but a lot of service industry jobs.

Dr. Peter Blanck:

We've talked about resilience and grit and this being an extraordinarily hard time. What do you tell folks who are listening, who may not feel they need telehealth or seeing

somebody like yourself. What sort of things can they do to begin to better address the sorts of pressures to the extent that they can, that we're presented with?

Dr. Lin Hogan:

Well, I think someone had mentioned at the beginning of our program here, something about mind-body entities and what affects our body affects our mind and vice versa. I would just encourage people to try to be aware of when they're experiencing stressors. I also am a big believer, we all have primary care doctors. We have our doctor we go to well we should. We should also have a counselor that we talk to to address mental health issues. Whether we have a mental health diagnosis or not, I just think it's a good idea.

Dr. Lin Hogan:

I have a counselor that I talk to. I thoroughly enjoy it. I don't know what my diagnosis is. I don't really care, but you know, the talk therapy, having someone I can go and just chat with and have a conversation, get things off my chest. That's very, very beneficial for us psychologically. And so I would encourage people to give counseling a try to for their mental health, whether they have a preexisting mental health condition or not. And then certainly if they feel like they're under a lot of stress, and a lot of times we don't feel like we are, but others may notice that we are, that's a good time to maybe seek out some help.

Dr. Peter Blanck:

I guess one obvious question is, how do people pay for this? Is it covered by insurance, this sort of wellness, mental health check in?

Dr. Lin Hogan:

Absolutely. Well, for example, with our organization, we'll do screenings. Matter of fact, I'll encourage people to come in. Come in, let's have a cup of coffee and just talk for a little bit and we can do a screening and that could typically be no charge. As far as other payment modalities, I mean again we have a sliding scale fee, of course we accept all the insurance, Medicaid, Medicare. There's a lot of grants or some grants that are available

now. So some people that meet certain diagnostic criteria or certain types of issues, perhaps recent inpatient psychiatric hospitalizations and things like that can qualify for grants where the counseling could be at no charge.

Dr. Peter Blanck:

Well, you've provided us an awful lot of important information Dr. Hogan. I would leave you with one last question and that is what are you optimistic about going forward? This is an unprecedented time, you're at the forefront of dealing with these issues. What are you hopeful for and what are you hope for?

Dr. Lin Hogan:

Another great question and thank you so much for asking that question. I want to tell you, I am hugely optimistic. The help is there. The help is here. It takes people such as what you guys are doing. You know, we went out to California seeing that there are a lot of highly trained people that are positioned to help people that need help. We want to do that. Fires me when I see someone coming in and saying, "Hey, this is what I want to work on" and we work together as a team.

Dr. Lin Hogan:

You know, I'm hoping that the telehealth will really take off, I think that's very helpful. Not that we want to completely replace face-to-face because face-to-face is very important, but video conference counseling and telemedicine, which actually has been around a long time, I'm very hopeful about that. I'm hopeful that as Americans, because we have been through so much in our country, that we will treat this as yet another thing to overcome. That's what I fully believe in. Listen, we're the United States. We're tough, we're resilient. We've been through tough times, we will get through this together. And I love the fact that there's organizations like y'all's and many, many other highly trained, well intentioned professionals standing at the ready to help.

Dr. Peter Blanck:

Well, thank you, Dr. Hogan for very inspiring and important remarks. Our listeners I'm sure will appreciate it. They may have comments and questions of course, which we'll forward to you. And we very much look forward to continuing this important conversation. Thank you again on behalf.

Dr. Lin Hogan:

And thank y'all. Thank y'all very much.

Barry Whaley:

Thank you, Dr. Hogan. I really appreciate your generosity with your time today.

Dr. Lin Hogan:

You're welcome. Thank y'all.

Barry Whaley:

ADA Live listeners. Our guest today has been Dr. Lin Hogan along with Dr. Peter Blanck, and we thank them for their time. As a reminder, you can access ADA Live episodes with archived audio, accessible transcripts and resources at our website, ADALive.org. You can listen to ADA Live on our SoundCloud channel at soundcloud.com/adalive. You can download ADA live to your mobile device. Go to your podcast app and search for ADA Live.

Barry Whaley:

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Barry Whaley:

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Barry Whaley:

Our producer is Celestia Ohrazda with Beth Miller Harrison, Mary Morder, Emily Ruber, Marsha Schwanke, Chase Coleman, and me I'm Barry Whaley. Our music is from 4 Wheel City: The Movement for Improvement. We also invite you to tune into our companion podcast, Disability Rights Today for in-depth discussions on important court cases that shape the Americans with Disabilities Act. You can learn more and listen at disabilityrightstoday.org. See you next episode.

4 Wheel City: (rapping)

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Contact for More Information or Assistance:

Southeast ADA Center

Email: ADAsoutheast@law.syr.edu

Phone: 404-541-9001