



After Immunity: Understanding the Post-COVID-19 World¹

Episode Four: Mental Health After Immunity

Interview with Jona Frohlich and Lindsey Nadon

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Ian T. D. Thomson [IT]: To help provide us with greater perspective on some of these questions is Jona Frohlich and Lindsey Nadon. Jona and Lindsey are clinical psychologists-in-training working in Manitoba and Quebec respectively. We are going to talk to them about their firsthand experiences in providing therapy to others during the pandemic and how the pandemic may change their profession after immunity. Jona, Lindsey, thanks so much for joining us.

Lindsey Nadon [LN]: Thanks for having us, Ian.

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Jona Frohlich [JF]: Thank you, happy to be here/

IT: Awesome, alright. And just for viewers' interest, this is actually a little bit of a reunion in some ways because we all took classes at the University of Manitoba in psychology. So this is a nice little get together in some ways. But I guess before we begin, I'd just like to get you guys to kind of communicate to the listeners a little bit about your role and your responsibilities in the mental health profession. What sort of mental health services do you provide to people?

JF: Yeah, that was a great introduction, thanks, and it's nice to see you guys. So yes, as you mentioned, we all met during our undergrad in psychology at the U of M. So I guess before going into kind of services. That path has kind of continued for me, so I'm now a PhD student in clinical psychology, so still in school. And so in terms of the services I provide, that's looked different throughout my training, and it's involved different work in different settings. So lots of practicum like clinical based work. So that's providing like therapy services, individual and group therapy, assessment services, consultation, research, some – not as much, but some now more recently – advocacy work and some leadership roles. So kind of depending on the setting and where I'm at in the program, those services have looked different. And yeah, so currently I am working in a private practice, which is mainly individual therapy, while I finish up my dissertation research. So that's kind of what it's looks like.

IT: And how about you, Lindsey? How would you characterize your role in the mental health service profession?

LN: Very similar to Jona. We actually did our masters together as well, after the U of M.

So, again, I'm a PhD student in clinical psychology. I'm in Montreal now. And throughout my various practica, I've done pretty similar work to Jona. I work mostly with children and adolescents in a psychotherapy context, as well as doing assessment. And right now I'm working in a sort of community health organization, working with kids and teens under the Department of Youth Protection.

IT: Awesome. I think that's a really helpful place to get a sense of the context of where you guys are in terms of your careers in the mental health profession, and how you are going about contributing to it and how you'll continue to go about contributing to it.

So this series is looking at the post-COVID-19 world, that very future oriented lens, you could say. But you really can't talk about that until you talk about the current context of the pandemic. We are in a Zoom call right now, and you always read the headlines about how the current pandemic is exacerbating mental health outcomes for people, you know, addictions, loneliness, anxiety, and depression. As two clinicians-in-training, what has your experience been during this pandemic and in providing those mental health services?

Lindsey, do you want to kick us off on this one?

LN: Sure, definitely. So the first thing I'll say is that there definitely seems to be a greater need for mental health services. I don't think that will come as a surprise for a lot of people. It's clear that people are struggling more in response to the pandemic and everything that goes along with that. So we're seeing like longer wait lists for sure. And this is not just the case professionally speaking and what I'm seeing in my practicum work, but also just talking from a personal perspective. Like people in my life, anecdotally, are also kind of reaching out for services more now following the beginning of the pandemic. It's pretty clear that everybody's mental health has been impacted in some capacity, some more

than others, and in various ways. But the way I'm kind of seeing it, I guess, or one way of looking at it is, it kind of seems like this pandemic has been a catalyst for people seeking services when they maybe wouldn't have before. So it's kind of tipped people over the edge a little bit where, you know, you might have already been struggling a little bit with anxiety or depression or other difficulties. But then the pandemic hit, [so] you're going to be more isolated, more lonely, there's more uncertainty, and more stress obviously, there's information overload, not to mention the trauma associated with the pandemic. So, people are losing people that they love, and seeing people get sick, and going into financial crisis. So the way I'm kind of looking at it is [that] it's really tipped people over the edge to the point of kind of needing services when maybe before they were better able to cope with things, or potentially they were psychologically healthy prior.

IT: That's a really interesting point that you noted, you know, maybe people were dealing with some of these issues before the pandemic. And then the pandemic comes and it's now to the point where, "gee, I actually should be seeking out some of these services". Jona, would you agree with that sort of characterization from what you've seen?

JF: Absolutely, like I would definitely echo everything Lindsey has said in terms of just what I've been seeing, both in terms of my work and in different experiences clinically, but also personally and just describing it as almost this tipping point of when... And something we've learned about throughout our training, and just in general, is that like when you're already when you're already feeling kind of lower, then your capacity to take on even more is reduced. So if maybe people were sort of struggling before with some of these mental health concerns, but they were pretty manageable, but then something like a pandemic hits. Like we said, it's that tipping point and you just have that reduced capacity to handle something that's extremely distressing, traumatizing, and overwhelming.

IT: Keeping with this notion of the tipping point and taking on more and being able to handle all that, I think an important element of this is burnout. Sure, we have work related burnout in all professions, but I'd be curious for your take on this being in the mental health profession. This is an interesting element, because obviously you have to deal with other people's well-being, but conversely, you might be dealing with your own well-being. So how have you had to balance that interesting element of dealing with your own well-being, as well as trying to improve other people's well-being?

LN: Yeah, you definitely raise a really good point. I think it's kind of easy to forget that the people who are offering mental health services also have mental health and can be really affected by these types of events as well. So it is difficult. I mean, we are also, as therapists-in-training, we're also navigating our own response to the pandemic. This is a global health crisis, and we're navigating that as human beings and as therapists who are holding space for our clients and supporting them through everything that they're dealing with. So it's a little bit like we're kind of all in this together, we're all struggling with this. And I mean, obviously what drew us to the profession is this desire to help people, or a big part of it at least, and that's the case now more than ever. We want to be supporting our clients and our loved ones and helping people out as much as possible.

But, you know, we're struggling with some of the same issues that our clients are with regards to the pandemic. We're obviously more isolated in the work that we're doing, and in our personal lives as well. There's a lot of uncertainty. There's a lot of dealing with, kind of, the novelty of the shifts in the type of work that we've had to do. So it's kind of like the need or the demand on the mental health professionals is higher than ever, but our

emotional thresholds are lower than ever. So it's obviously challenging. And that's a really good question, Ian.

IT: Yeah, to make that balance. And as you said, everyone is dealing with that tipping point, including those in the mental health profession. Jona, is there anything you'd like to add on that front?

JF: No, and I agree, that's such an important point to make. And I think something that has stood out, in addition to everything Lindsey has said, is just with regard to that burnout. It's always something that we need to be aware of in terms of checking in with ourselves and that capacity for the type of work that we do. And we love it, and it's really a privilege to do the type of work that we do. But checking in with our own sort of emotional capacity is important, and I would say that it's just become more important than ever to kind of check in on where we're at and what we need for ourselves in order to show up and work effectively with our clients. And I would say for me personally – of course, I can't speak for the profession of psychology in general or all of my fellow colleagues and students – but for me personally, I've been a lot more acutely aware of when I'm feeling burnt out or what I need than before this just because it's so much more important than ever. [It] always was important, but feels particularly important now, just given the context that we're working in.

LN: I was just going to add to that one of the things about the pandemic that's interesting is it has kind of brought us all... like although we are more isolated, we've kind of all had to come together and unite in a different way than we're used to because we're all kind of having this shared experience. Everyone is experiencing it differently, but there is this overarching experience that we can all relate to. So I definitely relate to this notion of kind of having the pandemic be almost facilitating check-ins with myself more, because I feel

like my friends, my colleagues, we're all checking in with each other more because we understand how challenging it is to navigate the pandemic and navigate the work that we do within the pandemic. So yeah, I echo everything Jona said, though.

IT: That's an interesting frame, the aspect that we're all being a little bit more attentive to these mental health issues, or our own mental well-being during this time. I'd be curious to know, do you think that might last after the pandemic, in that post-COVID-19 world? Do you think this is a real shift in the way that we're thinking about mental health and taking care of ourselves a little bit more? Do you think that's going to happen now more in that post-COVID-19 world?

JF: I would say [that] I would hope so. I think, of course, there is just as we mentioned right at the get-go, there has been a lot of loss, a lot of devastation that's come from this. But if we think about maybe some positive changes that could come from it, that acuity of being so aware of what we need, when we need it, how we're going to get the support we need, either in a professional context or in a personal context. If that is a shift that comes out of this, then I would hope that's the case. And I think something like a global crisis really just brings to the forefront the things that are important, the things that we need. And I would hope that coming out of this, we are paying more attention to these things and maybe giving them more weight. Things like burnout, or emotional capacity, or seeking support when we need it, that [they're] just prioritized a little bit more. Not only in society or in that case, because that's absolutely important, but even for ourselves and checking in with ourselves about those things, because I think we we've just sort of gotten accustomed to super busy lives, super-fast pace, and we're almost like numbing the emotions around us by living such busy lives. And that can be OK and that can sustain us for a certain amount of time, but then when you stop or something like this hits, it's really overwhelming.

And if this creates a bit more space in the future to pause and check-in with ourselves about where we're at and what we need, then I think that would be a good thing. And I hope it's something that continues once we go back to normal, whatever normal looks like.

IT: Yeah, that one sort of takeaway about how obviously we won't return to the way things were entirely before, but if there is some positive elements to that, it's just being able to hopefully check in with us ourselves a little bit more on a regular basis. Lindsey, do you think that will be the case? Do you think we will be checking in with ourselves a little bit more, being more acutely aware of our own mental health needs?

LN: I know I will be. I kind of mirror the sentiment Jona said, that hope that this will continue. I think the fact that our worlds have kind of been shrunken down a lot and we are kind of forced to be with ourselves more, I mean, that's obviously really, really difficult because you're facing all of these difficult, painful emotions that might have been there already, but might have been sort of tucked away at the expense of busyness and productivity and everything else. So, yeah, I guess my hope would be that we kind of take what we've learned personally as individuals through this pandemic, and our own mental well-being, and what we need and who we are, and kind of the lessons that we've learned, and we're able to kind of carry that forward with us, post-COVID.

IT: I will say, this whole conversation is reminding me of how I was in Toronto at the beginning of this when the pandemic hit in a 4 by 4 apartment, and by about maybe one month in, it just felt like a prison cell. And you were just more acutely aware of the needs that you needed: you need to go outside, you need to get some fresh air. I now am in Winnipeg; I am surrounded by plants on a regular basis...So this is an interesting conversation in that regard.

I do want to switch directions a little bit and talk about format, the online format. Because right now we're having this conversation over Zoom, which feels very much aligned with the pandemic experience, but you as clinicians-in-training have had to use these technologies to interact with your patients during this time. So it's like kind of Zoom versus the in-person contact. How has this format change altered how you conduct those sessions and the goals you have in helping address people's mental well-being?

JF: Something that I would say stands out, before kind of going into specifics about format – and Lindsey, let me know if this has been your experience, too – but how quickly we were able to adapt, it was probably in a matter of less than a week for sure, a matter of a few days where everything shut down and we just adjusted so quickly. And that was even taking into consideration privacy and what were the most secure online formats. And as a profession, and my experience even as a student has been that the shift was swift.

And so kind of going into your question about the format and what that has looked like, I would say in general, the majority of at least from a kind of psychotherapy perspective, but even some assessment components have shifted to virtual, obviously depending on severity and need, and that definitely has been a shift. And there's different components of it that you need to be mindful of. In some cases that's privacy issues, [in] some cases that's how animated you are to get that same level of connection and emotion across. But generally speaking, I would say we've stayed as true to what a normal or previously in-person session would look like virtually for the sessions that have moved virtual. And I can honestly say that if I'm thinking about format and structure and how that's gone, it's transitioned really well to a virtual format. And I can't speak for everyone I've been working with, but the feedback that I have gotten is that it's working pretty well and in some cases

it's even better. So that format piece, it's definitely doable and it's transitioned to the online world.

IT: That's interesting, just the speed in which you said that you were able to jump right into this new format, and while taking into account those privacy concerns. Lindsey, have you seen the same level of ability of the online format to translate into the therapy sessions?

LN: I would say overall, yes. There's obviously exceptions to that, like I have some clients where the online platform just wouldn't be suitable, like children with developmental disabilities or children in living situations that aren't really conducive to privacy, for example. So there are definitely exceptions to this. I would say overall though it has gone fairly well. During the pandemic I've done a mixture actually of in-person and online. So it's interesting to kind of reflect on it because I've just kind of been thrown in. Like Jona said, it happened very quickly. We adapted, we sprung into action, and it is what it is now, but it's cool to reflect on these pieces.

As a little personal anecdote, there's a client that I have been seeing for a while, and obviously in person we never see each other's faces, we're always wearing masks. So we've never, ever seen each other's faces. And then I was doing a Zoom call with the parent recently, and I saw the client in the background and we kind of did a double take and we were like "Oh, that's you. That's your face." And it was just this kind of cute, weird, interesting moment where it's like "Oh, we've never seen each other's faces before." And that's such an odd thing when you think about it.

But yeah, to answer your question, overall, it's been good. There are exceptions to it. We know the research, at least with adolescents and adults, suggests that psychotherapy

outcomes are fairly similar in terms of in person versus over video platforms, not necessarily the same for over the telephone where you can't actually see each other's faces.

IT: That's interesting just because, in some cases, you kind of wonder what can be translated over to the online format. In regards to this, do you see this actually lasting? Do you see the online format continuing to be prevalent in mental health services in that post-COVID-19 world?

JF: I definitely do. I think something that – and we've touched on this already – but that ability that we had to kind of spring into action sort of just unlocked this whole potential of like, “Oh, this is now another great option for us.” So as Lindsey was mentioning, of course there are situations where it's just not feasible, or accessible, or the best option given a number of factors for everyone. Then in that case, in-person work is still going to be the preferred method. But there are just as many situations where the virtual work is really effective, and in fact people tend to prefer it for some individuals.

And so I think going forward, I see it lasting as a very solid and feasible option that we can kind of just incorporate into our work, regardless of where we're at with cases. And hopefully even post-pandemic, having this just sort of be part of the work that we offer and an option that we can provide just because we'll have had all of this lived experience and research to back it up, that this is a great option, and kind of leave it up to the individual, or to the situation, or to different factors to decide what the best way to go is. But I absolutely don't see virtual work going anywhere any time soon, even post-COVID.

For example, I'm in Winnipeg as well and in the summer our cases were very, very low and we had very few restrictions. That was coming out of that first lockdown. And even at that time, I was working with individuals who wanted to stick with virtual work, even though at that time the clinic had reopened. And so I think even though of course that's anecdotal, that still goes to show that for some people it's working really well. And probably they would say they would like it as an option going forward, even if it wasn't necessary.

IT: It's being able to provide an alternative for those individuals who might prefer the online format. Lindsey, would you agree with that being the placement of an online format moving forward?

LN: Yeah, absolutely. And also beyond preference. Like definitely some clients prefer it and that's awesome that we're going to have this kind of infrastructure and understanding of how to utilize this platform for them, but I'm also thinking of people [for] who it's not just a preference. What online therapy has afforded us, basically, is greater accessibility for a lot of populations who ordinarily would not have access to services due to physical disabilities, health constraints, even mental health conditions that are so severe and debilitating that coming into a therapy session is too much, like in the case of extreme social anxiety or agoraphobia. And yeah, I think that one of the big things that this has offered us is [that] we now have a broader understanding and a collective understanding of how this can be utilized and how it can be beneficial. There's more and more research coming out, and as such, we can use it alongside in-person services, or in lieu of for people where coming in to get access to services is not accessible to them.

IT: So we're kind of getting to this element of how the mental health services and the professions associated with it might be shifting with the online format. But I'd be curious to

get your perspective on those larger scale macro changes that might be at play in the long run in terms of what your roles and responsibilities might be as mental health service professionals. How do you see your role and responsibilities as clinical psychologists-in-training changing because of the pandemic? How might that profession look in the post-COVID-19 world?

LN: I mean, in a lot of ways I think our roles are going to remain the same. But as the work becomes more virtual, and as we increase accessibility through that platform, and as there's more and more need for services, I think obviously there are going to be some changes. And I mean, we see [this] following major historical events. Like you look at World War II, for example, and you see really, really big shifts in the profession as a whole and in like how the pendulum swings. So it will be really, really interesting to see how our rules change.

But one thing I wanted to mention is that we're talking a lot about therapy today, but our role as clinical psychologists-in-training, or in the future when we are registered clinical psychologists, our roles actually do extend beyond just offering therapy and assessment services. We have a super rigorous research background, in combination with a ton of classes and the clinical work we do. So we're actually kind of developing and working on the skill set to consult, to potentially supervise, to conduct good research. And because of this background and because we're at kind of a new territory here a little bit, we might actually have more of a role to play moving forward in helping develop programs, and consulting in terms of developing these programs and the infrastructure needed to do so. And then because of our rigorous research background, maybe there's going to be more of a call to action for clinical psychologists to kind of contribute from a research perspective. And then in terms of consulting, and program evaluations, and all that.

IT: So it sounds like there might be a bit of an increased role for, as you said, consulting on program delivery at a much larger scale. Would that be a good way to kind of characterize it?

LN: Yeah. Yeah, I would say so.

IT: Okay. Jona, do you agree with this? Do you think that might be the way that the mental health profession might be kind of shifting, at least in your roles as clinicians-in-training?

JF: Absolutely. And I think Lindsey just described that really well, just in terms of how extensive our training is and the different areas of training that we get. So I would definitely see a role going forward in terms of, like you mentioned, those kind of macro policy, or government, or developing the infrastructure. For example, if we're thinking that virtual work is going to become a large part of what we do, then not only providing that virtual work, because of course that's important. And there's many other professions, not just mental health professionals beyond psychology, but other professions that have adapted to the virtual world. But if we think about the shift into more virtual work and [it] becoming a really feasible and solid option, then not only providing that, but helping to develop the infrastructure for that, and conducting research, and program evaluation on; 'What is the most effective way to provide it?', 'When should we provide it?', 'Is it working and who does it work for?', 'When does it work best?', and all of those things and kind of combine all of those different areas that we have training in to establish some of these programs and shift into that type of work from all those different areas.

IT: Yeah, it sounds like it's a bit more of an expansion more into that area of organizational behavior...So we're nearing the end of our discussion here, but I would really like your take on just maybe some tips or advice. It's fair to say that 2020 was a rough year...on us as individuals. But you also just see it in like the meme culture, just news stories as a whole; that 2020 was just brutal. We're now a few months into 2021. However, things are still remaining fairly uncertain and that's kind of why I've gone about this series itself, trying to unpack a little bit of that uncertainty. But as clinicians-in-training, do you have any sort of tips or advice for the listeners out there who are still kind of dealing with a lot of that uncertainty around how we think about the post-COVID-19 world?

LN: Yeah, we got some tips.

IT: That's great!

LN: The first one, it might sound a little cliché, but it needs to be said. For a lot of people, you need to hear this. Self-compassion is a big one, please be kind to yourself. If you haven't been as productive as you usually would be, if you've been irritable and taken that out on people around you. Maybe you've gained weight. Maybe you're feeling really tired and overwhelmed and feeling like you can't take on as many responsibilities. Maybe you've needed to back out and kind of withdraw from some social relationships that aren't working right now. It's really easy to kind of get mad at yourself for all these things and hold yourself to kind of like a pre-COVID standard. But we are collectively going through something extremely difficult for a lot of reasons, and the last thing that anybody needs is to be beating themselves up for that. So go easy on yourself. We don't really have a guidebook on how to navigate a pandemic, we're figuring it out as we go and we're figuring out what works for us and what doesn't. Honour whatever emotions are coming up for you,

they're all valid. And just try to treat yourself the way you'd treat a loved one who was struggling. You wouldn't berate them, you wouldn't shame them for not doing more, or gaining weight, or whatever it is. Just try to be nice to yourself. That's my main one.

JF: I love that Lindsey; I think that's so important so I think that should be at the top of the list. A couple, I guess, kind of tangible tips that, again, people may be sick of hearing, but that do work... First, people are working from home, a lot of people still are working from home, I should say, and so that can have its benefits and maybe people are comfier. But what that does is it kind of alleviates all boundaries between work life and home life, and people may be finding it hard to strike that work life balance because work life is home life. So if there's any way to kind of just establish a routine, regardless of whether you're working at home, that's important, but particularly if you're working at home. Just try your very best to establish those different times between work life and home life. Yeah, just trying as best as you can to stick to some sort of routine. And again, that doesn't have to be some big, lofty goal, like just even any small thing to create some sort of semblance of structure or normalcy. Create meaning for your time. If you're finding the days, and hours, and months, and years kind of blending together, it's easy to fall into a slump. So just like 'I'm going to do this one thing at the same time every day' or whatever that looks like can be really helpful. So that's another big one.

IT: I think that's a great way to end off this interview. And as you said, it might have been repeated before, but that doesn't make it any less invaluable. Jona, Lindsey, thank you so much for your time to be able to talk about this and to kind of get a sense about where the mental health profession is kind of headed. Thank you.

LN: Thanks Ian.

JF: Thank you so much for having us, this is great.