

We Need a “REVOLUTION” in Mental Health Services For People with Hearing Loss

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What do Pat Dobbs and Bernie Sanders have in common? Both Pat Dobbs, longtime HLAA member, and director of the Hearing Revolution, and Democratic Candidate Bernie Sanders talk about the need for a revolution of people to make their needs heard. Regardless of your political orientation, the message is one that we need to seriously heed in this era of **disappearing mental health services for people with hearing loss**.

The last two years has seen the tragic **closing of two major mental health facilities in California**: Saint John’s Mental Health Services for Deaf and Hard of Hearing People (2015) in Santa Monica, and University of California, San Francisco Center on Deafness (circa 2013). Both of these agencies were open for decades and their closing indicates the progressive silencing of a greatly, underserved population. While UCCD has found a smaller home at the Felton Institute in San Francisco, Saint John’s in Los Angeles County still has not found a home even after eight months. **FACT: there are no public mental health services for people with hearing loss in all of Los Angeles County at this time!**

Let’s talk about the big “D” word - Depression - and how it relates to hearing loss. It is astonishing that in 2016, any discussion of depression is still loaded with stigma and shame. Just as astounding is the discussion of hearing loss, also cloaked with stigma and shame until one becomes actively involved in educating themselves and others.

The fact is that depression is one of the most common disorders in the United States. The National Institutes of Mental Health estimates that 6.7% of Americans experience depression. This translates to an estimated 15.7 million people. Just last week, the U.S. Preventive Services Task Force issued a national recommendation that all persons over the age of 18 be screened for depression (Nealon-Woods, 2016) Typical signs of depression that interfere with daily living include sadness, fatigue, irritability and loss of interest in activities and/or people. Let’s talk more specifically about hearing loss and depression. Depression, in particular has been linked to hearing loss and unfortunately both conditions often go unacknowledged, unrecognized or untreated by health care professionals. In a major National Center for Health Statistics survey of 18,318 people over the age of 18, the prevalence of moderate to severe depression was 4.9% for those with excellent hearing, 7.1% for those with good hearing and 11.4 % for participants who had significant or moderate hearing loss (Zhang, Hoffman and Wilson, 2014).

What this means is that the untrained health care professional may not know that the **rate of depression and anxiety is roughly 3 times higher among people with hearing loss**. Without training, many therapists and psychiatrists will often misdiagnose or miss altogether symptoms that may be related to hearing loss. For example, many geriatricians may diagnose someone as having dementia without checking for untreated hearing loss. Or the therapist who treats veterans for PTSD without recognizing that hearing loss and tinnitus is the

number one disability that veterans are dealing with.

Complicating the issue even further is the person with hearing loss who may deny or not understand the impact of hearing loss on their self esteem, feelings of loneliness or frustration tolerance.

Many of us may have read over the last several years about the tragic statistics of patient suicides due to not being able to get needed therapy at **Kaiser**. After being cited twice in two years by the California State Department of Mental Health for not responding to complaints of severe understaffing and illegal wait times, Kaiser was slapped with a 4 million dollar fine. After several years of thousands of concerned staff, patients and families protesting and striking, Kaiser “listened” and agreed to a contract to increase staff raises and to the staffing 500 more mental health workers in their facilities.

The lack of services extends far beyond Kaiser. I can share with you numerous stories of clients from my private practice who could not get psychiatric services and then were and continue to be at greater risk for suicide. One such story is about Dave (not his real name), who is a 20 year old depressed man with Medi-Cal insurance. He has a severe hearing loss, uses an interpreter and cannot use the phone. He has tried to get medication for his depression, however there are only two psychiatrists within a 45 mile range who accept Medi-Cal. After waiting a month for an appointment, Dave showed up to find no interpreter despite his request for one. Shockingly, not only was the doctor in violation of the ADA’s stipulation of providing an interpreter, his office refused to honor Dave’s request to be contacted by email or text.

Voice messages giving him appointment times were left on his cell phone, which he could not access due to his hearing loss. As such, Dave never showed up for two appointments and the doctor refused to see him again. This lack of compassion and ignorance, is unfortunately, still prevalent in the medical community. As a result, this young man has given up on seeking help and is at higher risk for hospitalization. What a sad waste, not only of the human spirit, but of taxpayers’ money in having to pay for expensive hospitalizations rather than the use of proactive and cost-effective interventions of counseling and therapy!

As a psychologist with hearing loss, I work at **California State University at Northridge** (in Los Angeles County), home to one of the four largest programs for deaf and hard of hearing students in the country. All students have a limited but free number of counseling sessions available to them. After students use their limited sessions (4-8 sessions per academic year), they are referred out; however **students with hearing loss have no access to community services because there are no services with therapists who are trained in hearing loss**.

Let’s make this more personal. When I was 17 years old, I saw my first therapist who was a wonderful psychologist from the **John Tracy Clinic**. My experience with her was profound as she helped me to understand the struggle to be “normal”, the challenges of “passing and bluffing”, and introduced me to the

concept of self-advocacy. She also introduced me to successful people with hearing loss, who like me, also experienced frustration, loneliness and depression in surviving in the hearing world.

Professionally, 30 years of experience has convinced me that every person with hearing loss could benefit from counseling and therapy. The child with hearing loss who has hearing parents and struggles to understand at family dinners, or to find playmates who don't make fun of her; the adolescent who desires to be normal and bluffs his way through school, the young adult who explores their identity and straddles between the deaf and hearing worlds, to the late deafened adult grieving and having to adapt altogether in their work and at home with family and loved ones.

The key to minimizing the stigma and shame of seeking help is to view counseling as a "growth experience" rather than to "fix someone or something". The focus of counseling is to build a working repertoire of coping skills in managing the daily stress of living.

As Pat Dobbs advocates after years of her own denial, "A revolution has to start within ourselves". **We need to educate ourselves first before we can advocate.** We need to destigmatize depression and recognize the right to having mental health care.

We need to educate and advocate for ourselves wherever we go – to doctors, teachers, family members, bank tellers and anywhere we do business. We need to feel shameless in requesting services for CART and interpreters or the use of email and texting instead of telephones. We need to reach the "masses" and learn the lessons of others who have fought and won their causes.

I am actively involved in trying to educate the mental health community about the need to provide services for people with hearing loss in Los Angeles County and am quite dismayed by the lack of response in the hearing loss community. I have written to major newspaper journalists, directors of mental health agencies, talked with anyone who will listen. If you have any ideas, please feel free to write to me and join me in trying to start a "revolution"!

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