

COVID-19 and Caring for the Mental Health of Women with OD

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Variable Impact



Is there anything good about the Pandemic?

1. Zoom meetings have allowed some women to receive care who were having a hard time making appointments
2. Some women have enjoyed having more time with their families and have enjoyed the opportunity to have their kids home with them
3. There has been a proliferation of free online groups and trainings

Let's be real- mostly its awful

Increase in family-stress¹

Increase in Postnatal depression and anxiety globally²

Parents report decreased mental health during pandemic³

What about women with OUD? No specific studies YET on increased rates of mental health issues, but highest impact was on Single mothers with young kids (about 30% report worsening mental health)



Factors?

1. Parenting stress: Immediately increased when daycares and schools closed.

This is improving, but for many families who do have kids in schools and care there is still uncertainty and unpredictability. COVID closes classrooms or kids can't attend because of contact tracing.

Women with OUD are often single and have less forgiving jobs so the stress of not being able to work or to find time for self care is real.



2. Isolation

Social support has a huge impact on recovery and on mental health.



Decreased access to recovery communities

Nobody to help. Many women have difficulties with transportation and childcare and may rely on friends and family. Without a support network there is decreased access to self care, as well as greater reliance on men in their lives for transportation and help with kids.

Three women I care for say that they wouldn't be in their relationship if the Pandemic wasn't happening

3. Decreased Access To Services

Initially services were on hold before pivoting to telehealth

Some never did

Some women don't have access to video calls

Many women DON'T HAVE PRIVACY



One year into the pandemic therapy practices are FULL

[illegible]

Increased financial stress:

Poverty is linked with poorer mental health outcomes⁴

Increased vulnerability to use

Decreased Stability (housing)

Again, greater reliance on men who may not treat them well

5. Decreased structure at MAT Centers

Fewer UA's- less accountability

More take homes

Fewer touches with treatment providers including clinicians,
nurses and social workers

Anecdotal- more use



6. Child Custody Got tricky

For a long period of time DCF visits stopped. Women were interacting with their kids, sometimes babies, on video.

Heartbreaking for many.

Non-DCF Custody:

Difficult to navigate kids moving from one household to another



How are we meeting women's needs

Privacy:

Offer socially distanced walks (three women have taken me up on this)

Allow telephone conversations instead of Zoom so women can leave the home

Social Isolation:

Online support groups- local and national (PSI)

Decreased access to resources:

Seeing people more often than I usually would

Naming It

References:

1. Data presented by Marybel Gonzalez at UVMHC Psychiatry GR Feb 12 from the Adolescent Brain Cognitive Development (ABCD) multi-site national cohort study.
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3. Patrick SW, Henkhaus LE, Zickafoose JS, Lovell K, Halvorson A, Loch S, Letterie M, Davis MM. Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics*. 2020 Oct;146(4):e2020016824.
4. Coast E, Leone T, Hirose A, Jones E. Poverty and postnatal depression: a systematic mapping of the evidence from low and lower middle income countries. *Health Place*. 2012 Sep;18(5):1188-97. doi: 10.1016/j.healthplace.2012.05.004.