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Here's how depressed parents can find help in strange times

Parenting in isolation can trigger mental health struggles, but there are solutions.

By [Kara Baskin](#) Globe Correspondent, Updated April 14, 2020, 12:48 p.m.



NATALIE KEYSSAR/THE NEW YORK TIMES

Loneliness, sadness, hopelessness. The distress caused by COVID-19 is natural, as the world's supportive yarn seems to unravel more every day. Those feelings are also symptoms of depression, though, and shouldn't be written off as mere situational inconveniences.

Major depressive disorder affects more than 16.1 million adults. Depression is characterized by an overwhelming feeling of sadness or loss of interest or pleasure in usual activities that persists for two weeks or more. Insomnia, fatigue, and feelings of inappropriate guilt are common. It's brutal under

normal circumstances, and right now the health care system is painfully stretched. Mental health clinicians are already busy with established patients. And therapeutic remedies that once seemed so simple — going to the gym, visiting a friend — are verboten.

For parents, additional hardships complicate this disconcerting reality: an isolated new mother, unable to walk to a playground. Working parents whose childcare support has vanished, as grandparents wave from front steps and daycare teachers communicate through tiny windows on Zoom. Kids with special needs whose schedules have been upended, relying exclusively on overwhelmed family members to provide a sense of normalcy

“I feel extremely isolated. I already felt isolated before. And now, all the things I did to cope with that are gone,” says a Belmont mother of two children, one of whom is autistic. “I feel like I have no options or outlets. I can’t start up a new relationship with a therapist. . . . And there are people risking their lives, people are dying, and I feel terrible about feeling terrible.”

“I feel like I’m failing at everything and failing everyone,” says a Medford parent. “As friends post on Facebook how they’re cleaning out their garage or closets, I’m just trying to keep toys and crumbs off the floor so I don’t trip with the baby in my arms.”

Lack of everyday human conversation, which can so often act as a check against irrational worries, also amplifies the feelings.

“Some of the negative thinking that [people are] having starts to magnify because they’re not getting any evidence or information from others that might contraindicate those thoughts,” says Dr. Jamie Micco, a psychologist affiliated with Massachusetts General Hospital.

Here are options.

Remember that support exists, albeit in virtual forms. Midwife Avery Fisher at Emerson Hospital in Concord counsels new mothers to seek support with free online resources. “JF&CS (www.jfcsboston.org) is an excellent nonprofit organization that offers Visiting Moms, a one-on-one peer support system with weekly in-home and now virtual visits that can last until baby’s first birthday as needed,” she says. It also has resources and support services for women experiencing intimate partner violence.

Fisher also recommends Parents Helping Parents (www.parentshelpingparents.org) for its daily online support groups and 24/7 parental stress hotline, as well as virtual support groups through First Connections (www.jri.org). It offers groups for new moms and dads, support groups facilitated by social workers focusing on postpartum well-being, and help for working parents.

Micco suggests MCPAP for Moms (www.mcpapformoms.org), a centralized hub for resources, including crisis services, for pregnant and postpartum parents across Massachusetts.

Don't discount your symptoms. We're living through strange times, but this doesn't mean that your symptoms are mere stress. Severe insomnia, racing or intrusive thoughts, anxiety or depression that prevents you from completing daily tasks, or a profound and overwhelming feeling of sadness or crying for no apparent reason should prompt a call to your doctor, Fisher says. And less than 1 percent of women with postpartum depression develop a condition called postpartum psychosis. It's characterized by hallucinations and delusions, excessive energy or agitation, paranoia, obsessive thoughts about your baby, or attempts to harm yourself or your baby.

If you're contemplating hurting yourself, go to the emergency room. While visiting a hospital right now might seem unwise, suicidal people "are already at risk; sometimes, you have to weigh those costs in making your decision," Micco says. Don't be afraid of seeking out psychiatric intervention in an acute situation.

Understand that it's tough to find a therapist right now, but help is out there. Micco recommends William James College's interface referral service, which offers COVID-specific help (interface.williamjames.edu). The Newton-based program matches patients with licensed mental health providers based on their location, insurance, and specific needs.

Micco notes that many therapists offer sliding scale payments. "I've seen a lot more flexibility recently among therapists maybe taking one or two extra people, or offering one or two pro bono spots," she says. Don't be afraid to ask.

Your meeting will likely be on video; she recommends wearing headphones for maximum sound quality and using your phone's white noise app placed near a closed door for privacy (or sitting in your car, if that's an option). Switch kids to non-streaming entertainment while you're on, so as not to overwhelm a wireless connection.

Contact your primary care doctor for medication. These days, Micco encourages calling your primary care physician for psychiatric prescriptions.

“It’s much easier to connect with them than to try to find a psychiatrist right now. It’s hard to find psychiatrists anyway, and a lot of primary care doctors have become more and more willing to prescribe SSRIs for patients,” she says, depending on the complexity of your case. They can also act as a clearinghouse for other resources.

Do one small activity for five minutes. “When you’re depressed, often your instinct is to reduce your action and lay low. One suggestion that I often give my patients who are depressed is to just pick one small step. It could be making your bed. It could be listening to one song. It could be playing one game with your kid,” says Micco. “You’re not going to want to do it at first, but if you can set a rule for yourself — a five-minute rule — oftentimes what happens is once you get started you can keep going, [which] then has a beneficial effect on mood.”

Rely on diversions that you actually love. Don’t worry about mastering a new mindfulness app or cleaning out your junk drawer to feel better. Right now, set the bar low with tried-and-true distractions — the tattered old slippers of emotion. “It might be better to pick something that’s going to boost your mood, like watching a comedy, a stand-up routine, or reading a book that used to be your favorite,” Micco says.

Remember: No silver lining is too minor. Yes, some people are posting photos of their homeschool schedules, bread-baking victories, and newly reorganized closets. But remember that victories come in many forms. Micco encourages clients to seek out the small, strange solaces that this pandemic has wrought, even if it’s the sound of a child’s midday laugh from the next room or the chance to wear sweatpants.

For additional resources, including those specific to COVID-19, visit www.adaa.org.

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