Psychological Impact of COVID-19 on Minority Women

Kara M. Brown, MD, Gail Erlick Robinson, MD, FRCPC,† Carol C. Nadelson, MD,‡ Sophie Grigoriadis, MD, MA, PhD, FRCPC,† Leena P. Mittal, MD,§ Nkechi Conteh, MD,|| Nikole Benders-Hadi, MD,¶ Marla Wald, MD,# Natalie Feldman, MD,** and GAP Committee on Gender and Mental Health*

Women have experienced greater pressures than men in navigating life during the COVID-19 pandemic despite higher infection rates in men (Thibaut and van Wijngaarden-Cremers, 2020). Daycare closures at the beginning of the pandemic and ongoing school closures have left families scrambling to find alternative arrangements. Virtual learning for younger school-aged children requires adult input and, thus, further pressure on the parents. These responsibilities are frequently left for women to manage. Many have attempted to juggle working remotely while caring for children, whereas others left the work force. Indeed, women stopped working at a rate four times higher than men (Kashen et al., 2020).

Women also are more likely to work in environments that put them at a greater risk of contracting COVID-19. They are more likely to be assigned caregiver roles for family and loved ones recovering from COVID-19 infection (Ranji et al., 2021). Even more strikingly, the pandemic has made clearer the structural inequities that disproportionately burden women of color. Women of color must not only navigate the above stressors but also manage unique ones as well. Racism and anti-immigration sentiments impact women of color who also experience increased hostilities in Western countries. As a result, women of color are experiencing an exacerbation of mood, anxiety, and trauma-based symptoms at higher rates and may find themselves with fewer resources to combat their distress.

Asian women now more often have to deal with negative bias and discrimination, and this has also contributed to their increased rates of mental health issues (Tessler et al., 2020). This discrimination is most blatant in hate incidents that can be seen in verbal harassment, shunning, or physical violence. The racist link between the COVID-19 virus and Asian-Americans promulgated by the previous administration is at the core of a spike in xenophobia and hate crimes against Asian-Americans. Of the near 3800 anti-Asian hate crimes reported in the United States since the onset of COVID-19 in March 2020, women were reported to be victims twice as often as men (Yam, 2021). Yam (2021) theorize that the stereotype of Asian women being more "docile" and "subservient" may be playing into the perception of their being easier targets for violence.

For women at the United States–Mexican border, the trauma of separation from family and children as well as the confinement in large groups where COVID-19 can spread quickly can heighten already present fears. Fear of facing hostilities for seeking health care may also prevent minority migrant women from seeking care when ill, leading to worse outcomes as well (Germain and Yong, 2020). In the United States, the decision to respond to police violence by attending protests and demonstrations comes with the additional risk of exposure to COVID-19 and subsequent anxiety (Njoku and Ahmed, 2020). Witnessing these violent acts through media while on lockdown and grappling with this dilemma compound the feelings of isolation and distress.

A meta-analysis of mostly United States–based studies found increased rates of COVID-19 infections among those of Black and Asian ethnicity (Sze et al., 2020). Several studies have shown not only the higher rates of COVID-19 among people of color but also higher morbidity and mortality (Phiri et al., 2021; Ranji et al., 2021). Therefore, we can anticipate minority women will experience higher rates of complicated bereavement as their loved ones face particularly traumatic deaths. In addition, we know that, postinfection, many COVID-19 survivors experience psychiatric symptoms, which would suggest that people of color will face these complications in the months to come at higher rates given their disproportionate rates of illness (Taquet et al., 2021). Systemic racism has led to institutionalized

*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana; †University of Toronto, Women's Mood and Anxiety Clinic: Reproductive Transitions, Department of Psychiatry, Sunnybrook Health Sciences Centre, Toronto, Canada; ‡Harvard Medical School, Brigham and Women's Hospital; §Harvard Medical School, Reproductive Psychiatry Consultation Service, Brigham and Women's Hospital; ||Center for Women's Mental Health, Massachusetts General Hospital, Boston, Massachusetts; ¶Doctor on Demand, White Plains, New York; #Duke Psychiatry Residency Program, Duke University Medical Center, Durham, North Carolina; and **Brigham and Women's Hospital, Brookline, Massachusetts.
Send reprint requests to Kara M. Brown, MD, 2400 Canal Street, 7J New Orleans, LA 70119. E-mail: kara.brown@va.gov.
Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.
ISSN: 0022-3018/21/20910–0695
DOI: 10.1097/NMD.0000000000001403

Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.

discrepancies in health care access, delivery, and health outcomes, which impact women of color. Reduced access to high-quality health care also faces minority women as hospital systems scaled back both routine face-to-face appointments during the earlier surges of the virus in favor of virtual visits and suspended supports from attending appointments and visiting loved ones in the hospital. Secondary avoidance of the hospital out of fear of contracting the virus in the hospital setting or on public transportation also worsens access to routine and emergent health care (Gressier et al., 2020; Minkoff, 2020). Lower rates of health care utilization during the pandemic may further exacerbate disparities in general health outcomes, thus setting up women of color for future stressors later in their lives. The perinatal literature shows worsened maternal morbidity (including mental health) among minority women as a result of COVID-19, furthering the already-present gap in positive outcomes (Gur et al., 2020; Kozhimannil et al., 2011; Minkoff, 2020). Combined with the stress of navigating the socioeconomic impacts of the pandemic, it is no surprise that minority women report increasing rates of depression, anxiety, and isolation (Chandler et al., 2021).

As workers in the health care field—including nonclinical essential workers in health care systems—become increasingly female and minority dominant, we must also consider the impact of COVID-19 among minority women in health care. Data indicate that minority health care workers are dying at higher rates from COVID-19 compared with their White peers. Minority health care providers also report increased rates of discrimination while at work in the form of reduced access to PPE, assignments leading to more direct exposure with patients with COVID-19, and harassment from patients and their families and peers because of their race. UK researchers have shown that minority nurses have reported higher levels of stress and posttraumatic stress symptoms (Phiri et al., 2021). Should this lead to burnout and drive away minority women from working in health care, we can expect that this will further exacerbate distrust in the medical system by minority patients who already see too few providers who look like them. The psychological burden of COVID-19 on minority women is high. The savvy clinician will need to be aware of the additional burdens their patients are facing and the struggle of their peers who are women of color. The release of vaccines has introduced promise of bringing the present pandemic to a close. However, inequal access to the vaccine among minorities will lead to slower rates of vaccinations among those who are more vulnerable to infection. Because of the many egregious violations of medical ethics in experimenting upon and forcing medical procedures among minority populations and lower rates of inclusion in vaccine trials, vaccine hesitancy will prove to a long-term problem requiring nuanced attention even post-COVID (Flores et al., 2021).

There is a growing body of literature looking at the resilience of minority women, especially African-American women, in the face of such major stressors (Gur et al., 2020; Silverman et al., 2020). Overinterpretation of resilience of minority women, who are often viewed as strong, selfless, and able to shoulder any burden paradoxically can contribute to women of color receiving less support by systems that justify that they need them less (Simien, 2020). Instead, we need intersectional solutions that take into account one's role as an ethnic minority and as a woman, the impact of historical trauma, and the need to dismantle institutional racism in the agencies now tasked with ending the pandemic (Ryan and Ayadi, 2020).

DISCLOSURE

The authors declare no conflict of interest.

REFERENCES

Chandler R, Guillaume D, Parker AG, Mack A, Hamilton J, Dorsey J, Hernandez ND (2021) The impact of COVID-19 among Black women: Evaluating perspectives and sources of information. *Ethn Health*. 26:80–93.

Flores LE, Frontera WR, Andrasik MP, Del Rio C, Mondríguez-González A, Price SA, Krantz EM, Pergam SA, Silver JK (2021) Assessment of the inclusion of racial/ethnic minority, female, and older individuals in vaccine clinical trials. *JAMA Netw Open*. 4:e2037640.

Germain S, Yong A (2020) COVID-19 highlighting inequalities in access to healthcare in England: A case study of ethnic minority and migrant women. *Fem Leg Stud*. 1–10.

Gressier F, Mezzacappa A, Lasica PA, Fourcade C, Corruble E (2020) COVID outbreak is changing our practices of perinatal psychiatry. *Arch Womens Ment Health*. 23:791–792.

Gur RE, White LK, Waller R, Barzilay R, Moore TM, Kornfield S, Njoroge WFM, Duncan AF, Chaiyachati BH, Parish-Morris J, Maayan L, Himes MM, Laney N, Simonette K, Riis V, Elovitz MA (2020) The disproportionate burden of the COVID-19 pandemic among pregnant black women. *Psychiatry Res*. 293:113475.

Kashen J, Gylnn SJ, Novello A (2020) How COVID-19 sent women's workforce progress backward. *Center for American Process*. Available at: https://www.americanprogress.org/issues/women/reports/2020/10/30/492582/covid-19-sent-womens-workforce-progress-backward/. Accessed October 30, 2020.

Kozhimannil KB, Trinacty CM, Busch AB, Huskamp HA, Adams AS (2011) Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatr Serv*. 62:619–625.

Minkoff H (2020) You don't have to be infected to suffer: COVID-19 and racial disparities in severe maternal morbidity and mortality. *Am J Perinatol*. 37:1052–1054.

Njoku A, Ahmed Y (2020) Police brutality against Blacks in the United States and ensuing protests: Implications for social distancing and Black health during COVID-19. *J Hum Behav Soc Environ*. 31:262–270.

Phiri P, Delanerolle G, Al-Sudani A, Rathod S (2021) COVID-19 and Black, Asian, and minority ethnic communities: A complex relationship without just cause. *JMIR Public Health Surveill*. 7:e22581.

Ranji U, Frederiksen B, Salganicoff A, Long M (2021) Women, work and family during COVID-19: Findings from the KFF women's health survey. Kaiser Family Foundation 2021. Available at: https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/. Accessed March 22, 2021.

Ryan NE, El Ayadi AM (2020) A call for a gender-responsive, intersectional approach to address COVID-19. *Glob Public Health*. 15:1404–1412.

Silverman ME, Medeiros C, Burgos L (2020) Early pregnancy mood before and during COVID-19 community restrictions among women of low socioeconomic status in New York City: A preliminary study. *Arch Womens Ment Health*. 23: 779–782.

Simien EM (2020) COVID-19 and the "Strong Black Woman". The Gender Policy Report 2020. Available at: https://genderpolicyreport.umn.edu/covid-19-and-the-strong-black-woman/. Accessed June 9, 2020.

Sze S, Pan D, Nevill CR, Gray LJ, Martin CA, Nazareth J, Minhas JS, Divall P, Khunti K, Abrams KR, Nellums LB, Pareek M (2020) Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis. *EClinicalMedicine*. 29:100630.

Taquet M, Geddes JR, Husain M, Luciano S, Harrison PJ (2021) 6-month neurological and psychiatric outcomes in 236379 survivors of COVID-19: A retrospective cohort study using electronic health records. *Lancet Psychiatry*. 8:416–427.

Tessler H, Choi M, Kao G (2020) The anxiety of being Asian American: Hate crimes and negative biases during the COVID-19 pandemic. *Am J Crim Justice*. 1–11.

Thibaut F, van Wijngaarden-Cremers PJM (2020) Women's mental health in the time of COVID-19 pandemic. *Fron Glob Womens Health*. 1. doi:10.3389/fgwh.2020.588372.

Yam K (2021) There were 3,800 anti-Asian racist incidents, mostly against women, in past year. NBC News 2021. Available at: https://www.nbcnews.com/news/asian-america/there-were-3-800-anti-asian-racist-incidents-mostly-against-n1261257. Accessed March 16, 2021.

© 2021 Wolters Kluwer Health, Inc. All rights reserved.

Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.