

## **Improving access to treatment and support for women with SUD during the COVID-19 pandemic: the experience with telehealth from a women's only service**

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**Introduction and Aims:** The COVID-19 pandemic increased the risk of alcohol and substance use related harms for women through increased isolation and child responsibilities and domestic violence. These issues were compound with many services closing in response to the pandemic. One women's only service in Sydney which remained open throughout the pandemic implemented telehealth services and developed online content for women who opted to return home during the COVID-19 restrictions or who were waitlisted. We examined the uptake on engagement with this telehealth content and sought women's attitude to this type of service delivery.

**Method / Approach:** To replace the pre-COVID-19 face-to-face comprehensive assessment, all eligible clients underwent a comprehensive face to face assessment via their preferred telehealth method (e.g., phone, zoom). Women who opted to return home with their children and those waitlisted were provided with psychoeducation and skills group content developed specifically for delivery via telehealth. Individual one-on-one contact was made regularly.

**Key Findings :** Weekly average intake for the service varied little across the study period, except during the peak COVID period when intake was suspended for one month. Most clients assessed were aged 25-44 years with little variation in age across the pre- during and post-COVID periods. Existing clients found the resources acceptable and met their needs. Waitlisted women engaged much less with the materials, but those who did participate were satisfied and felt supported.

**Discussions and Conclusions:** Through resources and use of technology, existing clients who wished to be at home during COVID restrictions were retained. However, engaging wait-listed eligible women was more difficult.

**Implications for Practice or Policy :** Telehealth was a useful way of retaining clients who were unable to remain residents of the service and may be effectively used for clients who are unable to stay in residence. However, more work is needed to understand how best to engage waitlisted clients.

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