

Mental health interventions for health professionals in the context of the Coronavirus pandemic

Intervenções em saúde mental para profissionais de saúde frente a pandemia de Coronavírus

Intervenciones de salud mental para profesionales de la salud ante la pandemia de Coronavírus

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ABSTRACT

Objective: to reflect on mental health care interventions/actions aimed at health professionals who provide assistance to patients suspected or diagnosed with COVID-19. **Content:** The COVID-19 pandemic challenges health professionals to lead with their own and patients' mental health. It is essential to know and to reflect about countries' initiatives to deal with health professional's mental health maintenance in times of pandemic, and to help to re-think strategies planning, execution and evaluation to be used in Brazil. **Final considerations:** it was possible to list actions in mental health that have shown to be assertive in the care of health workers who are in the front line of caring, especially those based on clarifying the disease, appropriate use of individual protective equipment, in addition to mapping those emotionally weakened professionals and or with mental suffering prior to the pandemic, in addition to the emotional support offered through digital platforms.

Descriptors: Health personnel; mental health; coronavirus.

RESUMO

Objetivo: refletir sobre as intervenções/ações de cuidado em saúde mental voltados aos profissionais da saúde que prestam assistência ao paciente suspeito ou diagnosticado com COVID-19. **Conteúdo:** A pandemia de COVID-19 traz o desafio para profissionais da saúde em lidar com sua própria saúde mental e a dos pacientes. É fundamental conhecer e refletir sobre iniciativas que países apresentam para lidar com a manutenção da saúde mental de profissionais da saúde em tempos de pandemia e que contribuem para repensar o planejamento, execução e avaliação de estratégias a serem utilizadas no Brasil. **Considerações finais:** foi possível elencar ações em saúde mental que têm se mostrado assertivas no cuidado aos trabalhadores de saúde, atuantes na ponta do cuidado, sobretudo as baseadas no esclarecimento da doença, uso adequado de equipamentos de proteção individual, além do mapeamento daqueles profissionais fragilizados emocionalmente e/ou com sofrimento mental anterior à pandemia, além do suporte emocional oferecido por meio de plataformas digitais.

Descritores: Pessoal de saúde; saúde mental; Coronavírus.

RESUMEN

Objetivo: reflexionar sobre las intervenciones/acciones de atención de salud mental dirigidas a profesionales de la salud que prestan asistencia a pacientes sospechosos o diagnosticados con COVID-19. **Contenido:** La pandemia COVID-19 desafía a los profesionales de la salud a hacer frente con la salud mental propia y de los pacientes. Es esencial conocer y reflexionar sobre las iniciativas de los países para enfrentar al mantenimiento de la salud mental de los profesionales de la salud en tiempos de pandemia, y para ayudar a repensar la planificación, ejecución y evaluación de estrategias que se utilizarán en Brasil. **Consideraciones finales:** fue posible enumerar acciones en salud mental que han demostrado ser asertivas en la atención de los trabajadores de salud que trabajan en la primera línea de atención de la salud, especialmente aquellos basados en la aclaración de la enfermedad, el uso apropiado de equipos de protección individual, además de mapear aquellos profesionales debilitados emocionalmente y / o con sufrimiento mental antes de la pandemia, además del apoyo emocional ofrecido a través de plataformas digitales.

Descritores: Personal de salud; salud mental; coronavirus.

INTRODUCTION

Since Coronavirus (COVID-19) was identified in the Chinese city of Wuhan in December 2019, its transmission speed has attracted the attention of authorities in the global health systems¹. On January 23rd, 2020, the World Health Organization (WHO) declared the COVID-19 pandemic, constituting a health emergency².

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In Brazil, according to the Ministry of Health, the first case of COVID-19 was confirmed at the end of January 2020^{3,4}, the number of cases reported across the national territory increasing at an accelerated pace. World data in real time can be consulted on the <https://coronavirus.jhu.edu/map.html> website from the *Johns Hopkins University & Medicine* through the *COVID Map*.

Although measures of social distancing such as quarantines are the best way to contain the pandemic^{5,6}, the severity of the disease, the fear of contracting and/or transmitting, and the stigma experienced by the fear of people on their way to or from work inevitably bring psychological distress to the health professionals at the head of hospital or community services. In Brazil, there are some remote help and support channels for this particular clientele, coordinated by class councils, such as the Brazilian Federal Council of Nursing and Psychology.

Given this scenario, the objective of this article is to reflect on mental health care interventions/actions aimed at the health professionals who provide assistance to patients suspected or diagnosed with COVID-19.

CONTENT

Mental health of the health professionals in the context of the COVID-19 pandemic

Countries such as China, Germany, and the United States^{7,8,9} have disclosed their experiences in coping with the mental health of health professionals, offering an overview related to the psychological suffering of those who are on the front line of care. Health officials reported in an article on March 15th, 2020, that 3,019 Chinese health professionals were infected with COVID-19, of which ten died^{10,11}, including the first physician who warned about the disease. In Italy, by the beginning of April 2020, more than 6,000 health professionals had been infected by the virus, approximately 20%, and there is no exact number of deaths to date¹². In Brazil, there are also deaths among health professionals involved in this context.

It is inevitable that health professionals, working tirelessly on the front line, are more vulnerable to emotional issues, as they also deal with their own feelings of helplessness, failure, stress due to conditions and work overload, uncertainties about the disease and treatment, fear of contracting and transmitting the virus, and/or difficulty dealing with the loss of their patients. Relatives accompanying the patients, their losses, and the unstable context of a pandemic are also listed¹⁰.

A study carried out in China observed that several health professionals were traumatized by the SARS epidemic and suffer from persistent psychiatric symptoms even after the pandemic, such as post-traumatic stress¹³, showing that mental health care for these professionals had and should start immediately, with no end date. Another study with 1,563 professionals, showed that 50.7% reported depressive symptoms, 44.7% anxiety, and 36.1% sleep disorders¹³. Excessive workload, isolation, and discrimination were issues reported as aggravating psychological distress, making them highly vulnerable to physical and mental exhaustion, fear, emotional disturbances, and sleep problems^{14,15}.

Another investigation, also Chinese, with health professionals who were directly caring for patients with Covid-19, showed important data related to mental health, of a total of 1,257 professionals working in 34 hospitals (39% physicians and 61% nurses) approximately 50% had symptoms of depression, 45% anxiety, 34% insomnia, and 72% anguish. The symptoms were greater in nurses, women, and professionals who provided direct care to patients with COVID-19^{7,16}.

A number of researchers in Germany have identified aggravating factors related to the professionals, such as: fear of the risk of infecting themselves and others; not having a clear diagnosis, considering that the symptoms of COVID-19 are similar to other morbidities; taking care of family members and children who are at home due to the closure of schools; and concern with physical and mental health, especially of professionals in the risk group and with pre-existing mental disorders⁸. Regardless of the current pandemic situation, a recent study in Brazil points out the pressures experienced in different ways by nursing professionals, double working hours, low pay and workplace violence, leading to stress and mental disorders¹⁷. It can be predicted that such conditions are added to the difficulties experienced by the professionals, given the scarcity of hospital resources and PPE equipment, so propagated in the media worldwide, particularly at this time.

In the emergence of COVID-19, the medical professionals in Wuhan have been dealing with a high risk of infection and inadequate protection against contamination, overwork, frustration, discrimination, isolation, patients with negative emotions, lack of contact with their families, and exhaustion¹⁵. The overload of care offered to the patient can lead to exhaustion of the team, both physical and mental. Some health care professionals infected with COVID-19 may

feel helpless, hopeless, and isolated as well. This scenario directly affects the mental health of these individuals, requiring protective measures in this area to be directed to them as a way of caring for caregivers.

Therefore, there is an urgent need for effective and immediate interventions aimed at promoting mental health in the health professionals. Although these measures require investments, they can contribute to the maintenance of these people at work, avoiding absenteeism related to psychological distress caused by the COVID-19 pandemic⁷.

Possibilities and challenges for the mental health of the health professional in the context of COVID-19

Even before the pandemic, in their daily routine health professionals in Brazil face many challenges related to dealing and maintaining their own mental health^{18,19}. In this specific scenario, crises and other health problems of this population may intensify, reason why it is imperative to plan and consolidate effective mental health care strategies for health workers.

Reliable information from officially appointed sources and protection for professionals²⁰ are priority strategies that can reduce aspects of daily insecurity and assist in the dissemination of good practices. Most of the professionals, even though they chose to provide care, did not participate in routine training to face crisis situations in pandemics, and may not be prepared or have the time available to follow the large amount of scientific work published today^{21,22}.

The experiences of other countries accumulate every day, making it possible to predict scenarios for effective measures with regard to the course of the pandemic in the national territory. The discussion about hospital infection with these professionals was one of the measures taken by the Chinese authorities. The protection that is achieved by means of guaranteeing the anticipated need and provision of Personal Protective Equipment (PPE) was an effective measure responsible for reducing transmission^{9,22} adopted by China. A joint effort is needed to ensure sufficient supplies of protective equipment for these professionals^{9,23} and, in some way, to clarify the scientific principle that governs the production of the protective masks so that there may be room for handmade production since there will be a lack of hospital supplies. With the understanding that this fact in no way exempts the health institutions/state to provide these PPE to professionals who work with public and private institutions²⁴.

Through strategies that facilitate the communication of information to these professionals, through official means and with wide dissemination, minimizing and clarifying false news, it is expected that they feel safer, contributing to the prevention of psychological symptoms such as fear and anxiety. In this sense, universities and sectors of continuing education have a primary role in translating knowledge, and may even create mobile applications to facilitate updating and access to information on a single basis.

Another effective measure would be the State's investment in universities for them to do research or that the State promotes research to map the population of health professionals to identify those who are at greater psychological vulnerability, in order to include them in specific actions of care and self-care in mental health. It is necessary to take into account the singularities of each location, in the sense of the possible and assertive offer of mental health care.

It is known that Nursing works within a certain limit of psychic availability, with frequent use of controlled medication, and an event like this pandemic has the power to trigger crises until now controlled²⁵. A recent study suggests the definition of a structure for the construction of interventions related to mental health with three main points: 1. Understanding the mental health status of different populations influenced by the pandemic; 2. Early identification of people or groups at high risk of suicide and aggression; 3. Providing psychological interventions for those in need. There are four levels of population: Level 1. People with high vulnerability to mental health problems; Level 2. People in home isolation; Level 3. People in contact with the population at Levels 1 and 2, and Level 4. People affected by prevention and control measures and susceptible to the virus²⁶. There is a recommendation that the professionals who show early signs of wear, identified by themselves and others, anxiety, and depression should receive immediate interventions to minimize the risks of developing psychiatric morbidities⁹. Thus, following this structure, each health institution could map its professionals and the levels at which they find themselves to direct appropriate mental health strategies. The method for this is peculiar to each institution and must emerge from the guidance of official state bodies.

The proposition of specific interventions for the psychic crisis is another measure described. China's guidelines have highlighted the importance of mental health organizations to contribute to the planning and support of actions. Psychological interventions for crises and brief counseling stand out with the aim of offering support to the professionals at risk of suffering and psychic illness. In the same direction, the 'Psychological Assistance Hotline during the COVID-19 outbreak' was published, in which professionals specialized in mental health together with emergency teams offered

support, guidance, and mental health care to the health professionals. This support was offered by psychiatric, psychologists, and professionals who worked in the emergencies²⁷.

Instructions for the mental health services on the care for the pandemic and of the health professionals were published. A number of Chinese groups released the 'Psychosomatic Health Services Intervention Plan for the Prevention and Control of the New Coronavirus' and the 'National Mental Health Manual for the New Coronavirus Pneumonia Outbreak', as well as online articles, videos, and tasks related to mental health and guidelines for population subgroups, including health professionals. These guidelines included telehealth online service platforms and other technologies possible in times of social isolation. The professionals were trained and the guidelines were proposed by official Chinese government bodies²⁶.

However, some interventions described in this article may contain challenges that need to be reflected in planning their execution. The lack of time, for example, of the health professional who is in direct care of patients. The professionals do not prioritize their self-care, even in the face of their urging needs, due to the accumulation of professional and personal activities. The institutions or managers fail to value mental health care at the expense of other demands, when they should be valued *pari passu*. This reality may impose lack of adherence to the suggested proposals, whether in the service itself or outside working hours, such as online appointments⁸.

Another aspect to be considered is the lack of access or low quality access the professionals have to computers, Internet, and other technological devices, since Brazil is a middle-income country. Approximately 20% of the Brazilians do not have access to the Internet, with different percentages in the 5 Brazilian regions. Faced with this scenario, mental health actions need to be directed according to the real possibilities of each territory²⁷.

Also, the guarantee of confidentiality in the services performed in digital media needs to be ensured so that the data are not used for purposes not consistent with what is proposed. Focus on equity and ethics will ensure that digital health really increases access to the actions availed^{7,28}.

There are countless possibilities of mental health care for the health professionals in the face of this scenario experienced worldwide in the COVID-19 pandemic. It is important to assertively implement actions, to document, and to disseminate the results for the improvement and consolidation of these initiatives as part of the health care of the caregivers involved. Reflection also emerges on the preparation of the mental health professionals who will welcome the health professionals, how they will deal with their mental health, to what extent the supervision of cases will be part of this strategy for the professionals who attend on digital platforms, and research studies on the services that may contribute to public policies for mental health care in times of the COVID-19 pandemic, all of which are managed in a mix of initiatives by professional class councils, organized civil society, and the municipal, state, and federal governments. Therefore, the State is responsible for managing mental health care mechanisms for the health workers, in partnership with national and international training and research institutions.

Limitations of the study

Due to the theoretical nature of the study, one of its limitations is not being able to follow the daily evolution of information about the disease and attitudes taken both nationally and internationally, as this is a time frame with significant changes on a daily basis.

FINAL CONSIDERATIONS

The emergence of the COVID-19 pandemic demonstrated several weaknesses in the affected countries with regard also to the mental health care of the health professionals in times of crisis. However, it was possible to evidence some experiences with greater organization to offer strategies in this area to this population.

In several parts of Brazil there are numerous initiatives with the purpose of taking care of the psychological suffering of its health professionals, several predominantly in the digital logic or telehealth. It is necessary to evaluate and to reflect on how these new approaches are taking shape and how they could be extended to a larger number of people. The managers also need to be attentive to changes in the behavior of the professionals who are on the front lines in order to favor that specific interventions are taken early.

The interventions, instituted in other countries, can collaborate for the maintenance of the mental health and care for the professionals affected by psychic symptoms in our country, helping to reduce mental illness and to prevent complications of pre-existing mental disorders.

Although in a non-systematic way and with sudden programming in the face of a pandemic situation, Brazil has also demonstrated its capacity to offer important strategies for those who are in charge of caring for people infected with COVID-19, a pandemic which presents itself as a possibility of dying differently and completely alone.

It remains for us to assess the panorama to proceed and move forward with appropriate strategies for other moments like this.

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