

**Ondas de demandas em saúde mental durante a pandemia de COVID-19**

**Waves of mental health demands during the COVID-19 pandemic**

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## **Resumo**

Lidar com a pandemia de Covid-19 está desempenhando um papel significativo nas políticas de saúde pública em todo o mundo. Saúde mental é uma delas. Seja para apoiar a manutenção do isolamento ou para lidar com demandas que podem advir da população em geral e de profissionais da saúde. Este trabalho apresenta uma compilação de dados obtidos por psicólogos clínicos durante a pandemia de Covid-19 no Brasil. Por meio de pesquisas nas mídias sociais com # Covid19 e #MentalHealth e a troca de informações em redes de profissionais, foi possível compilar e agrupar os principais sintomas psicológicos apresentados durante o isolamento. As informações foram agrupadas de acordo com o período em que apareceram, a fim de orientar situações futuras. Além disso, para preparar um grupo de psicólogos clínicos para fornecer assistência on-line. A prevenção deve ser a chave para lidar com a catástrofe da saúde mental que está por vir.

**Palavras-chave:** Covid-19; Saúde mental; Sintomas psicológicos.

## **Abstract**

Dealing with the Covid-19 pandemic is playing a significant role in public health policies around the world. Mental health is one. Either in supporting the maintenance of isolation or dealing with demands, which may come from the general population and health professionals. This work presents a compilation of data obtained by clinical psychologists during the Covid-19 pandemic in Brazil. Through searches on social media with #Covid19 and #MentalHealth and the exchange of information on networks of professionals, it was possible to compile and group the main psychological symptoms presented during isolation. Information was clustered according to the period it appeared, in order to guide future situations. Moreover, to prepare a group of clinical psychologists to provide online assistance. Prevention must be the key to deal with the mental health catastrophe that there is to come.

**Keywords:** Covid-19; Mental health; Psychological symptoms.

## **Resumen**

Hacer frente a la pandemia de Covid-19 está desempeñando un papel importante en las políticas de salud pública en todo el mundo. La salud mental es una. Ya sea para apoyar el mantenimiento del aislamiento o para hacer frente a las demandas, que pueden provenir de la población general y los profesionales de la salud. Este trabajo presenta una recopilación de datos obtenidos por psicólogos clínicos durante la pandemia de Covid-19 en Brasil. Mediante búsquedas en las redes sociales con # Covid19 y #MentalHealth y el intercambio de información en redes de profesionales, fue posible compilar y agrupar los principales síntomas psicológicos presentados durante el aislamiento. La información se agrupaba según el período en que aparecía, para guiar situaciones futuras. Además, preparar un grupo de psicólogos clínicos para proporcionar asistencia en línea. La prevención debe ser la clave para enfrentar la catástrofe de salud mental que está por venir.

**Palabras clave:** Covid-19; Salud mental; Síntomas psicológicos.

## **1. Introduction**

The declaration of COVID-19 Pandemic by the World Health Organization on March 11, 2020, brought several impacts for all countries on the planet. In addition to economic and political issues, it also brought social, emotional, and behavioral impacts.

As the world prepared itself by closing borders, airports, isolating populations, and all other public health decisions, the waves of mental health demands started progressively. Beginning in China and later spreading to Europe, especially Italy and Spain until it got to the USA, Brazil and other countries in America, we perceived different phases of psychological demands, whether it was to the mental health services by phone or the online modality, adopted by most mental health professionals in the world.

## **2. Methodology**

We built this article on a multi-site approach and on multiple time frames (Ferreira, 2015). It articulates the perception of psychologists who are working in actions to confront COVID-19, through remote activities in Brazil and experiences shared by coworkers from other countries via social media.

We used the hashtags #Covid19 and #Mental Health to search on social networks. Through them, we created a network of contacts with professionals from other countries who shared articles and reports of interventions. The most recent articles, published or in pre-print were shared among professionals. Through these articles, this one was built as a narrative review. Following the movement of discourses and disconnected actors (Segata, 2012) - such as the sharing of actions by professionals from countries with different socio-economic and political specificities, in the public responses to coping with COVID-19 - we sought to demonstrate how the demands on the services offered were in Brazil, one of the likely epicenters of the disease in the coming weeks. These connections between experiences with other countries demonstrated how networks are formed, based on the relationships between their elements by bringing together different places and times within a frame of reference, which in this study was called Waves of Mental Health Demands. It's can be classified as a qualitative research (Pereira et al, 2018). We used a literature review, with articles shared between researchers around the world between 1st and 30th of April 2020, during the isolation period.

Even knowing that a pandemic was ravaging the world, the national and international journals were not prepared for immediate demand for information. The necessary time to receive, evaluate, and publish an article was too long for a pandemic period. Several scientists from all over the world gathered in virtual lists, social media, and other forms of synchronous and asynchronous communication, to share information in real-time. For those, we used the # hashtag mentioned above.

We also use international pre-print sites like arxiv.org, biorXiv.org, and pre-prints.org, creating web alerts to be activated as soon as a paper mentions #Covid19 and #mentalHealth was published.

### **3. Waves of Mental Health Demands**

With the pandemic moving in waves around the planet, spreading geographically, it was possible to verify not only its progress from the topographical point of view but also based on the emotional impacts reported. First, China and some Asian countries, such as Thailand, Japan, and South Korea, until it reached the United States and France, still in January 2020. The first major impact, after China, was in Italy (D'Agostino et al., 2020), which had their first case on January 30, 2020, but the first death was already in February. With the alarming scenario in Italy, most of the countries began to adopt more drastic

measures, such as total isolation (lockdown) and border closure.

We named Waves of Mental Health Demands according to the situation in which each country was, not obeying the chronological order of contagion, since these psychological aspects are directly linked to the public health decisions made by its political leaders. We expect it might help to prevent some consequences of the Covid-19 pandemic (Roycroft et al., 2020).

China reported experiences using online care (Liu et al., 2020), and then Italy (Sani et al., 2020) and France (Corruble, 2020) used the same technologies and were followed by other countries. It helped to avoid any unnecessary exposure to the virus (Yao, Chen, & Xu, 2020).

As we were in April, it was already possible to notice that these symptoms arrived as the scientists were describing. Also, in "waves," according to the period in which each country was passing. We then decided to group them together for better monitoring.

#### **4. 1st Wave - Pre-Pandemic and the Beginning – Anxiety and Depression**

As soon as the population is informed by the local news that the virus has already reached the local cities, first symptoms described by patients and researchers are:

Increase of anxiety levels (Walter-McCabe, 2020) (Rana et al., 2020) (Banerjee, 2020) (Zheng, 2020) (Jie Zhang et al., 2020) (Thakur & Jain, 2020) (Khan et al., 2020) (Anant Kumar & Nayar, 2020) (Choi et al., 2020) (Health et al., 2020) (Tsamakis et al., 2020) (Garcovich et al., 2020) (Park & Park, 2020) (Yao, Chen, Zhao, et al., 2020) including children (Tsamakis et al., 2020) (Xie et al., 2020) (Lambrese, 2020)

- Depression (Zheng, 2020) (Jie Zhang et al., 2020) (Thakur & Jain, 2020) (Anant Kumar & Nayar, 2020) (Health et al., 2020) (Zandifar & Badrfam, 2020) (Mamun & Gri, 2020), including children (Xie et al., 2020) (Lambrese, 2020)
- Fear of contagion (Zheng, 2020) (Thakur & Jain, 2020) (Tsamakis et al., 2020) (Kavoor et al., 2020) (I. Li et al., 2020)
- Fear of losing a job (Thakur & Jain, 2020) (Kavoor et al., 2020) (I. Li et al., 2020)
- Social risks and consequences (S. Li et al., 2020)

- Fear of death(Zandifar & Badrfam, 2020).
- Loneliness / social isolation (Zheng, 2020) (Anant Kumar & Nayar, 2020) (Choi et al., 2020) (Health et al., 2020) (Banerjee & Rai, 2020)
- Increase the use of alcohol and drugs, including relapse(Anant Kumar & Nayar, 2020) (Da et al., 2020) (Rehm et al., 2020)
- Insomnia (Zheng, 2020) (Anant Kumar & Nayar, 2020) (Pfefferbaum & North, 2020) (Gold, 2020)
- Easily annoyed or irritable(Jie Zhang et al., 2020)
- Fear of going back to work(Tan et al., 2020)
- Lack or excess of information(Pfefferbaum & North, 2020)
- Fear of shortage resources (treatment, drugs or tests) (Pfefferbaum & North, 2020)
- Maternity/Pregnancy during Covid-19 Pandemic(Thapa et al., 2020)

Fear seems to be the most present feeling in this period(Rana et al., 2020) (Tsamakis et al., 2020) (Ren et al., 2020), mainly due to the dissemination of information that has not been scientifically validated. We learned from Italy's experience that it is necessary to concentrate information and pass it on to the public(Antonelli et al., 2020) as well as monitoring social media(Ni et al., 2020) as it can be dangerous spreading fake News or panic(Goyal et al., 2020), causing what is called infodemic(Ahmad et al., 2020).

Those who already had a mental disorder, such as OCD(Ajay Kumar & Somani, 2020), may experience an increase in symptoms(Thakur & Jain, 2020) (Choi et al., 2020) (Kavoor et al., 2020) (Pfefferbaum & North, 2020) (Fernández-Aranda et al., 2020) (COVID-19 Global Pandemic: Implications for People With Schizophrenia and Related Disorders | Schizophrenia Bulletin | Oxford Academic, n.d.). It also includes children and adolescents(Golberstein et al., 2019). Others start to experience the first symptoms and seek help. At this moment, the use of cyberculture resources applied to public health(Golberstein et al., 2019) (Honorato, 2014) was fundamental, especially in teleconsultations and also communications for patients, relatives, and care workers(Ingravallo, 2020) (N. Hu et al., 2020).

It is important to note that the concept of "normality" starts to change since it is common during this period to show mood swings, affective lability, irritability. The psychological assistance in this period becomes essential routine guidance, exercises to

control anxiety, control the exposure to the media, and tools to deal with new routines(Banerjee, 2020) (Garriga et al., 2020).

In some countries, many adopted the home office model of working, and the number of marital and family conflicts start to increase. The number of reports of domestic violence(Anant Kumar & Nayar, 2020) rise as aggressive behavior(Zheng, 2020) shows as a symptom. The increase in domestic violence is not due to the pandemic itself but to the worsening of marital tensions that already existed before the pandemic context and the distancing of women from their support and protection network, emphasizing the condition of risk(Vieira et al., 2020).

Some countries anticipated this information through social media reports from various Chinese professionals and newspaper articles and were more attentive in developing possible ways of fighting it. We knew the first wave was coming as the panic had been reported in China(Bao et al., 2020) (Xiang et al., 2020).

In countries where schools were closed, many parents began to complain about school demands, either due to lack of preparation or lack of skills to deal with the homeschooling model.

## **5. 2nd Wave - During the Pandemic**

During the pandemic, when the deaths begin, the symptoms of the first wave are accentuated. The demands are still related to the early symptoms, but with indications of emotional fatigue, given the prolongation of isolation. It does not matter if it was vertical, social, or total isolation (lockdown). Some new complaints are:

- Financial loss (Choi et al., 2020) (Pfefferbaum & North, 2020)
- Domestic violence (Anant Kumar & Nayar, 2020) (Choi et al., 2020) (Hatchimonji et al., 2020)
- Marital problems
- Emotional isolation(Pfefferbaum & North, 2020)
- Boredom(Anant Kumar & Nayar, 2020) (Pfefferbaum & North, 2020)
- Stigma(Anant Kumar & Nayar, 2020) (Health et al., 2020) (Pfefferbaum & North, 2020) (Kisely et al., 2020) (Budhwani & Sun, 2020)
- Difficulties dealing with homeschooling(Lambrese, 2020)

The different generations that co-habit today have not had experiences with isolation (Banerjee & Rai, 2020), except for countries that have been involved in international or internal wars. The habit of staying at home, isolated, was something not experienced by millions of people worldwide. Parallel to the feelings of the first wave, the symptoms of fear of contagion (Kavoor et al., 2020) (I. Li et al., 2020), fear of death, and considerations about the uncertain future begin to accentuate since many lost their jobs (Kavoor et al., 2020).

Not all countries have implemented social and financial benefit policies to support this period. And even those who have implemented it, the uncertainty of the future, the labor market and the economic situation begins to take over the population.

Another critical point is also the care for the health professionals (Garcovich et al., 2020) (X. Hu & Huang, 2020), many of whom are emotionally exhausted (Thakur & Jain, 2020) (Choi et al., 2020), and started to use the mental health services provided and describe other symptoms:

- Burnout syndrome or high level of stress (Anant Kumar & Nayar, 2020) (Health et al., 2020) (Yao, Chen, Zhao, et al., 2020) (Review, 2020) (Walton et al., 2020) (Working schedule, sleep quality and susceptibility to COVID-19 in healthcare workers. | Clin Infect Dis; 2020 Apr 27. | MEDLINE, n.d.) (Galbraith et al., 2020)
- Suffering from the absence and separation from their family members, and many of whom are afraid of dying (Mohindra et al., 2020)
- Fear the contamination. (Zheng, 2020) (Anant Kumar & Nayar, 2020) (Tsamakis et al., 2020) (Walton et al., 2020) (Mohindra et al., 2020) (Zaka et al., 2020)
- Loss of colleagues (Zaka et al., 2020)
- Substance abuse (Gold, 2020)
- Sleeping problems (Dong et al., 2017)

People undergoing home treatment for Covid-19 start to seek help to deal with their fear of death and isolation (S. Li et al., 2020), since they need to be totally separated from their loved ones, even in the same house. Those admitted to hospitals, with lighter conditions, also seek emotional refuge on social networks and online forms of care. It is common to find messages in social media from hospitalized people seeking to satisfy their affection and social

demands (Jun Zhang et al., 2020). We should pay attention to those, providing psychological support (Zheng, 2020) (Jie Zhang et al., 2020) (Anant Kumar & Nayar, 2020).

Parents begin to report domestic difficulties, due to the anxiety or irritability of minors. Parents of teenagers and young adults might face consequences of the excessive use of videogames. (Sani et al., 2020) (King et al., 2020)

As the pandemic advances and the number of deaths increases, the number of people seeking psychological help to deal with the grief (Sani et al., 2020) (Anant Kumar & Nayar, 2020) rise too. The deads are no longer numbers and statistics, but they have a first and last name, as well as an affective bond. It is no longer 100 deaths per day, but a brother, a cousin, or even a husband, father, or mother. The professionals then begin to deal with the demands of elaborating mourning, since the ritual of watching over the body and burial is restricted by health rules, modified in several countries. People suffer at home mourning the impossibility of providing the proper ceremonies. The same happened during the 1918 influenza pandemic (Ingravallo, 2020).

Between the first and the second wave, the number of suicides (Zheng, 2020) (Anant Kumar & Nayar, 2020) (Kavoor et al., 2020) (Mamun & Gri, 2020) (Goyal et al., 2020) among the general population increases and also suicide ideation (Thakur & Jain, 2020) (Mamun & Gri, 2020) (Karamouzian et al., 2020). Either by the fear of the unknown in the first phase, or by the losses and suffering faced in the second. This phenomenon is present since the middle of the first wave and extends throughout the process (Wand et al., 2020) (Brown & Schuman, 2020) (Kawohl & Nordt, 2020). It was already reported cases among health workers (Zaka et al., 2020). Patients who had Covid-19 also should be monitored (Sher, 2020).

As we publish this article, we can see that all of these symptoms have started to appear worldwide. The demands not only in public health units but especially in virtual mental health care were unfolding as predicted by these authors.

## **6. 3rd Wave - After the Pandemic**

It is still quite recent, and without much data from experience reports, this third wave has a very theoretical emphasis. It starts once life returns to normal, with some adjustment. China entered this period, with the relaxation of social isolation and the return to normal activities. Some European countries and American States also gradually started to relax their quarantines, and life tends to return to normal (the new normal). We will only know the real

impacts when all countries leave the period of isolation, and we will have a real scenario (Di Gennaro et al., 2020).

It is worth noting that there is an expectation that the standards of normality will be reformulated in-depth in the post-pandemic context. Social scientists believe that the pandemic experience forced people to return to fatality, which weakens individual promises for the future and strengthens attitudes of shared care. Despite the suffering arising from the fragmentation of personal fantasies, such a scenario can favor the recognition of social inequalities and the promotion of citizenship and rights (Boletim n. 16 | As promessas de aprimoramento e o retorno à fatalidade, n.d.).

What we can take from previous experiences, which are related to wars and another pandemic period, there will be an increase in the number of cases of anxiety disorder, especially post-traumatic stress disorder (PTSD) (Health et al., 2020) (Garcovich et al., 2020) (Tan et al., 2020) (Pfefferbaum & North, 2020) (Kisely et al., 2020). Children and adolescents may also experience mixed anxiety and depression (Xie et al., 2020). The health workers (Rana et al., 2020) (Mohindra et al., 2020) (Lai et al., 2020), due to the higher demand, will suffer from depression, anxiety and burnout syndrome. They will require special attention.

We can use as an example the experience of Sierra Leone (Leone, 2017) that after the Ebola pandemic needed to create strategies for mental health (Holmes et al., 2020) or other experiences from natural disasters (County, 2020) (Zhou et al., 2019). Always having in mind the SARS-CoV in 2002 was referred as "mental health catastrophe" (Zheng, 2020) and we must be prepared for what is coming.

## **7. Final Considerations**

Based on individual experiences from these periods, traumas will arise and will demand much attention from mental health professionals. It will be necessary to review all classical techniques to resolve conflicts of this type.

More and more mental health professionals will be demanded. While politicians and economists will be concerned about reorganizing countries' economies, mental health professionals will have to increase their workload and demand because, in exceptional situations like this, it is tough for someone to come out unscathed.

We know that these are not, by far, all the symptoms that appear in this period, and much more will be added to this scenario.

However, paradoxically, the scenario of evidence of human finitude can potentiate the

construction of meanings of valuing life. The torpor caused by the anguish of the possibility of death (re) invents mental health needs that, at its core, denote desires to live.

The main objective of this work was to collect information about mental health symptoms during a pandemic. Even though it had already occurred in other parts of the world, in this century, it is the first time that such an incident happened. Using the internet and the most modern forms of communication, it was possible to identify these main symptoms and alert other researchers about what was to come, and still since the world is not free of the new coronavirus. We are currently conducting several pieces of research on these different phases of the pandemic, specifically in mental health. The speed with which the pandemic wreaks emotional damage in people has demanded a lot from researchers. At the same time that we act on this phenomenon, we also suffer it, as we are humans, and family members and relatives are also exposed. This is the time to join more and more research forces that demonstrates the impact this pandemic will have on mental health, and in advance, to demand from the authorities programs and forms of intervention, either early or in the treatment of what is to come.

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