

Covid-19 and repercussions in mental health: a narrative review of literature



Covid-19 e as repercussões na saúde mental: estudo de revisão narrativa de literatura
Covid-19 y las repercusiones en la salud mental: estudio de revisión narrativa de literatura

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ABSTRACT

Objective: To identify the repercussions on mental health of groups and populations in the context of the new coronavirus pandemic.

Method: Narrative review carried out in three databases, in March 2020, using the descriptors mental health and coronavirus. A total of 19 publications were analyzed, organized in a synoptic chart, containing type of publication, authors, country, sample, objective, and main results. From this analysis, two thematic axes emerged: identification of problems and vulnerable groups in mental health; and mental health interventions and actions.

Results: The first axis showed manifestations of suffering — anguish, insomnia, anger, stress, fear. The second revealed the need to build government policies and general guidelines; production of information and communication; and mental health care practices.

Conclusions: The repercussions on mental health in the population intensified with the pandemic, identifying vulnerable groups, and the need to build coping strategies and policies aimed at mental health during epidemics.

Keywords: Coronavirus infections. Mental health. Coronavirus. Pandemics. Mental health services.

RESUMO

Objetivo: Identificar as repercussões na saúde mental de grupos e populações no contexto da pandemia do novo coronavírus.

Método: Revisão narrativa realizada em três bases de dados, em março de 2020, utilizando os descritores saúde mental e coronavírus. Foram analisadas 19 publicações, organizadas em um quadro sinóptico, contendo: tipo de publicação, autores, país, amostra, objetivo e principais resultados. Dessa análise, emergiram dois eixos temáticos: identificação de problemas e grupos vulneráveis em saúde mental; e intervenções e ações em saúde mental.

Resultados: O primeiro eixo evidenciou manifestações de sofrimento — angústia, insônia, raiva, estresse, medo. O segundo revelou a necessidade de construção de políticas governamentais e diretrizes gerais; produção de informações e comunicação; e práticas assistenciais em saúde mental.

Conclusões: As repercussões na saúde mental na população se intensificaram com a pandemia, identificando-se grupos vulneráveis, e a necessidade de construção de estratégias e políticas de enfrentamento voltadas à saúde mental durante epidemias.

Palavras-chave: Infecções por coronavírus. Saúde mental. Coronavirus. Pandemias. Serviços de saúde mental.

RESUMEN

Objetivo: Identificar las repercusiones en la salud mental de grupos y poblaciones dentro del contexto de la pandemia del nuevo coronavirus.

Método: Revisión narrativa realizada en tres bases de datos, en marzo de 2020, utilizando los descriptores salud mental y coronavirus. Fueron analizadas 19 publicaciones, organizadas en un cuadro sinóptico, conteniendo: tipo de publicación, autores, país, muestra, objetivo y principales resultados. De ese análisis, emergieron dos ejes temáticos: identificación de problemas y grupos vulnerables en salud mental; e intervenciones y acciones en salud mental.

Resultados: El primer eje evidenció manifestaciones de sufrimiento -- angustia, insomnio, rabia, estrés, miedo. El segundo reveló la necesidad de construcción de políticas gubernamentales y directrices; producción de informaciones y comunicación; y prácticas asistenciales en salud mental.

Conclusiones: Las repercusiones en la salud mental se intensificaron con la pandemia, identificando grupos vulnerables y la necesidad de construir estrategias y políticas de afrontamiento en salud mental durante epidemias.

Palabras clave: Infecciones por coronavirus. Salud mental. Coronavirus. Pandemias. Servicios de salud mental.

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■ INTRODUCTION

The Coronavirus Disease (COVID-19) pandemic is an urgent and broad threat, whose clinical and epidemiological features are still being documented⁽¹⁻²⁾. In addition to being highly infectious, clinically severe, and lethal, the disease has a very broad spectrum, varying from asymptomatic cases to light respiratory symptoms and severe pneumonia⁽³⁾.

Since it is a highly infectious disease, it demands measures to control and restrict contact. Different health organizations and public government powers, such as the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC) have recommended isolation measures for suspect cases, social distancing, the closing of schools and universities, in addition to a quarantine for the entire population, to diminish the impact of this pandemic, reducing the maximum incidence and the number of deaths⁽⁴⁻⁵⁾.

Even though these measures are considered to be crucial to diminish the probability of contamination, they can lead to physical and mental health implications. Some people who are in social distancing and/or quarantine, can present with negative feelings and emotions — boredom, loneliness, anger, and sadness. As a result, the population, in general, when exposed to the risk of infection from the new coronavirus and to the possibility of becoming sick, can go through situations of vulnerability that make health problems more likely to develop⁽⁴⁾.

Considering the COVID-19 pandemic, its seriousness and the psychosocial repercussions it can generate, mental health attention has been addressed as a one of the challenges to deal with it, since care is mainly directed at clinical and scientific issues for the development of the cure and/or the recovery of the organs and systems affected.

Previous epidemics — the Severe Acute Respiratory Syndrome (SARS-CoV) (2002), the Middle East Respiratory Syndrome (MERS-CoV) (2012), the H1N1 flu (2009), Ebola (2014), and Zika (2015) — despite presenting specific epidemiological, clinical, and pathogenic features, showed the need to implement fast and sensible measures to preserve the population. They also demanded the elaboration of adequate response plans to help minimizing the risks caused by these diseases, which can produce impacts that go far beyond the deaths they generated. Therefore, the need for measures that diminish the psychosocial implications the population goes through during pandemics cannot be overlooked, reinforcing the relevance of investing in mental health care, as the feelings of anxiety, anguish, fear and preoccupation emerge due to these experiences⁽⁶⁾.

As a result, the question that guided this study was: what are the repercussions of the pandemic of COVID-19 in the mental health of groups and populations around the world? Therefore, this article aims to identify the repercussions in the mental health of groups and populations in the context of the new coronavirus pandemic. To achieve this objective, we chose to perform a narrative review of literature, since this is an adequate strategy to systematize knowledge and provide a broad and updated perspective for the systematization of knowledge about themes that are still very little explored, such as the case of the discussion about the pandemic of the new coronavirus.

We expect to be able to contribute for the work of health professionals with regard to the identification/recognition of the effects of the pandemic of the new coronavirus in the mental health of people, considering the particularities of each context and the different vulnerable groups affected by COVID-19, aiming to produce fast and effective answers, lined with the needs of the Brazilian setting.

■ METHOD

This is a narrative literature review whose theme are the repercussions in the mental health of groups and populations in the context of the new coronavirus pandemic. Narrative reviews are characterized by critical literature analyses, from a theoretical or contextual point of view. There is no need to establish criteria or systematize the description and development of a certain research or subject, which makes it possible to get to know and discuss new theoretical-methodological themes and pathways, from many document sources, in addition to using the subjectivity of researchers for the interpretation of the information⁽⁷⁾.

This study, by choosing to perform a narrative review, considered the need to map what had been produced up to that point about the theme of population mental health under COVID-19, since this phenomenon is recent and growing, and there is no restriction regarding the type of publication, since the presence of publications derived from original research is still scarce.

Narrative reviews do not have explicit and systematic criteria for the search and analysis of the evidence, and its data sources may or may not be predetermined or specific⁽⁷⁾. In this review, the search took place in three electronic bases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) and PubMed, selected due to the experience the authors had in their use. For all databases, keywords in Portuguese were used, as well as their English counterparts:

saúde mental/mental health and coronavírus/coronavirus, using the boolean operators “E/AND”. These keywords were selected from their identification in the websites *Descritores em Ciência da Saúde* (Descriptors in Health Sciences) and Medical Subject Headings (DeCS/MeSH). The research took place from 25 to 31 March 2020. There were no limitations for this research, such as type of study, year and language of the publication, since this is a recent context, with few researches carried out.

The inclusion criteria were: publications with information about mental health and the new coronavirus pandemic, or COVID-19. The exclusion criteria were: publications with information about the repercussion of mental health in other epidemics — SARS and MERS.

Figure 1 shows the number of publications found and the sequence adopted up to the inclusion of those considered for analysis, according to the inclusion criteria proposed.

To guarantee the identification of the relevance of production, the 19 publications found were read in full, with the objective of responding to the guiding question of this study. The analysis of the results took place from the organization and synthesis of the publications in a synoptic table, in the drive/excel platform, according to its characteristics: type of publication, authors, country, sample, objective, and main results. Later, data were analyzed and interpreted. These syntheses were read and grouped according to theme. That lead to two thematic axes: the identification of problems and vulnerable groups in mental health; and interventions and actions in mental health.

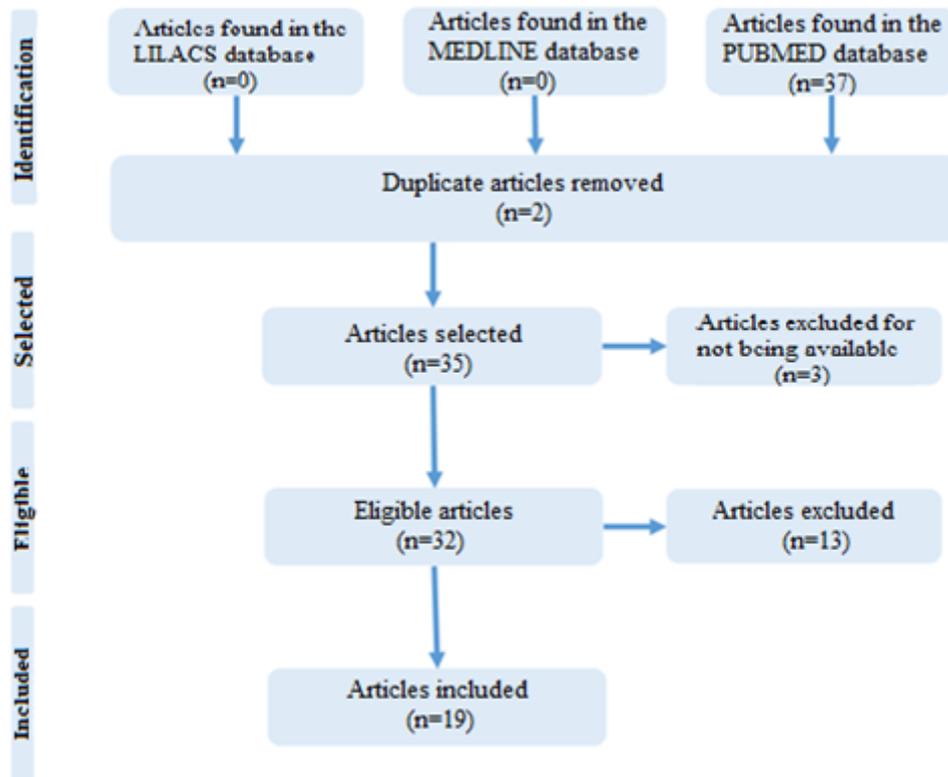


Figure 1 – Flow chart of the publications included in the review. Porto Alegre, Rio Grande do Sul, Brazil. Source: Authors, 2020.

■ RESULTS

The nineteen productions were published in 2020, and all their titles included the terms: new coronavirus or COVID-19 disease; 79% (15) impact, response, or results in mental health; and 63% (12) interventions and strategies in mental

health. Regarding the institutional affiliation of the authors, it was found that most were affiliated to universities: 89.4% (17); hospitals (42%) — from which 75% (6) were teaching hospitals; and other institutions 37% (7), for example, research centers, laboratories, and mental health services.

Most publications, 73.6% (14) were either published from China or had Chinese authors.

Chart 1 shows information about the 19 publications analyzed.

Two publications are original researches, with a quantitative, cross-sectional and observational approach: one (A3) interviewed 1,210 people from 194 Chinese cities, and another (A8) interviewed 1,257 health professionals in 34 Chinese hospitals. The other productions included experience reports (A6 and A2), literature reviews (A5 and A7),

letters to the editor (A9 and A14), editorials (A11 and A13), correspondence (A1, A4, A10, A15, A16, A17, and A19) and commentaries (A12 and A18). It was also found that most publications were from the journal *The Lancet*, with 36% (7) (A1, A2, A10, A16, A17, A18 e A19).

Chart 2 shows the objectives of the 19 publications.

Chart 3 presents a synthesis of the results, considering the following thematic axes: the identification of mental health problems and vulnerable groups; and interventions and actions in mental health.

Identification	Title	Type of publication	Country	Institutional affiliation of the authors
A1	2019-nCoV epidemic: address mental health care to empower society.	Correspondence	China	PekingUniversity; National Clinical Research Center for Mental Disorders.
A2	Psychological interventions for people affected by the COVID-19 epidemic.	Experience report	China	Hospital of China Medical University.
A3	Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China.	Quantitative research	China	Institute of Cognitive Neuroscience; Huaibei Normal University; National University of Singapore.
A4	Patients with mental health disorders in the COVID-19 epidemic.	Correspondence	China	Harvard University; Shanghai Jiao Tong University; King's College London.
A5	Intervenção psicológica de pacientes orais com nova pneumonia por coronavírus durante a prevenção de epidemias.	Review	China	West China Hospital of Stomatology; Sichuan University.
A6	Psychological crisis intervention during the outbreak period of new coronavirus pneumonia from experience in Shanghai.	Experience report	China	East China Normal University; Shanghai Jiao Tong University.

Chart 1 – Publications distributed according to title, type of publication, country, and institutional affiliation of the authors

Identification	Title	Type of publication	Country	Institutional affiliation of the authors
A7	The Emotional Impact Of Coronavirus 2019-Ncov (New Coronavirus Disease).	Review	Brazil	Escola de Medicina do ABC; Escola de Medicina de Juazeiro do Norte; Universidade Federal de Cariri (UFCA)
A8	Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019.	Quantitative research	China	Zhejiang University; Renmin Hospital of Wuhan University; Wuhan Youfu Hospital;
A9	Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations.	Letter to the editor	Japan	National Defense Medical College; Uniformed Services University of the Health Sciences; Musashino University.
A10	Mental health services for older adults in China during the COVID-19 outbreak.	Correspondence	China	University of Macau; Capital Medical University; Polytechnic University.
A11	Mental Health Care Measures in Response to the 2019 Novel Coronavirus Outbreak in Korea.	Editorial	South Korea	Inje University Haeundae Paik Hospital; Hanyang University Guri Hospital.
A12	Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic.	Commentary	Singapore	National University Health System
A13	A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations.	Quantitative research editorial	China	Shanghai Mental Health Center; Shanghai Jiaotong University;
A14	The Risk and Prevention of Novel Coronavirus Pneumonia Infections Among Inpatients in Psychiatric Hospitals	Letter to the editor	China	Shanghai Jiao Tong University; Tongren Hospital of Wuhan University; Huazhong University of Science and Technology; Center for Excellence in Brain Science and Intelligence Technology; Shanghai Key Laboratory of Psychotic Disorders.

Chart 1 – Cont.

Identification	Title	Type of publication	Country	Institutional affiliation of the authors
A15	Mental health care for international Chinese students affected by the COVID-19 outbreak	Correspondence	USA	The Pennsylvania State University; University Park.
A16	Online mental health services in China during the COVID-19 outbreak	Correspondence	China	Southern Medical University; The Third People's Hospital of Qinghai Province; University of Macau; Wuhan University; Zhejiang University.
A17	The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus	Correspondence	China	RenMin Hospital of Wuhan University; Zhejiang University; Huazhong University of Science and Technology; Xi'an Jiaotong University; Peking University.
A18	Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed	Commentary	China	University of Macau; Capital Medical University; Hong Kong Polytechnic University; University of Melbourne.
A19	The neglected health of international migrant workers in the COVID-19 epidemic.	Correspondence	China and the USA	University of Macau; Southern Medical University; Indonesian Migrant Worker's Union; Johns Hopkins University.

Chart 1 – Cont.

Source: Authors, 2020.

Nº	Objective of the publication
A1	To report the repercussions of the new coronavirus outbreak in mental health, and the initiatives taken by the Chinese government to deal with them.
A2	To point out the need for general directives to confront the mental health problems caused during public health emergencies.
A3	To identify the psychological impact during the early stages of the COVID-19 pandemic in the Chinese population.
A4	To alert for the effects of the COVID-19 pandemic in people with mental disorders.

Chart 2 – Publications, distributed according to their objectives

N°	Objective of the publication
A5	To discuss the relation of the impact in mental health of the new coronavirus epidemic and oral psychosomatic diseases.
A6	To describe the mental health actions targeted at different populations affected by the new coronavirus in Shanghai.
A7	To report the emotional impact of the new coronavirus epidemic in vulnerable groups, and the actions developed in China.
A8	To evaluate the impact in mental health and its associated factors in health professionals who treat patients that have been exposed to COVID-19, in China.
A9	To alert about the consequences of the epidemic of the new coronavirus in the mental health of the vulnerable populations.
A10	To identify the risk of mental health problems in elders due to the COVID-19 outbreak and the specific interventions for this group.
A11	To report the repercussions of the COVID-19 quarantine in mental health and the interventions carried out in South Korea.
A12	To describe the health care strategies in mental health used by the Singapore government to deal with the COVID-19 pandemic.
A13	To measure the prevalence and severity of psychological problems in the Chinese population during the COVID-19 epidemic and subsidizing the implementation of mental health intervention policies.
A14	To report the risk factors for COVID-19 infections and the prevention strategies for patients in psychiatric hospitals.
A15	To report the repercussions of the new coronavirus pandemic in the mental health of Chinese people who study in other countries.
A16	To report the use of on-line services for mental health experienced in the COVID-19 epidemic, in China.
A17	To describe the mental health problems of health workers who work in the attention of COVID-19 patients in Wuhan (China) and the actions developed to deal with them.
A18	To discuss the mental health problems that affect workers and the population due to the COVID-19 pandemic, and to point out how urgent are interventions.
A19	To discuss the vulnerability of immigrant workers and the importance of specific action in the care of this population.

Chart 2 – Cont.

Source: Authors, 2020.

Chart 3 - Publications distributed according to their thematic axis and result syntheses

Thematic axis	Article	Result synthesis
The identification of mental health problems and vulnerable groups	A5; A7; A8; A9; A11; A13; A15; A17; A18; A19	<ul style="list-style-type: none"> • Increase in mental health problems: stress, depression, anxiety, fear, and anguish in the population. • Prevalence of manifestations of mental suffering in health professionals (anxiety, depression, and insomnia), generated by the workload, the lack of personal protective equipment (PPE) and lack of support. • Vulnerable groups: front line professionals, elders, people with psychiatric diseases, infected people and their families, young people, women, workers, and immigrant students.
Interventions and actions in mental health	A1; A2; A3; A4; A5; A6; A7; A8; A9; A10; A11; A12; A13; A14; A15; A16; A17; A18; A19	<ul style="list-style-type: none"> • Directives for intervention during crises. • Use of the Internet and of digital platforms as health care strategies. • Safety standards for face-to-face care. • Training, organizational, and management policies. • Identification and monitoring of vulnerable groups. • Implantation of health care attention in the services that care for COVID-19. • Protection and monitoring of professionals in the front line. • Precise information to the population about mental health problems, about COVID-19 and strategies to cope with it. • Plans for mental health prevention and intervention. • Protocols for the triage and follow up of mental health problems.

Source: Authors, 2020.

In the thematic axis: The identification of mental health problems and vulnerable groups, among the predominant manifestations of mental suffering in the population were: anguish, insomnia, anger, stress, extreme fear of disease, fear of being infected by a potentially fatal virus, feeling of impotence, irritable behavior, and health-risk prone behaviors — such as increased use of alcohol and tobacco. There were also reports of the development of post-traumatic stress disorders, anxiety disorders, depression, diminution of the perception of health in the population in general, as a consequence of social isolation, and impacts of psychic suffering in physical health, among which dental problems.

Publications that make up this axis, presented in Chart 3, indicated specific groups that must be considered with regard to mental health in the pandemic: health professionals, patients with confirmed or suspected COVID-19, immigrant students and workers, women, elders, people with previous psychiatric problems and/or institutionalized people, and those from 18 to 30 years of age.

Regarding the axis of interventions and actions in mental health, were pointed out the need for building government

policies and general directives to offer mental health care in the context of an epidemic/pandemic; for producing information and communication; and for assistance practices in mental health, focused on the implementation of services that offer on-line care.

■ DISCUSSION

The concept of mental health is broad and complex, it is not simply the the absence of disturbances/problem/manifestations of mental issues. It is also seen as the product of multiple social, economic, biological, psychological, and cultural interactions. Every human can present some form of discomfort that impacts their mental health, related to their life context. For it to be characterized as a mental health problem, its intensity and frequency must be observed, considering whether it threatens the wellbeing of the subject experiencing them⁽⁸⁾. As a result, considering contexts and sociocultural issues, going through a pandemic such as that of the new coronavirus may have a significant impact in the mental health of groups and populations.

As a result, three events were found to collaborate for manifestations of mental suffering (stress, depression, fear, anxiety, insomnia) during the surfacing of the new coronavirus: the confirmation that the virus can be transmitted from human to human; the use of isolation measures as the only way, so far, to halt the dissemination of the disease; and the confirmation, from the World Health Organization (WHO), that COVID-19 is a pandemic⁽⁹⁾.

The identification of vulnerable groups results from the concept of vulnerability, which is understood as the chance of exposing people to diseases, due to a set of components that can be individual (biological risk, psychological resilience), social (gender, economic and work conditions, relationships), and programmatic (services, policies), in addition to the greater or lower availability of protective resources for these situations⁽¹⁰⁾.

In this context, the health professionals were mentioned in the productions as a vulnerable group due to the many situations linked to the work in health: the high risk of infections by the virus, the psychological pressure, the excess of work, frustration, lack of safety supplies and equipment, isolation of relatives and lack of support network, and the discrimination for being health workers⁽¹¹⁻¹⁵⁾.

Times of disasters and epidemics are challenging for health professionals, who experience different situations and relations with society. In these cases, the professionals are generally seen as “superheroes”, that add value and have social importance; on the other hand, there is a fear of their failure, of the collapse of the health system, of the infection by the disease, and of the moral suffering, that can all interfere in the autonomy and in decision making, due to pressures of both internal (capacity of dealing with suffering) and external (hierarchical pressure, communication, organizational problems, lack of resources and preparation) natures⁽¹⁶⁾.

However, the so-called “superheroes” also suffer discrimination, which is one of the factors that bring emotional suffering to these professionals. The stigmatization of professionals was pointed out in other epidemics, being related to the fact that they work directly with patients who have been infected by a virus that is transmissible in the hospital environment, and have thus become sources of the infection. In these cases, the intervention must focus on raising the awareness of society considering the formulation of strategies of combat to the stigma and of guidance and care for the health professionals, among which the nurses, so they can go through less stress, allowing them to focus on the care of their patients⁽¹⁵⁾.

In addition to the health professionals, another group found to be vulnerable by the publications analyzed is that of patients with confirmed or suspected COVID-19 infections,

who can show mental suffering due to the isolation/quarantine, the lethality of the infection, the symptoms, and the adverse effects of the treatment⁽¹²⁾.

It has been found that, in addition to the fear brought about for having contracted the disease, the possibility of death or cure, there is a frequent discrimination, and the person is held accountable for and has their identity associated to the virus. Their support network also suffers due to house or hospital isolation for their treatment. The WHO, in their guide for mental health in the pandemic, points at the importance of diminishing the stigma connected to the people who were infected by the disease, avoiding terms such as “COVID-19 cases”, “victims”, “diseased”, as they understand that these people have a history of life and, therefore, it is relevant to address positive narratives and figures of subjects who recover from the disease, in order to increase the self-esteem of patients and their relatives⁽¹⁷⁾.

Another group that is highly visible in mental health in the pandemic are people with mental disorders, whose suffering can be intensified by the need to readapt and by the discontinuity of their treatment due to social distancing or quarantine^(14,18). This preoccupation is also seen in the Brazilian context, in which there may be drastic changes in the organization of the Psychosocial Attention Network (RAPS). These services promote meetings, collective activities targeted at embracing, listening, and creating bonds between professionals and users, in addition to being spaces for the coexistence inside and outside institutions. For example, there are dialog groups, exchange of knowledge, income generation, among others⁽¹⁹⁾. The experience of the pandemic is supposed to have demanded a reinvention from professionals, services, and people with mental disorders, who, from now on, should carry out interventions in a diverse and creative manner. These can be through the follow up in individual consultations through the internet and through the creation of virtual groups, to guarantee that mental health care continues in face of social distancing and social isolation recommendations.

Gender and age are also linked to increased mental health vulnerability. Women suffer more and are under a greater psychological impact than men, with a higher probability of post-traumatic stress^(9,20-21). In addition, people from 18 to 30 years of age had a higher score for psychic suffering during the pandemic⁽⁹⁾. Reflecting on the cases of women in the Brazilian context, especially in the age group pointed out by the studies, one can associate them with the sexism and violence that existed before the pandemic, since these cases can become aggravated in the current context, impacting female mental health. Some examples are the increase in violence in the quarantine, the overload of domestic work

and care with the infected, and also the diminution of contact and of bonds with networks of support and listening⁽²²⁾.

The type of work showed that certain groups are more vulnerable with regard to mental health, considering the pandemic. As a result, students were pointed out as receiving a higher psychological impact with regard to levels of stress, anxiety, and depression. This may be connected to the ages in which there is a higher uncertainty about the future, since all schools and universities were closed due to the virus⁽²⁰⁾.

It was also found that immigrant workers, especially domestic ones, have a higher level of suffering, due to the difficulties in accessing health services, the risk of losing their jobs, the lack of access to protective materials and to information due to the barrier of language^(9,23).

When mental health situations involving vulnerable groups are addressed, it must be pointed out that, in the Brazilian context, there is not only the urgency of an epidemic, but also the perpetuation of structural violence, a violence that is strengthened as a threat to the survival of the population. Although COVID-19 does not affect social levels differently, infecting people equally, mortality rates of infectious diseases are not so, and different groups are subject to different risks. That is because, in our society, there is a great social inequality, unemployment, people living in the streets, in slums, and a population of immigrants.

The case of immigrants should be highlighted — these vulnerable groups in the Brazilian context — since, in general, there are no specific directives or policies targeted at them, and their access to the public health network is already difficult. The same, consequently, is true about their access to mental health. Among the issues that can increase the vulnerability of these groups, considering the pandemic, are their unique cultural characteristics, the difficulty in speaking the language of the country where they live, the lack of documentation, the forms of work, and the shortcomings of the system when it comes to welcoming them⁽²⁴⁾.

The publications studied present the experience in countries that, in their recent history, have been through, viral epidemics, such as SARS-CoV in 2002 and MERS-CoV in 2012^(25–26). This may lead to a certain accumulation of knowledge and experience, that makes it possible to give faster answers and propose attention to psychological crises in this pandemic.

Regarding the creation of actions and interventions to deal with situations of mental health vulnerability, stand out the creation and implementation of general policies and directives to answer to the people, in the psychological crises related to the pandemic^(9,13,27). These are an important and priority action in the national management of public health in the countries^(11,13). These actions must consider the

experiences of professionals that are in the front lines⁽²⁸⁾, the course of the disease, and the context of treatment (for example, isolated at home, isolated in a nursing ward, isolated in an intensive care unit)⁽²⁹⁾.

There is a concern about the continuity of social distancing measures, that may last for a long period throughout the world and may lead to an outbreak of mental health cases. In addition to the protective measures, it is necessary to change the lifestyle of the population. These transformations reflect a readaptation of the personal, economic, social, and cultural lives of peoples. As a result, the early implementation of policies and actions targeted at the demands of mental health must consider practical experiences, scientific and epidemiological data, the different stages of the pandemic, the contexts, and the specificities of each vulnerable group.

In Brazil, there are greater challenges to implement these mental-health focused policies, considering that the governments have seldom discussed them. This may be related to the shortcomings in actions targeted at maintaining basic care during the crises, such as the testing, the follow up and treatment of clinical cases, and the economic and social support policies during the urgency that is the pandemic. The sociocultural perspective about this health problem must take into account the theme in the agenda of public policies, as prescribed by the countries who had the first experiences, such as China.

It is necessary for the governments to create general directives for the organization, implementation and monitoring of public policies targeted at mental health during the period of the pandemic. Therefore, studies have recommended the training of professionals in the different levels of health care (primary, secondary, tertiary), involved in dealing with the COVID-19, so that they can meet and develop strategies of health promotion and assistance for the mental health of the patients, since it can be understood that, in the period of treatment of the virus, these professionals occupy the most important role and are in proximity with the people that contracted the disease^(12,28–29). To organize these directives, these professionals should be guided by scientific researches, so the allocation of resources can promote the development of more adequate treatments that involve mental health issues^(27–29).

Regarding the production of information and communication, the population must be aware of the potential mental health problems they will be exposed to during the pandemic, as well as of the possibilities of attention and the strategies for coping. Therefore, it is relevant to produce information that allow for the early identification of signs and symptoms by the psychosocial services that exist and the strategies to deal with the stress and other psychological problems,

through the production of mental health manuals, booklets about attention services, and the use of social networks that can eliminate the stigma associated to the epidemic^(13,28-30).

The access to information demands some strategies mindful of specific groups: information in the form of charts or in audio, using a simple language so those without formal education can understand⁽²⁰⁾, and in many languages, considering the immigrants⁽²³⁾ and elders who may have limited access to the Internet and smartphones⁽¹⁴⁾. It was found that, the higher the satisfaction with health information, the higher the vulnerability in mental health^(12,20,28).

The access to information about COVID-19 also diminishes anxiety and the suffering caused by the lack of information. This can be offered through books, COVID-19 prevention booklets, lectures, among other means^(27,31). It stands out how important it is to give information to COVID-19 patients and their families about the progress and about news involving the state of health, since these are educational and preventive mental health strategies. The interaction between patient and family must be encouraged through virtual communication technology, in order to diminish social isolation.

With regard to communication and information, coping with the repercussions the pandemic has in the mental health of people is still a new problem for the different countries. A wide dissemination of experiences will reach the objectives of communicating timely and crucial discoveries to the scientific community, in addition to publishing these information to the health professionals in the front lines⁽³¹⁾.

Similarly, social media strategies can be used to promote mental health and diminish the stigma through on-line interventions. The information may be more effective when delivered in video, shared in more than one media, when they include personal experiences, are, to a certain extent, humorous, and have more details about types and forms of treatment⁽³²⁾.

The capacity to communicate with the public is seen as something crucial to diminish the uncertainties⁽³³⁾, and the dissemination of false information — fake news — has been a serious problem, mentioned by the authors of the studies analyzed. False information about the disease, its treatment, and the measures that should be taken, generate fear, insecurity, and suffering. To cope with this problem, in Brazil, some measures are being implemented, among which the initiatives of government and media organs, which make available, on their websites, a specific link to validate information and avoid fake news, specifically about COVID-19⁽³⁴⁻³⁵⁾.

Regarding the practices of mental health care, stand out the implantation of on-line attention services for many groups, throughout China, 24/7^(13,20-21,27,29,31). On-line mental health interventions are increasingly important to provide access and give support to the efficacy of the mental health treatment⁽³⁶⁾. The need for social isolation transformed the on-line strategies in central possibilities for this type of attention, to be implemented mainly by mental health services and by the universities, through the formation of groups and consultations with different approaches, in addition to the dissemination of techniques that may be self-applied, without the presence of the professional.

In regard to health professionals, the works suggest strategies related to the recognition of the impact of COVID-19 at work; frequent clinical triage for depression, anxiety, and suicide⁽³¹⁾; strengthening of logistical support; the establishment of shifts that allow for rest and variations in the team; the creation of on-line platforms with guidance for the patients, to diminish the pressure on health teams⁽¹¹⁾.

Protective mental health actions for health professionals are an important component of public health measures, and that is especially true for women who are front line nurses⁽³⁷⁾. It is also necessary to diminish the risk of infection among professionals and their exposure to stress and trauma. Another action is to identify high-risk groups in which to intervene earlier — students and elders — based on sociodemographic information and prioritizing efforts to avoid extreme events, such as suicide and impulsive behavior^(14,20-21,29,38). Regarding immigrant workers, recommendations were made to give them informative and social supports during the epidemic, in addition to giving priority to public health actions targeted at this group, to guarantee that their health is not neglected⁽²³⁾.

In general the use of measures to prevent infections from the new coronavirus, such as avoiding the sharing of utensils, hand hygiene, and using masks, regardless of the presence or absence of symptoms, were associated to lower levels of psychological impact. Although the WHO emphasizes that masks are only effective when used in combination with other preventive strategies, their use may offer potential psychological benefits, since they provide a feeling of safety⁽²⁰⁾.

Finally, publications consulted suggest that researches and experiments should be done about the importance of considering mental health in the context of the new coronavirus. It is essential for experiences of other countries to be considered, for the creation of policies and actions targeted at the mental of Brazilian society.

■ CONCLUSION

Among the repercussions of the new coronavirus pandemic on mental health, were identified the emergence and/or intensification of many mental suffering manifestations, such as anxiety and depression, especially in vulnerable groups. Among these groups, that of health professionals who work in the front line of the COVID-19 stands out, and this group needs strategies capable of providing them with more safety: the provision of adequate PPE, in addition to spaces for listening and embracing. Other vulnerable groups are the immigrant workers, people diagnosed or suspected of having COVID-19, in addition to those with previous clinical and psychiatric diseases.

Similarly, the elaboration of strategies targeted at mental health is urgent, as a part of protocols and directives to cope with epidemics and pandemics. Clear and reliable communication also must be incorporated in the interventions to accompany the growing rhythm of the expansion of COVID-19. As a result, the use of digital technologies is seen as a tool to offer mental health in the context of this pandemic, be it through the offering of therapeutic spaces through applications or through virtual attention offices.

On the other hand, as this study pointed out that digital and on-line technologies are the main resources suggested for mental health care during the pandemic, it also brought forth the historic discussion about social inequality in Brazil. That is because, if even access to housing, water, and hygiene are privileges of a small portion of the Brazilian population, how can the Internet, smartphones, and other technologies be expected to be of easy access for mental health care?

Regarding its potential nursing contributions, this article may help so that the nurse is attentive to the importance of identifying/recognizing the effects of the new coronavirus pandemic in the mental health of people, considering the particularities and diversities of each context and of different vulnerable groups. Furthermore, there is also a possibility with regard to the development of new forms of mental health intervention. On-line care stands out as a potent tool to be implemented by nursing in epidemics/pandemics, due to the demands of social distancing or quarantine, but also as a possibility of continuing beyond this moment. The difficulties and challenges for care in mental health, in such a crises, can bring important contribution to the scientific nursing community, considering the need to reinvent and produce new knowledge. Furthermore, nurses must also advocate for the government to consider as a priority the constitution of policies and specific directives in mental health

A limiting factor of this study is the fact that there are few scientific researches about the impact of the new coronavirus pandemic in the mental health of the population, since the theme is so new. Therefore, this review contributes by showing the need to invest in researches to develop mental health actions and interventions for epidemics in the Brazilian context.

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