

Mental health during the COVID-19 pandemic: listening is essential

In just over 12 months, COVID-19 has spread, accumulating 153 million infected people (21 million in Brazil) and more than 4.5 million deaths (600,000 in Brazil) so far.

The combination of factors such as losses, social distancing and the effort to process an excess of information led to pandemic fatigue, characterized by a growing psychological distress. Mental and emotional harm has become a major health concern, secondary only to the viral infection.⁽¹⁾ It is estimated that recovery from this pandemic will take between 10 and 15 years for adults, and between a third and half of the global population will experience psychological distress in the coming years.

Active listening is critical for the connection needed in mental health. The ability **to listen**, like any other ability, needs to be learned, practiced, perfected. Health professionals, even if trained **to listen**, tend to prescribe, treat and educate more than practicing attentive, sensitive and empathetic listening.⁽²⁾ Nurses, those primarily responsible for care, are in a privileged position to exercise the behavior dependent on **listening** as a determining tool in identifying needs and encouraging **self-care**.

Health **coaching** is a promising strategy based on the use of **listening** to motivate people to take responsibility for their health and self-care. There is a growing number of articles reporting evidence of clinical benefits of this approach. In mental health, health **coaching** interventions have been associated with a reduction in symptoms of stress, anxiety and depression, increased resilience, as well as indirect benefits through the promotion of physical activity.⁽³⁾

There is no possibility of reaching the other's subjectivity without active listening, which goes beyond listening to what is said, as it implies getting in touch with what was left unsaid, that is, people's intentions and feelings. Both are largely expressed through non-verbal communication. Thus, an active listening implies the listener's attention and reflection and a careful observation of behavior, providing an accurate assessment between what is heard and what is observed.

Factors inherent to sanitary restrictions have been considered in relation to listening within the pandemic context: social distancing, remote communication through the use of technology - not always available and limited for behavior observation - and the importance of families for support and as a source of conflict.

Considering the seriousness of this scenario, the Universidade Federal de São Paulo (Unifesp) is imbued with studying the prevention of harm to mental health and translating its findings into the care practice. In this scenario, some initiatives discussed in the scientific event “Impact of COVID-19 and repercussions on the mental health of health professionals, individuals, family and community”, organized by the Escola Paulista de Enfermagem (EPE) in August 2020, stand out.

“Projeto acolhimento COVID-19” (*COVID-19 embracement project*) under the responsibility of the Department of Psychiatry at Escola Paulista de Medicina-EPM, the Discipline of Mental Health Nursing at Escola Paulista de Enfermagem-EPE and the Multidisciplinary Residency Program in Mental Health Unifesp. This project is aimed at health professionals directly involved in the care of COVID-19 patients; remote interpersonal counseling is offered and accessed through the project’s website. Objective (psychometric scales) and subjective (observation) data are collected. An **initial listening** aimed at defining reasons for current suffering and identifying possibilities for resolution and successful coping mechanisms that have already been tried is followed by the care in crisis with a limited duration and agreements on the themes addressed. The assistance is discussed remotely by the multidisciplinary care team, teachers, nurses, psychiatrists, occupational therapists and psychologists, and the consensus is agreed with the individuals for the development of unique therapeutic projects. Cases with depressive symptoms, suicidal ideation or self-harm are referred for medical care and psychotherapy. In the most severe cases, it was observed that complaints were prior to COVID-19, thus, not associated only with the pandemic. This structure is based on an approach that has shown the reduction of tensions and anxieties, better organization of the individual, prioritization and coping, and improvement of self-esteem and self-image of those assisted and of professionals involved.⁽⁴⁾ The quality of listening is critical for the achievement of a positive impact of this strategy.

“Acolhimento COVID-19 e luto de familiares por COVID-19” (*COVID-19 embracement and family bereavement COVID-19 family bereavement*) carried out by the Group for Teaching and Research in Family and Community and by former students of the Family Therapy Course. More than 850 people were assisted, including health professionals, people in suffering and bereaved family members who brought their difficulties and coping strategies. In general, they talk about anxiety, fear of dying, fear of being contaminated or contaminating family members, fear of going back to work, irritation, anger, insecurity, impotence, insomnia, tiredness and loss of loved ones. Active listening is used in the embracement of speeches about feelings, concerns and thoughts, to identify the moment of crisis with a focus on the present, seek strategies and strengths, encourage independent functioning and offer follow-up. The care of the population based on the **Integrative Community Therapy** was proposed to the Ministry of Health by this same group, which favored the meeting of people from various locations in Brazil to talk about their discomfort and difficulties in

the pandemic. In consultations, complaints have been focused on difficulties in relationships due to family conflicts amplified by living together or by separation caused by isolation, or by the higher violence in this context. All reflected difficulties with communication and time management. Key strategies and issues discussed include breaks from work (to rest), physical activity, breathing, relaxation, meditation, symptom identification, limiting news consumption and searching for reliable news, replacing catastrophic thoughts with realistic ones, and seeking social support. Testimonials evaluating this strategy have emphasized its positive impact on anxiety and fear, anchored in the perception of feeling embraced and understood, reflecting the value of listening without judgment.⁽⁵⁾

Initiatives of the Escola Paulista de Enfermagem and Escola Paulista de Medicina Unifesp to minimize the impact of the pandemic on mental health corroborate the fundamental role of **active listening** in the act of caring. The good results obtained can be enhanced by training for the practice of active listening and for **health coaching** strategies, favoring positive outcomes in mental health even more.

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