



Mental health of nursing professionals during the COVID-19 pandemic: support resources

Saúde mental de profissionais de enfermagem durante a pandemia de COVID-19: recursos de apoio

Salud mental de profesionales de enfermería durante la pandemia de COVID-19: recursos de apoyo

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ABSTRACT

Objective: to reflect upon the coronavirus pandemic's implications on nursing professionals' mental health and the main support resources in development. **Method:** reflection paper, based on a discussion about the mental health of nursing professionals in the context of the coronavirus pandemic, correlated with the current psychological support recommendations provided by the Brazilian Ministry of Health, World Health Organization, Pan American Health Organization, and Oswaldo Cruz Foundation.

Results and discussion: a mental health crisis may be affecting nursing professionals in response to the pandemic. As these workers provide direct care to individuals infected by the novel coronavirus, in addition to the already stressful situations faced within healthcare services, they also experience concerns, fear, uncertainty about their health and that of the population. Hence, a reflection upon the pandemic's main implications for nursing professionals is presented here along with the main resources in development to support these workers, emphasizing the need to identify and adequately manage stressful situations. **Conclusions and implications for practice:** this study presents various resources to support nursing professionals coping with the coronavirus pandemic's mental health implications.

Keywords: Pandemics; Coronavirus; Mental Health; Health Systems; Nursing.

RESUMO

Objetivo: refletir sobre as implicações da pandemia de coronavírus na saúde mental dos profissionais de enfermagem e os principais recursos de apoio em desenvolvimento. **Método:** artigo reflexivo, produzido com base na formulação discursiva acerca da saúde mental dos profissionais de enfermagem frente a pandemia de coronavírus, correlacionado com as atuais recomendações de suporte psicológico do Ministério da Saúde, Organização Mundial da Saúde, Organização Pan-Americana da Saúde e Fundação Oswaldo Cruz. **Resultados e discussão:** em resposta à pandemia, uma crise em saúde mental pode estar a ocorrer entre os profissionais de enfermagem. Por estarem, diretamente, ligados ao atendimento de casos do novo coronavírus, experienciam situações estressoras, adicionais àquelas já vivenciadas nos serviços de saúde, incluindo preocupações, medo e insegurança com a saúde de si e da população. Como resultado, foi possível refletir acerca das principais implicações da pandemia para os profissionais de enfermagem e os principais recursos de apoio em desenvolvimento, especialmente relacionados a identificação e manejo de situações estressantes. **Conclusões e implicações para a prática:** uma série de recursos de apoio úteis aos profissionais de enfermagem foram reunidos, com o objetivo de subsidiar estratégias para enfrentar as implicações da pandemia de coronavírus na saúde mental dos profissionais de enfermagem.

Palavras-chave: Pandemias; Coronavirus; Saúde Mental; Sistemas de Saúde; Enfermagem.

RESUMEN

Objetivo: reflexionar sobre las implicaciones de la pandemia de coronavirus en la salud mental de profesionales de enfermería y los principales recursos de apoyo en desarrollo. **Método:** artículo de reflexión, producido con base en la formulación discursiva sobre la salud mental de profesionales de enfermería ante la pandemia, correlacionado con las actuales recomendaciones de apoyo psicológico del Ministerio de la Salud, Organización Mundial de la Salud, Organización Panamericana de la Salud y Fundación Oswaldo Cruz. **Resultados y discusión:** en respuesta a la pandemia, puede estar ocurriendo una crisis de salud mental entre profesionales de enfermería, que experimentan situaciones estresantes, además de la rutina de los servicios de salud, incluidas las preocupaciones, el miedo y la inseguridad sobre la salud de ellos mismos y de la población. Fue posible reflexionar sobre las principales implicaciones de la pandemia para los profesionales de enfermería y los principales recursos de apoyo en desarrollo, especialmente relacionados con la identificación y el manejo de situaciones estresantes. **Conclusiones e implicaciones para la práctica:** recursos de apoyo útiles a los profesionales de enfermería fueron reunidos con el objetivo de apoyar estrategias para enfrentar las implicaciones de la pandemia en la salud mental de profesionales de enfermería.

Palabras clave: Pandemias; Coronavirus; Salud Mental; Sistemas de Salud; Enfermería.

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INTRODUCTION

Coronavirus is a family of viruses responsible for respiratory infections and is the second leading cause of common colds (after rhinovirus). There are seven known human coronaviruses (HCoVs), among which SARS-COV (which causes severe acute respiratory syndrome), MERS-COV (Middle East respiratory syndrome), and SARS-CoV-2 (the virus that causes the coronavirus disease 2019 - COVID-19). This novel agent was discovered on December 31st, 2019, after cases were identified in Wuhan, China.^{1,2}

The World Health Organization (WHO) declared on January 30th, 2020, that the outbreak of the disease caused by the new coronavirus became a Public Health Emergency of International Concern. On March 11th, 2020, the WHO characterized COVID-19 a pandemic as it rapidly spread worldwide.²

It is uncertain when the first cases occurred in Brazil, though the first case of COVID-19 officially diagnosed occurred in São Paulo, on February 25th, 2020, while the first death caused by the virus was reported on March 16th, 2020. On May 22nd, 2020, Brazil already ranked second with the highest number of cases, behind only of the United States.¹

In this sense, the COVID-19 pandemic is a global emergency and has infected more than 14 million people worldwide, totaling 600,000 deaths. Hence, various measures were imposed to curb the virus' dissemination, causing changes in society's functioning. As a result, more than half of humanity came to a halt.²

This disease represents a large-scale infectious public health event that radically changed the structures and investments of health systems worldwide and became a critical event the international community has recorded in history. The unique characteristics of this event include a suspicion that a human-environment-animal interface exists and its rapid expansion results from unprecedented levels of human interconnectivity, mobility, and global trade.^{3,4}

In Brazil, a recent survey published by the Brazilian Society of Intensive Care (AMIB) estimates that at least 75% of the Brazilians exclusively depend on the Unified Health System (SUS), which has 22,844 Intensive Care Unit designed beds available. The Brazilian private health system, which provides care to approximately 25% of the population, has a similar number of ICU designated beds, i.e., 23,004. These figures expose the inequality existing between the public and private healthcare systems, revealing a weakness of the Brazilian public health.⁵

This discrepancy reveals the possibility that the hospital capacity and the health system as a whole will collapse. There is great concern with the restricted number of hospital beds and the low levels of human resources and material resources, among many other essential elements to managing this outbreak. In general, the countries' lack of preparedness to fight the disease gave visibility to the various healthcare systems' weaknesses, which, even though persistent, seem to have been "forgotten."

Unfortunately, the weaknesses that became apparent in an unbalanced context revealed another concerning aspect:

the nursing workers' mental health.⁶ Although the responses to the COVID-19 pandemic thus far mainly focused on containing its dissemination and preventing mortality, the pandemic also revealed a potential to trigger a significant psychological distress crisis in the mental health system.⁷

According to the WHO, there is no "official" definition of mental health, considering that cultural differences, subjective judgments, and related theories affect how "mental health" is defined. Therefore, its understanding is broader than merely the absence of mental disorders, considering that it is a term capable of describing the level of the cognitive or emotional quality of life of an individual, including his/her ability to appreciate life and seek a balance between activities and making an effort to achieve psychological resilience.⁸

Many health professionals directly work in the care provided to patients with COVID-19. On the front line, there are nursing workers, whose profession emerged as a social practice associated with elements that compose human life in its multiple aspects, based on prevention, promotion, and rehabilitation of health.⁶ Nursing workers compose the profession with the largest contingent of people. These workers also spend the most time with patients, monitoring patients 24-hours/a day, thus, are more susceptible to the pandemic's potential psychological impacts.⁶

Therefore, nursing workers may quickly become susceptible to stressful experiences amidst the pandemic, such as work overload, fatigue, exposure to large-scale deaths, frustration related to the quality of care delivery, threats, aggressions, and increased risk of infection. In this case, these workers may experience fear and uncertainty that may negatively influence their behavior and wellbeing, consequently interfering in the quality of care that is provided to the population.^{7,9}

In response to the current crisis, innovative ways to provide mental health care were implemented in addition to psychosocial support provided to health workers, who have experienced a lack of investment in the promotion and care provided to mental health and prevention of mental disorders.

Therefore, this study's importance lies in its reflective content regarding the effects of the COVID-19 pandemic on the nursing workers' mental health and assessing what has been done to mitigate such effects. The objective was to reflect upon the pandemic's implications on the nursing workers' mental health and present the main current support resources.

METHOD

Reflection paper, based a discussion of the nursing workers' mental health in response to the coronavirus' pandemic, correlating the current recommendations provided by the Brazilian Ministry of Health, World Health Organization, Pan-American Organization, and Oswaldo Cruz Foundation.

Additionally, considering the current context and its reflective relevance, data from the field of mental health in nursing and outbreaks of viral infections were updated by consulting the

following databases: Scientific Electronic Library Online (SCIELO), SAGE Journals, and Medical Literature Analysis and Retrieval System Online (MEDLINE), using DeCS/MeSH descriptors: pandemics; coronavirus; mental health; nursing; and Disease Outbreaks. No time restrictions were imposed.

RESULTS AND DISCUSSION

Information regarding how to manage emotions has been highlighted to help the population and nursing workers deal with the coronavirus pandemic's impact on mental health. Health authorities, mental health experts and psychiatrists, health organizations, and scientists from various parts of the globe are developing guidelines to implement practices aligned with the current context. These are discussed below.

Implications of the COVID-19 pandemic on the mental health of nursing workers

As previously mentioned, infectious disease outbreaks, such as the COVID-19, have the potential to overburden health systems and trigger various feelings on the population and health professionals, especially nursing workers, such as anguish, fear, and uncertainty. Psychological, physical, and behavioral aspects may negatively respond to the infectious outbreak, causing adverse symptoms such as insomnia, feeling of insecurity, helplessness, sadness, increased consumption of alcohol, smoking, and other drugs, lack of energy, and pain in general.^{10,11}

Health workers, and especially nursing workers, deal with additional challenges during the outbreak of infectious diseases, including work overload, insufficient number of human resources and material inputs, the uncertainty of whether treatments will be efficient, and concerns over their own health, and that of their families and patients.⁶

To further aggravate distress, these workers continuously deal with misleading information disseminated by social and traditional media, which divert and weaken the population's self-care behavior.

Traumatic and stressful events have been previously addressed in the literature and acknowledged among nurses and physicians involved with global outbreaks such as SARS, MERS, and Ebola. These events caused increased burnout, fatigue, lower job satisfaction, moral distress, and high-stress levels. Thus, it is clear that healthcare providers, such as nurses, may develop significant psychiatric disorders in the short and long term after experiencing stressful epidemic events.^{12,13}

In 2003, during the SARS-CoV outbreak in Singapore, 27% of the health workers reported psychiatric symptoms. The nursing staff providing MERS-related care displayed post-traumatic stress disorder after the Korean outbreak in 2015, mainly related to a feeling of interpersonal isolation and fear of contagion and spread among family members. Likewise, in 2014, during the Ebola outbreaks in Sierra Leone and 2018 in the Democratic Republic of Congo, the nursing staff and remaining health teams

directly working with infected patients, reported high levels of anxiety and stigma.¹³

In September 2009, 469 health workers from a university hospital in Greece filled out a 20-item questionnaire addressing concerns and worries about the A/H1N1 influenza pandemic. As a result, more than half of these workers, including nurses (56.7%), reported a concern with the influenza pandemic with a moderately high anxiety level. The concern most frequently reported was the risk of infecting families and friends, and the consequences of the disease to one's health (54.9%).¹³

An aggravating aspect of identifying mental health disorders is that nurses and physicians also report difficulty perceiving psychological problems in their coworkers. One reason is that the continued use of personal protection equipment and the social distancing required harms interacting and communicating with team members.¹⁰

In the course of the COVID-19 pandemic, nursing workers have also presented high levels of psychological distress, namely: In Canada, 47% of these workers reported the need for psychological support; In the Popular Republic of China, workers reported high levels of depression (50%), anxiety (45%), and insomnia (34%); and finally, in Pakistan, a large number of workers reported moderate (42%) to severe (26%) psychological distress.¹⁴

Considering the previous discussion, it is noteworthy that there are no psychometric instruments designed to measure the psychological impact of the COVID-19, specifically among nursing workers. The Fear of COVID-19 Scale¹⁵ was recently validated for the Iranian population, and the COVID Stress Scale¹⁶ was validated for Americans and Canadians. The purpose is to identify individuals who need mental health services in the context of the pandemic. Even though these instruments obtained good psychometric properties, none of them target nurses.

Given the experiences already reported in the world context, there is an urgent need for the health systems to early identify and meet the mental needs of patients, families, and health workers, especially nursing workers. Nursing workers are on the front line of the fight against emergent diseases, directly contacting infected patients. Hence, require appropriate resources and effective support is provided for the management of these situations.^{17,18}

Mental Health Support resources in the COVID-19 pandemic

Because of the novel coronavirus pandemic, nursing workers' psychological interventions are crucial to shaping the current context. Thus, various psychological services have used information and communication technologies because these are relevant mechanisms to accommodate mental health complaints.⁷

The lessons learn from the impact of the COVID-19 on the mental health of nursing workers from other countries, together with a perception of their current context, make it apparent the importance of implementing strategic, evidence-based psychosocial care services to mitigate current intense stress and distress as well as preventing disorders in the future.¹⁹

In this sense, mental health actions need to be recommended from the first phase of the response to an outbreak. Remote consultations implemented among workers have shown various advantages in offering emotional support as it complies with social distance recommendations or stay-at-home orders.¹⁹ Therefore, this modality of care avoids unnecessary circulation of people while it ensures quality psychological care is provided.

In this context, the COVID-19 pandemic demands care delivery is reorganized, focusing on emergent needs and priorities. Consequently, Telemedicine and Telehealth services come into evidence to clinically manage patients, provide professional support, and organize the Brazilian Unified Health System. Note that these services already existed, though they were slowly being integrated into the system.²⁰

Based on meeting these needs, there is a strong mobilization of the part of health authorities, health agencies, experts from Brazilian universities and researchers to strengthen and facilitate access of health workers, including nurses, to these services, guidance, and technical and scientific recommendations to cope with challenging situations linked to the new context imposed by the pandemic.²⁰⁻²⁴

In March 2020, the Brazilian Federal Council of Nursing (Cofen) created an uninterrupted service channel, managed by mental health specialized nurses, directed to all nursing workers requiring emotional support in this time of crisis. The service is provided through an online chat (available at the Cofen’s website and hot site *Juntos Contra Coronavírus* [Together Against the Coronavirus]).²²

Still, with a focus on the mental health of thousands of health workers directly working on the combat against COVID-19, the Brazilian Ministry of health invested R\$2,3 million to offer, from

May to September 2020, a psychological remote-consultation channel including psychologists and psychiatrists. This initiative was motivated by the need to support health workers, who, given the nature of their job, deal with adverse conditions daily, and therefore, may experience psychological distress. Workers may be referred to an in-person visit whenever there is a need for a pharmacological intervention.²³

From this perspective, it is important to highlight the contributions of the Brazilian Ministry of Health by using the Telemedicine and Telehealth potential to care for the population’s health such as the COVID-19 remote-consultation channel (TeleSUS) and the psychological remote-consultation service (TelePsi) directed to physicians, nurses, nursing technicians, physical therapists, speech therapists, nutritionists, biomedical physicians, and pharmacists involved in the care provided in the context of the novel coronavirus.

Other psychological support services directed to nursing workers also include²⁴ psych educational actions providing virtual booklets, platforms with information guides, software, videos, audios, video-classes, manuals, e-books, services provided through Instagram and Whatsapp and managed by groups of volunteer psychologists, in addition to psychological services made available by university hospitals in various Brazilian regions.

Table 1 systematizes the main situations that may negatively impact nursing workers’ mental health amidst the COVID-19 pandemic and the recommendations provided by the World Health Organization (WHO), governments, and professional entities on how to prevent/mitigate the psychological consequences of the pandemic.

Table 1. Main implications of the COVID-19 pandemic on nursing workers’ mental health and support resources, 2020.

Implications of the COVID-19 pandemic for nursing workers
Main factors
High service demand; ¹⁵
• Prolonged exposure in critical environments; ^{15,21}
• Continuous risk of infection; ¹⁵
• Personal protective equipment (e.g., discomfort, limited mobility and communication, effectiveness, and restricted availability); ^{15,21}
• Management of distress experienced by patients and family members; ¹⁵
• Lack of contact with family; ¹⁵
• Interpersonal conflict; ¹⁵
• Recurrent thoughts about the epidemic; and also related to death and dying; ¹⁵
• Stigma for working with COVID-19 patients; ^{15,21}
• The need to continually demystify misleading information. ^{15,21}
Emotional Response

Source: Study’s data, 2020.

Table 1. Continued...

Implications of the COVID-19 pandemic for nursing workers
• Fear, regret, frustration, guilt, anger, exhaustion, uncertainty, moral distress, burnout, stress, anxiety, depressive symptoms, denial, helplessness, feelings of vulnerability, and irritability; ^{17,20}
• Appetite changes or disorders (lack of appetite or excessive appetite); ^{15,20}
• Sleep changes or disorders (insomnia, difficult sleeping or excessive sleepiness, recurrent nightmares); ^{12,20}
• Use of legal and illegal drugs. ²⁰
Coping strategies/support resources
✓ Meet your basic needs: implement regular intervals to eat, hydrate and sleep to optimize your ability to self-care and care for others; ^{15,24}
✓ Avoid harmful habits – Watch for the abusive use of tobacco, alcohol, and other drugs to escape from anguish; ^{12,24}
✓ Respect your time: take breaks, allow yourself to do something unrelated to your work, and which you find comforting, fun, or relaxing. Resting activities, exercises, and relaxing practices are important allies against stress and anxiety; ^{12,24}
✓ Establish a work and self-care routine: try to perform pleasant and meaningful activities. These will help your day to be more organized and calm; ^{15,24}
✓ Remain connected to your socio-affective network: connect with your family, friends, and acquaintances (they represent your support out of the health system), give and receive support, reduce the feeling of isolation; ^{15,24}
✓ Keep yourself updated: trust on reliable sources of information and beware for excesses. Take part in work meetings where relevant information is shared; ^{15,24}
✓ Auto check-ins: monitor yourself from time to time for symptoms of depression or stress disorder; prolonged sadness, difficulty sleeping, intrusive memories, hopelessness. Talk to a colleague, supervisor or seek professional help if needed; ^{15,24}
✓ Practice resilience – Reflect upon the challenges faced and what you can learn from them, reframe your experience. Resume the coping strategies already used in previous crises; ¹²
✓ Keep your faith and religious and/or spiritual activities, if they are part of your routine; ^{15,24}
✓ Seek a health worker when the strategies used are not sufficient for you to achieve emotional stability: Find out about the availability of health services for you. ^{15,24}

Source: Study's data, 2020.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

The historical events of infectious outbreaks already recorded in history show that a significant portion of nursing workers experienced moderately high anxiety when developing their practice. This finding is similar to what is currently taking place, which gives us room to reflect upon these professionals' psychological conditions working in large-scale emergency rooms, such as the COVID-19 pandemic.

We should consider that the current outbreak is multidimensional and impacts all functional dimensions, including physical, emotional, economic, social, and psychological spheres. Hence, even though fear and anxiety are expected, it is also essential to understand and identify extreme feelings early on, such as exacerbated fear and anxiety.

Note that stress, anxiety, and other psychological symptoms have an even more delicate meaning in the context of nursing practice because nursing workers represent welcoming, attentive

listening, and comfort for patients who need assistance; however, when nursing workers are themselves emotionally shaken, the care they provide is weakened.

On the other hand, the adoption of mental health measures worldwide evidenced some support resources that are essential to managing stressful situations, especially given the possibility to prepare nursing workers better to effectively develop their practice in conditions of extreme vulnerability and distress, as is the case of current and future epidemiological outbreaks.

Additionally, remote psychotherapy consultations were first employed in the context of the pandemic, showing a significant advancement in the mental health field, which opens up an opportunity for future activities focused on Telemedicine and Telehealth.

Finally, the conclusion is that to acquire a better understanding of the psychological and psychiatric repercussions of a pandemic, one has to consider the main implications and emotions involved during and after such an event. Hence, further studies are

needed to address the impact of the COVID-19 pandemic on the nursing workers' mental health and use the knowledge and prior experiences with similar conditions to guide and support effective actions and resources.

This study's limitations include a lack of scientific field studies directly addressing the impact of the novel coronavirus on the nursing workers' mental health, which prevents an analysis of theoretical aspects. The reason for the restricted number of studies is that most usually address all health workers without considering the particularities of each profession.

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REFERENCES

1. Ministério da Saúde (BR). O que é coronavírus? [Internet]. Brasília: Ministério da Saúde; 2020 [citado 2020 Maio 5]. Disponível em: <https://www.saude.gov.br/o-ministro/746-saude-de-a-a-z/46490-novo-coronavirus-o-que-e-causas-sintomas-tratamento-e-prevencao-3>
2. World Health Organization. Novel coronavirus (COVID-19) [Internet]. Geneva: WHO; 2020 [citado 2020 Mar 26]. Disponível em: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
3. Carver PE, Phillips J. Novel Coronavirus (COVID-19): what you need to know. *Workplace Health Saf.* 2020;68(5):250. <http://dx.doi.org/10.1177/2165079920914947>. PMID:32299328.
4. Amuasi JH, Walzer C, Heymann D, Carabin H, Huong LT, Haines A et al. Calling for a COVID-19 one health research coalition. *Lancet.* 2020;395(10236):1543-4. [http://dx.doi.org/10.1016/S0140-6736\(20\)31028-X](http://dx.doi.org/10.1016/S0140-6736(20)31028-X). PMID:32386563.
5. Associação de Medicina Intensiva Brasileira. Atualizações sobre o Coronavírus COVID-19 [Internet]. São Paulo: AMIB; 2020 [citado 2020 Mar 26]. Disponível em: https://www.amib.org.br/fileadmin/user_upload/amib/2020/abril/28/dados_uti_amib.pdf
6. Souza LPS, Souza AG. Enfermagem brasileira na linha de frente contra o novo Coronavírus: quem cuidará de quem cuida? *J Nutr Health* [Internet]. 2020; [citado 2020 Jun 28];10:e20104005. Disponível em: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/18444/11237>
7. Schmidt B, Crepaldi MA, Bolze SDA, Neiva-Silva L, Demenech LM. Saúde mental e intervenções psicológicas diante da pandemia do novo coronavírus (COVID-19). *Estud Psicol.* 2020;37:e200063. <http://dx.doi.org/10.1590/1982-0275202037e200063>.
8. Gaino LV, Souza J, Cirineu CT, Tulimosky TD. O conceito de saúde mental para profissionais de saúde: um estudo transversal e qualitativo. *SMAD Rev Eletrônica Saúde Mental Álcool Drog.* 2018;2:108-16. <http://dx.doi.org/10.11606/issn.1806-6976.smad.2018.149449>.
9. Ornell F, Schuch JB, Sordi AO, Kessler FHP. "Pandemic fear" and COVID-19: mental health burden and strategies. *Br J Psychiatry.* 2020;42(3):232-5. <http://dx.doi.org/10.1590/1516-4446-2020-0008>. PMID:32267343.
10. Torales J, O'Higgins M, Castaldelli-Maia JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. *Int J Soc Psychiatry.* 2020;66(4):317. <http://dx.doi.org/10.1177/0020764020915212>. PMID:32233719.
11. Pan American Health Organization. Mental health and psychosocial considerations during COVID-19 outbreak [Internet]. Geneva: PAHO; 2020 [citado 2020 Jun 28]. Disponível em: <https://www.paho.org/en/documentos/consideraciones-psicosociales-salud-mental-durante-brote-covid-19>
12. Smith MW, Smith PW, Kratochvil CJ, Schwedhelm S. The psychosocial challenges of caring for patients with Ebola virus disease. *Health Secur.* 2017;15(1):104-9. <http://dx.doi.org/10.1089/hs.2016.0068>. PMID:28192056.
13. Goulia P, Mantas C, Dimitroula D, Mantis D, Hyphantis T. General hospital staff worries, perceived sufficiency of information and associated psychological distress during the A/H1N1 influenza pandemic. *BMC Infect Dis.* 2010;10(1):322. <http://dx.doi.org/10.1186/1471-2334-10-322>. PMID:21062471.
14. United Nations. Policy brief: Covid-19 and the need for action on mental health [Internet]. 2020 [citado 2020 Jun 28]. Disponível em: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf
15. Ahorsu DK, Lin CY, Imani V, Saffari M, Griffiths MD, Pakpour AH. The fear of COVID19 scale: development and initial validation. *Int J Ment Health Addict.* 2020;27:1-9. <http://dx.doi.org/10.1007/s11469-020-00270-8>. PMID:32226353.
16. Taylor S, Landry C, Paluszek M, Fergus TA, McKay D, Asmundson GJG. Development and Initial Validation of the COVID Stress Scales. *J Anxiety Disord.* 2020;72:102232. <http://dx.doi.org/10.1016/j.janxdis.2020.102232>. PMID:32408047.
17. Choi KR, Heilemann MV, Fauer A, Mead M. A second pandemic: mental health spillover from the novel Coronavirus (COVID-19). *J Am Psychiatr Nurses Assoc.* 2020;26(4):340-3. <http://dx.doi.org/10.1177/1078390320919803>. PMID:32340586.
18. American Psychiatric Association. APA Offers Resources to Cope with COVID-19 [Internet]. Washington: APA; 2020 [citado 2020 Jun 28]. Disponível em: <https://www.psychiatry.org/newsroom/news-releases/apa-offers-resources-to-cope-with-covid-19>
19. Duan L, Zhu G. Psychological interventions for people affected by the COVID-19 epidemic. *Lancet Psychiatry.* 2020;7(4):300-2. [http://dx.doi.org/10.1016/S2215-0366\(20\)30073-0](http://dx.doi.org/10.1016/S2215-0366(20)30073-0). PMID:32085840.
20. Sullivan AB, Kane A, Roth AJ, Davis BE, Drerup ML, Heinberg LJ. The COVID-19 crisis: a mental health perspective and response using telemedicine. *J Patient Exp.* 2020;7(3):295-301. <http://dx.doi.org/10.1177/2374373520922747>. PMID:32821785.
21. Jung SJ, Jun JY. Mental health and psychological intervention amid COVID-19 Outbreak: perspectives from South Korea. *Yonsei Med J.* 2020;61(4):271-2. <http://dx.doi.org/10.3349/ymj.2020.61.4.271>. PMID:32233168.
22. Resolução COFEN nº 634, de 26 de março de 2020 (BR). Autoriza e normatiza a teleconsulta de enfermagem como forma de combate à pandemia provocada pelo novo coronavírus (Sars-Cov-2). *Diário Oficial da União* [periódico na internet]. Brasília (DF), 27 mar 2020 [citado 2020 Jun 28]. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-0634-2020_78344.html

23. Ministério da Saúde (BR). Profissionais do SUS já podem contar com suporte psicológico [Internet]. Brasília; 2020 [citado 2020 Jun 28]. Disponível em: <https://www.saude.gov.br/noticias/agencia-saude/46906-profissionais-do-sus-ja-podem-contar-com-suporte-psicologico>
24. Fundação Oswaldo Cruz. Saúde mental e atenção psicossocial na pandemia COVID-19: recomendações para gestores [Internet]. Brasília: FIOCRUZ; 2020. Disponível em: <https://www.fiocruzbrasil.fiocruz.br/wp-content/uploads/2020/04/Sa%c3%bade-Mental-e-Aten%c3%a7%c3%a3o-Psicossocial-na-Pandemia-Covid-19-recomenda%c3%a7%c3%b5es-gerais.pdf>