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Tools used in continuous mental health care in the context of COVID-19: an integrative review

Herramientas utilizadas en la atención mental continua en el contexto de COVID -19: una revisión integrativa
Ferramentas utilizadas no cuidado continuado em saúde mental no contexto da COVID-19: uma revisão integrativa

ABSTRACT

The pandemic caused by SARS-CoV-2 brought challenges and changes that significantly influenced mental health care, where maintaining longitudinality, once a powerful assistance tool, has been a challenge for Family Health teams. This integrative review aims to search the literature for the means that can be used in PHC to minimize mental suffering due to the pandemic. The methodology adopted was the search for literature in the Virtual Health Library (VHL), by crossing the descriptors: "care" and "covid-19" and "mental health", with 347 articles being found. Through the inclusion and exclusion criteria the total sample was composed of 4 works. It was observed that the use of light technologies has been used to minimize the psychological effects caused by the pandemic, either to patients affected by the virus or the population that seeks alternative means to maintain mental health.

DESCRIPTORS: Care, COVID-19, Mental Health.

RESUMEN

La pandemia del SARS-CoV-2 trajo desafíos y cambios que influyeron significativamente en la atención de la salud mental, donde mantener la longitudinalidad, anteriormente una poderosa herramienta de asistencia, ha sido un desafío para los equipos de Salud de la Familia. Esta revisión integradora tiene como objetivo buscar en la literatura los medios que se pueden utilizar en la APS para minimizar el sufrimiento mental debido a la pandemia. La metodología adoptada fue la búsqueda de literatura en la Biblioteca Virtual en Salud (BVS), cruzando los descriptores: "atención" y "covid-19" y "salud mental", encontrándose 347 artículos. Mediante los criterios de inclusión y exclusión la muestra total estuvo compuesta por 4 trabajos. Se observó que el uso de tecnologías ligeras se ha utilizado para minimizar los efectos psicológicos provocados por la pandemia, ya sea en los pacientes afectados por el virus o en la población que busca medios alternativos para mantener la salud mental.

DESCRIPTORES: Cuidado, COVID-19, Salud Mental.

RESUMO

A pandemia causada pelo SARS-CoV-2 trouxe desafios e mudanças que influenciaram significativamente o cuidado em saúde mental, onde manter a longitudinalidade, antes uma ferramenta potente de assistência, tem sido um desafio para as equipes de Saúde da Família. Objetivo: buscar na literatura quais os meios que podem ser utilizados na APS para minimizar o sofrimento mental em decorrência da pandemia. Método: a busca pela literatura a partir da Biblioteca Virtual de Saúde (BVS), pelo cruzamento dos descritores: "cuidado" and "covid-19" and "saúde mental", sendo encontrados 347 artigos. Resultados: Através dos critérios de inclusão e exclusão a amostra total foi composta por 4 trabalhos. Conclusão: Observou-se que o uso de tecnologias leves vem sendo empregado para minimizar os efeitos psicológicos provocados pela pandemia, seja a pacientes acometidos pelo vírus ou a população que procura meios alternativos para manutenção da saúde mental.

DESCRIPTORES: Cuidado; COVID-19; Saúde Mental.

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INTRODUCTION

From December 2019, the world watched the World Health Organization (WHO) announce the first news of the appearance of a new strain of coronavirus, called SARS-COV-2, a rapidly spreading virus that causes the disease COVID-19. The first cases occurred in the city of Wuhan, Hubei province and spread, in a few months, to the world, producing a transmission chronology that, in a short time, justified the worldwide pandemic status alert.¹

The pandemic brought additional challenges to the care provided to the Unified Health System (SUS). Since March 2020, people's mental health has suffered new grooves, in view of the reorganization of society and its relations with the environment and the social isolation necessary to mitigate the outbreak of the virus. In view of its severity and the psychosocial repercussions that this disease can generate, mental health care has been approached as one of the challenges for its coping, as care is directed, primarily, to clinical and scientific issues for the development of healing and/or the recovery of the affected organs and systems.²

The reports of the patients attended by the Family Health teams signaled dramatic changes in sleep, less possibili-

ties for safe physical activity, adherence to diets more depleted in nutrients and use of addictive substances with psychotropic effects that may reflect on mental health.³ This fact is worrying, since we are undergoing changes that can significantly influence mental health care by dismantling the Psychosocial Care Centers (CAPS - Centros de Atenção Psicossocial) in the current Brazilian administrative management.⁴ Death, illness and disease, social isolation, loss of income and work, accumulation of debts and uncertainty about the future are factors that have an impact on mental health.⁵

Within the scope of Primary Health Care (PHC), maintaining longitudinal care, previously a powerful work and care tool, has acquired shades of more powerful challenges, since it is difficult to carry out home visits and the scheduled return for continuity of care. PHC must play a fundamental role in the identification of cases, monitoring and promotion of mental health, actions to which Community Health Agents (CHA) can contribute.⁶ In this way, the Family Health teams have been looking for the use of light and creative technological resources to maintain care, in addition to serving as online monitoring, allowing to generate data in real time to inform managers.⁷

In this sense, the present work aims to search in the literature which means and light technologies that can be used in PHC to minimize the mental suffering resulting from this pandemic time to the population in general. From this concern, added to the insufficiency of studies that expose tools used in mental health care during the pandemic, the need to know the theme and master the use of light technologies to the detriment of mental suffering is evident.

METHODS

The method adopted in the study was the Integrative Literature Review, which allows the comparison of data for studies on the theme⁸, that is, it consists of a way to summarize and gather information about the research evaluated, enabling a scientific compendium of the investigated theme.⁹ The integrative literature review points to a source of current knowledge about a problem, thus allowing advances in the health sector. However, it is endowed with a strong methodological rigor, in which the required steps must be clearly presented.^{8,10}

The guidelines of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) were followed, marked by statements that

attest that the systematic review with or without meta-analysis is formed from a clinical question, under a structured and reproducible methodology by peers.¹¹

Then the search was carried out from the Virtual Health Library (VHL), a platform that allows simultaneous search in the main national and international literature databases. The investigation took place through the crossing of Health Sciences Descriptors (DECS - Descritores em Ciências da Saúde), with Boolean connective “and” as follows: care and covid-19 and mental health.

The inclusion criteria were works published between December 2019 and December 2020, full text, in Brazil and

in English and Portuguese, to May 2020 for the databases. The exclusion criteria were works that did not contemplate the inclusion criteria, duplicated, with restricted access or that did not refer, in their title or abstract, to the central theme of the work. Participating articles appear on the American-Caribbean and Caribbean Health Sciences Portal (LILACS), the Scientific Electronic Library Online library (SciELO) and the Medical Literature Analysis and Retrieval System Online (MEDLINE).

After results obtained in the search for data, the information was intertwined and a table was created containing the synthesis of the findings on the topic.

RESULTS

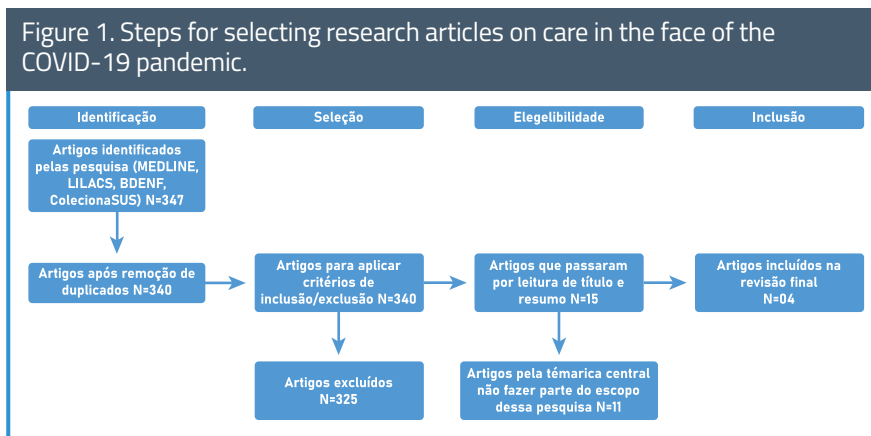
Characterization of publications

Initially, crossing the descriptors, 347 studies were found. After excluding duplicates, 340 articles remained, for which the inclusion and exclusion criteria were applied, leaving 15 searches. From these, titles and abstracts were read to filter which responded to the review objectives: 4 papers. The flowchart in Figure 1 exemplifies the steps taken in the search process.

Articles that are part of the collection of the American Literature and Caribbean Health Sciences portal (LILACS), the Scientific Electronic Library Online library (SciELO) and the Medical Literature Analysis and Retrieval System Online (MEDLINE) were selected, corresponding to one, one and two works, respectively.

The year of publication of all studies participating in the sample was 2020, comprising the months of June, September and October of that year.

The information from the publications included in the integrative review was categorized and synthesized according to authors, objective, approach on mental health, tools used and platform, as can be seen in figure 2.



Source: authors' own (2020).

Figure 2- Summary of the articles included in the research.

AUTORES	OBEJETO	ABORDAGEM SOBRE A SAÚDE MENTAL	FERRAMENTAS UTILIZADAS	PLATAFORMA
Forlenza, OV, Stella, F. 2020	Avaliar o estado mental de um grupo e idosos para morbidade psiquiátrica do SARS-COV-2	Há uma necessidade urgente de gerar evidências científicas sobre as necessidades psicológicas e psiquiátricas dos idosos no contexto pandêmico	Os dados foram coletados pela Escala Hospitalar de Ansiedade e Depressão (HAD) e o Neuropsychiatric Inventory-Questionnaire (NPI-Q)	MEDLINE
Monteiro-Junior, RS et. al. 2020	Fornecer uma visão geral da resposta de três países através de entrevistas informais com profissionais de saúde multidisciplinares	Foi observado o uso de tecnologias para aproximar os idosos de seus familiares e amigos e, assim, evitar que se sintam solitários, evitando o risco de contaminação o potencial sofrimento mental	Consultórios de rua, chamadas telefônicas e de vídeo, aulas online para prática de exercício físico. Rede de Solidariedade, atividades de estimulação social e cognitiva	MEDLINE
Castro-de-Araújo, LFS., Machado, DB. 2020	Discutir os efeitos da pandemia do COVID-19 em um país de baixa e média renda, Brasil	É recomendável que os cuidadores reduzam o número de pacientes atendidos e que as famílias isolem-se junto com os idosos	Acesso à psicoterapia é possível de forma online, entretanto essas práticas não estão completamente regulamentadas.	SCIELO

Brasil, 2020	Recomendar ações que reduzam o impacto emocional da hospitalização com COVID-19 em crianças e adolescentes	A presença de uma rede socioafetiva é de extrema importância para minimizar os possíveis agravos na saúde mental de crianças durante a internação hospitalar na pandemia	Recursos tecnológicos (chamadas de vídeo, áudios e mensagens de texto) permitem a comunicação das crianças e seus familiares, sendo uma forte rede de apoio para elas	LILACS
Source: Authors' own (2020).				

DISCUSSION

The consequences of the new coronavirus pandemic exceeded medical predictability and went far beyond the health and organic (biophysiological) affects of the disease, it affected people's mental health in its entirety: we also experienced "a pandemic of mental suffering" in scope worldwide. The COVID-19 pandemic broke with people's daily lives, displaced them from their existential territories, redirected customs, separated people and broke (albeit temporarily) emotional ties. In this sense, studies claim that the SARS-VOC-2 pandemic has weakened determinants of self-care in mental health.^{12, 13, 14}

In turn, the study by Forlenza and Stella, developed in a tertiary hospital in São Paulo when seeking to assess the mental state of a group of elderly people for psychiatric morbidity during the pandemic of the new coronavirus, observed that complaints of impaired sleep were made by 57% of participants, which include insomnia, inefficient sleep or drowsiness during the day, in addition to mood symptoms.¹⁵ Such aspects are more evident in pandemic contexts in this age group due to the biological factors related to age, health behaviors, socioeconomic and environmental factors.¹⁶

Still on the mental health of the elderly population in times of a pandemic, a study shows that suicide rates among the elderly increased during this period¹⁷,

which emphasizes the urgency of studying the impact of COVID-19 on the mental health of this population.^{18,19} In this perspective, the study by Monteiro-Júnior and collaborators observed assistance to the elderly in the pandemic in 3 countries: Brazil, Portugal and Norway. He concluded that, although the countries belong to different classifications in the Human Development Report, the strategies used to mitigate mental suffering were similar: They developed street offices, made use of telephone and video calls, provided online classes for physical exercise, set up Solidarity Networks and stimulated the practice of social and cognitive activities in old age.²⁰

Castro-de-Araújo and Machado stress that it is difficult to maintain care for the geriatric population during the pandemic. In addition, they emphasize the recommendations that caregivers reduce the number of patients seen, so the family is responsible for most of the care.²¹ The use of interactive technologies such as video games can be resources to be used by the elderly in order to function as an alternative to the practice of activity, helping to alleviate sedentary behavior.²²

In the context of tertiary care, the use of technologies, such as video calls, text messages and audios, are important tools to narrow the distance between patients, contributing to the improvement of their mental health. In the pediatric population, the Ministry of Health recommends encouraging family participation

as a way to regularly monitor children hospitalized in the pandemic.²³ The use of these tools is not restricted to the hospital network, but also to primary care.

In the context of the pandemic, some Community Health Agents (CHA) monitored their users through WhatsApp and served the most fragile and vulnerable groups that needed special attention²⁴, even though there are no regulations by Brazilian associations.²³ Such resources become valuable in this scenario by reducing the feeling of loneliness in users, for example.

CONCLUSION

The continuity of health care for users of primary health care has been hindered by quarantine. Associated with pre-existing health problems, the population ends up developing anxiety and depression that interfere with quality of life. Understanding the needs of the population at this time is essential, making use of alternatives that bring the health team closer to users, such as the use of online health monitoring technologies, WhatsApp, video calls and telephone calls.

The studies found and discussed in this review made it possible to have an idea of the dimension of the problem, however it is noted that few studies address mental health care in primary health care, making more studies in the area to be carried out to allow find more consistent solutions to the problem. ■

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