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Abstract

The new pneumonia caused by coronavirus 2 of severe acute respiratory syndrome (COVID-19) has the potential to develop biopsychosocial instability in the population and is responsible for much of the increase in mental disorders that occur after the beginning of the pandemic, especially among health professionals working on the front line. Physical exhaustion and mental distress lead them to search alternative therapies for harm reduction, such as therapeutic communication therapies, active listening, meditation, mindfulness and yoga. Such actions can decrease stress and have potential harm reduction in relation to the development of posttraumatic stress disorder. In addition, religiosity and/or spirituality reduced the psychological suffering of health workers, not only in moments of pandemic, but in the daily work routines.

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Mental health, spirituality and alternative practices for coping with health professionals in the face of the COVID-19 pandemic

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ABSTRACT

The new pneumonia caused by coronavirus 2 of severe acute respiratory syndrome (COVID-19) has the potential to develop biopsychosocial instability in the population and is responsible for much of the increase in mental disorders that occur after the beginning of the pandemic, especially among health professionals working on the front line. Physical exhaustion and mental distress lead them to search alternative therapies for harm reduction, such as therapeutic communication therapies, active listening, meditation, mindfulness and yoga. Such actions can decrease stress and have potential harm reduction in relation to the development of posttraumatic stress disorder. In addition, religiosity and/or spirituality reduced the psychological suffering of health workers, not only in moments of pandemic, but in the daily work routines.

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INTRODUCTION

Since December 2019, the Chinese city of Wuhan has reported a new kind of pneumonia caused by coronavirus disease 2019 (COVID-19). The virus was called coronavirus 2 of severe acute respiratory syndrome (SARS-CoV-2) [1]. On January 30, 2020, the World Health Organization (WHO) has held an emergency meeting and declared the global outbreak of COVID-19 a public health emergency of international interest [2].

According to the interactive map of the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, there are already 11,691,068 confirmed cases, 540,062 deaths in 188 countries. United States and Brazil are perceived in delicate situations lead the ranking of confirmed cases[3].

Previous research has showed a deep and wide range of psychosocial impacts on people at the individual, community and international levels during infection outbreaks. At the individual level, people are likely to experience fear of falling ill or dying, feelings of helplessness and stigma [4].

A study conducted in China, two weeks after the COVID-19 outbreak, with 1210 respondents, more than half (53.8%) classified as moderate or severe the psychological impact of the COVID-19 outbreak[5].

The risks of contamination, social isolation and uncertainties caused by virus can aggravate or generate mental problems such as anxiety and depression[5]. Social isolation/distancing changes the family, personal and professional routine of the population, besides causing increased rates of unemployment, domestic violence, family conflicts, among others [6].

In view of this critical situation, health professionals who are directly involved in the diagnosis, treatment and care of patients with COVID-19 are at risk of developing psychological distress, posttraumatic stress disorder (PTSD) and other somatic symptoms, as already reported at other pandemic moments [7,8]. The increasing number of confirmed and suspected cases, overwhelming workload, exhaustion of personal protective equipment, wide media coverage, lack of specific medications and inadequate feelings of support can contribute to the mental burden of these health professionals [9, 10].

According to Lai et al[9]. out of 1,257 professionals working in Wuhan hospitals, 50% reported symptoms of depression, 44% anxiety, 34% insomnia and 71% anguish. Female nurses, frontline health professionals, reported more severe degrees of all mental health symptom measurements than other health professionals[9].

Kang et al.[12] surveyed the mental health of 994 physicians and nurses who worked in Wuhan, and 34.4% had mild disorders, 22.4% had moderate disorders (PHQ-9: 9.0) and 6.2% had severe disorder at the immediate moment of viral epidemic. The most serious cases were in young women[12]. The interesting thing in this work is that they asked how these professionals dealt with the psychological stress they went through and 36.3% had accessed psychological materials (such as books on mental health), 50.4% had accessed psychological resources available through the media (such as online messages about self-help in mental health and coping methods), and 17.5% participated in counseling or psychotherapy. Although access to mental health services was limited, distressed professionals saw these services as important resources to relieve acute mental health stresses and improve perceptions of physical health.

These findings emphasize the importance of being prepared to support frontline workers through mental health interventions in times of widespread crisis[12].

In Latin America, COVID-19 arrived later than in other continents. In Brazil, the first case recorded was on February 25, 2020, but it is currently the country with the highest number of cases and deaths on the continent and these data are probably underestimated because the country does not have enough tests[3]. Something also worrisome is the lack of protection equipment for health professionals, few hospital beds available in cities and insecurity in relation to the economy. Furthermore, the country is still going through a serious political crisis[13].

If health professional is already so subjected to severe stressors in pandemic times, all these factors mentioned above contribute even more to make them insecure and in psychological distress, which increases the number of cases of posttraumatic stress disorder (PTSD) [11].

PTSD is characterized by the development of specific symptoms after the occurrence of an intense traumatic event, involving the direct or non-participation of the patient/victim [14]. Health professionals who participated in an outbreak of acute respiratory syndrome in 2003 had a prevalence of 10-20% of PTSD [8,15]. In addition, PTSD can lead to increased use of psychoactive substances as a way of relieving symptoms resulting from the disorder [16].

Therefore, in the presence of the pandemic the control of stress and anxiety is important because

emotional exhaustion will reflect on the physical and mental condition of people causing them to be seriously psychological disorders and the difficulties of complying with the COVID-19 coping plan. In particular, if health workers don't receive mental health care, will reduce their potential for care, increase the chances of sick leave, dissemination, deaths and consequences after the pandemic crisis[1].

Regardless of the manifestations that may occur, the intervention should be based on the reception of the subject and his emotions, in a sensitive, empathic way, through active and qualified listening that is the basis of therapeutic communication. Interventions should focus on effective coping, problem solving, hope and positive thoughts in order to provoke adaptive and healthy psych emotional responses[2].

Besides therapeutic communication tools other strategies to reduce stress and are necessary, such as the constructs religiosity, spirituality and the use of alternative and complementary therapies (yoga, meditation, mindfulness, for instance). Such constructs resize the meaning of life and in people who are sensitive to self-awareness about their spirituality; the processes of meaning and resignification of the facts of life are favored[17].

Spirituality can lead to good relationships between professional and client besides indispensable component for the administration of feelings of loss, lack of hope and stressful situations. The spirituality dimension in care aims to promote and well-being of the person and family in care and community environments and among the professionals involved in care as one of the main resources to understand suffering and strengthen humanity for new challenges in currently moment[17].

A recent study shows experiences in the fight against the coronavirus pandemic in Italy. Approximately 60 priests who worked tirelessly and without personal protective equipment lost their lives to provide spiritual assistance to infected patients, family members, and health professionals. They also report the importance of health professionals especially physicians and nurses to have skills in providing some kind of religious/spiritual assistance, this ability has already been recognized as essential in some specialties such as palliative care, but they are even more important in health or climatic disaster scenarios to alleviate psychic suffering[18].

In Spain 3.480 people were diagnosed with depression, anxiety and posttraumatic stress disorder statistically related to the presence of the pandemic. Results has revealed a prevalence of 18.7% of depression, 21.6% of anxiety and 15.8% of PTSD symptoms. Being older age group, having economic stability and believing that adequate information had been provided about the pandemic was negatively related to depression, anxiety and PTSD. However, female gender, previous diagnosis of mental health problems or neurological disorders, with symptoms associated with the virus or with infected close relative were associated with greater symptomatology in the three variables. Predictive models revealed that the greatest protector of symptomatology was spiritual well-being, while loneliness was the strongest predictor of depression, anxiety and PTSD [19].

With regard to alternative and complementary therapies for the reduction of mental health damage in the face of the pandemic, it is important to note that they act in different ways in each individual. One practitioner may find yoga and mindfulness reassuring, while others prefer to walk, run or practice some kind of physical activity. Some will have more time to explore their spirituality while others lack feeling with the subject. Physician Herbert Benson researched the so-called "Relaxation Response" in yogis and spiritual exercisers, observing how the organism itself responded to the stimulus of the mind. The author

describes what he called the "Faith Factor", which would be the great influence of a deep religious or philosophical faith, but not necessarily devout, to evoke the Relaxation Response, which can be shown as a possible instrument to work spirituality in health professionals[20].

Final Considerations

In view of all the data surveys used to compose reflections in this study, most showed that the new pneumonia caused by coronavirus 2 of severe acute respiratory syndrome has the potential to trigger biopsychosocial instability among the population and that its impacts, classified as moderate and severe, are responsible for much of the increase in mental disorders that occurred after the onset of the pandemic [1, 6].

It is still unclear what the consequences will be in the field of mental health and worker health after the end of the pandemic, however, experts warn of the increase in mental disorders such as anxiety, depression and PTSD [19, 20th].

Health professionals working on the front line have demonstrated physical exhaustion and mental suffering, which leads them to seek alternative therapies for harm reduction, such as psychotherapies online therapies, therapeutic communication, active listening, meditation, mindfulness, yoga, among others[6, 12, 17].Such actions have potential harm reduction with regard to the development of posttraumatic stress disorder[16].

Moreover, access to the constructs religiosity and spirituality have reduced the psychic suffering of professionals, not only in pandemic moments, but in the daily life of their work routines. The spiritual field has also been shown to considerably improve the interpersonal relationship of professionals with patients undergoing treatment of COVID-19[18].

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