

## Psychological aspects of the pandemic and the challenges of an online emergency support project

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### Abstract

The emergence of international public health resulting from the COVID-19 pandemic generates many repercussions that provoke and amplify psychological suffering, increasing the demand for psychological attention. Given the developing situation, this research aimed to analyze the psychological aspects related to the pandemic through the demands met in the project "Emergency Psychological Support Online", implemented by a federal university. This research was carried out with 230 users, whose data analysis was performed using descriptive statistics and Thematic Content Analysis. The results showed the sociodemographic profile of the users attended, showing aspects of the pre-existing psychosocial vulnerability to the pandemic, and are the main complaints/symptoms: (1) anxiety and stress, (2) emotional complaints, (3) problems associated with routine, and (4) economic impacts. The psychological attention offered in this scenario assumes an important role considering psychological demands, configuring a possible break with the limitations of access to clinical care during the pandemic.

**Keywords:** psychological support; remote; information technology; psychological suffering; COVID-19.

### Resumo

*Aspectos psicológicos da pandemia e os desafios de um projeto de atendimento emergencial online.* A emergência de saúde pública internacional decorrente da pandemia por COVID-19 gerou inúmeras repercussões que provocaram e ampliaram o sofrimento psíquico, aumentando significativamente a demanda por atenção psicológica. Diante disso, esta pesquisa objetivou analisar os aspectos psicológicos relacionados à pandemia através das demandas atendidas no projeto "Atendimento Psicológico Emergencial online", implementado por uma universidade federal. A pesquisa foi realizada com 230 usuários, cuja análise de dados ocorreu por estatísticas descritivas e Análise de Conteúdo Temática. Os resultados apontaram o perfil sociodemográfico dos usuários atendidos, denotando aspectos da vulnerabilidade psicossocial preexistente à pandemia, e figuram como principais queixas/sintomas: (1) ansiedade e estresse, (2) queixas emocionais, (3) problemas associados à rotina, e (4) impactos econômicos. A atenção psicológica ofertada na modalidade online, diante do cenário de crise, assume importante protagonismo no enfrentamento às demandas psicológicas, configurando uma via de possível rompimento com as limitações de acesso ao atendimento clínico durante a pandemia.

**Palavras-chave:** atendimento psicológico; remoto; tecnologia da informação; sofrimento psíquico; COVID-19.

### Resumen

*Aspectos psicológicos de la pandemia y los retos de un proyecto de atención en emergencia en línea.* La emergencia en la salud pública internacional en función de la pandemia del COVID-19 generó innumerables repercusiones que provocaron y ampliaron el sufrimiento psíquico, aumentando significativamente la demanda de atención psicológica. Frente a eso, la investigación tuvo el objetivo de analizar los aspectos psicológicos relacionados a la pandemia a través de las demandas del "Proyecto de Atención Psicológica de Emergencia en línea", implementado por una universidad federal de Brasil. La investigación fue realizada con 230 usuarios y el análisis de los datos se realizó a través de la estadística descriptiva y el análisis de contenido temático. Los resultados apuntaron el perfil sociodemográfico de los usuarios atendidos, denotando aspectos de la vulnerabilidad psicossocial preexistente a la pandemia y figuran como principales quejas/síntomas: (1) ansiedad y estrés, (2) quejas emocionales, (3) problemas asociados a la rutina e (4) impactos económicos. La atención psicológica ofrecida en la modalidad en línea, frente al escenario de crisis, asume importante protagonismo en el enfrentamiento a las demandas psicológicas, configurando una vía de posible rompimiento con las limitaciones de acceso a la atención clínica durante la pandemia.

**Palabras clave:** atención psicológica; remoto; tecnologías de la información; sufrimiento psíquico; COVID-19.

Psychological counseling mediated by technological devices has been a challenge for psychology professionals, resulting in doubts, rejections, and intense debates since its regulation by the Conselho Federal de Psicologia (CFP - Brazilian Federal Council of Psychology) in 2005, still in experimental terms (see Resolução nº 12/2005). This service modality gained momentum due to the new coronavirus disease (COVID-19) pandemic that reaches nearly all countries in the world (Organização Pan-Americana da Saúde, 2020). This unique circumstance resulted in the adoption of social distancing measures that directly impacted the population's mental health, as they triggered negative social behaviors (Shigemura, Ursano, Morganstein, Kurosawa, & Benedek, 2020), intensified pre-existing conditions, such as anxiety and stress (Khan, et al., 2020), and led to psychological crises (Galea, Merchant, & Lurie, 2020).

Social distancing measures also affect the psychological practice that aims to support this demand. In addition to the growing demand for care, psychologists have also faced other issues, including the reduction of their income and financial unrest (Weir, 2020), since many of them are autonomous and their income depends on their practice. In this context, the profession needed to look for ways to act and began to make extensive use of the modality of service mediated by information and communication technologies (ICT).

Therefore, it is essential to understand ICT-mediated services as an alternative for psychological counseling that take into account the specificities of current demands. Also, understanding how the challenges of this therapy modality involve constituting and directing the demands for the clinical practice is urgent at this moment.

## Psychology counseling, ICTs-mediated services and the pandemic

In March 2020, when cases of coronavirus infection spread to all Brazilian states and authorities began to recommend social distancing to contain contagion, as recommended by the World Health Organization (WHO), services regarded as non-essential temporarily suspended their face-to-face activities. The demand for psychological treatment grew sharply while uncertainties in face of the new disease, the high number of deaths, and the socioeconomic and emotional outcome of both the pandemic and social distancing left people more vulnerable in multiple ways, leading to routine

changes, intensifying pre-existing suffering, and bringing significant economic impacts.

A recent systematic review of the scientific literature produced in 10 countries investigated the psychological impacts identified on quarantined people to identify the factors that contribute or mitigate the effects of measures considered essential to contain the current pandemic. The main stressors associated are a longer duration of quarantine, fear of infection, frustration, boredom, inadequate supplies and information, financial loss, and stigma. Most of the studies investigated suggest negative psychological impacts, relating symptoms of suffering and psychological disorders, with the prevalence of depressed mood and irritability. Some of them reported lasting psychological effects that were observed about 3 years after the isolation period (Brooks, et. al., 2020).

The American Psychological Association (APA, 2020) warns that the physical distance also imposed in cases of death by COVID-19 or in times of pandemic can lead to a disruption in the healthy process of bereavement, and can lead to an ambiguous sense of loss and even a prolonged bereavement disorder. Psychological counseling to bereaved people would thus assume a preventive character. Global media exposure to the crisis may lead to increased anxiety and intensified stress responses, posing an additional threat to the situation of collective trauma (Garfin, Silver, & Holman, 2020).

Although currently in evidence due to the pandemic, psychological treatment mediated by ICTs is not exactly a novelty. According to the Resolution 11/2018 of the CFP, ICTs refer to "all information and communication mediations with access to the Internet, through television, telephone sets, combined or hybrid devices, websites, applications, digital platforms or any other form of interaction", which can be implemented in the provision of online psychological care, allowing for remote care in synchronous and asynchronous interaction modalities (Resolução nº 11/2018, p. 01).

It is important to note that, unlike what was regulated by the CFP in 2018 on the prohibition of emergency and disaster assistance mediated by ICTs, this type of psychological attention was allowed given the psychosocial circumstances arising from the pandemic in March 2020. This type of service is no longer provided exclusively in person and now occupies several virtual spaces, in addition to being implemented in various modalities, such as roundtable conversations, psychological duty, reception, therapeutic listening, or

individual psychotherapy. All these service modalities are offered through communication resources such as cell phone calls, Whatsapp, video calls, and online meeting/assistance platforms (see Resolução nº 04/2020).

Aware of this reality that affects a significant part of the Brazilian population and, in another dimension, that of guaranteeing income to professionals in the category, the CFP, by recommending ICT-mediated psychological assistance, made professional practice possible and affirmed the category's social commitment to the situation of a public health emergency. Many professionals adhered to this clinical modulation, thus beginning to offer clinical psychological counseling, responding to the needs of the area of mental health, and providing assistance to health leaders and public health care managers (APA, 2020; Knapp, 2019), especially intervening in the most frequent psychological impacts, such as anxiety, depression, sleep disorders, panic syndrome, bereavement, anger, and disillusionment (Khan, et. al., 2020).

## The experience of online emergency psychological support

The project entitled "Online Emergency Psychological Support" began in mid-March 2020 and emerged with the proposal to provide online support for people in psychic distress due to or intensified by the COVID-19 pandemic. Initially, the service was directed to the academic community of the university to which it is linked and to people in the municipality where the university is based. However, the project received applications from inhabitants of different units of the federation. Because it was a mediated service with no purpose of post-pandemic continuity, the project accepted such demand and started to assist people who voluntarily sought this service.

The project team consists of a coordinating psychologist, 43 volunteer psychology professionals, and three students on scholarships who work in the coordination of the project and provide technical support to the platform. The service can be accessed by filling a registration form on a platform linked to the university's website, which directs the client to a screening form. The project provides 245 weekly services. The services occur using different channels such as Whatsapp, Skype, Meet, and phone calls, always according to the guidelines of the CFP, based on the resolutions mentioned above. While the present research

was being outlined, with four weeks of operation, the project had already performed 230 triages. The profile of the people registered for this survey will be detailed in the following topic.

Given the above, this article aims to understand the psychological aspects related to the pandemic within the project "Online Emergency Psychological Care", proposed by a federal institution of higher education in the state of Piauí as a measure to address the COVID-19 pandemic. Therefore, the present research was developed, using qualitative methods to identify the demands based on the complaints reported in screening, to investigate the relationship between the manifest psychological aspects and the pandemic, and to problematize the challenges of this model of clinical psychological care.

## Method

### Participants

A non-probabilistic sample of 230 users, aged between 18 and 78 years ( $M = 29.02$ ;  $SD = 9.82$ ), including 76.5% female, 21.7% male, 1.3% transgender, and 0.4% non-binary, participated in the study, from March to April 2020. The information on the participants was obtained by the virtual screening questionnaire. In this sample, 44.3% were self-declared brown, 28.7% white, 11.3% black, 3.5% yellow, and 0.5% other. As for marital status, most of the participants are single (48.7%), followed by those in a relationship (20%), married (19.1%), and others (12.2%). Among the people who participated in the study, about 1% had no schooling, 4.4% studied until Elementary School, 20% up to High School, 42.6% had incomplete higher education, 29.5% completed a university degree, and 2.5%, others. Regarding the socio-economic profile, only 34.8% of the users work or exercise some paid activity, while 65.2% did not have any work activity at the moment of responding to the questionnaire.

Another important aspect related to the profile of the users concerns the access to information and communication technologies. About 97.8% reported using the technologies frequently, although difficulties are mentioned regarding connection quality and restricted access to devices. The others (2.2%) report not to use the technologies frequently and prefer that the service be conducted by telephone call. Thus, besides the availability to be assisted remotely, the basic criteria for registration of users through the site consists of being over 18 years old, and the demand that motivates the

search for the service is related to the psychic suffering due to the COVID-19 pandemic.

### **Instruments**

Screening questionnaire: instrument composed of closed questions that aimed to obtain information about user identification data, such as age, gender, marital status, education, occupation, access and use of technologies, and socio-economic classification. The instrument also involves semi-open items related to the main complaint, symptoms, presence of some kind of limitation caused by the COVID-19 pandemic, and how it has affected the user's daily life.

### **Research Procedures**

The project of this research was submitted and approved by a Research Ethics Committee, under CAAE approval number 12939719.1.0000.5666. Therefore, all the recommendations of the National Health Council (Resolution 466/2012 and Operational Norm 01/2013) were followed for the accomplishment of research involving humans. Those who agreed to participate expressed their will by enabling an option in the Free and Informed Consent Form (ICF) of the virtual screening questionnaire. The collected data were automatically stored in a database using the Google Forms platform.

### **Data Analysis Procedures**

The data obtained from the screening questionnaire were analyzed according to the principles of thematic content analysis proposed by Bardin (2004). The data were grouped according to the identified themes and later categorized. Two researchers conducted the whole analysis process to ensure the reliability of the data. Thus, each researcher proceeded to the identification of the themes emerging from the data exposed in the screening questionnaire, and then to the creation of the categories of analysis and classification of the contents according to the corresponding category. In a second moment, the index of agreement between the researchers about the themes and categories was calculated, finding an index higher than 80%, which is considered acceptable (Polit & Beck, 2006). The index was calculated by dividing the total number of agreements by the sum of agreements and disagreements among the researchers, multiplying the result by 100. The disagreements regarding the classification of the contents were discussed and resolved together, resorting to a third judge when necessary.

Once categorized, the data obtained were tabulated and later analyzed in the SPSS version 20.0 for Windows. Descriptive statistics (mean, frequency and percentage) were conducted to perform the sociodemographic characterization of the participants and to observe the incidence of the analysis categories, which, in general, are related to the complaints and experiences of psychic suffering related to the pandemic situation.

## **Results**

The categories that emerge from the data are presented to analyze psychological aspects related to the pandemic from the participants' reports. Initially, regarding the psychological aspects arising from the pandemic, the reports were analyzed individually and collectively. Thus, from the case-by-case analysis, emerging themes were identified and categories were constructed. Then, the collective analysis allowed the identification of the most recurrent categories, allowing a broader view of the psychological aspects of the pandemic.

Among the emerging themes are the main complaints and symptoms arising from COVID-19, their repercussion on the daily lives of these participants, the prevalence of different types of problems related to work, school, and home experience. Based on these themes, four categories of analysis were constructed according to the most mentioned contents by the participants, whose relative frequencies will be presented later.

The first category corresponds to anxiety and stress, collecting statements that, doing justice to the denomination, suggest an increase in levels of anxiety and stress, with the presence of marked physical symptoms in healthy individuals:

"I think I have the symptoms of the disease all the time, especially shortness of breath" (Participant 191, 19 years).

"Accelerated heart, chest pain... and this is affecting my sleep, because I can't sleep since it all started" (Participant 148, 32 years).

Among the reports included in this category are also those that indicate that the pandemic intensifies pre-existing mental health conditions, among them suicide ideation, as we can see in the following reports:

"I have had many suicidal thoughts, even thinking about how to accomplish it" (Participant 62, 25 years).

“I am isolated, spending part of the day in my room, lost between thoughts of death” (Participant 125, 30 years).

The second category analyzed comprises emotional complaints, built on reports of how people feel in the context of the COVID-19, focusing on feelings of fear and stress, as showed below:

“I’m afraid of losing people, afraid of dying, afraid of having to stay where I don’t want to, but I’m here out of necessity and because I can’t be alone” (Participant 19, 20 years).

“Being in confinement with my family puts me close to my father, who is verbally aggressive with me. The environment keeps me in constant fear, bringing some paranoia that is common every time I come back home” (Participant 7, 21 years).

The third category refers to problems associated with people’s daily routine in the context of the pandemic. It includes reports that show that the users of the service perceive that the routine directly influences their behavior, both in relation to themselves and to their relatives, as follows:

“It’s bothering me to the point of preventing me from performing tasks such as taking care of my personal hygiene” (Participant 201, 18 years).

“I cry a lot. I can’t focus on things. At work sometimes I go to the bathroom and cry” (Participant 185, 20 years).

“Daily cohabitation and staying at home all the time, overloaded and doing the same things, has been torturing” (Participant 140, 18 years).

The fourth category analyzed consists of the economic impacts that the pandemic generates in the

lives of people who seek the psychological support. This category includes reports on unexpected work and financial situations that emotionally affect people, such as illustrated by the statements below:

“I lost my job, [...] I feel guilty and I feel like I’m suffocating people” (Participant 216, 29 years).

“Banning of the freedom to come and go, feelings of insecurity and vulnerability in the social and economic context, uncertainties facing the future and the prospect of a limited future” (Participant 207, 20 years).

Also, there are also reports that suggest that people are not being able to deal with the situations that arise, as illustrated below:

“I’m unemployed and I have no money, but I have children and a daughter-in-law to support, and I don’t know how” (Participant 132, 37 years).

“I hate thinking about the future because it frightens me” (Participant 174, 20 years).

In addition to individual experiences, we sought to characterize the psychological aspects of the pandemic that prevail among research participants. For this purpose, the relative frequencies of the categories of analysis described above were calculated. The results indicated that most of the participants made use of the service due to anxiety and stress problems with physical symptoms (45.7%). The demand for the service is also frequent when emotional problems are prevalent (35.2%), such as fear, sadness, worry, anguish, anger, and panic. Some people requested the service for difficulties related to routine (8.7%) and economic problems (6.9%). In addition, 3.5% of the cases used the services without specifying a complaint (Table 1).

**Table 1.** Category, Symptoms, Frequency and Percentage of Participants

Category	Symptoms	f	%
Anxiety and stress	Shortness of breath, insomnia, headache	105	45.7
Emotional complaints	Fear, sadness, worry, anguish, anger and panic	81	35.2
Problems with routine	Overload, Family issues, boredom, personal hygiene, social disengagement	20	8.7
Economical impacts	Lack of income, insecurity, vulnerability	16	6.9
Other	—	8	3.5

f - frequencies

It is observed that each of the categories is composed of some characteristic symptoms that stand out in the participants' reports, which are: (1) shortness of breath, insomnia, headache, (2) fear, sadness, worry, anguish, anger, and panic, (3) overload, family issues, boredom, personal hygiene, social disinterest, (4) lack of income, insecurity, and vulnerability, and (5) did not inform. The discussion of these results will be made in the next section.

## Discussion

Based on the results of this study, it was possible to verify that the people who most sought psychological care in the project were women, brown and black (which together add up to 55.6%), who do not work at the moment, with low schooling, and income of up to 2 salaries. These characteristics coincide with the priority profile of the vulnerable population in Brazil, in terms of gender, race, class, and education. Nevertheless, it also composes a profile for which clinical psychology is still little accessible today (Lohr & Silveiras, 2006).

Conditions of access to the service, though limited by access to technologies, show that mediated support in times of pandemic has made psychological support accessible to a wide public, including those with limited access to the psychological clinic. Clearly this is because the service is free. However, it is not understood that gratuity is the main factor that attracted clients to the service. The intensity of the complaints and symptoms indicate that the population served by the project had been deprived of clinical psychological support to the detriment of their suffering. Why?

The questioning raised goes beyond the limits of this study, but it becomes relevant when it points out the urgency of thinking psychology as a practice and the questioning of which existences it is directed towards. On the other hand, it meets with a relevant point of this research, which is the question of the inclusion-exclusion binomial provided by mediated care. The exclusionary nature of psychological practice preexists to the modality of mediated care and the research data allow us to affirm that the care mediated by technologies can subvert the supposed restriction of service by conditioning it to technologies and figuring as a powerful modality for a broader public. Thus, it breaks with the limitation x potency crystallized binarism, a priori conferred to one or another modeling of the clinic.

When focused on people in vulnerable situations, despite the challenges in relation to technologies, the service proved to serve people who have little access to psychological support, regardless of the exception scenario of the pandemic. Thus, it is a possible way to break with certain inequalities prior to the pandemic, which were intensified.

Another fact that stands out is the discrepancy between the declared genders of people seeking care, where 76.5% are female. An important element that can contribute to the difficulty of mobilizing and adherence of men to care practices is the process of socialization and construction of a hegemonic model of masculinity (Martins, Gazzinelli, Almeida, & Modena, 2013), which makes it difficult for the manifestation of weaknesses and vulnerabilities.

The data also show that the high percentage of complaints regarding anxiety and stress problems (45.7%) is in line with other surveys conducted with the population referred to psychology services in crisis contexts (Goldmann, & Galea, 2014). With the categories obtained, it was also possible to identify the main difficulties arising from the COVID-19 pandemic, based on the perception of the users served by the project. These difficulties are related to (1) anxiety and stress, (2) emotional complaints, (3) problems associated with daily routine, and (4) economic impacts. These difficulties demonstrate that they are compatible with other studies conducted in different contexts, which supports their evidence, as described below.

The first category (anxiety and stress) gathered statements suggesting an increase in the levels of anxiety and stress, with the presence of marked physical symptoms in healthy individuals, which shows that the ways of suffering have manifested themselves intensely in physical symptoms. It also indicates that the pandemic intensifies pre-existing mental health conditions, such as suicidal ideation. These results are similar to those by Khan et al., (2020) which show that the most common impacts of an outbreak or epidemic may be anxiety, panic behavior, sleep disturbances, interrupted daily biological rhythms, anger, and disillusionment. For these authors, similar outbreaks were observed in the past caused by other coronaviruses, such as SARS-CoV and MERS-CoV. However, the transmission rate in these cases was significantly lower compared to the 2019-nCoV in the city of Wuhan, China. Comparatively, COVID-19 can have strong negative health effects and cause serious mental problems, including acute stress,

insomnia, severe anxiety, and chronic depression. In addition, the rapid transmission and increased morbidity are raising anxiety and panic behavior among people.

However, it is not known exactly how COVID-19 will affect suicide rates. In the long term, APA (2020) warns that the negative effects of the new coronavirus on mental health will be severe and lasting, plus the fact that several factors may combine to increase risks. To better understand how individuals are coping with the extreme stress of this crisis, APA has adapted its annual "Stress in America" survey to a monthly analysis of stress factors and levels. According to the Association, understanding how individuals are coping with these extreme events will help health leaders and policymakers to better align recommendations and resources to respond to evolving mental health needs (APA, 2020; Knapp, 2019).

Excerpts from the second category (emotional issues) gathered statements that indicate how people were feeling in this context of the COVID-19 pandemic. The most frequently reported feelings were those of fear, sadness, and anxiety. These findings corroborate the results in the study by Galea et al. (2020), which point to the fact that the COVID-19 pandemic is an epidemiological crisis, but also a psychological crisis. It is important to understand that the psychological and psychiatric repercussions of a pandemic and the emotions involved must be considered and observed. Fear is a fundamental defense mechanism for survival and involves several processes of response to potentially threatening events. However, when it is chronic or disproportionate, it becomes harmful and can be an essential component in the development of various psychiatric disorders.

Also, another study conducted in Japan points to the fact that negative social behaviors will often be motivated by fear and distorted perceptions of risk. These experiences may evolve to include a wide range of public mental health concerns, including anxiety reactions (insomnia, anger, extreme fear of illness, and those not reported), health risk behaviors (increased use of alcohol and tobacco, social isolation), health disorders (post-traumatic stress disorder, anxiety disorders, depression, somatization), and decreased health perceptions (Shigemura et al., 2020).

Additionally, the emergence of such feelings seems to be related to the news about the pandemic or the fear of contamination, as evidenced by some reports where participants point out that watching the

news generates distress and concern, increasing symptoms and feelings such as fear and insecurity. Difficulties are also exposed concerning work activities, because of the risks of contaminating oneself and the family, especially small children. On these issues, a recent study found that 88% of Americans report closely following COVID-19 news, and it suggests that taking a break from the news can benefit both mental and physical health (Holman, Garfin, Lubens, & Silver, 2020).

The third category (routine) denotes that the users of the service perceive that the changes in their daily routines directly influences their behavior, both in relation to themselves and to their relatives. These findings corroborate the results described in other studies, which indicate that the social isolation recommended by the health authorities is an important measure against the spread of COVID-19 and it keeps many people at home, leading to increased pressure within families (Sailer, Stadler, Boats, Fischer, & Greiff, 2020).

However, one of the consequences of this recommendation was the increase in cases of domestic violence against women, which, according to Vieira, Garcia and Maciel (2020), has occurred because of forced coexistence by isolation, economic stress, and fears related to COVID-19. This fact has generated initiatives on the part of the political and protective bodies of this population. At this moment of fragility, awareness and prevention campaigns, as well as support groups, must act effectively, showing the victim possible scenarios and ways out of oppressive situations.

The analysis of the content of the fourth category (economic impacts) emphasizes unexpected labor and financial situations that have affected people emotionally. Also, it suggests that people are not able to deal with the situations that arise. These findings are in line with studies that indicate that the pandemic has worsened long-standing inequalities in society, increasing economic, social, and health disparities, among others. Many people are facing the loss of loved ones as a result of COVID-19, but deaths are not the only losses people have to deal with. Millions of people face job losses and financial turmoil as a result of the pandemic (Weir, 2020).

## Final considerations

The scenario of uncertainties, the lethality of COVID-19, the socio-economic and emotional developments related to social isolation, as well as the pandemic generate a series of impacts on the population's

mental health, awakening a significant demand for psychological care. In this scenario, this research aimed to analyze the psychological aspects related to the pandemic within the online psychological support project, proposed by a federal institution of higher education in the state of Piauí as a measure to confront the psychological emergencies caused by the current situation. The present study pointed out the contributions of psychology around the alternatives of support to the demands presented and public policies of mental health, besides exposing discussions around the role of clinical psychological support in the contemporary context.

Given the empirical evidence, it is necessary to indicate the contextual limitations of this study. Among them, it should be mentioned the fact that it was conducted with a sample defined by convenience, restricted to users of an emergency care service of a higher education institution, which limits to a certain extent, the generalizations that can be made to other cultural and socio-economic contexts. Another important point is the consideration about the use of the instrument (virtual screening questionnaire), which, despite showing that it can be used to identify the difficulties encountered; there are no previous studies proving its effectiveness for such purpose.

Considering the current situation of public health emergency of international importance, crossed by health and economic crises, it is necessary and urgent to list alternatives aimed at the prevention and promotion of mental health that can be contemplated as public policy actions, to minimize the impacts on the population. The recognition of clinical psychology as an essential service by the Brazilian federal government is crucial, besides the development of strategies by councils and psychology professionals, meeting the growing demand resulting from this context. This demand, according to the data and studies presented, is mainly related to anxiety and stress, emotional complaints, problems associated with routine, and economic impacts.

Thus, it is important to emphasize that, although the research presents limitations, it shows that the COVID-19 pandemic created unique feelings of uncertainty and stress for the general population. In this sense, the relevance of the psychologist in crisis contexts is highlighted, since the professional has an important role to play in addressing global challenges such as these, to help people manage possible anxieties related to the social distancing process and maintain mental health.

The various scenarios presented here emerge as challenges for mediated psychological support and tension the theoretical-technical limits for the contemporary clinic. The present demands and especially the situation of the pandemic, produce tensions in established practices and reaffirm other paths for the practice of Psychology. We emphasize that psychological theories also need to be crossed by technological mediation in order to allow reinvention in time and in the context in which they are acclaimed.

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