

Psychology in facing the pandemic in Amazonas: Organization, prevention and response actions

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Abstract

The new coronavirus pandemic is one of the biggest disasters in recent decades, a global public health issue. Considering that the role of emergency and disaster psychology is essential in psychological support, this study sought to analyze the main characteristics of mental health actions in coping with the first wave of the Covid-19 pandemic carried out by two public health higher education institutions in Amazonas. This is an investigation of a qualitative, cross-sectional, and documentary nature based on the following axes: organization, prevention and response. The social commitment of educational institutions in working in a network, in an ethical, political and solidary way was perceived in the framework of the collapse of health services in Amazonas.

Keywords: covid-19; psychology; crisis intervention; universities.

Resumo

Psicologia amazonense no enfrentamento da pandemia: ações de organização, prevenção e resposta. A pandemia do novo coronavírus tem sido um dos maiores desastres das últimas décadas, uma questão de saúde pública global. E tendo em vista que a atuação da psicologia das emergências e desastres é essencial no apoio e suporte psicológico, este estudo buscou analisar as principais características de ações em saúde mental no enfrentamento à primeira onda da pandemia de Covid-19 realizadas por duas instituições públicas de ensino superior do Amazonas. Trata-se de uma pesquisa com delineamento qualitativo, transversal, e de natureza documental pautada em eixos: organização, prevenção e resposta. Percebeu-se o compromisso social das instituições de ensino no trabalho em rede, de forma ética, política e solidária no contexto de colapso dos serviços de saúde amazonense.

Palavras-chave: covid-19; psicologia; intervenção na crise; universidades.

Resumen

Psicología amazónica frente a la pandemia: acciones de organización, prevención y respuesta. La nueva pandemia de coronavirus ha sido uno de los mayores desastres en décadas, un problema de salud pública mundial. Y considerando que el papel de la psicología de emergencias y desastres es fundamental en el acompañamiento y acompañamiento psicológico, este estudio buscó analizar las principales características de las acciones de salud mental para enfrentar la primera ola de la pandemia Covid-19 llevada a cabo por dos instituciones de salud pública de educación superior en Amazonas. Se trata de una investigación de carácter cualitativo, transversal y documental a partir de los ejes: organización, prevención y respuesta. El compromiso social de las instituciones educativas en trabajar en red se percibió, de manera ética, política y solidaria en el contexto del colapso de los servicios de salud en Amazonas.

Palabras clave: covid-19; psicología; intervención de crisis; universidades

The pandemic covered by the new coronavirus (SARS-CoV-2), which causes the Covid-19 disease, was defined by the World Health Organization (WHO) as one of the biggest disasters in recent decades, becoming a global public health issue (WHO, 2020). As a direct effect, tensions occurred in several sectors, such as education, economy, public safety, and others. And, with the collapse of the health systems, there was an increase in risk factors for mental suffering development.

According to the Ministry of Health (*Ministério da Saúde*, MS), as of May 30, 2020, Amazonas counted 36,146 confirmed cases of Covid-19 and 1,964 deaths, which placed the State, at the time, in the ranking of the five most affected States by the pandemic in Brazil. This situation gained territorial and ethnic specificities in a region that has the largest number of indigenous people in Brazil. Furthermore, Amazonas has the lowest percentage of physicians working in the interior of the State, i.e. three times less than the number of physicians operating in the southern regions and four times less than in the southeast regions of the country, in addition to the problems of decentralization and regionalization of the health care network services (Garnelo, Sousa, & Silva, 2017). This framework has immersed the State of Amazonas in emergency and public calamity situations.

The political and public health crisis in Amazonas made it difficult to prepare the *Sistema Único de Saúde* (SUS, Unified Health System) to care for Covid-19 cases, and the scenario got worse when it comes to mental health care. Psychological care can be offered to patients with positive diagnosis, with suspected contamination, to their families, and to health professionals who work on the front lines. It is estimated that between one third and half of a population exposed to some disaster situation may present manifestations of psychological distress (e.g. stress, depression, anxiety, post-traumatic stress, suicide) (Barrales Díaz, 2019). Therefore, different types of disciplines - psychology among them - are rallied to offer emergency mental health care.

In the search for theoretical and technical support for psychological interventions in times of pandemic, the theoretical and conceptual framework of emergency and disaster psychology was highlighted, recognized by the American Psychiatric Association (APA) since 1970, and in Brazil, more strongly, since 2006 by the *Conselho Federal de Psicologia* (CFP, Federal Council of Psychology) (Paranhos & Werlang, 2015). This is an area that is concerned with the different psychological phenomena present in natural or

man-caused disasters, which result in a high number of deaths or injuries that tend to carry lifelong sequelae (Molina, 2011; Silva, 2019).

Considering that the role of psychology becomes important in the prevention and reduction of disasters, as well as in the treatment of psychological effects arising from an adverse event experienced by a person, a community or entire cities (Paranhos & Werlang, 2015), and that Public universities have a central role in the global health crisis scenario, our study sought to review the main characteristics of mental health actions to face the first wave of the Covid-19 pandemic carried out by two Higher Education public institutions in Amazonas: the *Universidade Estadual do Amazonas* (UEA, State University of Amazonas) and the *Universidade Federal do Amazonas* (UFAM, Federal University of Amazonas).

Method

A qualitative, cross-sectional, and documentary investigation (Kripta, Scheller, & Bonotto, 2015), was performed reviewing the mental health care actions taken during the first wave of the Covid-19 pandemic.

The institutions are two public universities that were involved in actions, within the focus of psychology, the State of Amazonas' population. The documents include: contingency plans, decrees, resolutions and notes in official pages as well as social media and messaging applications.

The collection of documents followed the following steps: (1) data collection available on the website of the selected institutions; (2) Publications on social media: Facebook and Instagram; (3) Material disclosed in the applications: Whatsapp and Telegram [digital cards with information on actions and links for remote access to activities via audio and/or video - Google Meet, Zoom, Duo, Psychosocial Care Guide for coping with Covid-19 (2020); Instagram pages for live activities].

After mapping the actions of each educational institution, the data were systematized based on a synoptic script that included the following information: characteristics and type of service offered; approach/procedure performed (individual or group care; family guidance; team guidance; partnerships with other institutions). A digital folder was created to file the informational materials (digital cards with actions information and links for remote access to activities) and tables created from the initial script for systematization of

information. Propositions, ideas, theoretical approaches and authorship of all selected data, especially considering the ethical regulations of the *Conselho Nacional de Saúde* (CONEP, National Health Council), Resolution 510/2016 (*Resolução* n. 510/2016).

The document analysis procedure followed the assumptions of thematic analysis, which is characterized in a systematic strategy for the creation of coherent axes (themes) of analysis, consistent with the investigation objectives (Braun & Clarke, 2006). According to the stages of analysis, four main axes were established, which guided the understanding of the actions developed by the institutions: (1) organization – actions to prepare and systematize the strategies selected for the performance; (2) prevention – psycho-educational actions aimed at prevention and health information; (3) response – actions aimed at reducing damage and helping people in connection with the disease; (4) rehabilitation – actions established for the reorganization and implementation of new risk management policies. These flows were designed in order to maintain a procedural organization of data, inspired by assumptions of the National Policy for Civil Defense and Protection (*Lei* n. 12.608/2012).

Results and discussions

This section is divided into two subsections. The first describes and analyzes the mental health actions of the state higher education institution, while the second privileges those implemented by the federal institution.

Universidade do Estado do Amazonas (UEA, State University of Amazonas)

Organizing Actions. According to the *Plano de Contingência da UEA* (PCUEA, UEA Contingency Plan) it was in the context of the advance of the pandemic in Amazonas, in March 2020, that the institution became part of the State Emergency Committee for Covid-19. Also according to the above document, the university rallied professors, students and administrative technical staff to work voluntarily to face the crisis. Although there is no undergraduate psychology course at the institution, the document pointed out that professors in the area, working in other courses, formed a Working Group on Mental Health with the objective of providing guidance through social networks and psychological support to the population that was later named Mental Health Commission.

The organization, systematization, planning and evaluation of the actions of this Commission took place in different temporalities and in multiple contexts. It is noteworthy that, with the increase in infections by the new coronavirus, the health services of the State, which were already facing a difficult situation, experienced a substantial worsening, either because of the difficulty in achieving population adherence to the prevention measures, or because of the difficulties of municipal and state health management.

It was in this context that the Commission expanded its actions and began to set links with other social players and institutions, as indicated on the official pages – Telemedicine’s Youtube Channel, Facebook and Instagram. In this regard, it was observed that, from April 2020, there was an expansion of human resources and the integration of the Commission to the Emergency Mental Health Network recently instituted, also formed by the Oswaldo Cruz Foundation (Fiocruz Amazônia), Regional Council of Psychology – 20th Region (CRP-20) and State Health Department (SUSAM).

Through a public call of the CRP-20, the Work Group on Psychology of Emergencies and Disasters of this Council rallied volunteer psychologists to work in that network. In this aspect, it is observed that the actions of psychology in helping the UEA’s Covid-19 efforts have become yet another strategy of the group. Another effect of the Commission’s participation was the collaboration in the development and execution of the “Training Course in Mental Health and Psychosocial Care-Covid-19”, carried out remotely via the *Telessaúde Amazonas* channel.

Prevention Actions. Through social networks, the production of two prevention strategies in mental health was identified, namely:

1) Mental health education for the community in general with the purpose of informing through educational technology about self-care strategies and others through social distancing.

2) Interaction with the academic community of the UEA School of Health (ESA) in order to establish a weekly routine of interaction addressing topics related to isolation, after the suspension of classes.

On the dissemination of information, it was noticed that the production and dissemination of videos and digital cards were the first actions initiated by the institution. The PCUEA’s partial report pointed out that, through the hashtags #Covid19 and #MentalHealth, a search for mental health materials and guidelines

was started, especially in countries where Covid-19 had spread before, being therefore more advanced in actions to combat the pandemic.

Starting with such initiative, a network of contacts with mental health professionals was created, promoting the exchange of illustrative materials of basic guidelines regarding potential symptoms triggered by the context of the pandemic, intervention techniques and psychoeducation in their connection. These materials began to be translated and adapted to Portuguese, taking care to pay specific attention to the Amazonian reality.

Through social networks and messaging applications, it was possible to notice the maintenance of periodicity in the production of educational technologies in mental health, of at least three or four a week. These materials were published in the institution's digital media to give them a wider reach. Themes varied, ranging from tips for dealing with children in quarantine, to ways to control anxiety in periods of isolation. The partial reports also revealed a dissemination partnership with the Communication Advisory (ASCOM) of the UEA and with the teachers who built the theoretical videos support.

Another prevention action identified was the Weekly Interaction with the Academic Community, carried out in the ESA Group, asynchronously, through the Facebook network. Initially, the community was invited to share emotions, perceptions and the routine experienced in the pandemic and physical isolation. Progressively, the interactions involved information about strategies to reduce stress, changes in social relationships, consumption and perspectives on what to do with the future relaxation of isolation measures.

The promotion of interactions allowed both the creation of a space for expression and belonging, as well as an investigation channel covering the reactions and adaptations of the ESA academic community to the pandemic and social isolation. Both actions revealed the possibility of contributing to the future planning and implementation of measures focused on the students' mental health of.

Response Actions. Two actions of the UEA were identified as a crisis management response in the State:

1) Online Psychological Care for the community in general and professionals who were working on the front line of health care. The action was carried out through a group of psychologists (professors and volunteers) who were part of the State's mental health

emergency network; people would have access to the professionals by telephone, which number was disclosed on social networks (Instagram, Facebook and WhatsApp). The action also included an online meeting of the Mental Health Commission for evaluation and proposals for the organization of services to strengthen the emergency network.

2) Call Center for the community in general and professionals who were working on the front line of health care with the objective of providing remote mental health care, with view at minimizing the effects generated by the pandemic and physical distance. The service was offered from Monday to Friday and also on weekends and holidays, in the three shifts at ESA/UEA. The Call Center was configured as an integrated service with telehealth, adopted by the State Government to provide health directions to the population, through the SASI® smartphones application.

The first answer refers to Psychological Care. Observing the dates disclosed of the university services we can see it was the second action to be promptly implemented by the Mental Health Commission, which was part of the UEA's Crisis Management Committee. In mid-March, still in the first phase of the pandemic, the functioning of the service was structured in the Psychological On-Duty service model which, according to Doeschere Henriques (2012), is characterized by the psychological intervention provided at the same time as the emergence of mental health urgency, directed to the management of resources and limits presented by those who seek the professional on duty. The digital disclosure cards showed the scaled organization of on-call psychologists organized in the morning, afternoon and evening shifts.

During this period, the contact numbers were made available on the cards published both on the university's social networks and on those of the professionals who were part of the reception. There was a rapid dissemination of information through sharing, so that within minutes of the initial publication of the service, calls began to be received.

The initial structuring of the shift took place at a time when the talking of the health representatives and the media dealt with basic preventive measures to avoid contamination, as well as information about the organization of the health system to receive infected patients. As a consequence, the professional on duty seemed to be charged with caring for the suffering caused by the "waiting situation" of the worsening of the

crisis and the impacts of a physical isolation that was taking place. Thus, the first digital card had a layout in which the scale of the professionals shared the imagery space with a description of the service, revealing an attempt to, at the same time, explain the service and offer it, since it constituted a real novelty before the pandemic context that was emerging.

In a kind of anteroom of what could be the reproduction of the tragic scenario seen in other countries, such as Italy, the psychological intervention centered on the approach of resources and limits – delineators of the experience – proved to be the object of strong interest from the academic community, health professionals and population in general. Considering the characteristics of the shift, the records of the authors of this article, who were part of the Mental Health Commission, indicated that the service provided those interested with a space for better understanding of the nature of suffering, the possibility of self-questioning regarding the choices, way of expression and recognition of human feelings, among others. As indicated by Chaves and Henriques (2008), the consequences generated by the service depended on the type and degree of elaboration of the demands resulting from the psychological intervention; however, the tracks of the psychological personnel on duty indicated the establishment of a relationship between the psychologist – representing the university leaning towards those suffering – and the community, which referred to what had been put forward by Rebouças and Dutra (2010).

The rapid collapse of the health system brought the need to expand the care service. The different updated versions of the digital cards no longer contained introductory descriptions of the action, and the space was completely filled out by the scale and contacts of the professionals, showing significantly greater figures. The suppression reflected the change in the scenario and the constitution of new challenges for Psychology professionals regarding the demands in mental health, as it seemed to be urgent to maintain some type of free psychological service functioning that would meet a large number of stakeholders, considering the suspension of psychology activities in the state's polyclinics, as well as the popular services provided by the clinics of different psychology courses available in the city.

The review of the documents also pointed out that it was from the end of April and beginning of May that the construction of the second UEA response for crisis management took place: access to Psychological Care via the Call Center.

Created in accordance with Decrees 42134/2020 and 42278/2020 (*Decreto* n. 42134/2020; *Decreto* n. 42278/2020) and with the State Contingency Plan for Covid-19, the Call Center service began psychological care with the aim to expand care to the population and respond to the effects on mental health generated by the pandemic and physical isolation. It was set up as a service integrated with telehealth, adopted by the State Government, to provide remote assistance to the population, through the SASI® application for smartphones.

This structure was part of a larger service provision device that included, in addition to the Call Center, a chatbot, and was developed in a partnership between the state government, the UEA and the Amazonas Health Surveillance Foundation (Psychosocial Care Guide for coping with Covid-19, 2020). The consultations were carried out by physicians, nurses, pharmacists and psychologists, for both Covid-19 symptoms and for other clinical and mental disorders, following the trend of using technologies adopted in several countries to reduce the circulation of people, without lack of assistance (Zhou, 2020).

The guidance for carrying out psychological care was based on Resolutions 11/2018 and 04/2020 of the Federal Council of Psychology (CFP), as well as the Recommendation of that Council to public managers, employers and service users to discontinue activities of face-to-face psychology, considered non-emergency (CFP, 2020; *Resolução* n. 11/2018; *Resolução* n. 04/2020). Through access to the chatbot, mental health demands were directed to the Call Center and attended by psychologists who took turns in four-hour shifts. The scale included both professionals who were part of different SUSAM devices and services, and volunteers who had responded to a call made by the CRP-20. All took the training course given by partner institutions CRP-20, UEA, SUSAM and Fiocruz.

The availability of access to Psychological Care via the Call Center seemed to have given other nuances to the service, different from those related to the Psychological Service. The analysis of the syllabus of the training course pointed to the reformulation of the Care service, which acquired characteristics of a Psychological Counseling service. The latter, according to the literature, is in the sense of offering help to think about the direction given to suffering (Rebouças & Dutra, 2010), in order to identify whether techniques, psychotherapy, psychiatric evaluation, among others can be applied; as well as, according to Trindade and Teixeira (2000), to contribute

to the adoption of health behavior and adaptation in face of the change in the health conditions. The emphasis given to the outcome of the demand received shows the transition between practices.

Thus, it was observed that the Psychological Care service offered in the two access routes (volunteer's personal telephone or Call Center), comprised two operating models: on-call and counseling. The latter did not exclude the former, but legitimized itself as a standard for care, outlining the professional exercise and the contents registered as a product of the interventions performed. Among the reasons for the transition between the models, we return to those raised by Nunes and Morato (2008): the institutionalization of the service offered and the increase in the number of users seems to require less dynamic and creative initiatives, and to create opportunities for regionalization/classification of demands.

Universidade Federal do Amazonas (UFAM, Federal University of Amazonas)

Organizing Actions. The Federal University of Amazonas (UFAM), through Ordinance No. 626 of the Dean's Office, suspended in-person activities. With this, the institution drew up a contingency plan (UFAM, 2020a) as an institutional coping response. Among the actions listed therein, there was the calling of professors to propose strategies to mitigate the impact of the pandemic not only on the academic community, but on the population in general. In this connection, the Faculty of Psychology (FAPSI) prepared a document called the Specific Contingency Plan (PCE), to propose actions to promote mental health (UFAM, 2020b), within the framework of the broader plan of the institution.

The PCE guided the organization of activities as follows: (1) identify the main psychosocial demands raised by the pandemic; (2) recognize the particularities of the Amazonian setting and its influence on the worsening of community transmission; (3) identify and sensitize the different social players available for involvement in the proposals; (5) align the demands and needs according to the peculiarities of the work; and (6) mobilize the material resources available in the institution. These institutional activities led to the construction of an internal subcommittee to cope with Covid-19 within the scope of FAPSI (UFAM, 2020b).

In the analysis of the PCE, seven proposals were identified based on different work designs among undergraduate and graduate Psychology professors. It is worth noting that the Graduate Program in Psychology has been ten years in existence, which made it possible

to move a task force of former students, volunteers, who since their graduation have worked in social actions in the community, as shown by the local study by Resende, Silva, and Calegare (2019).

Emergencies and accidents are part of a group of events that generate crisis and that can strike a group of people, a community, a system or a nation with great violence (Paranhos & Werlang, 2015). Hence, the mobilization of a set of organizational efforts was observed as a work tool, in which planning and performing took place quickly, without much time to consolidate some elements of practice. Molina (2011) enhances that disasters are complex and multidimensional phenomena that cause different imbalances, which require an organizational cohesion and speed front. Thus, the process of organizing prevention and response actions are situated within a context in which these propositions were constructed on a daily basis.

Prevention Actions. The actions of this axis adopted a perspective that intersects with social issues, as shown in Table 1. The strengthening and empowerment of communities, through active participation allows its members to critically review processes, identify new possibilities and thus generate interpersonal, organizational and community changes which, in connection with disaster prevention, is essential. The documents showed a mobilization in different axes of work related to each other and based on a qualified practice in the ethical, social and political dimensions.

Most of the prevention actions presented as a theoretical basis the fostering of well-being/quality of life as a process of individual and collective care (Ayres, 2004). Therefore, the talking circle methodology was used because it allows for dialogic spaces (e.g. debates, exchanges, reflections), with a focus on the critique of alienating perspectives that stifle the work creative potential.

It was noted in the partial reports that the psychoeducation strategy, many times mentioned in the plan, was adopted in most of the actions, as it is easy to adapt to different modalities of intervention and allows people to be welcomed in their differences and understood in their affective, cognitive, creative and biological constitution, a basic premise of the psychology of emergencies and disasters (Molina, 2011). The constant dialogue between psychology and health confirms the commitment to comprehensiveness in health actions recommended by the Unified Health System (SUS) (Lemes & Ondere Neto, 2017).

Table 1. Description of FAPSI/UFAM Prevention Actions

| Action | Objective | Prevention Actions | |
|--|---|---|---|
| | | Strategy and Development Synthesis | Target Audience |
| 1. Education and health chatting circles | Debating health psychology issues and their interface with the Covid-19 pandemic | Themes developed: crisis in public health; mental health and Covid-19; people living with HIV in the context of the pandemic; homeless people and their consequences; gender violence; art and resilience; and several other topics addressed by specialist professors in the area and professionals who work in specialized services in the state of Amazonas Disclosure through the Faculty's social media (Instagram, Facebook, Whatsapp) | Psychology students, health professionals and the community in general |
| 2. Chatting circles at the Faculty of Psychology | Maintaining institutional bonds and listening to <i>stricto sensu</i> undergraduate and graduate students | Talking Cycles Online Discussions about experiences and psychological aspects developed with the crisis caused by Covid-19 Disclosure through the Faculty's social media (Instagram, Facebook, Whatsapp) | Undergraduate and postgraduate students of the Psychology course at the Federal University of Amazonas |
| 3. Psychodance: dance, art and psychology | Promoting health through psychology, art and dance | Video production with choreography and body movement Disclosure through the Faculty's social media (Instagram, Facebook, Whatsapp) and primarily on Youtube Each week there is a round of conversation to assess feelings, share experiences and discuss choreographies | Community in general |
| 4. Coral Canta Junto | Promote individual and collective integration and well-being through choral singing activity | Weekly music sheet study, audio and video recording Biweekly online rehearsals with breathing exercises, music theory (solfeggio and rhythmic reading), suit rehearsal with keyboard accompaniment Disclosure through social media | Professors, Administrative Technicians and undergraduate and graduate academics at UFAM, the community in general |

Given the actions listed in Table 1, the fact that people (re)construct their values, beliefs, ways of life and habits in different ways gave rise to different actions that impacted the ways of managing the risks of a health-illness-care as specific as that of Covid-19 (Molina, 2011). In the actions highlighted, there was an intensification of the instrumental use of psychology and art (Choral Singing and Psychodance), as instruments of potential expression of resignification of the experiences lived, and of the possibilities of construction of what could still be.

In addition to the intrapsychic aspects involved in the activities, it is noteworthy that, through art, the social and socializing aspects responded to the need for

human interactions, especially at a time when different problems arise due to the difficulties caused by the situation of isolation/social distancing, prompting the development of coping devices (Reis, 2014). This work allowed for a continuous and critical dialogue, as well as information, entertainment, and maintenance of social well-being, beyond cognitive strategies.

From the cards and links to access the activities, the actions used community communication as a participatory and dialogic construction strategy. Among the social media newsletters that circulated on the internet and messaging applications, it was found how much the population was mobilized to participate in the activities proposed in the PCE. Such

media, essential in the dissemination of most of the outlined actions, also allowed for the promotion of a feeling of welcome, while sensitizing people about the vulnerabilities, risks and threats associated with the Amazon context, which is essential in crisis management (Barrales Díaz, 2019).

It is also demonstrated that the proposals outlined were not restricted to empowering populations on the relationship they should have with risks in terms of the degree of exposure, but rather to elaborate a creative profile of ways to get along with risks, share with groups and generate others (un) certainties, mainly, in the actions entitled “*Psicodança*” and “*Coral Canta*

Junto”. In the midst of this, there was another axis of psi actions, elaborated and produced by teachers in the context of the pandemic, the response actions.

Response Actions. Through digital cards, it was possible to identify initiatives for more immediate responses to the impact on mental health in the face of the pandemic. They focused mainly on psychological care for the community in general and for health professionals working on the front line (See Table2). It is worth remembering that, within the framework of the course of the pandemic, health prevention actions occur concurrently with intervention actions that are more emerging to the crisis.

Table 2. Description of FAPSI/UFAM Response Activities

| Action | Objective | Response Actions | |
|---|--|---|---|
| | | Strategy and Development Synthesis | Target Audience |
| 1. Online Psychological Welcome | - Offer psychological care online - Individual and collective | Group of psychologists (professors, masters, graduates, psychologists from other sectors at UFAM); On-line reception directly accessing the professional by phone number disclosed on social media (Instagram, Facebook and WhatsApp); Weekly meeting of the group of professionals to share experiences and supervision; | Community in general (children, teenagers, adults and seniors); |
| 2. Care of resident physicians of Hospital Getúlio Vargas (HUGV) | Promote qualified listening and guidance to physicians (R1) who work directly at the front lines at HUGV - a reference hospital for Covid-19 in the state | Individualized online welcome | HUGV Medical Residents |
| 3. Mental health and work of psychologists in the face of the Covid-19 pandemic | Promote qualified listening for psychologists who develop individual and collective activities | Weekly group activity through Hangouts | SUS Psychologists |

Through the reports generated, it was noticed that the work process included the offer of psychological first aid for people and/or groups in urgent/emergency situations in disaster contexts, according to the guidelines of the Pan American Health Organization (*Organização Panamericana da Saúde*, 2015; CFP, 2016), considering that the pandemic has triggered psychological distress (Bao, Sun, Meng, Shi, & Lu, 2020).

According to Table 2, psychologists using different approaches offered qualified listening, comfort, contributing to mitigate anxiety and stress, facilitating the search for more reliable, official information, in a clear and welcoming way, as well as providing guidance, when necessary, on access to other support network devices. It is noteworthy that the multiplicity of theoretical and

methodological discourses that cross different practices contribute to building a plurality of meanings, expanding the view of the world, subject and society (Ferrani & Camargo, 2012).

The program also showed that the provision of services was free and mediated by information and communication technologies (ICTs). According to the last cards accessed (May 30, 2020), there were 34 psychologists working weekly, in different shifts (morning, afternoon and night). The target audience involved children, teenagers, adults and the elderly, with specific work for each age group. Adult therapeutic groups were also held on Saturdays, in remote mode, focusing on anxiety management, and supervision/discussion of cases once a week. The reports of the FAPSI

Subcommittee indicated that a total of 340 people attended in the first month (from April 9th to May 30th), not counting assistance with more than one meeting/session per person, as in some cases it was so requested, according to the evaluation of the professional.

The pandemic situation has affected the population in general, but particularly health professionals, as it triggers peculiar ways of feeling, thinking and acting in face of frontline operations, which has impacts on mental health (Li et al., 2020).

Table 2 shows that specific online care actions were offered to professionals in the area, including psychologists. High work demands and daily contact with adverse situations can lead to the development of vicarious trauma, which involves the experience of situations of violence/high level of stress to solve extreme adversities, and which has already been indicated as the main cause of psychological distress among health professionals (Li et al., 2020).

The clinical listening work for psychologists who worked in different settings of the Unified Health System (SUS) consisted of a space for talking, exchanges and interactions, which took place weekly since the beginning of the pandemic through the virtual Google Meet platform. This space allowed psychologists – if they wanted to – to develop reflections on their work, its particularities, fears, providing opportunities for the promotion of collective care strategies for themselves and others. Psychological intervention aimed at health professionals through contact via phone calls, audio messages or videos can help them strengthen themselves to work directly with the population (Chen et al., 2020).

Group work with the community in general and/or with health professionals was one of the main strategies adopted by teachers, as shown by the PCE. It is a resource for interaction, circulation of narratives, debates and sharing of emotions faced in daily life, thus allowing for elaborations and advances in the understanding of psychic suffering.

Regarding health actions with academics, these occurred in a planned and articulated way with the social, affective and cultural-historical aspects engendered from the suspension of classes and in-person meetings at the university. They were also strategically linked to the student assistance equipment already consolidated in the institution.

In this perspective, the documents revealed the need for continuity of prevention actions and online

care for the general population, particularly for health professionals, thus fostering the expansion of the mental health network and basing its performance on the ethical-political-social commitment with Amazonian society.

Final considerations

Amazonas public universities have become an articulated network of psychosocial support in connection with the pandemic, using different strategies to handle crisis situations, manage potential risks, and daily embroider the consolidation of a work policy based on the ethics of care. The work of facing the challenges posed by the crisis allowed the shared construction of solutions that required a significant organization of material and human resources. The actions developed were coordinated according to the theoretical and technical guidelines concerning the Covid-19 pandemic situation, which characterized a time of emergencies and disasters, and had as its main guiding principle the respect for human dignity and integrity based on individual and institutional specificities.

It is also important to point out that the absence of rehabilitation actions announced so far suggests that the plan to cope with the pandemic was drawn up as the relevant problems emerged. Despite the particularities of the Amazonian context, it seems that, although there was awareness of the high probability of the emergence of a health crisis in the country, the management plans were structured without prior planning that would yield strategic advantage, and without the massive systematic monitoring of the actions carried out by other countries already affected by the pandemic. For the future, it is recommended to promote the set up of a task force for the development of regional and national plans to act in a disaster situation that includes the use of ICTs, as the lack of studies with evidence of the effectiveness of online care in Brazil has delayed decision-making for the articulation of the mental health network, demonstrating the fragmentation of knowledge and practices.

In the highlighted scenario, the psychology of emergencies and disasters, still being consolidated in Brazil, can show us that the resource of responsiveness has been the way found to understand the population health needs and to promote the comprehensive care offered. Finally, the reflection raised by the use of responsiveness can be useful to indicate the dilemmas of this context and to raise clues to old (or new) psychology commitments as a science and profession.

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