The experience with volunteer and collaborative work in mental health and psychosocial care during the COVID-19 pandemic

A experiência do trabalho voluntário e colaborativo em saúde mental e atenção psicossocial na COVID-19

La experiencia del trabajo voluntario y colaborativo en salud mental y atención psicosocial en COVID-19

Abstract

Brazil is the country of the world with the second most COVID-19 cases and deaths, and the pandemic’s impacts pose multiple challenges for mental health. This paper reports on experience with the emergency organization of the volunteer and collaborative Working Group on mental health and psychosocial care aimed at producing rapid responses for health services in the context of COVID-19. The study involved the identification and systematization of current evidence in the scientific literature on mental health and psychosocial care in public health emergencies and pandemics, with the establishment of a network involving 117 researchers and 25 institutions, and the organization of themes for the elaboration of materials, referenced on the response phases in public health emergencies and pandemics. In less than 60 days, 18 technical documents were produced, ranging from services organization and management for different vulnerable groups. The materials became references in health institutions and services. A national course on mental health and psychosocial care in COVID-19 was also organized, with more than 60,000 people registered. The experience provides food for thought and a contribution for future experiences involving knowledge translation in the current pandemic and in future public health emergencies and pandemics, with the following: (1) combination of volunteer and collaborative work involving professionals with experience in the organization of services and care in past events; (2) reliance on institutional support and resources; (3) speed and credibility of work involving the establishment of networks of professionals and institutions; and (4) responses to the urgent needs with the capacity to shape paths for care in mental health and psychosocial care.

Mental Health; Psychosocial Support Systems; COVID-19; Pandemics
Introduction

Brazil is now the country of the world with the second most COVID-19 cases and deaths (August 2020), and the impacts pose a triple challenge for mental health: (1) to prevent the increase in the impacts on mental health related to the reduction in psychosocial well-being that affects the entire population; (2) to protect persons with mental illnesses from the psychosocial impacts associated with the increase in their vulnerability; and (3) to provide care for health workers and caregivers.

With the objective of providing rapid responses to health services based on scientific knowledge, a volunteer and collaborative Working Group (GT) on mental health and psychosocial care was assembled in the context of COVID-19 at the Oswaldo Cruz Foundation (Fiocruz). This paper systematizes the experience that resulted from the development of strategies of care in mental health and psychosocial care for the Brazilian Unified National Health System (SUS).

Methodology

The GT was created on March 21, 2020, one day after the official declaration of the state of public calamity due to COVID-19 in Brazil. A permanent group was assembled, consisting of nine researchers in the field of mental health, including psychologists, psychiatrists, and social scientists. The group resulted from partnership between the Center for Research in Disasters (CEPEDES), the Graduate Studies Program in Public Health (Sergio Arouca National School of Public Health – ENSP/Fiocruz), and the Fiocruz Brasília, with institutional support through the provision of human resources and digital platforms from the Open University of the SUS (UNA-SUS).

The first step was to collect current evidence from the scientific literature on the mental health impact in populations affected by COVID-19 and previous public health emergencies. A literature search was performed in four online bases with a wide scope in the health field: PubMed, Virtual Health Library (BVS), Embase, and CAPES Periodicals. The search took place from March 24 to 29, 2020, using the combination of descriptors in two groups: (1) "coronavirus", "coronavidae", "pandemic", "SARS", "MERS", "COVID-19", and (2) "quarantine", "psychosocial support", "mental health", "psychosocial care". The descriptors were adjusted according to the thesauruses used in each base, except in the BVS, which has a specific window called "BVS Corona".

A systematic reading identified 1,563 scientific articles, categorized by themes and characteristics referring to the most frequent mental health and psychosocial care issues involved in public health emergencies. Next, a second survey was conducted on central themes with a total of 117 researchers from 25 Brazilian and international institutions, selected on the basis of their research output and experience with the theme. Third, the themes were organized systematically according to the phases in the response by mental health and psychosocial care in a pandemic. At least one permanent member of the working group was in charge of leading the production of one or more manuals and linking the participation by outside collaborators.

Results and discussion

Rapid response in public health emergencies requires not only the availability of scientific evidence, but the development of knowledge translation strategies capable of producing syntheses, dissemination, exchange, and application of knowledge in minimal time frames based on user-friendly formats, simple language, and direct messages.

Considering the pandemic’s speed and magnitude, the efforts were focused on the production of thematic manuals with technical guidelines for health workers and administrators in the SUS. In five weeks of work, from April to May 2020, 18 manuals were produced, listed in Box 1.

The first manuals aimed to orient the administration and organize the health services, with general recommendations for administrators and health workers on the frontline of care (manuals 1 and 2). The next manuals addressed groups of themes that appeared repeatedly in the literature, as well as demands from services that emerged as the pandemic evolved. In this area, manuals were produced...
Box 1

List of manuals by order of publication.

| #   | Date of publication | Title of manual                                      |
|-----|---------------------|-----------------------------------------------------|
| 1   | April 7             | General Guidelines                                   |
| 2   | April 7             | Guidelines for Administrators                        |
| 3   | April 7             | Guidelines for Care of Children in Hospital Confinement |
| 4   | April 9             | Guidelines for Psychologists for Online Care         |
| 5   | April 9             | Palliative Care                                      |
| 6   | April 14            | Mourning in the Context of COVID-19                  |
| 7   | April 23            | Quarantine in COVID-19: Orientation and Strategies for Care |
| 8   | April 24            | Domestic and Family Violence in COVID-19             |
| 9   | April 24            | Guidelines for Street Outreach Clinics               |
| 10  | April 30            | Orientation for Hospital Psychologists               |
| 11  | April 30            | COVID-19 and the Prison Population                   |
| 12  | April 30            | Guidelines for Healthcare Workers and Caregivers of the Elderly |
| 13  | April 30            | Migrants, Refugees, Applicants for Asylum, and Stateless Persons |
| 14  | May 6               | Care for Children                                    |
| 15  | May 13              | Indigenous Population                                |
| 16  | May 23              | Suicide                                              |
| 17  | June 7              | Care for Healthcare Professionals                    |
| 18  | June 16             | Prescription and Use of Psychotropic Drugs           |

Source: prepared by the authors.
Note: all 18 manuals are available free of cost at: https://www.fiocruzbrasilia.fiocruz.br/coronavirus/saude-mental-em-tempos-de-coronavirus/.

with a focus on the services and the healthcare provided by them (manuals 4, 5, 10, 17, and 18); with a focus on age groups (manuals 3, 12, and 14); for the prevention and treatment of collective behavior problems (manuals 7 and 8); or by conditions of social exclusion (manuals 9, 11, 13, and 15); and on the process of illness and dealing with death (manuals 5, 6, and 16). Importantly, the work process in the GT kept pace with the virus’s spread in Brazil and the successive increase in the number of cases and deaths with the passing Epidemiological Weeks (EW). Many of the manuals were published before the critical phases hit the various states, as shown in Figure 1.

The manuals were made available through an online, open-access, free platform. The distribution drew on strategies involving the social communications structure of Fiocruz, in addition to webinars, talks, and press interviews that also enabled broad dissemination of the materials on social media (Instagram and Facebook). They were subsequently recommended as references on the websites of universities, professional boards (Psychology, Pharmacy, Medicine), National Council of State Health Secretaries (CONASS), Office of the Public Prosecutor, and various local governments, besides translation of five manuals into English (manuals 1, 3, 4, 5, and 6).

To meet the growing demand, a 40-hour course was organized, called the National Course on Mental Health and Psychosocial Care in COVID-19, with a self-administered distance-education format. The course was developed by the School of Government of Fiocruz Brasilia with 16 modules, each containing a video-class and a synchronous virtual meeting (“live”) broadcast via YouTube through partnership with 3,740 researchers and professors. Launched on May 12, within a month there were 60,780 people registered from all 27 states of Brazil.
Finally, the GT collaborated directly in the organization of the online psychological care service promoted by Fiocruz Brasília through the elaboration of the electronic patient file and the development of monitoring indicators, with three manuals produced to support it (manuals 4, 10, and 18).

As noted by El-Jardali et al. 3, mobilizing groups or platforms for rapid response to public health emergencies is both a challenge and a key element for supplying high-quality evidence in a short time. The World Health Organization (WHO) considers mental health part of the public health emergency response for handling COVID-19 5. This has been the GT’s central objective: to provide rapid responses to health services for dealing with the triple challenge and to mitigate the mass psychological harms in confronting the pandemic 1,6.

Based on the experience of the GT on mental health and psychosocial care in the context of COVID-19, we proposed some topics for reflection and as a contribution to future experiences with knowledge translation in pandemics and other public health emergencies.

(1) Combine volunteer and collaborative work with experience – The possibility of convening a group of researchers who had never worked together before, but who were focused on fighting the pandemic with their knowledge and academic expertise, provided the essential energy for assembling the GT. Still, the presence of health professionals who had already worked in mental health and psy-
chosocial care in the organization of services in public health emergencies was crucial for orienting the work and formulating the initial questions and plans.

(2) Institutional support and resources – Beyond the merit of each researcher involved in the GT, it was essential to obtain institutional resources and infrastructure (the graduate studies program, online platforms, social networks, and the Fiocruz social communications infrastructure) to expand the reach of the production and communication to different audiences, thereby overcoming one of the main difficulties in knowledge translation.

(3) Speed, networks, and credibility – Pandemics and other public health emergencies require not only translation strategies, but mainly speed to furnish evidence to the health administrators and workers involved in the responses. The production’s speed (13 manuals were launched in April, and the national course was launched in May) was important, but it gained national scale and extended to other countries when combined with a collaborative network of researchers and reference institutions on various themes, expanding the topics addressed and the materials’ credibility.

(4) Respond to needs and shape paths – The production of manuals and the national course aimed not only to organize the response in mental health and psychosocial care according to the pandemic’s different phases, but to ensure that the agenda includes themes related to the different vulnerable groups as well as the perspective of a universal health system in the elaboration of strategies of care through organization of the online mental healthcare service.

**Final remarks**

Death, illness, social distancing, loss of income and work, accumulated debts, and uncertainties towards the future are known factors with impacts on mental health. These factors are exacerbated in public health emergencies, making the feeling of fear a collectively shared experience and posing a triple challenge for mental health. It is crucial for health professionals to acknowledge the situation’s uniqueness in order to seek accurate and timely knowledge. Likewise, conceiving science and researchers in the urgent quest for actions means placing themselves at the service of society in its pressing demand for answers, in keeping with the pandemic’s severity.

The current intervention’s results illustrate the importance of initiatives involving knowledge translation through working groups and platforms to provide evidence quickly, strengthening the actions and practices by health professionals and administrators, responding to the needs of the SUS in confronting COVID-19, other public health emergencies, and future pandemics.
Contributors

J. F. Kabad, D. S. Noal, M. F. D. Passos, and C. M. Freitas conceived, wrote, and revised the manuscript. B. D. Melo, D. R. Pereira, F. Serpeloni, M. S. Souza, M. R. El Kadri, C. C. Lima, and N. P. Magrin collaborated in writing and revising the manuscript.

Additional informations

ORCID: Juliana Fernandes Kabad (0000-0002-9471-6418); Débora da Silva Noal (0000-0003-3970-6783); Maria Fabiana Damasio Passos (0000-0002-2255-8780); Bernardo Dolabella Melo (0000-0003-2565-9955); Daphne Rodrigues Pereira (0000-0001-7953-9807); Fernanda Serpeloni (0000-0001-6222-0162); Michele Souza e Souza (0000-0002-8014-8528); Michele Rocha El Kadri (0000-0002-7179-4755); Carolyne Cesar Lima (0000-0003-4308-0867); Nicolly Papacidero Magrin (0000-0002-3059-0473); Carlos Machado Freitas (0000-0001-6626-9908).

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**Resumo**

O Brasil é um dos países com maior número de casos e óbitos na pandemia por COVID-19, e seus impactos representam múltiplos desafios para a saúde mental. Esta comunicação relata a experiência de conformação emergencial do Grupo de Trabalho voluntário e colaborativo em saúde mental e atenção psicossocial, com objetivo de fornecer respostas rápidas aos serviços de saúde no contexto da COVID-19. O trabalho envolveu a identificação e sistematização de evidências atualizadas da literatura científica sobre saúde mental e atenção psicossocial em situações de emergência de saúde pública e pandemias, a constituição de uma rede envolvendo 117 pesquisadores e 25 instituições, além da organização de temas para elaboração de materiais, tendo como referência as fases de resposta em emergências de saúde pública e pandemias. Em menos de 60 dias foram publicados 18 documentos técnicos norteadores, englobando desde a organização e gestão dos serviços voltados aos diferentes grupos vulneráveis, ações que se tornaram referência em instituições e serviços de saúde, tendo sido também lançado um curso nacional sobre saúde mental e atenção psicossocial na COVID-19, com mais de 60 mil inscritos. Da experiência, são destacados tópicos para reflexão e contribuição para futuras ações, envolvendo translação do conhecimento nesta e em próximas emergências em saúde pública e pandemias: (1) combinar o trabalho voluntário e colaborativo com a implicação de profissionais experientes na organização e atendimento em eventos passados; (2) contar com o suporte e recursos institucionais; (3) envolver a constituição de redes de profissionais e instituições para atingir rapidez e credibilidade no trabalho; (4) para as respostas às necessidades urgentes, deve-se envolver também a capacidade de moldar caminhos para a atenção e os cuidados em saúde mental e atenção psicossocial.

**Salud Mental; Sistemas de Apoyo Psicosocial; COVID-19; Pandemias**

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**Resumen**

Brasil es uno de los países con mayor número de casos y óbitos en la pandemia por COVID-19 y sus impactos representan múltiples desafíos para la salud mental. Esta comunicación relata la experiencia de conformación de emergencia del Grupo de Trabajo voluntario y colaborativo en salud mental y atención psicocial, con el objetivo de proporcionar respuestas rápidas a los servicios de salud en el contexto de la COVID-19. El trabajo implicó la identificación y sistematización de evidencias actualizadas de la literatura científica sobre salud mental y atención psicococial en situaciones de emergencias en salud pública y pandemias, la constitución de una red implicando a 117 investigadores y 25 instituciones, la organización de temas para la elaboración de materiales, teniendo como referencia las fases de respuesta en emergencias en salud pública y pandemias. En menos de 60 días se publicaron 18 documentos técnicos orientativos, desde la organización de los servicios y gestión de los servicios a los diferentes grupos vulnerables, que se convirtieron en referencia en instituciones y servicios de salud, así como el lanzamiento de un curso nacional sobre salud mental y atención psicosocial en la COVID-19, con más de 60 mil inscritos. De la experiencia se destacan temas para reflexión y contribución para futuras experiencias, implicando translação del conocimiento en esta y en futuras emergencias en salud pública y pandemias: (1) combinar el trabajo voluntario y colaborativo con la implicación profesionales con experiencia en la organización de servicios y atención en eventos pasados; (2) contar con el apoyo y recursos institucionales; (3) la rapidez y la credibilidad del trabajo implica la constitución de redes de profesionales e instituciones; (4) las respuestas a las necesidades urgentes deben implicar también la capacidad de moldear caminos para la atención y los cuidados en salud mental y atención psicosocial.

**Salud Mental; Sistemas de Apoyo Psicosocial; COVID-19; Pandemias**