

**COVID-19 MENTAL HEALTH REPERCUSSIONS IN THE WORKFORCE AT
COMMUNITY MENTAL HEALTH CENTRES****REPERCUSSÕES DA COVID-19 NA SAÚDE MENTAL DE TRABALHADORES
NOS CENTROS DE ATENÇÃO PSICOSSOCIAL****REPERCUSIONES DE LA COVID-19 EN LA SALUD MENTAL DE LOS
TRABAJADORES DE CENTROS DE SALUD MENTAL**

Luciane Prado Kantorski¹, Janaína Quinzen Willrich², Milena Hohmann Antonacci³, Ariane da Cruz Guedes⁴, Aline Neutzling Brum⁵, Etiene Silveira de Menezes⁶, Bianca Albuquerque Gonçalves⁷, Maria Tavares Cavalcanti⁸, Andréa Tenório Correia Silva⁹, Dinarte Alexandre Prietto Ballester¹⁰

How to cite this article: Kantorski LP, Willrich JQ, Antonacci MH, Guedes AC, Brum NA, Menezes ES, Gonçalves BA, Cavalcanti MT, Silva ATC, Ballester DAP. COVID-19 mental health repercussions in the workforce at community mental health centres. Rev Enferm Atenção Saúde [Internet]. 2023 [access:____]; 12(1):e202361. DOI: <https://doi.org/10.18554/reas.v12i1.6389>

¹ Full Professor at the Department of Public Health Nursing at the Faculty of Nursing at UFPel, Pelotas, Rio Grande do Sul. Nurse. PhD in Nursing. Federal University of Pelotas. <https://orcid.org/0000-0001-9726-3162>

² Professor at the Department of Public Health Nursing. UFPel. Pelotas. Rio Grande do Sul. Brazil. Nurse. Doctor of Science. UFPel. <https://orcid.org/0000-0001-7427-9305>

³ Professor at the Department of Nursing. UFPel. Pelotas. Rio Grande do Sul. Brazil. Nurse, Doctor of Science. UFPel. <https://orcid.org/0000-0001-8365-9318>

⁴ RN. Undergraduate (Bachelor's and Full Degree) in Nursing from UFPel. PhD in Nursing from UFRGS. Master in Health Sciences by UFP. Specialist in Psychosocial Care within the Unified Health System - UFPel. Adjunct Professor at UFPel, at the Department of Nursing in Collective Health and at the Graduate Program in Nursing. <https://orcid.org/0000-0002-5269-787X>

⁵ Professor at the Federal University of Pampa. Campus Dom Pedrito. Rio Grande do Sul. Brazil. Full Degree in Biological Sciences. Doctor of Science. Federal University of Pampa. <https://orcid.org/0000-0002-9686-9602>

⁶ RN, Doctoral Student of the Graduate Course at the Faculty of Nursing/ UFPel; Master in Health Sciences by UFPel; Specialist in Mental Health Nursing by UFRGS. Nurse by UFPel. Federal University of Pelotas. <https://orcid.org/0000-0003-3968-7260>

⁷ RN. Marcelinense Hospital Association. Federal University of Pelotas. Pelotas. Rio Grande do Sul. Brazil. UFPel. <https://orcid.org/0000-0002-7516-1832>

⁸ Professor at the Institute of Psychiatry at the Federal University of Rio de Janeiro. Rio de Janeiro. Brazil. Doctor. PhD in Psychiatry, Psychoanalysis and Mental Health. UFRJ. <https://orcid.org/0000-0003-1872-4210>

⁹ Professor at Faculdade Santa Marcelina and Faculdade de Medicina de Jundiaí. São Paulo. Brazil. Doctor. Doctorate in Sciences. Faculty Santa Marcelina and Faculty of Medicine of Jundiaí. <https://orcid.org/0000-0002-3403-5792>

¹⁰ University Hospital Dr. Miguel Riet Correa Jr., Federal University of Rio Grande. Professor at the Department of Mental Health, School of Medicine. UFPel – RS. Doctor. PhD in Psychiatry and Medical Psychology. UFPel. <https://orcid.org/0000-0002-7660-0112>

ABSTRACT

Objective: to identify different profiles of workers of Community Mental Health Centres and their socio demographic and mental health characteristics in relation to the COVID-19 pandemic. **Methods:** 127 workers from six Centres in the city of Pelotas, South Brazil, were invited to a survey and 82 applied (67% response rate); PHQ-9 and GHQ-12 questionnaires were used to the screening of depressive symptoms and common mental health problems and a cluster analysis was performed. **Results:** clusters showed high internal homogeneity and external heterogeneity, with associations between explanatory variables and differences among clusters, which reveal potential risks for depression and common mental disorders. **Conclusion:** mental health workers are exposed to risks, and it is necessary to understand the impact of the COVID-19 pandemic on the mental health of these workers to support your needs.

Descriptors: Mental health, health personnel, community mental health centers, COVID-19.

RESUMO

Objetivo: identificar os diferentes perfis de trabalhadores de Centros de Atenção Psicossocial (CAPS) e investigar suas características sociodemográficas e de saúde mental no contexto da pandemia da COVID-19. **Métodos:** foram convidados os 127 trabalhadores de seis CAPS da cidade de Pelotas – RS, dos quais 82 participaram (taxa de resposta de 67%); os questionários PHQ-9 e GHQ-12 foram aplicados para rastreamento de sintomas depressivos e transtornos mentais comuns, sendo realizada uma análise de clusters. **Resultados:** os agrupamentos exibiram elevada homogeneidade interna e heterogeneidade externa, permitindo observar associações com as variáveis explicativas e diferenças entre os clusters, que revelam potenciais riscos para depressão e transtornos mentais comuns. **Conclusão:** os trabalhadores da saúde mental estão expostos a riscos para a saúde mental, sendo necessário compreender o impacto da pandemia da COVID-19 nestes trabalhadores e dar subsídios para atender às suas necessidades.

Descritores: saúde mental, pessoal de saúde, centros comunitários de saúde mental, COVID-19.

RESUMEN

Objetivo: identificar los diferentes perfiles de trabajadores de los Centros de Atención Psicossocial y sus características sociodemográficas y de salud mental en relación con la pandemia de COVID-19. **Métodos:** de los 127 trabajadores invitados de los 6 Centros en de Pelotas, Sur de Brasil, 82 contestaron (tasa de respuesta de 67%); los cuestionarios PHQ-9 e GHQ-12 fueron utilizados para rastreo de síntomas depresivos y trastornos mentales comunes y se hizo una análisis de conglomerados. **Resultados:** los conglomerados exhibieron alta homogeneidad interna y heterogeneidad externa, permitiendo observar asociaciones con variables explicativas y diferencias entre conglomerados, que revelan riesgos de depresión y trastornos mentales comunes. **Conclusión:** los trabajadores de la salud mental tienen riesgos para la salud mental siendo necesario comprender el impacto de la pandemia de COVID-19 en estos trabajadores y proporcionar subsidios para el apoyo a sus necesidades.

Descriptor: Salud mental, personal de salud, centros comunitarios de salud mental, COVID-19.

INTRODUCTION

Since the first months after the start of the COVID-19 pandemic, there have been many questions surrounding the mental problems that would come as a result of this period. It is noteworthy that social isolation, the main strategy for preventing and coping with COVID-19, it could also generate, as an adverse effect, situations of suffering and psychic illness.¹ Thus, results of studies in health professionals were emerging, demonstrating fluctuations in the prevalence of mental disorders.²⁻⁴

The overload caused by the COVID-19 pandemic in the health system had repercussions on mental health services, causing the closure or readjustment, aiming at the care of people infected with SARS CoV-2.⁵ Mental health professionals were shifted to other services, in the care of patients with COVID-19, for bureaucratic activities, or if temporarily away due, mainly, to being with COVID-19, impacting mental health care.⁶ Thus, there was a decrease in the number of professionals in the teams of mental health services, jeopardizing the service and generating an overload of work for the mental health professionals who continued to work in these services. Furthermore, other workers they began to provide online consultations, interrupting social activities

and group treatment, with losses in interaction and patient-centered care.⁷⁻⁸

In this sense, it is noteworthy that mental health professionals were exposed to the epidemic and subject to an increase in demand and workload, which makes it necessary to discuss the impact of COVID-19 on the lives of these workers.

Therefore, to develop the present study, the hypothesis was considered that workers at Psychosocial Care Centers (CAPS) were heterogeneous with regard to gender and mental health during the COVID-19 pandemic.

This article aims to identify the different profiles of Psychosocial Care Centers (CAPS) workers by grouping their gender and mental health characteristics in relation to the COVID-19 pandemic.

METHOD

The work is part of an international multicenter cohort study, which in Brazil was carried out with health service workers from 3 regions, Northeast (PE, RN), Southeast (SP, RJ, ES) and South (RS). The data collection period was from September 11, 2020 to October 8, 2020.

In this article, we present the data collected through an online questionnaire in 6 Psychosocial Care Centers (CAPS) in the city of Pelotas-RS, between September 11th and October 8th, 2020. The CAPS of

Pelotas had 127 workers and the participation of 82 people, obtaining a response rate of 67%.

The subjects' inclusion criteria were being of legal age (18 years old) and working in one of the 6 CAPS in the municipality. There were no formal exclusion criteria for the study. However, it is important to consider that the invitation was made electronically, and thus, 27 workers who did not have an email address and/or WhatsApp, who did not have access to a computer or other electronic device, or who were unfamiliar with digital technologies. The e-mail and/or WhatsApp list was made available by the CAPS team coordinators, after authorization from the workers.

The instrument used was a self-administered structured questionnaire consisting of 177 questions of sociodemographic characterization, on labor relations and related to the COVID-19 pandemic. The Patient Health Questionnaire - PHQ-9 scale, which assesses the risk for major depression, and the General Health Questionnaire - GHQ-12 scale, a screening instrument for common mental disorders, were also used.

The PHQ-9 scale (Patient Health Questionnaire) is a self-administered questionnaire consisting of nine questions where the multiple-choice answers have values between 0 and 3, thus the maximum

score obtained on the scale is 27 points. The questions assess the presence of symptoms in the episode of major depression as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). In a systematic review of the validations of the PHQ-9, it was observed that for the population receiving care in primary care, the sensitivity of the PHQ-9 ranged from 0.71 to 0.84, with a mean of 0.77, and the specificity values varied between 0.90 and 0.97, with an average of 0.94, such values guarantee the applicability of the scale.⁹ A validation study carried out with Brazilian women who use primary health care showed the mean sensitivity and specificity indexes of the scale, 1.00 and 0.98, respectively. The discriminatory capacity of the PHQ-9 based on the analysis of the ROC curve produced an area under the curve (AUC) of 0.998 ($p < .001$), a value considered excellent and slightly higher than the values obtained in previous studies.¹⁰ The study population carried out by Santos et al¹¹ observed the sensitivity and specificity of the scale, for women/men obtained sensitivity 1.00/0.85 and specificity 0.98/0.80, showing that when adopting the cutoff point 9, it is possible to divide the individuals into two groups,

The General Health Questionnaire – GHQ-12 is an instrument developed by Goldberg et al. (1997), which identifies

symptoms of anxiety/depression/somatization, considered “common mental disorders” or CMD. The Brazilian version of the GHQ-12 demonstrated a sensitivity of 0.91 and a specificity of 0.71 for the presence of common mental disorders in a population with a maximum of four years of schooling.¹² Making it a useful tool in contexts that require rapid assessments about psychological comfort, the GHQ-12 features a scale of points that add up to a possible total of 12 points. In this study, two GHQ-12 cutoff points were used: values equal to or greater than 3 that identify possible cases of common mental disorder.

The data collected online were stored on a digital platform hosted at the University of Chile, from where they were obtained in Excel spreadsheets, being stored and analyzed in the IBM SPSS 22.0 program. The invitation was sent by email and/or WhatsApp, the participants had access to the Free and Informed Consent Form and could access the questionnaire after expressing their consent in writing.

For analysis, 79 questionnaires were validated with complete data and descriptive statistics were used to observe the frequency of categorical variables, mean and standard deviation of numeric variables. The chi-square test was applied to verify existing associations between

categorical variables and the T-Student test compared the means of numeric variables. The significance level adopted was $p < 0.05$.

A two-stage cluster analysis was performed, with the division of the sample into subgroups, based on the following predictive variables: gender; need to receive psychological support during the COVID-19 pandemic; use of psychotropic drugs; tracking on the PHQ-9 and GHQ-12 scales. In view of this, the resulting clusters exhibited high internal homogeneity (within clusters) and high external heterogeneity (between clusters). It is possible to establish, a priori, the creation of four clusters based on the predictor variables.

The project was approved by CONEP (Opinion 4,160,552 of 07/17/2020) and the Research Ethics Committee of the Faculty of Nursing of the Federal University of Pelotas (Opinion 4,217,937 of 08/17/2020). All stages of the research are in line with Resolution 466/12 of the National Health Council, which regulates research with human beings and respected the regulations of CIRCULAR LETTER No 2/2021/CONEP/SECNS/MS, which provides for scientific research carried out in a virtual environment. In this way, the invitation to the professionals was made via institutional e-mail, and the acceptance of participation occurred

through the virtual completion of the Free and Informed Consent Term (TCLE)

RESULTS

Based on the analysis of the collected data, 4 clusters were identified, based on the predictive variables. The characteristics of each cluster are shown in figure 1.

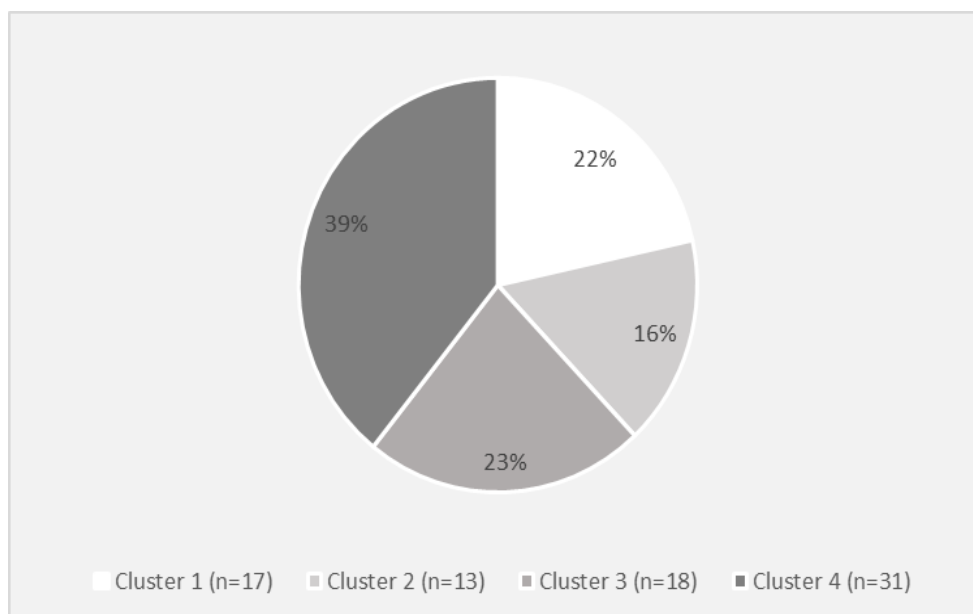


Figure 1: Size of clusters and their characteristics.

Cluster 1 is formed by 17 women, representing 21.5% of the sample, who mostly did not feel the need to receive psychological support during the pandemic (100%) and reported not using psychotropic drugs (52.9%). As a whole, the women in this cluster were not at risk for depression in the screening according to the PHQ-9 scale, but they were at risk for common mental disorders according to the GHQ-12 scale (100%).

Cluster 2 is formed by the 13 men participating in the study, representing 16.5% of the sample, who mostly did not

feel the need to receive psychological support during the pandemic (61.5%), and claim not to use psychotropic drugs (53.8%). Regarding the presence of depressive disorder, the majority did not show risk for depression in the screening according to the PHQ-9 scale (92.3%) and the presence of risk for common mental disorder was also not observed in most participants (61.5%).

Cluster 3 is formed entirely by women, 13 individuals, representing 22.8% of the sample. Most felt the need to receive psychological support during the

pandemic (83.3%) and use psychotropic drugs (66.7%). The results indicate that all participants were at risk for depression in the screening according to the PHQ-9 scale (100%), and 77.8% of the professionals in this group were at risk for common mental disorders.

Cluster 4 is composed of 31 women and represents 39.2% of the total sample.

Most of these women reported not needing psychological support during the pandemic (80.6%) and this same percentage also claims not to use psychotropic drugs. The total number of women in this cluster did not show risk for depression in the screening according to the PHQ-9 scale, nor for common mental disorders according to the GHQ-12 scale.

Table 1: Formation of clusters according to predictor variables

		Cluster 1		Cluster 2		Cluster 3		Cluster 4	
		No	%	n	%	n	%	n	%
Gender	Woman	17	100	---	---	18	100	31	100
	Man	---	---	13	100	---	---	---	---
	Total	17	100	13	100	18	100	31	100
Need for psychological support*	Yes	8	47.1	5	38.5	15	83.3	6	19.4
	No	9	52.9	8	61.5	3	16.7	25	80.6
	Total	17	100.0	13	100.0	18	100.0	31	100.0
Use of psychotropic drugs*	Yes	4	23.5	5	38.5	12	66.7	5	16.1
	No	12	70.6	7	53.8	6	33.3	25	80.6
	Did not answer	1	5.9	1	7.7	---	---	1	3.2
	Total	17	100.0	13	100.0	18	100.0	31	100.0
		---	---	1	7.7	18	100.0	---	---
Risk for depressive disorder (PHQ-9)*	Yes								
	No	17	100.0	12	92.3	---	---	31	100.0
	Total	17	100.0	13	100.0	18	100.0	31	100.0
		17	100.0	5	38.5	14	77.8	---	---
Risk for common mental disorder (GHQ-12)*	Yes								
	No	---	---	8	61.5	4	22.2	31	100.0
	Total	17	100.0	13	100.0	18	100.0	31	100.0

*p<0.05, chi-square test

Source: prepared by the authors.

Regarding the presence of a previous mental problem, 82.4% (n=14) of the participants in cluster 1 denied this possibility, while 5.9% (n=1) confirmed

the option and 11.8% (n=2) preferred Do not answer. In cluster 2, 92.3% (n=12) of the participants denied a previous mental problem and 7.7% (n=1) confirmed this

condition. In cluster 3, 50% (n=9) of the participants report a previous mental problem and the same value is repeated for those who did not identify the condition. In cluster 4 (80.6%, n=25) they denied the existence of a previous mental problem, while 5 participants confirmed this

situation (16.1%), in this same cluster 3.2% (n=1) of the participants preferred not to answer the question. Figure 2 shows that the presence of a previous mental problem was significantly associated with the four clusters (chi-square test, $p < 0.05$).

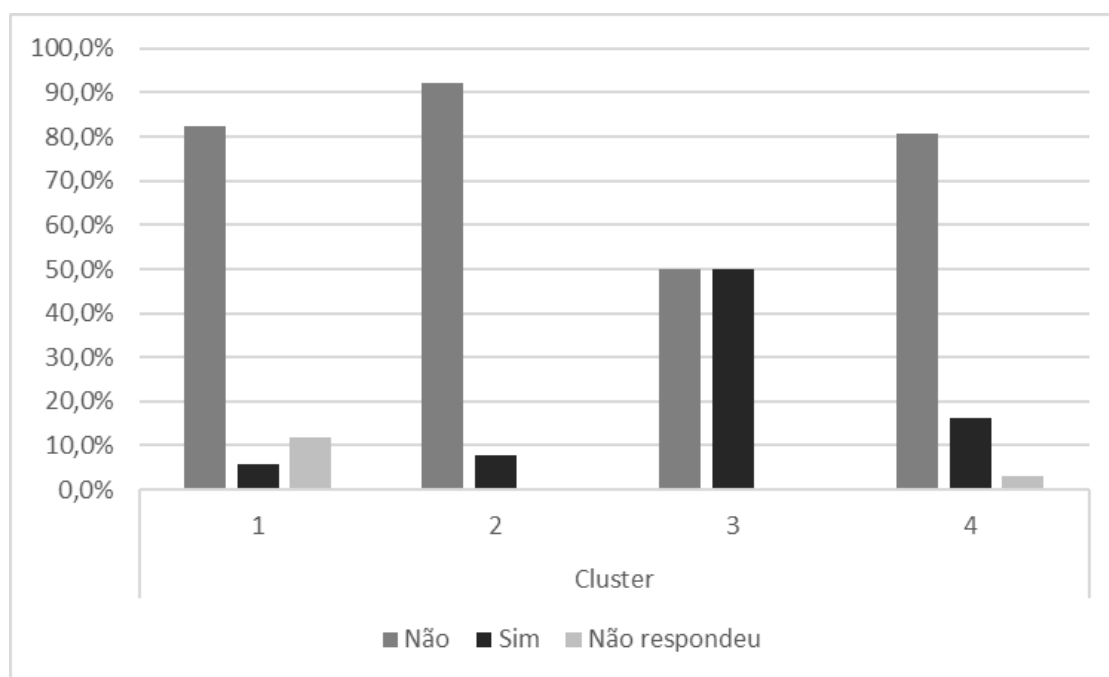


Figure 2: Presence of previous mental disorder in the participants of the 4 clusters.

The predominant color in the four clusters is white (82.4%, 84.6%, 66.7 and 64.5% respectively). People who defined themselves as black and brown were 21 (26.5%) of the total number of participants. Regarding age, the average was 42.9 (± 9.01) years, 44.4 (± 14.00) years, 44.5 (± 11.73) years and 45.5 (± 9.36) years, respectively.

With regard to profession, cluster 1 is formed mostly by psychologists (29.4%), cluster 2 by psychologists and doctors (61.6%), cluster 3 and 4 by nursing professionals, 42% and 44, 5% respectively.

Most participants in clusters 1, 3 and 4 reported not having received training to work with COVID-19 70.6% (n=12), 77.8% (n=14) and 64.6% (n= 20) of the

participants respectively. The 27 (34%) CAPS workers who received this training mostly had it in the service itself (19 participants) and some in other places (8 participants).

Regarding their confidence in the capacity of their workplace to face the pandemic, workers considered it to be “little” (53.8% of cluster 2 and 33.3% of cluster 3) or “more or less” (51.6 % in cluster 4 and 47.1% in cluster 1), with no significant differences between groups.

DISCUSSION

A study that focuses on the psychosocial impacts during the pandemic on health professionals demonstrates a profile similar to that found in our study.³

A population study, carried out in Spain, during the COVID-19 pandemic, shows that anxious and depressive symptoms, sleep problems, and increased levels of stress prevail.¹³

The greater risk of anxiety, depression and exhaustion to which health professionals are exposed during the pandemic raises the need for psychological support as a care, prevention and resilience building strategy.¹⁴

Our study showed a relationship between being a woman and a higher risk for common and depressive mental disorders and the use of psychotropic drugs, as in the study by Agrawal¹⁵, while

the prevalence of depression and common mental disorders is lower in men.¹⁶

The presence of prior mental disorder showed a significant association with the four clusters, as in studies in Brazil and China during the pandemic.¹⁷⁻¹⁸

Data on nurses and nursing technicians, grouped in clusters 3 and 4, indicate some specificity for a profession that is mostly female, with a history of overload and devaluation at work, in addition to domestic and family tasks, which could predispose to health problems mental health, as pointed out in other studies in the pandemic.^{8,19}

Most CAPS workers did not receive training on contagion with SARS-CoV-2 in the workplace and do not show much confidence in their workplace's ability to cope with the pandemic, as in another study in Latin American countries.²⁰ The CAPS are welcoming environments but unfamiliar with patient safety guidelines, which would be recommended.

The project will continue to monitor these workers, in order to understand the impact of the pandemic on their mental health over time and provide subsidies to meet the needs of those at risk or with mental health problems.

CONCLUSIONS

The research identified a risk for mental health, especially in women,

nursing professionals and those professionals who have a previous mental disorder, suggesting to professionals and managers of community mental health services the need for actions to promote and care for workers.

This study presented as a limitation the fact that data collection takes place remotely, as some workers have difficulty using online tools, as well as others do not have access to electronic means. In addition, the removal of some workers from the service at the beginning of the pandemic, due to belonging to the risk group for COVID-19, was also a limiting factor for the development of the research.

REFERENCES

1. Pereira MD, Oliveira LC, Costa CFT, Bezerra CMO, Pereira MD, Santos CKA, et al. A pandemia de COVID-19, o isolamento social, consequências na saúde mental e estratégias de enfrentamento: uma revisão integrativa. *Res. Soc Dev.* [Internet]. 2020 [citado em 26 de out 2022]; 9(7):01-31. doi: 10.33448/rsd-v9i7.4548
2. Brunoni AR, Suen PJC, Bacchi PS, Razza LB, Klein I, Santos LA, et al. Prevalence and risk factors of psychiatric symptoms and diagnoses before and during the COVID-19 pandemic: findings from the ELSA-Brasil COVID-19 mental health cohort. *Psychol Med.* [Internet]. 21 apr 2021 [citado em 26 out 2022]. doi: 10.1017/S0033291721001719
3. Rossi R, Soggi V, Pacitti F, Di Lorenzo G, Di Marco A, Siracusano A, et al. Mental health outcomes among frontline and second-line health care workers during the coronavirus disease 2019 (COVID-19) pandemic in Italy. *JAMA Netw Open.* [Internet]. 2020 [citado em 27 out 2022]; 3(5):01-4. doi: 10.1001/jamanetworkopen.2020.10185
4. Zhang C, Yang L, Liu S, Ma S, Wang Y, Cai Z, et al. Survey of insomnia and related social psychological factors among medical staff involved in the 2019 novel coronavirus disease outbreak. *Front. Psychiatry.* [Internet]. 2020 [citado em 25 out 2022]; 11:01-9. doi: 10.3389/fpsy.2020.00306
5. D'Agostino A, Demartini B, Cavallotti S, Gambini O. Mental health services in Italy during the COVID-19 outbreak. *Lancet Psychiatry.* [Internet]. 2020 [citado em 26 out 2022]; 7(5):385-87. doi: 10.1016/S2215-0366(20)30133-4
6. Grover S, Dua D, Sahoo S, Mehra A, Nehra R, Chakrabarti S. Why all COVID-19 hospitals should have mental health professionals: the importance of mental health in a worldwide crisis! *Asian J. Psychiatr.* [Internet]. 2020 [citado em 27 out 2022]; 51:01-22. doi: 10.1016/j.ajp.2020.102147
7. Eddy CM. The social impact of COVID-19 as perceived by the employees of a UK mental health service. *Int J Ment Health Nurs.* [Internet]. 2021 [citado em 27 out 2022]; 30(1):1366-75. doi: 10.1111/inm.12883
8. Foye U, Dalton-Locke C, Harju-Seppänen J, Lane R, Beames L, Vera San Juan N, et al. How has COVID-19 affected mental health nurses and the delivery of mental health nursing care in the UK? Results of a mixed-methods study. *J Psychiatr Ment Health Nurs.* [Internet]. 2021 [citado em 26 out 2022]; 28(2):126-37. doi: 10.1111/jpm.12745
9. Wittkamp KA, Naeije L, Schene AH, Huyser J, Van Weert HC. Diagnostic accuracy of the mood module of the Patient Health Questionnaire: a systematic review. *Gen Hosp Psychiatry.* [Internet]. 2007 [26 out 2022]; 29(5):388-95. doi: 10.1016/j.genhosppsy.2007.06.004

10. Osório FL, Mendes AV, Crippa JA, Loureiro SR. Study of the discriminative validity of the PHQ-9 and PHQ-2 in a sample of Brazilian women in the context of Primary Health Care. *Perspect Psychiatr Care*. [Internet]. 2009 [citado em 26 out 2022]; 45(3):216-27. doi: 10.1111/j.1744-6163.2009.00224.x
11. Santos IS, Tavares BF, Munhoz TN, Almeida LSP, Silva NTB, Tams BD, et al. Sensibilidade e especificidade do Patient Health Questionnaire-9 (PHQ-9) entre adultos da população geral. *Cad Saúde Pública*. [Internet]. 2013 [citado em 26 out 2022]; 29 (8):1533-43. doi: 10.1590/0102-311X00144612
12. Fortes S, Villano LB, Lopes CS. Nosological profile and prevalence of common mental disorders of patients seen at the Family Health Program (FHP) units in Petropolis, Rio de Janeiro. *Rev Bras Psiquiatr*. [Internet]. 2008 [citado em 27 out 2022]; 30:32-7. doi: 10.1590/S1516-44462006005000066
13. Ozamiz-Etxebarria N, Dosil-Santamaria M, Picaza-Gorrochategui M, Idoiaga-Mondragon N. Niveles de estrés, ansiedad y depresión en la primera fase del brote del COVID-19 en una muestra recogida en el norte de España. *Cad Saúde Pública*. [Internet]. 2020 [citado em 27 out 2022]; 36(4):01-9. doi: 10.1590/0102-311X00054020
14. El-Hage W, Hingray C, Lemogne C, Yroni A, Brunault P, Bienvenu T, et al. Health professionals facing the coronavirus disease 2019 (COVID-19) pandemic: What are the mental health risks? *Encephale*. [Internet]. 2020 [citado em 27 out 2022]; 46(3):73-80. doi: 10.1016/j.encep.2020.04.008
15. Agrawal R. Careful prescribing of benzodiazepines during COVID-19 pandemic: a review. *J Ment Health Clin Psychol*. [Internet]. 2020 [citado em 26 out 2022]; 4(4):13-16. Disponível em: <https://www.mentalhealthjournal.org/articles/careful-prescribing-of-benzodiazepines-during-covid-19-pandemic-a-review.pdf>
16. Stopa SR, Malta DC, Oliveira MM, Lopes CS, Menezes PR, Kinoshita RT. Prevalência do autorrelato de depressão no Brasil: resultados da Pesquisa Nacional de Saúde, 2013. *Rev Bras Epidemiol*. [Internet]. 2015 [citado em 26 out 2022]; 18(Supl 2):170-80. doi:10.1590/1980-5497201500060015
17. Barros MBDA, Lima MG, Malta DC, Szwarcwald CL, Azevedo RCSD, Romero D, et al. Relato de tristeza/depressão, nervosismo/ansiedade e problemas de sono na população adulta brasileira durante a pandemia de COVID-19. *Epidemiol. Serv. Saúde*. [Internet]. 2020 [citado em 27 out 2022]; 29(4):01-12. doi:10.1590/S1679-49742020000400018
18. Zhu Z, Xu S, Wang H, Liu Z, Wu J, Li G, et al. COVID-19 in Wuhan: sociodemographic characteristics and hospital support measures associated with the immediate psychological impact on healthcare workers. *EclinicalMedicine*. [Internet]. 2020 [citado em 27 out 2022]; 24:1-11. doi: 10.1016/j.eclinm.2020.100443
19. Kang L, Ma S, Chen M, Yang J, Wang Y, Li R, et al. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: a cross-sectional study. *Brain Behav Immune*. [Internet]. 2020 [citado em 27 out 2022]; 87: 11-17. doi: 10.1016/j.bbi.2020.03.028
20. Martín-Delgado J, Viteri E, Mula A, Serpa P, Pacheco G, Prada D, et al. Availability of personal protective equipment and diagnostic and treatment facilities for healthcare workers involved in COVID-19 care: a cross-sectional study in Brazil, Colombia, and Ecuador. *PLoS One*. [Internet]. 2020 [citado em 27 out 2022]; 15(11):01-13. doi: 10.1371/journal.pone.0242185

RECEIVED: 08/29/22

APPROVED: 12/18/22

PUBLISHED: 03/2023