

ARTICLE

The impact of COVID-19 on Brazilian mental health through vicarious traumatization

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Pandemics and epidemics affect physical health and compromise psychosocial integrity, generally resulting in a high level of psychological suffering and psychosocial maladjustment. People facing the novel coronavirus (COVID-19) outbreak tend to be more susceptible to alterations in physical (not necessarily related to clinical symptoms), cognitive, behavioral and emotional aspects.¹

Worldwide actions against COVID-19 have focused primarily on efforts to contain the acceleration of peak contamination, involving social isolation and the dissemination of prevention guidelines. Although the need to include mental health care in these emergency policies has been highlighted by China,² few countries have formally integrated it into their emergency plan. In addition, the operationalization of policies to address this unprecedented mental health crisis must be established globally.

Social isolation tends to provoke psychological reactions, as evident in increased anxiety, stress and irritability levels, the appearance of fears (based on real or subjective information) and confused thinking; such emotional conditions negatively impact an individual's ability to make coherent decisions.^{1,2}

In this context, pandemics require emergency actions that consider a wide range of possible psychological outcomes. In the current global situation, the specific stressors of the COVID-19 outbreak have affected both the general population and professionals who are working in direct patient care, as well as those who are not on the front lines, who can suffer from what is called indirect traumatization.^{3,4}

Attention must be paid to mental health aspects of the frontline health team. However, the concept of "indirect traumatization" requires that attention should also be paid to the general public, due to the growing volume of information, both official and that of low scientific value. The fear of becoming infected, dying, or contaminating family members has already been reported in the COVID-19 literature¹ and can result in accentuated demand for mental health services. Some dysfunctional reactions and behaviors (i.e., self-medicating, abusing alcohol or other

substances, compulsions, impulsivity, and depressive and anxious symptoms) are also observed after catastrophic situations. Furthermore, the symptoms of individuals diagnosed with a mental disorder may become exacerbated due to the stressful environment, changes in personal and family life, as well as in treatment routine.

In this current pandemic, there is a general scenario of concern for everyone's safety, including people infected with COVID-19. These concerns must be considered as a premise for assistance programs (including online programs), which can provide a space for the population to speak openly about their concerns and/or fears (real, subjective and imaginary).

Thus, mental health care and psychosocial well-being programs that consider possible indirect traumatization are needed to mitigate its impact on mental health, as well as to respond to the increased demand for care during this outbreak.⁵ Mental health policies are as needed as much as physical health care policies and can provide a valuable service, as has been stated in recent literature¹ which shows that the existence of support programs makes coping more appropriate and safer. This will certainly help reduce acute mental health problems.

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Disclosure

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