



THE CARE OF YOUNG PEOPLE IN MENTAL DISTRESS IN THE COVID-19 PANDEMIC: A THEORETICAL REFLECTION

Carla Gabriela Wünsch*

Bruna Hinnah Borges Martins de Freitas**

Larissa de Almeida Rézio***

Maria Aparecida Munhoz Gaíva****

Luciane Prado Kantorski*****

ABSTRACT

Objective: to reflect on the health care of young people in mental distress in the context of Covid-19. **Method:** this is a theoretical-reflective study organized in three parts. **Results:** the following perspectives were discussed: Young people in mental distress in the context of the Covid-19 pandemic; Impacts of Covid-19 on mental health care services focused on young people; and New perspectives of care for young people in mental distress during and after the new coronavirus pandemic. **Final considerations:** psychosocial care services were also impacted by the disease and are in the process of adapting and incorporating new technological resources to ensure emotional support and health care for these young people, even with the imposed physical distance measures. The contemporary youth seem familiar with various technological devices, but the context of social inequality sometimes makes it impossible to access these devices and the internet network. It is necessary to rethink mental health practices and articulate care to cultural projects, television and radio channels, in order to provide spaces for general guidelines and artistic expressions that can be promoted through the strengthening of social networks.

Keywords: Youth. Mental Health Assistance. Pandemics. COVID-19. Mental Health.

INTRODUCTION

Covid-19 has gained global attention by becoming the largest international public health emergency faced in recent decades. Shortly after the new strain of the coronavirus (SARS-CoV-2) was discovered in China, in late 2019, reports of cases were observed in several countries, turning into a pandemic⁽¹⁾.

People of all ages can be infected with the new coronavirus, but elderly people and those with preexisting chronic conditions are more vulnerable⁽¹⁾. Nevertheless, even though the young population is not the most susceptible to severe forms of the disease, there is a substantial psycho-emotional impact in the face of Covid-19. A global outbreak can undermine the mental health of this population, resulting in increased anxiety and depressed mood, and even lead to the development of post-traumatic stress disorder and behavioral problems⁽²⁾.

A study that focused on the age-related effects of the Covid-19 pandemic on 6,475

respondents in the United States of America identified that the 18-24 year-old group was the most affected, with 52.42% reporting moderate mental distress. In addition, the strongest association was found among those with moderate mental health symptoms and a self-reported history of having received a previous diagnosis of mental disorder. This association ranged between 4 and 6 times more likely to develop mental distress again, when compared to not having this prior history⁽³⁾.

Through the pertinent literature, it is perceived that this pandemic scenario can affect even more young people who already have mental disorders, intensifying relapses and/or exacerbating previously controlled symptoms, in addition to increasing the risk of new psychological crises. Moreover, it is likely that many of the mental health repercussions related to Covid-19 will only manifest themselves in the future. Accordingly, health care must be early and efficient, as the sooner mental health actions are implemented in psychosocial care, the lower

*Nurse. MSc. Federal University of Mato Grosso (UFMT). Cuiabá, MT, Brazil. E-mail: carlagabi20@hotmail.com ORCID iD: <https://orcid.org/0000-0002-1263-1120>

**Nurse. MSc. UFMT. Cuiabá, MT, Brazil. E-mail: bruna.freitas@ufmt.br ORCID iD: <https://orcid.org/0000-0002-6652-593X>

***Nurse. PhD. UFMT. Cuiabá, MT, Brazil. E-mail: reziolarissa@gmail.com ORCID iD: <https://orcid.org/0000-0003-0750-8379>

****Nurse. PhD. UFMT. Cuiabá, MT, Brazil. E-mail: mamgaiva@gmail.com ORCID iD: <https://orcid.org/0000-0002-8666-9738>

*****Nurse. PhD. Federal University of Pelotas. Pelotas, RS, Brazil. E-mail: kantorskiluciane@gmail.com ORCID iD: <https://orcid.org/0000-0001-9726-3162>

the probability of permanence of distress and the psychopathological impact⁽¹⁾.

Therefore, even with the effects of the pandemic on mental health services, they are essential for the prevention and management of the psycho-emotional consequences arising from Covid-19⁽⁴⁾. It is important that every intervention planned at this moment is precise and based on scientific evidence, besides being adapted to the needs and characteristics of each context, based on the identification of situations of greater psychosocial vulnerability.

Thus, in this scenario, new strategies of psychosocial care centered on young people in mental distress need to be incorporated by the services. The reflections introduced in this study can contribute to an effective response, based on the scientific literature and the required insights to guide health professionals, managers and educators in the care of young people in mental distress. Therefore, this study had the objective of reflecting on the health care of young people in mental distress in the context of Covid-19.

METHOD

This is a theoretical-reflective study that was developed from international and national readings, discussions and experiences in practical activities (extension) carried out in the research groups, Study Group on Child and Adolescent Health, Center for Studies on Mental Health and the Research Group on Nursing, Mental Health and Public Health, of which the authors are members. In turn, these activities indirectly contributed to the reflections generated in this study.

The information was collected through a free search on the Virtual Health Library portal, the World Health Organization website and internationally renowned databases in the academic environment. Scientific production on the theme was used to incorporate and support reflections during the discussion, as this is an emerging and current theme in the pandemic context. The discussions were underpinned by the framework of person-centered care and the principles of the Psychosocial Care Model.

Person-centered care aims to understand and respect the values and preferences of people with physical and/or mental needs. It was developed

based on eight principles that must be observed by health professionals, which are: (1) prompt access to welcoming health care; (2) effective treatment provided by trusted professionals; (3) continuity of care; (4) involvement and support to family and caregivers; (5) clear information, communication and support for self-care; (6) involvement in decisions and respect for preferences; (7) emotional support, empathy and respect; and (8) attention to physical and environmental needs⁽⁵⁾.

The Psychosocial Care Model is based on community-based mental health services (Psychosocial Care Center, Primary Care, Emergency Care Units, etc.), advocating the welcoming of people in distress through care in freedom. Biopsychosocial aspects are considered in care, with great participation of the family and the subject's autonomy in his/her health-disease process. The actions are developed by an interprofessional team, in a horizontal way, in spaces of interlocution and dialogue⁽⁶⁾.

The study was organized into three articulated parts, namely: Young people in mental distress in the context of the Covid-19 pandemic; Impacts of Covid-19 on mental health care services focused on young people; and New perspectives of care for young people in mental distress during and after the new coronavirus pandemic.

Since this is a reflective study that did not involve the participation of individuals, the need for ethical submission is excluded. Nevertheless, the reliability and fidelity of the information contained in the selected publications was ensured through adequate referencing and rigor in the presentation of information.

Young people in mental distress in the context of the Covid-19 pandemic

Youth is marked by physical, cognitive, social and emotional changes, which begin in adolescence. It is known that half of all mental disorders begin around the age of 14, but most cases are not detected or treated in a timely manner. Most of these can be effectively cared for at a relatively low cost with group activities, workshops, activities in the territory and in partnership with other services and devices of the Psychosocial Care Network (RAPS, as per

its Portuguese acronym). Nonetheless, many of these disorders are chronic and need continuous follow-up by mental health services based on the Psychosocial Care Model⁽⁷⁾.

It should be underlined that some determinants of mental health and mental disorders are responsible for mental distress in young people even before the pandemic. These not only include individual characteristics, such as the ability to manage emotions, feelings, thoughts, adversity, but also social, cultural, economic, environmental and political factors. Aspects such as social protection, living standards, working conditions, community support, stress, genetics, nutrition and exposure to environmental hazards also contribute to mental disorders⁽⁷⁾.

Many young people are being impacted psycho-emotionally, mainly due to fear of infection, uncertainty about the disease, frustration and boredom because of the interruption of their activities of daily living. Other important factors that affect them are: inadequate information, family financial loss, family bereavement and physical and social isolation, since schools and community centers have been closed and they are restricted to the home and work environment. Therefore, they are deprived of social interaction with their peers and educators^(8,9).

Furthermore, the way in which young people receive information about Covid-19 may influence their fear levels. Young people's contact with social media and alarming news, and especially with fake news, can result in stress, anxiety and emotional insecurity, which can worsen psycho-emotional symptoms. According to researchers, young people may have a higher prevalence of generalized anxiety disorder, depressive symptoms, sleep disturbances, panic attacks, somatic symptoms, post-traumatic stress disorder, psychosis, and even suicidal behavior during the Covid-19 pandemic⁽⁸⁾.

When schools and leisure environments are closed, many of these young people lose social spaces and support networks, which are important for mental health and, therefore, favor the reappearance of the symptoms previously experienced. In addition, prolonged periods of closure of schools and entertainment

environments, associated with home restrictions, can lead to emotional restlessness and additional anxieties, while school and social routines are important coping mechanisms⁽¹⁰⁾.

In addition to the possibility of having mental disorders prior to Covid-19, many of these young people have other weaknesses, such as being an immigrant, a refugee, living on the streets, being black/brown and having low income. These conditions, in addition to exposing them to a greater risk of contracting the infection, further influence their mental health due to their greater vulnerability to the impacts of the pandemic. They also have limited access to technology and alternative forms of education and access to information, including on how to mitigate exposure to the virus and its repercussions⁽⁷⁾.

Faced with the home restriction imposed by the isolation measures, many of these young people may live with people under psychological stress, stemming from the uncertainties of this period and economic fragility. As a result, there may be an increase in tension, violent situations and toxic stress in the home environment⁽¹⁰⁾. The psychological condition of these young people can worsen even more when family members become infected and are isolated or pass away.

In order to avoid the negative effects on mental health, these young people need to move away from excessive exposure to media coverage, maintain a healthy diet, a positive lifestyle and seek out other people for comfort and emotional solace, i.e., the distance needs to be physical, but not social. Everyone needs to strengthen hope and positive thinking, as well as taking personal or group time to relax and take care of themselves, with a view to minimizing feelings of fear, panic and anxiety⁽¹¹⁾.

Furthermore, they need to maintain follow-up care in mental health services, based on their needs, with adherence to therapies established in conjunction with the health team, understanding that distress is also collective in the face of a pandemic. Therefore, as the pandemic takes place, it is necessary to track emotional and behavioral problems among these young people, support them and follow-up their health status and intervene in a timely manner, even with all

the impacts caused by the pandemic on mental health care services⁽⁷⁾.

Impacts of Covid-19 on mental health care services focused on young people

Currently, all over the world, most mental health services are focused on person-centered care in freedom and in the territory. In Brazil, this care is provided by services that substitute psychiatric hospitals (asylum model) through the RAPS and with decentralized care, including community devices. The Psychosocial Care Center (CAPS, as per its Portuguese acronym) is the Brazilian service dedicated to mental health care for people in severe and/or persistent psychological distress. Therefore, it needs to be strengthened and reinvented, considering coping strategies for the disease, such as physical distance and person-centered care, based on the principles of psychosocial care⁽¹²⁾.

Even with home restrictions, young people are still able to maintain affective and social bonds, as well as some autonomy, even if they remain in their homes, i.e., it is possible to be in contact with family, religion, health services, among other institutions. It should be underlined that the clinical evolution, the restoration of autonomy and the social reintegration of people in psychological distress also happen through the movement of affiliation and feeling of belonging to a collective. The need for physical distance can trigger the feeling of being neglected in users⁽¹³⁾.

In light of the foregoing, as a first step, services need to plan and implement organizational strategies to maintain the support network for people in psychological distress, which must be unique and developed from the demands and conditions of the context. Another point is to think about safety guidelines for the entire team and service users, including possibilities for face-to-face or distance meetings⁽¹⁴⁾. It should be emphasized the importance of maintaining some home visits and articulation with the other devices of the territory, depending on each case.

Studies have signaled that psychiatric and/or mental health services have worked to ensure community care, both residential and hospital, when necessary. One of the strategies

was to maintain continuous follow-up of users, especially young people with a diagnosis prior to the pandemic, regarding the onset or intensification of psycho-emotional symptoms, in light of the Covid-19 pandemic and its signs⁽¹⁴⁾.

To that end, there is a need for professionals to pay attention to the pathologization/psychiatrization of lived experiences as inherent to this pandemic situation⁽¹³⁾. It is expected that professionals, during the follow-up process of young people already undergoing treatment or new care, understand that some feelings and behaviors are expected reactions at this time⁽¹⁾.

These young people must be welcomed, listened to and cared for as part of a suffering woven into the community. Respectfully, care must respond to their preferences and values with the assurance that they support the decision-making of health professionals⁽¹⁵⁾.

Accordingly, mental health services can develop collaborative community care strategies for the young person and the family, even with the physical distance in question. Nonetheless, a Brazilian study pointed out that the pandemic abruptly reduced the search for health care at a CAPSi, and one of the alleged difficulties was locomotion, since most users of the service used the Student Free Pass benefit, which was blocked for use due to the suspension of school classes. Two other reasons mentioned were the difficulty of telephone contact and the compliance with the quarantine period⁽¹⁶⁾.

Therefore, given the complexity of the current situation, the solution is not to focus on the biomedical model and the recruitment of psychiatrists, but to implement new perspectives of care for young people, in the light of interdisciplinarity, interprofessionalism and intersectoriality.

New perspectives of care for young people in mental distress during and after the new coronavirus pandemic

Several protocols have been created since the emergence of Covid-19, which can lead to a standardization of health practices, as care needs flexible actions, adaptations to the experienced contexts and professionals' creativity,

counteracting the fragmentation of the work, mainly in mental health ⁽¹⁷⁾. Thus, interventions in mental health must be articulated with health services in general, such as Primary Care, and can also be organized with other sectors of society, such as schools and community centers⁽¹⁾.

The mental health services in Italy, for example, have sought to ensure continuity of care, both through welcoming health care at the service and at home, with home visits, especially for the most severe cases or those requiring the administration of psychotropic drugs. Italian health teams have been making telephone and videoconference calls for emergencies or upon user request ⁽¹⁸⁾. Another care strategy implemented is the contact with the family members of users and with other network devices through virtual or audio communication⁽¹⁴⁾.

The most promising solution seems to be to provide mental health care by videoconferencing and web-based interventions^(19,20), demonstrating the potential of mental health care with the digital resource (or in a virtual environment) to assist young people with mental disorders. Scientific evidence signalizes that web-based mental health interventions guided by qualified professionals are promising. These can complement existing services and potentially reduce the gap between need and provision of evidence-based treatments in routine care ⁽¹⁹⁾.

Also with regard to health care in virtual environments and with digital technological resources, health services and professionals must take every precaution with data security and protection, as established by the General Law for the Protection of Personal Data (Law nº 13.709, dated August 14th, 2018).

In addition, contemporary young people seem familiar with various technological devices (smartphones, tablets and computers), applications and social networking sites. Nevertheless, the context of social inequality sometimes makes it impossible for youth to have universal access to these devices and to the internet access network. Therefore, this is a barrier faced by the Brazilian mental health care network in the implementation of accessible telecare. Even so, the smartphone is a viable and effective device to connect these young people

during the pandemic.

In Brazil, teleservices have taken place through the initiatives of professionals, associations, organizations and research groups on mental health, mostly linked to public universities. The Research Group on Nursing, Mental Health and Public Health of the School of Nursing of the Federal University of Pelotas, for example, created an online channel called “*Conta Comigo*” (Count on Me, translated into English), which can be accessed at www.gruposaudemental.com, where it makes available an therapeutic listening chat to welcome the whole community, including young people, through online services (teleservice and teleconsultation). Furthermore, the channel makes suggestions for movies and readings, healthy food recipes, therapy for pet animals, poetry, among others.

It is noted that there is a mobilization of research groups on mental health regarding the development of teaching and dissemination materials on the theme, such as booklets, folders, podcasts, videos and others. Posts on social networks can help young people in mental distress during the pandemic and have been an alternative for disseminating these materials to society. This accessible language is a key element that must be developed by those who provide care, highlighting the complex nature of communication.

The Center for Studies on Mental Health of the School of Nursing of the Federal University of Mato Grosso, Brazil, in partnership with the Education through Work for Health Program (PET- Saúde/ Interprofissionalidade, as per its Portuguese acronym), prepared informative booklets with various approaches, among which “The new coronavirus and the care of our mental health”, “Hatha Yoga as mental health care”, “Breathing exercises and the practice of full attention in Mindfulness meditation”, “How to deal with anxiety in isolation time with the help of Integrative and Complementary Health Practices (ICHP)” and “How to go through moments of sadness and mourning with the help of ICPH”. Videos and lives were also produced and published with guidance on health care practices by means of social networks.

All these care technologies are useful to deal with the mental distress caused by Covid-19. It

should be emphasized that these are just a small fraction of the many efforts being carried out by researchers from public universities in Brazil and around the world, aiming to ensure mental health care for the general population, with emphasis here on young people.

At this moment, another important aspect to be considered is the participation of the young person in mental distress in the decision-making process about his/her care, as well as the participation of his/her family. It is essential to share power and responsibility among professionals, young people and their relatives in the planning and organization of mental health care, given the complexity of health needs in the face of the pandemic. Therefore, empowerment and support for health care and autonomy are essential for a person-centered practice.

Since predictions about Covid-19 are still uncertain, the creation of a medium and long-term solution for mental health care for young people with mental disorders becomes imperative. Videoconferencing and web-based interventions are viable alternatives to ensure the continuity of mental health care. This strategy can be incorporated to serve, above all, the most isolated Brazilian regions.

According to researchers, the ideal result would be to come out of the current crisis with a clearer vision of how to implement mental health care on the internet to achieve its benefits, avoiding or minimizing possible abuse and exploitation. To that end, professionals must comply with institutional rules, protocols and quality assurance mechanisms, including rapid notification of adverse events, adequate documentation and follow-up⁽²⁰⁾.

In addition, not all restructuring measures identified in international studies are feasible in scenarios where there is social inequality, such as in Brazil. In this sense, it appears that, given the difficulties of remote contact with young people, mental health services, such as CAPSi, can be articulated with cultural projects in the

communities, local television and radio channels, in order to provide spaces for general guidelines and to offer music and other artistic manifestations as a form of care promoted through the strengthening of local networks. It is important that the follow-up of more severe cases continues face-to-face, as long as the services and professionals take all the recommended health protection measures for safe care in the face of Covid-19.

FINAL CONSIDERATIONS

Through this reflection on the health care of young people with mental distress in the context of Covid-19, it was found that its repercussions affected and affect the mental health of young people with preexisting disorders. Many young people were psycho-emotionally impacted, mainly due to fear of infection and uncertainty about the new disease. Accordingly, they must be welcomed and listened to in a respectful way by the health services, which can develop community care strategies for the young person and his/her family, even with the physical distance in question.

New care strategies for these young people are being established by services and universities with the incorporation of virtual technological resources to ensure emotional support and telecare for those who need it. These initiatives have demonstrated great potential in the fields of mental health and nursing, and can redirect health practices with the purpose of ensuring the psychosocial well-being of people.

The results converge to the importance of being with and maintaining links with mental health services during and after the pandemic. Thus, it is important for nurses to know the possibilities of caring for young people in mental distress. The discussion also reinforces the need for welcoming and therapeutic listening, which is part of the professional nurse's duties.

O CUIDADO AO JOVEM EM SOFRIMENTO MENTAL NA PANDEMIA COVID-19: UMA REFLEXÃO TEÓRICA

RESUMO

Objetivo: refletir sobre o cuidado em saúde de jovens em sofrimento mental no contexto da Covid-19. **Método:** trata-se de um estudo teórico-reflexivo organizado em três partes. **Resultados:** discutiram-se as seguintes perspectivas: jovens em sofrimento mental no contexto da pandemia da Covid-19; impactos da Covid-19 nos serviços de atenção à saúde

mental voltados aos jovens; e novas perspectivas de cuidado ao jovem em sofrimento mental durante e após a pandemia do novo coronavírus. **Considerações finais:** os serviços de atenção psicossocial também foram impactados pela doença e encontram-se em processo de adaptação e incorporação de novos recursos tecnológicos para assegurar o suporte emocional e a atenção à saúde desses jovens, mesmo com as medidas de distanciamento físico impostas. O jovem contemporâneo parece familiarizado com diversos dispositivos tecnológicos, mas o contexto de desigualdade social por vezes impossibilita o acesso a esses dispositivos e à rede de internet. Faz-se necessário repensar as práticas de saúde mental e articular o cuidado a projetos culturais, canais de televisão e rádio para viabilizar espaços para orientações gerais e manifestações artísticas que podem ser promovidas por meio do fortalecimento das redes sociais.

Palavras-chave: Jovens. Assistência à Saúde Mental. Pandemias. COVID-19. Saúde Mental.

EL CUIDADO DEL JOVEN EN SUFRIMIENTO MENTAL EN LA PANDEMIA COVID-19: UNA REFLEXIÓN TEÓRICA

RESUMEN

Objetivo: reflexionar sobre el cuidado en salud de jóvenes en sufrimiento mental en el contexto del Covid-19. **Método:** se trata de un estudio teórico-reflexivo organizado en tres partes. **Resultados:** se discutieron las siguientes perspectivas: jóvenes en sufrimiento mental en el contexto de la pandemia de Covid-19; impacto del Covid-19 en los servicios de atención a la salud mental dirigidos a los jóvenes; y nuevas perspectivas de atención al joven en sufrimiento mental durante y después de la pandemia del nuevo coronavirus. **Consideraciones finales:** los servicios de atención psicossocial también han sido impactados por la enfermedad y se encuentran en proceso de adaptación e incorporación de nuevos recursos tecnológicos para asegurar el soporte emocional y la atención a la salud de esos jóvenes, incluso con las medidas de distanciamento físico impuestas. El joven contemporáneo parece familiarizado con diversos dispositivos tecnológicos, sin embargo el contexto de desigualdad social a veces imposibilita el acceso a esos dispositivos y a la red de Internet. Se hace necesario repensar las prácticas de salud mental y articular el cuidado a proyectos culturales, canales de televisión y radio para hacer viables espacios para orientaciones generales y manifestaciones artísticas que pueden ser promovidas por medio del fortalecimiento de las redes sociales.

Palabras clave: Jóvenes. Atención a la Salud Mental. Pandemias. COVID-19. Salud Mental.

REFERENCES

1. World Health Organization. Coronavirus disease (COVID-19) pandemic. Ginebra; 2021. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
2. Cosić K, Popović S, Sarlija M, Kesedžić I. Impact of human disasters and Covid-19 pandemic on mental health: potential of digital psychiatry. *Psychiatr Danub*. 2020; 32(1): 25-31. Doi: <https://doi.org/10.24869/psychd.2020.25>
3. Sojli E, Tham WW, Bryant R, McAleer M. COVID-19 restrictions and age-specific mental health-U.S. probability-based panel evidence. *Transl Psychiatry*. 2021; 11-418: Doi: <https://doi.org/10.1038/s41398-021-01537-x>
4. World Health Organization. COVID-19 disrupting mental health services in most countries, WHO survey. 2020. <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>
5. Picker Institute Europe. Influence, inspire, empower. Impact Report 2019–2020. Picker Institute Europe. https://www.picker.org/wp-content/uploads/2021/01/Picker_Impact-Report-2020_Web_spreads.pdf
6. Costa-Rosa A. O modo psicossocial: um paradigma das práticas substitutivas ao modo asilar. In: Amarante P. Ensaio subjetividade, saúde mental, sociedade. Rio de Janeiro: Ed. Fiocruz; 2000. p.141-68.
7. World Health Organization. World Mental Health Day. Mental health. Ginebra; 2018. https://www.who.int/health-topics/mental-health#tab=tab_1
8. Ho CS, Chee CY, Ho RC. Mental Health Strategies to Combat the Psychological Impact of Covid-19 Beyond Paranoia and Panic. *Ann Acad Med Singap*. 2020; 49(3): 155-160. http://www.annals.edu.sg/pdf/special/COM20043_HoCSH_2.pdf
9. Holmes EA, O'Connor RC, Perry V, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the Covid-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. 2020; 7(6): 547-560. Doi: [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
10. Lee, J. Mental health effects of school closures during Covid-19. *Lancet Child Adolesc Health*. 2020; 4: 421. Doi: [https://doi.org/10.1016/S2352-4642\(20\)30109-7](https://doi.org/10.1016/S2352-4642(20)30109-7)
11. Shah K, Kamrai D, Mekala H, Mann B, Desai K, Patel RS. Focus on Mental Health During the Coronavirus (Covid-19) Pandemic: Applying Learnings from the Past Outbreaks. *Cureus*. 2020; 12(3): e7405. Doi: <https://doi.org/10.7759/cureus.7405>
12. Ministério da saúde. Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). Brasília: Ministério da saúde, 2011. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html
13. Michaud L, Stiefel F, Gasser J. La psychiatrie face à la pandémie: se réinventer sans se perdre. *Rev Med Suisse*. 2020; 16(691-2): 855-858. <https://www.revmed.ch/RMS/2020/RMS-N-691-2/La-psychiatrie-face-a-la-pandemie-se-reinventer-sans-se-perdre>
14. Percudani M, Corradin M, Moreno M, Indelicato M, Vita A. Mental Health Services in Lombardy during COVID-19 outbreak. *Psychiatry Res*. 2020; 288: 112980. Doi: <https://doi.org/10.1016/j.psychres.2020.112980>
15. Rodrigues JLSQ, Portela MC, Malik AM. Agenda for patient-centered care research in Brazil. *Cien Saúde Colet*. 2019; 24(11): 4263-4273. DOI: <https://doi.org/10.1590/1413-812320182411.04182018>
16. Costa WD, Lima CC, Brandão AT, Mesquita GS. Impactos da pandemia de coronavírus em um CAPS infantojuvenil do Distrito Federal. *Health Resid J*. 2020; 1(1). <https://escresidencias.emnuvens.com.br/hrj/article/view/19>
17. Maia MA, Paiva ACO, Moretão DIC, Batista RCR, Alves

M. The daily work in nursing: a reflection on professional practices. *Cienc. cuid. saúde*. 2019; 18(4): e43349. Doi: <https://doi.org/10.4025/cienccuidsaude.v18i4.43349>

18. Guan W-j, Ni Z-y, Hu Y, Liang W-h, Ou C-q, He, J-x, et al. Clinical characteristics of coronavirus disease 2019 in China. *N Engl J Med*. 2020; 382: 1708-1720. Doi: <https://doi.org/10.1056/NEJMoa2002032>

19. Torous J, Keshavan M. COVID-19, mobile health and serious mental illness. *Schizophr Res*. 2020; 218: 36-7. Doi: <https://doi.org/10.1016/j.schres.2020.04.013>

20. Bashshur R, Doarn CR, Frenk JM, Kvedar JC, Woolliscroft JO. Telemedicine and the COVID-19 Pandemic, Lessons for the Future. *Telemed. J. e. health*, 2020; 26(5): 571-573. <https://doi.org/10.1089/tmj.2020.29040.rb>

Corresponding author: Carla Gabriela Wünsch. Rua Três de Maio, n. 1391, apto 302, Pelotas, Rio Grande do Sul, Brasil. E-mail: carlagabi20@hotmail.com.

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