



COMMUNITY HEALTH AGENTS AND COVID-19 PANDEMIC: KNOWLEDGE, PREVENTION AND COPING WITH DEPRESSIVE SYMPTOMS¹

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ABSTRACT

Objective: to identify knowledge of community health agents about depressive symptoms, prevention and coping strategies in the COVID-19 pandemic. **Method:** descriptive, exploratory research, based on action research, developed with 10 community health agents. The collection took place in February and March 2022. Two thematic seminars were conducted, started from triggering questions on the theme of the study. Content analysis was used. The study was approved by the Research Ethics Committee of the Federal University of Piauí. **Results:** knowledge about depressive symptoms was expressed by social isolation, despair, fear, loss of interest and pleasure in one's own life, and common psychosomatic events in anxiety. The COVID-19 pandemic was suggestive for the development or intensification of depressive symptoms. The prevention strategies were: physical activity, leisure, maintenance of healthy eating habits and spirituality. The coping strategies were: use of technologies, drug prescription and psychotherapy. **Final thoughts:** the knowledge of community health agents about depressive symptoms resulted from their experience and/or follow-up of individuals and/or family members who presented these symptoms. The social, economic, labor and health impacts imposed by the COVID-19 pandemic were presented as precursors to their development or intensification.

Keywords: Knowledge. Depression. COVID-19. Community Health Workers. Primary Health Care.

INTRODUCTION

The 21st century was marked by the emergence of a pandemic that disrupted social, economic and health contexts, due to its potential for global dissemination and high indicators of incidence and mortality in both the general population and health professionals. It is a disease caused by a coronavirus, COVID-19⁽¹⁾.

Given the magnitude of the problem, the sanitary response adopted by several countries that involved the protagonism and readjustment of Primary Health Care (PHC) stands out, since the interventions for pandemic control focus on public health measures, isolation, social distancing, community orientation, active search, surveillance and case monitoring⁽²⁾.

Despite the restructuring of care, the environment and the work process in the pandemic context are complex and dynamic, configuring as an important risk factor for illness, either by the high degree of exposure to contamination or by the psychosocial effects experienced by health workers, including the Community Health Agent (CHA)⁽³⁻⁴⁾.

This professional category is constituted in Brazil as a link between the Family Health teams, the Primary Health Care services offered in the Basic Health Units (BHU) and the families of their territories. These professionals have as attributes the cultural competence, community orientation and the construction of bond with the community, always articulating technical and popular knowledge, especially

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during home visits. It should be noted that, in the face of the COVID-19 pandemic, CHAs had to reorganize themselves together with the team, as well as deal with loneliness, mourning, which can trigger the appearance of depressive symptoms and require prevention and coping strategies⁽⁵⁾.

The literature points out that depressive disorder is a state of mental suffering manifested by sadness, loss of interest and pleasure, feeling of guilt, low self-esteem and sleep disorders, presenting greater risk condition when related to suicidal behavior. Although it is preventable, it is still a multifaceted, predictable phenomenon that presents high indicators of morbidity and mortality⁽⁶⁾.

Thus, the depressive symptomatology, when experienced by health professionals, can cause individual, collective and care impacts, negatively influencing self-care and patient safety, as well as reducing the effectiveness of the service and favoring the occurrence of adverse events. In addition, it may reflect the loss or reduction of work capacity and indicators of absenteeism and sick leave⁽⁷⁾.

Moreover, the constant weaknesses in management and low visibility of public policies and strategies for health care of workers have also contributed to the appearance of depressive signs and symptoms in health professionals, revealing the need for actions and strategies based on scientific evidence, favorable to risk management and safety in the workplace⁽⁸⁾.

In addition, investigations in this panorama may favor the development of actions that contemplate the care directed to depressive symptomatology in CHAs, which, in turn, includes contributions to the work process of these professionals, health team and public service.

From this perspective, this study seeks to identify the knowledge of community health agents about depressive symptoms, prevention and coping strategies in the COVID-19 pandemic.

METHOD

This is a descriptive and exploratory study, with a qualitative approach, based on the theoretical framework of action research. This

comprises a social research strategy in which there is a wide and explicit interaction between researchers and participants, aiming at solving problems or objects of transformation in the face of a certain observed situation. In the area of health and nursing, it is widely used and referenced, especially in public health programs, favoring popular participation and the construction of knowledge⁽⁹⁾.

This study was conducted in a Basic Health Unit (BHU), in the state of Piauí, Brazil. The participants were 10 Community Health Agents, according to the following inclusion criteria: both sexes, with registration in the National Registry of Health Facilities (CNES), employed in the Municipal Health Foundation (FMS) and active since the pandemic decree issued on March 11, 2020 by the World Health Organization. The exclusion criteria were: being on temporary leave, either by vacation and/or medical certificate. The sample was intentional and there was no exclusion of participants or loss of follow-up.

The CHAs participated in the negotiation meeting, moment of exposition of the objectives of the study, explanation of the two seminars, presentation of the research team and adjustment of the dates and the place for the proposed activities. Furthermore, the Informed Consent Form (ICF) was presented, read and signed. The collection took place in February and March 2022.

The development of this research involved two thematic seminars, held on different dates, with an average duration of two hours each, based on three stages of the Creative and Sensitive Method (CSM): presentation of the participants and the facilitator; presentation of the proposed themes and dynamics; production, presentation, discussion and evaluation of data⁽¹⁰⁾.

The first thematic seminar sought to identify participants' knowledge about depressive symptoms. To produce these data, the trigger question was asked: "Let's talk about depressive symptoms in times of COVID-19 pandemic, what is your knowledge about this topic?".

Moreover, the documentary entitled "Mental health of those who work in the front line of the pandemic" was presented, developed by *TV Justiça Oficial*, in April 2021 and lasting twenty-

eight minutes. As an action strategy, the participants, in a conversation circle, discussed their experiences and the impacts of the pandemic on mental health, as well as listed the similarities between what was portrayed and the reality presented by them.

The second thematic seminar involved the prevention and coping strategies of depressive symptoms, being guided by the following questions: "During the COVID-19 pandemic, have you experienced depressive symptoms?" and "What strategies have you used to prevent or face these symptoms?".

For data production, the technique of clipping-collage was used, in which participants sought, in newspapers and magazines, images capable of expressing their strategies adopted for prevention/coping with the problem. This resource comprises a playful approach that allows greater understanding of conflicting situations, promoting, in most cases, a moment of relaxation and reducing the possibilities of inducing empty discourses⁽¹¹⁾.

The action strategy involved mini-exposition containing explanations about the prevention and coping with depressive symptoms in the COVID-19 pandemic and occupational impacts related to the COVID-19 pandemic.

The discourses were recorded in a media device for Android and subsequently transcribed and analyzed based on the principles and guidelines of content analysis that proposes the following phases: pre-analysis; exploration of the material and treatment of the results, inferences and categorization of the evidences⁽¹²⁾.

This study was approved by the participating institution and the Research Ethics Committee of the Federal University of Piauí, under process number 5,148,588 of 2021.

RESULTS

In this perspective, after mapping and interpreting the discourses obtained through the seminars, thematic cores of convergent information emerged for the formation of two categories, namely: Knowledge of CHAs about depressive symptoms in times of COVID-19 pandemic; and Strategies for prevention and coping with depressive symptoms by

Community Health Agents.

Knowledge of CHAs about depressive symptoms in times of COVID-19 pandemic

This category showed that the knowledge of the CHAs about depressive symptoms is, in most cases, confused with the Depression disease. In addition, the discourses of the CHAs signaled to knowledge about depressive symptoms from characteristics manifested by individuals and/or family members accompanied by them, especially social isolation, despair, fear, loss of interest and pleasure for life itself, experiences lived by them.

I follow-up a person with depression. For me, depression is when you isolate yourself, have no longer joy with life, and life seems to have no sense. Because they didn't go out anymore and didn't have social life anymore. (P1)

As soon as the pandemic came, I didn't leave the house, I thought that putting my head through the window would contaminate me, I was crying and afraid of catching COVID in the wind and I started to despair and ended up passing it on to the whole family. (P3)

Worried about my daughter being infected, I was afraid of working and contaminating someone where I live. (P4)

We think it's something the person wants, because they've lost someone, something, and the persons isolates themselves. (P5)

We are really scared because we live with the family of people with depression. Depression has no color, race, or social class. (P6)

Participants in this study also expressed the development of anxiety and the need for increased use of psychotropic drugs for individuals and/or family members accompanied by them, associated with depressive symptoms already manifested during the COVID-19 pandemic.

Known people began taking anxiolytics and black stripe medicines to control anxiety and fear. (P2)

Besides depression, anxiety and current treatment for both diseases. (P7)

In relation to depression in the pandemic, it became more expressive, the issue of fear, of anxiety. (P10)

The global health crisis triggered by the COVID-19 pandemic, as well as measures for epidemiological control, was reported by CHAs as a precursor to the development or intensification of depressive symptoms, being expressed by the experience of mourning with contact restrictions, presence of health conditions favorable to the worsening of infection, dissemination of information about the pandemic, financial impact with unemployment and the closure of companies, beyond the distance from the support and social support network.

The loved ones we've lost for COVID-19 couldn't be veiled; you watched them pass in front of you, packed in the bag and it seemed to me that they were already going to the cemetery. The only thing left was the longing. Unemployment is another trigger for depression. Companies, micro-companies were closed because they had no condition, so the pandemic only really came to make us more scared. (P2)

I came to the clinic, found patients outside, desperate, crying because their family member had just passed away. We absorbed that situation, then someone else arrived saying that he had removed the rope from the depressed wife's neck twice. And we've lost very dear people in the area too. (P5)

You can't see a case on TV where someone died from COVID, someone that could be a neighbor, a child or parent. So, I felt like I was going to die and leave my children. (P7)

At the beginning of the pandemic I had depression because it was fear, the media always showing those cases of deaths, the numbers increasing every day, and, due to my comorbidities, I thought I would die from COVID. (P9)

Strategies for prevention and coping with depressive symptoms by Community Health Agents

Physical and leisure activities, in addition to maintaining healthy eating habits and spirituality, comprised strategies favorable to reducing the depressive signs and symptoms caused by the pandemic context.

For me, eating, watching good movies. Spirituality, listen to the gospel, try to follow and be reborn. (P1)

I did a lot of physical activity, I sang, I couldn't go to the gym, but at home I didn't forget to do it. I'm always praying. (P2)

Growing a garden, buying games, then we get together to play. (P6)

Traveling, pets, swimming in the sea, getting together with friends to celebrate, with family, attention and affection from friends, dancing and listening to music. (P7)

Leisure helps a lot to get out of this depression, physical activity, music soothes our soul. (P10)

The use of technologies, drug prescription and the help of specialized professionals were reported by CHAs as strategies for coping with depressive symptoms in times of COVID-19.

An important tool was the smartphone. (P4)

Medication, some people really needed medicines, there was no way out. (P5)

Essential for everybody, therapy to control anxiety, myths, those things. (P3)

I was also supported by the doctor, and I take the medicines. It's something that really helped me. (P8)

DISCUSSION

The COVID-19 pandemic is a public health emergency, and global indicators call attention for pointing out high prevalence of infection in the general population and health professionals, as well as the need for healthcare restructuring and the greater predisposition of workers to the development or intensification of psychosocial repercussions imposed by the pandemic scenario and epidemiological control measures⁽⁸⁾.

From this perspective, this study identified the knowledge, prevention and coping strategies developed for depressive symptoms by Community Health Agents in the COVID-19 pandemic, once working in the Family Health Strategy (FHS) team, which is a reference in the monitoring and active screening of suspected cases, confirmed cases and close contacts, constituting a condition of vulnerability, resulting in a higher degree of exposure to mental distress⁽¹³⁾.

The CHAs are an important link between the community and care services, in which their activities are directed to community guidance, building bonds and valuing technical and

popular knowledge⁽¹⁴⁻¹⁵⁾. In this context, the knowledge of the CHA about depressive symptoms was intertwined with the disease itself, as well as manifestations of clinical symptoms corresponding to anxiety.

Evidence shows that the combined prevalence of depression and anxiety has manifested more strongly than during the non-epidemic period. These psychic adversities are considered public health problems of global magnitude and represent multidimensional conditions⁽¹⁶⁾.

The knowledge of depressive symptoms, reported by the participants, was related to the characteristics manifested by individuals and/ or family members accompanied by them during the COVID-19 pandemic.

Depressive disorder comprises one of the most prevalent mood swings in the world population, including health professionals, manifested in this study by social isolation, despair, fear and loss of interest and pleasure for life itself. Other symptoms are associated with depressive episodes, such as low self-esteem, sleep disorders, cognitive difficulties and suicidal behavior, which is an important indicator of severity due to its high potential for a fatal outcome⁽¹⁷⁾.

Anxiety, a disorder also reported by participants, comprises one of the major causes of emotional distress and reduced quality of life, being expressed by physiological, behavioral and cognitive conditions, and considered pathological when the level of activation or duration is disproportionate to the situation experienced⁽¹⁸⁾.

Mental exhaustion among CHAs is a frequent phenomenon⁽¹⁹⁾, and it is also evidenced in a study with 324 participants, which showed a high prevalence of depressive symptoms, stress and anxiety in these professionals, requiring the development of measures to minimize these repercussions⁽²⁰⁾.

The factors described by the CHAs in the present study as triggers of depressive symptoms are referenced in the literature, which points to the COVID-19 pandemic and the measures of distancing and social isolation as suggestive of mental suffering⁽²¹⁾.

In this sense, contact restrictions, whether in the experience of mourning or in the support and

social support networks, were described as important for the triggering of depressive symptoms, depression and anxiety. A similar result was evidenced in a study⁽¹⁹⁾ that pointed out that these factors may result in emotional instabilities, especially in the face of sudden family loss and the experience of mourning, reinforcing the importance of mental health services, with accessibility and effective systems for early recognition of risk situations.

The presence of comorbidities described in the literature as intensifiers of the clinical severity of SARS-CoV-2 infection, as well as the dissemination of information about the pandemic, was also reported by the participants of this study as a trigger for depressive symptoms.

From the perspective of the digital age experienced today, data on COVID-19 are rapidly spreading through different types of media. The volume of information is accentuated and may even include false theories, factors that have provoked panic and demonstrated repercussions on mental health⁽²²⁾.

Regarding the financial impact generated by unemployment, this was the cause of mental suffering, especially the triggering of depressive symptoms. The loss of employment, and, consequently, of income, has become a frequent problem with blocking measures and the suspension of non-essential services in the context of the COVID-19 pandemic. Thus, workers were submitted to interruption of labor activities without prior planning or economic reserves, resulting in financial loss and the development of depressive symptoms capable of interfering with family functioning and mental health⁽²³⁾.

Given these events, CHAs constituted a vulnerable professional category for the development of depressive symptoms. Given the magnitude of the problem, this investigation evidenced that different strategies for both prevention and coping were adopted by them.

The prevention of health problems comprises the structuring of interventions aimed at avoiding or minimizing the risk of disease emergence, thus reducing its incidence and prevalence indicators in the population⁽²⁴⁾. In the coping process, the actions involve behaviors, cognitive and behavioral strategies structured to

solve problems arising from the demands of life, configuring itself by the development of skills, techniques and knowledge acquired with the management of internal demands⁽²⁵⁾.

Considering these assumptions, physical and leisure activities, the maintenance of healthy eating habits, as well as spirituality, were measures to prevent depressive symptoms, used by the CHAs of the present study as an alternative for risk reduction and promotion of mental health.

The relationship between physical activity and the improvement of psychosocial indicators is widely referenced, and the evidence converges to its indication as a primary prevention instrument to trigger depressive symptoms, anxiety, stress and even depression. The promotion of physical activity has been gaining prominence in the world public health agenda, considering the benefits in the maintenance of health indicators and quality of life of the population⁽²⁶⁾.

As well as the regular practice of physical activity, the maintenance of healthy eating habits and the regularity of sleep are directly related to the maintenance of the quality of life of individuals, assisting in physical, mental health, and, consequently, in the reduction of depressive symptoms, especially in the pandemic context⁽²⁷⁾.

An international study showed that spiritual support is also an important strategy for managing challenges that affect psychological balance, with proven beneficial effects for reducing moderate and severe levels of depressive symptoms⁽¹²⁾. In this context, the adoption of spiritual practices in mental health has grown in recent years, contributing to social reintegration, lower burden of symptoms and negative feelings, strengthening bonds, relief of suffering and preservation of physical, psychological, social dimensions and quality of life⁽⁶⁾.

The use of resources and technological media was expressed by the participants of this study as a strategy for coping with depressive symptoms in times of COVID-19. Technological tools, such as WhatsApp, are a useful and functional tool for maintaining communication and social interaction, especially in view of the distance measures imposed by the pandemic scenario.

Thus, their functionalities stand out in reducing the distance between people who were subjected to isolation, resulting in the sharing of information, promotion of entertainment and relational environment⁽²⁸⁾.

Other coping resources were identified, such as psychotherapy, used to treat emotional issues, depressive symptoms, anxiety, among others, aiming to develop a more assertive and affirmative behavior in the individual's life.

The literature points out the importance of psychological and/or psychiatric treatments for health professionals in times of COVID-19 pandemic, since mental health care reduces the risk of sick leave, illness and even death. For the treatment of psychic diseases, the prescription of antidepressants is often necessary, which act in the control of neurotransmitters of the Central Nervous System (CNS), characterizing themselves as a favorable resource for reducing depressive signs and symptoms⁽²⁹⁾.

In this context, the family and social relations are also important, constituting as factors of protection and coping with depressive symptomatology, since the support of the family, of neighbors and friends can mitigate the degree of mental suffering and improve the individual's ability to overcome adversities and stressors⁽³⁰⁾.

Given the above, the strategies expressed by the CHAs may favor the prevention and coping with depressive symptoms in times of COVID-19, and should be valued as valid methods to reduce vulnerabilities and depressive symptoms.

A limitation of the study concerns the inherent aspects of the adopted design, since the action-research method is focused on situational and specific approach of a phenomenon under investigation, considering the reality and local possibilities.

FINAL THOUGHTS

In this study, the knowledge of Community Health Agents about depressive symptoms resulted from their experience and/or from the monitoring of individuals and/or family members who presented these symptoms, including social isolation, despair, fear, loss of interest and pleasure in life itself, as well as the common psychosomatic symptoms in anxiety frames.

The social, economic, labor and health impacts

imposed by the COVID-19 pandemic were presented as precursors to the development or intensification of depressive symptoms. In this sense, the experience of mourning with contact restrictions, the presence of comorbidities, unemployment and distancing from the support and social support network were expressed by the CHAs as determinants for the triggering of depressive symptoms.

Given the magnitude of the problem, prevention and coping strategies were evidenced, which involved the practice of physical activity and leisure, the maintenance of healthy eating habits, spirituality, the use of technologies

favorable to social interaction, prescription, in addition to monitoring with a specialized professional.

These evidences demonstrate the need for health education activities aimed at CHAs to improve understanding, prevention and coping with depressive symptoms, as well as to propose new strategies that are valid, safe, and able to minimize mental suffering arising from the pandemic scenario. New studies are essential to investigate the occurrence of the event in the other professional categories that make up the health team and to direct public policies favorable to occupational safety.

AGENTES COMUNITÁRIOS DE SAÚDE E PANDEMIA DA COVID-19: CONHECIMENTO, PREVENÇÃO E ENFRENTAMENTO DE SINTOMAS DEPRESSIVOS

RESUMO

Objetivo: identificar conhecimentos dos agentes comunitários de saúde acerca dos sintomas depressivos, estratégias de prevenção e enfrentamento na pandemia de COVID-19. **Método:** pesquisa descritiva, exploratória, fundamentada na pesquisa-ação, desenvolvida com 10 agentes comunitários de saúde. A coleta ocorreu nos meses de fevereiro e março de 2022. Realizaram-se dois seminários temáticos, conduzidos por questões disparadoras sobre a temática do estudo. Utilizou-se a análise de conteúdo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Piauí. **Resultados:** o conhecimento sobre sintomas depressivos foi expresso pelo isolamento social, desespero, medo, perda de interesse e prazer pela própria vida, e eventos psicossomáticos comuns nos quadros de ansiedade. A pandemia da COVID-19 foi sugestiva para desenvolvimento ou intensificação dos sintomas depressivos. As estratégias de prevenção foram: atividade física, lazer, manutenção de hábitos saudáveis de alimentação e espiritualidade. As estratégias de enfrentamento foram: uso de tecnologias, prescrição medicamentosa e psicoterapia. **Considerações finais:** o conhecimento dos agentes comunitários de saúde sobre sintomas depressivos foi resultante da sua vivência e/ou acompanhamento de indivíduos e/ou familiares que apresentaram esses sintomas. Os impactos sociais, econômicos, laborais e de saúde impostos pela pandemia da COVID-19 apresentaram-se como precursores para seu desenvolvimento ou intensificação.

Palavras-chave: Conhecimento. Depressão. COVID-19. Agentes Comunitários de Saúde. Atenção Primária à Saúde

AGENTES COMUNITARIOS DE SALUD Y PANDEMIA DE COVID-19: CONOCIMIENTO, PREVENCIÓN Y LUCHA CONTRA LOS SÍNTOMAS DEPRESIVOS

RESUMEN

Objetivo: identificar los conocimientos de los agentes comunitarios de salud acerca de los síntomas depresivos, las estrategias de prevención y el enfrentamiento en la pandemia de COVID-19. **Método:** investigación descriptiva, exploratoria, fundamentada en la investigación-acción, desarrollada con 10 agentes comunitarios de salud. La recolección ocurrió en los meses de febrero y marzo de 2022. Se realizaron dos seminarios temáticos, conducidos por preguntas disparadoras sobre la temática del estudio. Se utilizó el análisis de contenido. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Federal de Piauí-Brasil. **Resultados:** el conocimiento sobre síntomas depresivos fue expresado por aislamiento social, desesperación, miedo, pérdida de interés y placer por la propia vida, y eventos psicossomáticos comunes en los cuadros de ansiedad. La pandemia de COVID-19 fue sugerente para el desarrollo o incremento de los síntomas depresivos. Las estrategias de prevención fueron: actividad física, ocio, mantenimiento de hábitos saludables de alimentación y espiritualidad. Las estrategias de enfrentamiento fueron: uso de tecnologías, prescripción medicamentosa y psicoterapia. **Consideraciones finales:** el conocimiento de los agentes comunitarios de salud sobre síntomas depresivos fue resultante de su vivencia y/o acompañamiento de individuos y/o familiares que presentaron esos síntomas. Los impactos sociales, económicos, laborales y de salud impuestos por la pandemia de COVID-19 se presentaron como precursores para su desarrollo o intensificación.

Palabras clave: Conocimiento Depresión. COVID-19. Agentes Comunitarios de Salud. Atención Primaria de Salud.

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