Revista ARACÊ
ISSN: 2358-2472

DEVELOPMENTS OF THE PANDEMIC IN MENTAL HEALTH INTERVENTIONS: THE ROLE OF THE SUS IN THE FEDERAL DISTRICT

https://doi.org/10.56238/arev6n2-105

Submitted on: 10/09/2024 **Publication date:** 10/10/2024

Mariana de Sousa e Silva[1], Jéssica Emanoeli Moreira da Costa[2], Ana Gabriela Duarte Mauch[3], Arthur Pires de Menezes[4] and Katia Tarouquella Brazil[5]

ABSTRACT

COVID-19 is a viral respiratory disease that manifests itself asymptomatically in some people and can present itself in three ways: mild cases; moderate cases; and cases that evolve to the manifestation of the disease with greater severity, which can lead to death. The first records of the disease occurred at the end of 2019, in China. COVID-19 quickly spread on a global stage, being declared a pandemic by the World Health Organization in March 2020. In Brazil, the Ministry of Health indicates that COVID-19 led to the death of more than 700 thousand people by May 2023, when the WHO decreed the end of the pandemic. This paper discusses the consequences of mental health intervention in SUS services in the Federal District, the capital of Brazil during the pandemic. This research used the qualitative, descriptive-exploratory and cross-sectional method with 30 mental health professionals from the Federal District. Recurrent themes were identified in the professionals' speeches, such as: fear and insecurity and mental health intervention strategies. It was possible to observe the creative strategies implemented by professionals to maintain mental health care, such as whatsapp groups, online therapeutic groups, such as: theater workshops; individual and family care and adaptations in physical environments for continuity of care.

Keywords: Pandemic, Mental health, Fear, Intervention strategies.

[1] Master and Doctorate student in the Graduate Program in Clinical Psychology and Culture, University of Brasília
E-mail: marisousasilva@gmail.com
[2] Master and Doctorate student in the Graduate Program in Clinical Psychology and Culture, University of Brasília
E-mail: jessicaemanoeli@gmail.com
[3] Master
Doctorate student in the Graduate Program in Clinical Psychology and Culture
University of Brasilia
E-mail: anagabimauch@gmail.com
[4] Undergraduate Student
Undergraduate student in Psychology
University of Brasilia
E-mail: arthur.pires.menezes@gmail.com
[5] Teacher
Doctor in the Graduate Program in Clinical Psychology and Culture, University of Brasília
E-mail: ktarouquella@gmail.com

Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

COVID-19 is a viral respiratory disease that manifests itself asymptomatically in some people and can present itself in three ways: mild cases; moderate cases; and cases that evolve to the manifestation of the disease with greater severity, which can lead to death. The first records of the disease occurred at the end of 2019, in China. COVID-19 quickly spread on a global stage, being declared a pandemic by the World Health Organization in March 2020. In Brazil, the Ministry of Health indicates that COVID-19 led to the death of more than 700 thousand people by May 2023, when the WHO decreed the end of the pandemic.

It is in this context that the pandemic arrives in Brazil, establishing a scenario of generalized terror of death, fear of contamination, and a strong feeling of helplessness (Birman, 2021). At the time, not much was known about the virus other than its highly contagious and lethal character. Without vaccines or effective treatments for the disease, the measures adopted to contain the spread of the virus were social distancing, lockdown, use of masks, testing, etc. However, not all the population had access to the necessary means to comply with these standards. In addition, the absence of effective measures to combat the virus, or worse, the incentive for non-compliance with WHO recommendations by the Federal Government has deepened the feeling of helplessness. The catastrophe of the pandemic reaches the subjective level as something of the order of the traumatic, as Birman (2021) points out. The trauma of the pandemic had consequences on the mental health of the entire population, not only because of the inevitable consequences of the arrival of the virus, but also because of the avoidable attitudes of rulers who placed the population in a place of extreme helplessness that still reverberates today (Costa & Mendes, 2020).

The Federal District was the first unit of the Federation to decree social isolation, aiming to reduce contagion by COVID-19. The Health Department of the Federal District made an effort to assist the population in the face of the risk of contamination, but also in relation to care in the face of the worsening of the symptoms of the disease, which put the most vulnerable population at risk (Andrade et al., 2020).

Social isolation, as a way to reduce the risks of contagion by COVID-19, had a psychic impact and a risk to the mental health of the subjects that cannot be neglected. In an article published on March 14, 2020 in the scientific journal The Lancet, the authors Brooks et al. (2020), the authors warned about the psychological costs of social isolation

Revista
ARACÊ
ISSN: 2358-2472

due to the epidemic and draw attention to the fact that the fight against the epidemic can start another epidemic, This is less visible than the psychological effects of such isolation, the fragility of mental health. The researchers highlight some symptoms, such as stress, insomnia, anger, depression, irritability, among others. Thus, it is necessary to articulate an integrated intersectoral and interdisciplinary support network, to promote an articulation between different subjects and social sectors to face the problem of impacts on mental health in the period of social isolation.

Given the speed of contagion by COVID-19 and the initial absence of medication for treatment, isolation was the resource used by several countries and also in Brazil. In this context, mental health interventions in several countries were necessary to articulate an integrated, intersectoral and interdisciplinary support network, to promote an articulation between different subjects and social sectors to face the problem of impacts on mental health in the period of social isolation (Brooks et al., 2020; Maia et al., 2022). In view of this scenario, this paper discusses the consequences of mental health intervention in SUS services in the Federal District, the capital of Brazil during the pandemic, particularly those provided by the Psychosocial Care Centers (CAPS). The caps are daily mental health care services, of a substitutive nature to the psychiatric hospital. They have the responsibility of caring for people with severe and persistent mental disorders, working under the logic of territoriality. However, other services are also dedicated to mental health in the Unified Health System (SUS). The Multiprofessional Team in Primary Health Care (eMulti), formerly called the Family Health Support Center (NASF), the Family Health Teams (eSF), these two make up the Basic Health Units (UBS).

The pandemic has directly impacted the mental health of the population in several ways, whether through social isolation or mourning for deaths resulting from the pandemic, in addition to many other factors that cause damage to mental health, such as fear of being contaminated, dying, socioeconomic concerns, among others (Schimidt et al., 2020; Noal et al., 2021). With the reduction in mortality from the disease from vaccine immunization, even if late, the impacts on the mental health of the population become more evident, as they have become increasingly latent, overloading SUS services that work in the promotion of mental health.

Revista ARACÊ
ISSN: 2358-2472

METHOD

This research used the qualitative, descriptive-exploratory and cross-sectional method. The research is in line with the ethical precepts necessary for research with human beings and was approved by two Research Ethics Committees through opinions numbers 5,698,173 and 5,810,426. Data were collected through semi-structured interviews, which were recorded and later transcribed for data analysis. The participants could only start the research after voluntarily agreeing to participate, including signing the Free and Informed Consent Form.

The sample was chosen for convenience and consisted of 30 health professionals linked to the State Department of Health of the Federal District who performed interventions or actions aimed at mental health in services at all levels of health care of the SUS. The participants of the research were from different territorial locations in the Federal District. The sample consisted of participants from the following services: 3 eMulti, 2 CAPSi, 1 CAPS AD, 2 CAPS II, 2 mental health outpatient clinics, 1 Specialty Center for Attention to People in Situations of Sexual, Family and Domestic Violence (CEPAV) and 1 General Hospital.

The analysis of qualitative data collected was inspired by the Thematic Content Analysis (Minayo, 2007), in which three stages were used for the analysis, namely: n1) Pre-analysis of the contents of the transcribed interviews, n2) exploration of the material and n3) interpretation. From the reading of the material, recurrent themes were identified in the professionals' speeches, such as: Fear and insecurity and mental health intervention strategies.

RESULTS

The semi-structured interviews allowed the dimension of the professionals' affections and the need to reorganize the services, during the pandemic context, to be discussed. Therefore, listening to the professionals' statements and subsequent data analysis pointed to two main themes: a) Fear and insecurity; b) Strategy in mental health care.

FEAR AND INSECURITY

Fear emerges as the main affect in this period. The fear of contamination reflected the fear of imminent death. Anyone, at any time could be the next lethal victim of the virus. Confronting death brought social and subjective consequences, and fear was the affection-

Revista
ARACÊ
ISSN: 2358-2472

tone of the political scenario of that moment. Denying or acknowledging the reality of the moment, it was in relation to death that each subject positioned himself in the period of the pandemic. Sigmund Freud (1926) approaches the fear of death as analogous to the fear of castration in which the Self reacts with anguish to the possibility of abandoning the Superego, that is, the psychic representative of paternal authority. Such abandonment would place the subject in a position of helplessness, without the protection of the Superego from dangers. The reaction of the Self to danger is anguish, and such danger is castration.

In view of the pandemic scenario, the feeling of fear and insecurity can be evidenced, as can be identified in the interviews:

> "The public came to the services in this discourse of fear, anxiety. In addition to an unfolding, which is that of the bereaved, of the people who effectively lost someone who sometimes did not even go through something of covid so strong in themselves, but who suffers. Suddenly, having lost someone close to him or who was very impacted by the death of so-and-so" (Chapter II).

It was evident in the professionals' statements that the words fear, chaos and insecurity were highlighted, as an attempt to signify the unnamable anguish of the unknown launched by the pandemic, as reported:

> "I think this feeling is also of chaos and insecurity. Because if we didn't already have the correct information here, imagine the population that was Jornal 24 Horas talking about the pandemic, death in all sorts of ways, all possible conspiracy theories. So I think they arrived very disoriented, so they don't know what was true and what is not, and we didn't have good information to give either" (Chapter I).

In the analysis of the statements, it was possible to identify that even the different services, with different levels of care and public, were taken over by the demands of care for a population that had little access to safe information, which increased the cases of mental illness both during the pandemic and in the subsequent period.

> "They (service users) come with the demand of the anxiety created by the pandemic. The depression that has been created, we have a lot of patients who are not able to leave the house today. So, before the pandemic they had to leave home for school, they had chores, today they can't leave the house, because they are afraid to leave the house. For having stayed at home for so long" (Chapter i).

The caps professional indicates that users reported feelings of uncertainty and fear at the beginning of the pandemic, given that they were dealing with an unknown virus and did not have clear information about the necessary precautions. In addition, mandatory

Revista
ARACÊ
ISSN: 2358-2472

social distancing, crucial to contain the spread of the virus, generated additional difficulties, leading to social isolation and aggravating health anxiety and the feeling of helplessness in the face of the unknown. Isolation was particularly difficult for mental health service users and their families, who found in mental health services a space to share and welcome their weaknesses, as service professionals were strongly affected. As can be seen in the following statements:

> “(...) In the pandemic it was a mixture of anguish, because it was a new thing, we knew that it was based on health, only the doctor could theoretically diagnose (...)For me it was worrying, distressing, because it was a new thing, but I also have to protect myself because I can't bring this to my family either." (Chapter i).

> "When we returned home, we were also afraid of taking the virus into the house. So it was crazy. I remember I would come home... Then I got off, I already had a shoe, a sandal in the car. When I couldn't put the clothes to wash right away, I put them in a bag and left them away and went straight to a specific bathroom, which was far from my children. He was very careful, so as not to... fear of passing this virus on to them... Finally... it was very suffering" (General Hospital).

In the interviewees' statements, it is possible to evidence fear, anguish and insecurity, manifestations in the face of helplessness, as it has to do with the constant reupdating of the subject in the face of death, changes in daily life and not knowing in the face of COVID-19.

Helplessness is the original condition of the human being (Freud, 1930). We are born helpless and dependent on an Other who needs to choose to take care of us so that it is possible to survive the first years of life. Anguish is related to the baby's psychic helplessness, which also reflects his physical helplessness, that is, helplessness has a fundamental function in the subject's psychic constitution and in the way this subject forms social bonds, which was reactivated during the pandemic.

In the pandemic, the subject is thrown into helplessness in the face of the unknown, due to the threat of contamination, which caused thousands of deaths, and the imposition of dealing with grief, both the illness and death of close people, and the pre-pandemic conditions that it is no longer possible to experience (Cardoso et al, 2022).

Health professionals also had to deal with fear beyond the reception and clinical management of patients in mental health institutions, when taking precautions in their private lives, as there was a need to take the care indicated after work, since they returned home to family life, when they remained, And in view of the widespread contagion, preventive actions were taken in order to reduce the possibilities of contamination. This

Revista ARACÊ
ISSN: 2358-2472

situation also generated suffering and feelings of insecurity in those who were working in health services.

STRATEGY IN MENTAL HEALTH CARE

The interventions of the CAPS and in other mental health services aim at psychosocial rehabilitation, understood as a set of actions that aim to increase the person's abilities, reducing the damage caused by the mental disorder, so that the coexistence between users and the spaces of group sharing has an important aspect for the strengthening of subjects with mental disorders (Mielke et al., 2011). However, with the impediment of coexistence during the pandemic period, individual care was used, as can be seen in the following report:

> "We had a very big limit because group activities were limited. We worked on, but focused more on individual care. So we lost a lot of the issue of the bond with users of the collective, right? " (CAPS II).

Gradually, it was possible to create, remotely, new possibilities for collective encounter, which could be a tool for care, exchange and promotion of emotional stability for users and their families.

Thus, the eMulti, the CAPS, the specialized mental health outpatient clinics, the CEPAV and the psychosocial care of the General Hospital conducted their actions towards a reorganization of work, which would allow the mental health care service to be sustained and the most severe cases prioritized. This organization was possible with the development of online strategies and active search in the territory, as can be highlighted in the following statement:

> "It was a very cool experience, which had some side effects as well, because we created a WhatsApp group, we sent videos and also used that group to send support materials for the pandemic (...) Then I organized an online workshop with them, and then it was very cool for those who managed to participate (...) There were some moments when they organized themselves to make video calls among themselves, I found this very interesting because it generated a certain technological education" (CAPS II).

Some services have adhered to features such as video calls, while others have started to use phones or smartphones to give specific directions, guidance and tracking of cases that would require greater attention, even at a distance. In addition, the possibility of

Revista ARACÊ
ISSN: 2358-2472

internet access in this period can be evidenced as a factor that allowed not only a permanence in the service, but the sustenance of social ties of users beyond the services.

> "We even realized that some things were worked on in these workshops, which had never been worked on before, such as making things at home. Because as we work with filming, performing arts workshops, we always had this idea of getting users to film, but it turned out that due to the logistics of the service we had not been able to create this space (...) It was possible, both for practical internet reasons and for psychic reasons, to make sense, to be able to be there. We noticed that some people loosened up more with the online device. So, that was really cool: they filmed themselves more, brought ideas, and stayed something beyond the moment of the workshop, moving something outside, in their lives, in their homes." (CAPS II)

Therefore, technology was a fundamental element for the creation of new clinical devices by health professionals. The previous report demonstrates that since many users have access to the internet, remote interventions have gained space in mental health services, with the use of online resources. The speech groups with thematic activities of performing arts, for example, made it possible that, through media production, service users could create shared spaces in order to symbolize content brought in the workshops, in addition to increasing the spaces for coexistence and production of culture possible in the pandemic period.

However, the challenges of updating technological resources were pointed out, as a privileged form of access to users, as this adaptation had to occur in an emergency manner and brought implications for the bond in the services, as reported:

> "This technological issue for us was a very big challenge, because before it was 100% face-to-face. (...) I think it was one of the biggest challenges, this issue of technology, out of nowhere has changed, it's a service that you won't see the patient, you don't know how the patient is behind the camera" (CAPSi).

Mental health care in the virtual modality also brought with it a series of operational challenges, such as the lack of technological resources and the need to deal with privacy issues, considering that many of the services did not have the basic conditions for the user to express themselves confidentially. The following excerpts represent the idea elaborated:

> "Even families sometimes did not have the conditions to provide online service, right? A camera, a privacy, in short. So I think those adaptations were a bit difficult for the team." (eMulti)

> "So these more serious patients, they do not lend themselves to online care. On the other hand, families had enormous difficulty accessing the internet, so it was an ordeal, in my experience, to have online service." (CAPSi)

Revista ARACÊ
ISSN: 2358-2472

Despite the privacy problem, users gradually found ways to participate in the activities proposed by the teams, in order to guarantee a space for elaboration and symbolization in the virtual space. These spaces provided opportunities for exchanges and shared experiences between users and professionals, not only at the times scheduled for the execution of groups on the devices, but also users also created groups among themselves to keep in touch, even after the session or the online group activity.

The online groups in child and adolescent mental health services did not have much adherence, however, the online offer of groups for parents of users of child and youth mental health services was well received and enabled a meeting space between parents and their professionals. The challenges of capsi in remote care:

> “(...)It was horrible, a fiasco, that they didn't want to put their face on, they talked only by chat and it didn't work." (CAPSi)
>
> "Adolescents [...] they already have this technological issue, they prefer to be here at the service (...) We understand that parents can be online" (CAPSi)

In this sense, Gomes et al (2021); Magrini et al., (2021), recognize the importance of adapting CAPS interventions to virtual modalities, despite showing that they are not effective for all types of audiences. However, there are recommendations for prevention and health promotion so that children can also be accessed through virtual platforms, involving them in their own care plans (Marin, et al., 2020), as can be exemplified in the following statements:

> "And to this day we use it, we have face-to-face groups here at CAPSi and there are still online groups, because it was so positive." (CAPSi)
>
> "It had to have all the mechanism of the professionals to be able to adapt to online services. To this day there is still a remnant of this, because there is a family group that is still online. (...) It's much easier to stay at home for an hour talking on the cell phone, than for him to go out and leave the boy with someone, come back, catch traffic, it's cheaper. The online family group, for example, was a milestone of the pandemic." (CAPSi)
>
> "There were some services that remained online, from users who were unable to go to the CAPS. (...) The meetings of the service network were also maintained, I think this online issue made it much easier, this remains." (eMulti)

The online groups were expanded during the pandemic, which was maintained after the return to face-to-face, addressing various aspects of prevention and promotion of mental health. It is pointed out that collaborative grouping is an enhancer for adherence and bonding in interventions in the virtual format, especially when it welcomes compositions and

Revista ARACÊ
ISSN: 2358-2472

also divergences (Fioroni et al., 2021). It is argued that the establishment of online groups was able to manage the impacts of the pandemic on mental health, suggesting that transdisciplinarity in the conduct of mental health groups is recommended because it enables the enhancement of listening and the creation of more integrated intervention proposals (Vivenzio et al., 2022).

The adaptation of care based on the use of the pandemic was understood as the only alternative for some participants, causing difficulties for the management and operationalization of the technology itself. For the workers, facing the pandemic and in a short time rethinking work processes with urgent adaptations that were coherent with the identity of the services required skills in two fields: in the technical aspect, related to the mastery of equipment and resources of virtuality, and in the aspect of concerns with the conditions of care, which refer to the ethical and conduction aspects themselves. However, the professionals reported that the clinical devices, despite presenting great novelties, were limiting in the face of some crisis demands and when users did not have access to the technology, as shown below:

> "Several people had difficulty dealing with this technology, (...) For example, it was a system that you can share a screen, that you can make a game, that everyone interacts with; So this was news to a lot of people." (CAPSi)
>
> "We didn't have a camera available for everyone, headphones, these things that favor virtual service, we didn't have a large quantity, so we couldn't think about this type of service all the time, or two at the same time, so this was a challenge too." (CAPSi)

In addition, it is clear that the lack of investment in health policies has even had an impact on access to technological resources in services, since the workers themselves have divided themselves to pay for a mobile device and internet to have access to technological mechanisms for video calls, without having to resort to personal devices. The following excerpt represents what was put on the screen:

> "But we have a cell phone that was bought by the team, the team made a box, bought a phone and has a colleague who pays the bill. So we don't have that amount of technology in terms of phones or tablets." (eMulti)

Therefore, although virtual services in the pandemic were mostly effective tools, only one of the services received mobile devices. In other words, not all professionals had access to these resources, highlighting the importance of ensuring adequate tools for the new way of functioning required by the advent of the pandemic.

Revista ARACÊ
ISSN: 2358-2472

FINAL CONSIDERATIONS

The widespread fear of death, produced by the arrival of an invisible enemy, permeated the period of the COVID-19 pandemic. During the pandemic, fear appears as an affect caused by the lack of knowledge about the virus and the consequences of illness. Fear and anguish are mixed between what is not known and what is not possible to name. Such a mixture produced particular effects of this pandemic period from the social to the subjective level. In addition, the paradoxical discourse of the representatives emerged as a factor that intensified the feelings of helplessness and discouragement inherent in the danger of death.

In this context, mental health care services had to deal with the challenges of the unknown and the fear of death, as well as the population served, with the aggravating factor of political helplessness in actions to combat the virus. This scenario intensified the anguish of mental health professionals, both due to the fear of contracting the virus at work and the lack of political support devices in this very challenging period. In the professionals' speech, it was highlighted that the pandemic, with the anguish of fear of the unknown and death, required the reorganization of services and, thus, facing the challenges of the pandemic context.

The COVID-19 pandemic has inscribed mental health services in the Federal District in helplessness in psychosocial actions. The challenges dealt with adaptations in therapeutic care, favoring individual care, given the impossibility of face-to-face organization in groups. The impacts of social distancing, grief, and the economic shocks of the pandemic had repercussions on the mental health, both of users and health professionals, intensifying suffering.

Despite the calamities of such a situation, the teams of the three levels of mental health care in the Federal District launched themselves into the reinvention of work, with the inclusion of remote listening, intersectoral articulations for visits to the territories, online meetings for case studies with the psychosocial care network, and installation of remote resources with groups and cultural resources. The reinvention at work through the use of technology and remote care made it possible to care for those in severe psychic suffering, through innovative processes that allowed the creation and production of culture, sustaining the promotion of life in the midst of the chaos of the pandemic context.

Revista
ARACÊ
ISSN: 2358-2472

REFERENCES

1. Andrade, L., Mauch, A., Costa, J., Silva, K., Almeida, L., Araújo, S., Souza, S., Nunes, T., & Souza, V. (2020). A utilização das redes sociais digitais no cuidado psicossocial infantojuvenil, diante da pandemia por Covid-19. *Health Residencies Journal-HRJ, 1*(2), 44-61.

2. Birman, J. (2021). *O traumático na pandemia do Coronavírus: suas dimensões políticas, sociais, econômicas, ecológicas, culturais, éticas e científicas*. Rio de Janeiro: Civilização Brasileira.

3. Brasil. Secretaria de Estado de Saúde do Distrito Federal. (2021). *Plano de Contingência do Distrito Federal para Infecção Humana pelo novo Coronavírus - COVID-19*.

4. Brasil. (2022). Saúde mental é debatida no Distrito Federal. *Disponível em*: https://www.saude.df.gov.br/web/guest/w/sa%C3%BAde-mental-%C3%A9-debatida-no-distrito-federal

5. Brooks, S. K., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet, 395*(10227), 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8

6. Cardoso, B., Amparo, D. M., & Carneiro, J. B. M., Silva, C. G. (2022). O enquadre virtual como dispositivo psicanalítico de atendimento online. *Revista Brasileira de Psicanálise, 56*, 195-208.

7. Costa, P. H. A., & Mendes, K. T. (2020). Contribuição à Crítica da Economia Política da Contrarreforma Psiquiátrica Brasileira. *Argumentum, 12*(2), 44–59. https://doi.org/10.18315/argumentum.v12i2.2894

8. Vanier, A. (2006). Temos medo de quê? *Ágora: Estudos em Teoria Psicanalítica, 9*(2), 285-298. https://doi.org/10.1590/S1516-14982006000200009

9. Fioroni, L. N., et al. (2021). Aprendendo a cuidar na pandemia por COVID-19: experiência com grupo on-line em saúde mental. *Cadernos da Pedagogia, 15*(31).

10. Freud, S. (2010). *O mal-estar na civilização* (J. Salomão, Trad.). São Paulo: Companhia das Letras. (Original publicado em 1930).

11. Freud, S. (2014). Inibição, sintoma e angústia. In J. R. de Souza (Ed.), *Obras completas de Sigmund Freud* (Vol. 17, pp. 13-123). São Paulo: Companhia das Letras. (Original publicado em 1926).

12. Gomes, N. D. M. R., et al. (2021). Processo de trabalho em serviço de saúde mental na pandemia de Covid-19: estudo qualitativo. *Online Brazilian Journal of Nursing*.

13. Jorge, M. A. C., Mello, D. M., & Nunes, M. R. (2020). Medo, perplexidade, negacionismo, aturdimento - e luto: afetos do sujeito da pandemia. *Revista Latinoamericana de

Psicopatologia Fundamental, 23*(3), 583–596. https://doi.org/10.1590/1415-4714.2020v23n3p583.9

14. Magrini, J. M., Homercher, B. M., & Vieira, M. V. (2021). O impacto da pandemia Covid-19 em um serviço de saúde mental de atenção psicossocial infantojuvenil. In *Anais do V SERPINF e III SENPINF*.

15. Maia, J. M., et al. (2022). Estratégias de intervenção em saúde mental na pandemia da COVID-19: revisão sistemática. *Research, Society and Development, 11*(6), e17611628692.

16. Marin, A. H., et al. (2020). *Saúde mental e atenção psicossocial na pandemia COVID-19: crianças na pandemia Covid-19*. Rio de Janeiro: Fiocruz/CEPEDES.

17. Minayo, M. C. D. S. (2007). *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec.

18. Mielke, F. B., et al. (2011). Características do cuidado em saúde mental em um CAPS na perspectiva dos profissionais. *Trabalho, Educação e Saúde, 9*(2), 265–276. https://doi.org/10.1590/S1981-77462011000200006

19. Noal, D. D. S., et al. (2021). Capacitação nacional emergencial em Saúde Mental e Atenção Psicossocial na Covid-19: um relato de experiência. *Saúde em Debate, 44*, 293-305.

20. Schmidt, B., et al. (2020). *Saúde mental e intervenções*.

21. Vivenzio, R. A., et al. (2022). Grupo terapêutico on-line: dispositivo de cuidado para saúde mental de universitários em tempos de pandemia. *Revista de Psicologia, 13*(2), 71-79.