

PREPARING FOR THE COVID-19 MENTAL HEALTH CRISIS IN LATIN AMERICA – USING EARLY EVIDENCE FROM COUNTRIES THAT EXPERIENCED COVID-19 FIRST

Running head: Psychological reactions during Covid-19 pandemic

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ABSTRACT

The Covid-19 started in China and took over the world, becoming a pandemic. Especially in Latin America, the coronavirus arrived on the continent in mid-February 2020. The South American continent is going through a delicate political, economic and social moment, which is reflected in the fragility of our health systems and science and to reduce the rates of contagion and not overburden health services, including hospitals. Nevertheless, several studies are being carried out in Brazil and worldwide, with the objective sought to understand the characteristics, and even, the cure of people infected by the coronavirus. Therefore, we must consider science-based strategies to combat the pandemic and promote a health system that takes care of the population that needs it.

Keywords: Mental Health, Covid-19, Psychological Reactions

INTRODUCTION AND DISCUSSION

With the spread of Covid-19 becoming a relevant public health problem in China in January of 2020 and subsequently developing into a pandemic, as it spread to Iran, Europe and the Americas, approximately one billion people in China began to face various restrictions due to varying degrees of confinement. These included bans on public transportation, commerce, and business in general, which were then followed by quarantines on travelers returning from abroad, thus restricting most people from working and circulating normally. Covid-19 outbreak disrupted lives, work, triggered public panic, and mental health distress in China (Bao, Sun, Meng, Shi & Lu, 2020) hurting not only physically but also psychologically.

After China reported the first death from Covid-19 on January 11, new cases were confirmed in Thailand, Nepal, Australia, Malaysia, Singapore, South Korea, Vietnam, and Taiwan, gradually spreading out to countries like Iran, Italy, France, and the US. On February 26, Brazil announced the first case of Covid-

19 and, at the very moment we wrote this letter, the State of São Paulo has recorded 11,568 cases and 853 deaths.

Correspondingly, several other countries also adopted similar measures to contain the spread of the pandemic. Many scholars have stated that the ideal ratio for self-isolation in Brazil would be of 40% of the population. For the State of São Paulo, the most populous in the nation, an ideal isolation rate would be 70%. Indeed, regardless of the nation, there has never been a lockdown or quarantine of this magnitude, involving millions of people with no end in sight. This fact alone already gives the issue an emotional dimension that affects the stability of a population's mental health. We now have evidence of mental health issues in China (Qiu, Shen, Zhao, Wang, Xie & Xu, 2020; Li, Wang, Xue, Zhao & Zhu, 2020) and Iran (Jahanshahi, Dinani, Madavani, Li & Zhang, 2020).

Self-isolation is certainly an important "vaccine" for safeguarding public health by stopping the propagation of the virus. However, it's also certain that the longer one spends in isolation, the bigger the chance of being afflicted by psychiatric, psychological or cognitive disorders such as mood swings, depression, irritability, anxiety, fear, anger, insomnia, changes in appetite or subjective well-being. Pondering the role which social isolation might have had on the health of adults who had been subjected to the government-mandated, month-long lockdown in China, Dr Stephen Zhang, of the University of Adelaide, Australia, along with his team, conducted a study (Psychiatry Research, 2020, 288: 112958) identifying adults participants with pre-existing health conditions and unable to work due to the lockdown, as being the most vulnerable to suffering declines in their physical and mental health. To do so, the overall health of 369 adults, living in 64 distinct Chinese cities, with different rates of confirmed coronavirus cases were analyzed after each of the participants filled out a cross-transversal questionnaire.

Individual health was assessed employing a psychometric tool known as Physical and Mental Health Survey (or SF-12). This survey has been translated and adapted, and its psychometric properties have been investigated in various intercultural studies. It contains twelve items and eight domains, which are: physical functioning (2 items), physical role (2 items), body pain (1 item), general health (1 item), vitality (1 item), social functioning (1 item), emotional

role (2 items), and mental health (2 items). The eight domains, or factors, when put together, make up composite scales of mental and physical health, with scores ranging between 0 and 100. When put together, these results form a final SF- 12 score, in which higher numbers represent better health.

The Kessler Psychological Distress Scale (K6) was used to measure psychological stress, which has also been translated and adapted for several cultures. The scale contains six items which when submitted to a factorial analysis allow for the extraction of two factors: anxiety and depression, representing different domains of psychological distress.

Lastly, the researchers measured an indicator of contentment with life utilizing the Satisfaction with Life Scale, globally renowned for its simplicity to use, validity and accuracy. The scale was designed to measure global cognitive judgments of satisfaction with one's life (not to be confused with positive and negative affects). In this survey, the participants indicate how much they agree or disagree with each of the five items; utilizing numerical scores ranging from 7 (strongly agree) to 1 (strongly disagree).

Of all the participants, 27% worked in offices, 38% worked at home, and 25% had stopped working due to the outbreak of the virus. The categorical data reveals that those who stopped working showed a decrease in their physical and mental conditions, as well as the greatest levels of stress. Additionally, the severity of the disease in their city predicted their satisfaction with life, related contingently with pre-existing health issues and hours dedicated to physical exercise. In other words, adults who stopped working due to the outbreak saw a decline in both physical and mental health as well as an increase in stress.

Jahanshahi, Dinani, Madavani, Li and Zhang (2020) show that predictors of distress, during the Covid-19 pandemic, varies across countries due to medical systems, policies of lockdown, culture, labor and employment conditions, the information in both mainstream and social media, etc. Therefore, pandemic readiness and strategies coping with the disease differ across regions. In that sense, the World Health Organization (WHO) uses four methods to manage the spread of the infection (risk communication, vaccines and antiviral therapies, hygiene practices and social distancing) (WHO, 2008).

In most Latin-American countries, healthcare systems are not prepared for the pandemic due to limitations in financing capacities, health infrastructure, equipment and shortage of health professionals, thus increasing the risk of a destructive outbreak. Additionally, hygiene practices (washing hands with soap, using alcohol gel, sneezing in the fold of the arm, avoiding touching eyes, nose and mouth, using face masks, putting tissues straight into a bin, etc.) and social distancing are not fully followed, especially in countries like Brazil and Mexico. ,

Furthermore, due to the lack of scientifically supported vaccines and antiviral therapies, mass and indiscriminate testing, followed by high social distancing levels have been predictors of successfully curbing the spread of infection in countries like Germany and South Korea. Unfortunately, in other countries (Italy, England, France, Mexico, Brazil, etc.), due to their testing capacity, it has been limited to hospitals and patients with severe symptoms.

The impact of cultural, political and socioeconomic factors should also be considered around the world and specifically in Latin-American countries. Consequences of Covid-19 are expected to impact unemployment, quality of work and on specific, more vulnerable groups as migrants, as stated by the International Labor Organization (ILO, 2020).

In the words of Doctor Zhang, the data shows the need to monitor the health of those who were not infected by the virus, especially those who stopped working due to the lockdown. The authors also stress that physically active people may be more susceptible to changes in subjective well-being during this period. Therefore, public health policies should consider introducing restrictive measures to contain Covid-19, which can lead to an understanding of the implications to both the health and the subjective well-being of the people.

Zhang and his collaborators, therefore, state that identifying those which might be affected the most by Covid-19, not physically, but rather as a result of working and living in regions or states affected by the virus, will bring about important ramifications to public policies. This particularly applies to the gigantic country of Brazil. Identifying people in this group might help health organizations in prioritizing individuals in greater need, and consequently, health professionals, such as doctors, psychiatrist, psychologists, nurses, social workers, and even specialized volunteers, can be focused to provide services

directed at the mental issues which may arise (or if already present, become more aggravated) during periods of isolation of any kind.

CONCLUSION

Finally, Doctor Zhang, based on his research, makes four recommendations for future interventions: having special attention to the most vulnerable groups (the elderly, women and migrant workers); improving the health service system and accessibility to medical resources; coordinating a psychological nationwide first aid plan during the Covid-19 pandemic; and implementing comprehensive crisis prevention and intervention system (epidemiological monitoring, screening, referral, and targeted intervention). Therefore, we strongly recommend that in public policies that come to be taken by different countries, consider the conclusions emanating from the study by Zhang and collaborators as robust evidence.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest.

AUTHORS' CONTRIBUTIONS

Abad prepared and wrote of the manuscript; Juliana Almeida da Silva, wrote and revised the manuscript; J.V.Z. Neves Braga prepared and wrote the manuscript; P. Medeiros revised the manuscript; R.L. de Freitas revised the manuscript; N.C. Coimbra revised the manuscript, and J.A. da Silva wrote and revised the manuscript.

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