Management of health workers' mental health in the context of COVID-19 in Brazil and other South American countries

A gestão da saúde mental dos trabalhadores da saúde no contexto da covid-19 no Brasil e em outros países da América do Sul

La gestión de la salud mental de los trabajadores de la salud en el contexto de la COVID-19 en Brasil y otros países de América del Sur

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Abstract

Introduction: The COVID-19 pandemic has unleashed unprecedented challenges in healthcare systems globally, emphasizing the critical importance of the mental health of healthcare professionals. Accordingly, this study aimed to investigate initiatives focused on addressing the mental health needs of these professionals, with a focus on Brazil and countries in South America, during the pandemic. **Objective:** To analyze propositions aimed at addressing the mental health of healthcare workers during the COVID-19 pandemic. **Methods:** We employed a descriptive approach and documentary analysis technique to examine 29 selected publications from official government websites. This documentary analysis allowed us to identify and describe specific propositions for the mental health of healthcare workers, covering individual and organizational aspects. **Results:** The results revealed a significant emphasis on self-care and organizational justice as key strategies to promote the mental health of healthcare professionals during the pandemic. However, we also identified a shortage of investments and policies targeting the mental health of these workers in the South American region, exacerbated by the pandemic context. **Conclusions:** This study highlights the urgency of concrete measures to address present and future challenges related to the mental health of healthcare professionals. The lack of investments and specific policies in the South American region underscores the need for effective measures to mitigate adverse impacts on the mental health of these essential professionals.

Keywords: COVID-19; Health personnel; Mental health; Psychosocial intervention; Work conditions.

Resumo

Introdução: A pandemia da covid-19 desencadeou desafios sem precedentes nos sistemas de saúde globalmente, sublinhando a crítica importância da saúde mental dos profissionais de saúde. Nesse contexto, este estudo visa investigar as iniciativas direcionadas à atenção à saúde mental desses profissionais, com foco no Brasil e em países da América do Sul, durante a pandemia. **Objetivo:** Analisar as proposições voltadas para a atenção à saúde mental dos trabalhadores da saúde durante a pandemia da covid-19. **Métodos:** Utilizamos uma abordagem descritiva e a técnica de análise documental para examinar as 29 publicações selecionadas de sites oficiais dos governos. Esta análise documental nos permitiu identificar e descrever as proposições específicas para a saúde mental dos trabalhadores da saúde, abrangendo aspectos individuais e organizacionais. **Resultados:** Os resultados revelaram uma ênfase significativa no autocuidado e na justiça organizacional como estratégias-chave para promover a saúde mental dos profissionais de saúde durante a pandemia. No entanto, também identificamos uma escassez de investimentos em políticas direcionadas à saúde mental desses trabalhadores na região sul-americana, exacerbada pelo contexto pandêmico. **Conclusões:** Este estudo destaca a urgência de ações concretas para enfrentar os desafios presentes e futuros relacionados à saúde mental dos profissionais de saúde. A falta de investimentos e políticas específicas na região sul-americana ressalta a necessidade de medidas eficazes para mitigar os impactos adversos na saúde mental desses profissionais essenciais.

Palavras-chave: COVID-19; Pessoal de saúde; Saúde mental; Intervenção psicossocial; Condições de trabalho.

Resumen

Introducción: La pandemia de COVID-19 ha desencadenado desafíos sin precedentes en los sistemas de salud a nivel mundial, enfatizando la importancia crítica de la salud mental de los profesionales de la salud. En este contexto, este estudio tiene como objetivo investigar iniciativas centradas en abordar las necesidades de salud mental de estos profesionales, con un enfoque en Brasil y países de América del Sur, durante la pandemia. **Objetivo:** Analizar proposiciones dirigidas a abordar la salud mental de los trabajadores de la salud durante la pandemia de COVID-19. **Métodos:** Empleamos un enfoque descriptivo y la técnica de análisis documental para examinar 29 publicaciones seleccionadas de sitios web gubernamentales oficiales. Este análisis documental nos permitió identificar y describir proposiciones específicas para la salud mental de los trabajadores de la salud, cubriendo aspectos individuales y organizacionales. **Resultados:** Los resultados revelaron un énfasis significativo en el autocuidado y la justicia organizacional como estrategias clave para promover la salud mental de los profesionales de la salud durante la pandemia. Sin embargo, también identificamos una escasez de inversiones y políticas dirigidas a la salud mental de estos trabajadores en la región sudamericana, exacerbada por el contexto pandémico. **Conclusiones:** Este estudio resalta la urgencia de acciones concretas para abordar los desafíos presentes y futuros relacionados con la salud mental de los profesionales de la salud. La falta de inversiones y políticas específicas en la región sudamericana subraya la necesidad de medidas efectivas para mitigar los impactos adversos en la salud mental de estos profesionales esenciales.

Palabras clave: COVID-19; Personal de salud; Salud mental; Intervención psicosocial; Condiciones de trabajo.

INTRODUCTION

During the global health crisis caused by the new coronavirus (SARS-CoV-2), as well as the spread of its variants, occupational health has presented itself as a long-term challenge to several health systems. In this scenario, the pandemic has revealed the relationships between working conditions and their implications for workers' mental health.[1]

Accordingly, healthcare workers are understood as a group that goes beyond the so-called frontline workforce of the COVID-19 pandemic, as they include those who perform the essential tasks and are exposed to the risk of infection, as well as of developing mental and/or behavioral disorders due to this employment relationship.[2]

Conceptual discernment, in a pragmatic way, is necessary, since when referring to a healthcare worker, we include any and all individuals who "directly or indirectly work in the provision of healthcare services, within healthcare establishments or in healthcare activities, and may or may not have specific training to perform functions related to the sector".[3] This broadens the understanding that the concept of a healthcare worker is not restricted to professionals directly involved in care but includes all those who, in some way, contribute to the functioning of the healthcare system. The conceptual adoption of workers is necessary because it similarly encompasses everyone involved in healthcare, also integrating the entire

professional contingent that, "whether or not working in the health sector, has specific professional training or practical or academic qualifications to perform activities directly linked to healthcare or actions".[3]

During the pandemic, health professionals experienced cognitive and physical fatigue due to uninterrupted work hours, new demands and responsibilities combined with the need to resolve unexpected situations inherent to the pandemic context, and the eagerness to solve problems in times of scarce resources.[4] These factors had a direct impact on the psychosocial burden, compromising the development of work activities in various scenarios. From this perspective, the reliable tangibility of workload requires an understanding of aspects inherent to the provision of services linked to the physical, cognitive and psychological burden assigned, in a manner consistent with professionals and especially with workers in general, who remained working during this period.[5]

Although there is a broad debate about the implications of COVID-19 for the psychological well-being of health professionals and interventions during outbreaks, there is still a gap in knowledge about the repercussions and actions directed at health workers. Greater details are needed on the differences in the proposed interventions, considering occupational stressors and challenges, as well as the particularities of different types of workers. This aspect is relevant to public health and deserves a more in-depth review, with a focus on Brazil and South America.[6,7]

Therefore, this study aimed to identify and describe mental health management strategies for healthcare workers during the COVID-19 pandemic made available by Brazil and other South American countries. The analysis of strategies to reduce the psychological impact of the COVID-19 pandemic and identify effective approaches for healthcare workers, both in the current crisis and in the future, is especially relevant in the South American context. Social and economic challenges, combined with fragmented healthcare systems and deep inequalities, reinforce the scientific and social importance of this study.

METHODS

This is a descriptive study with a qualitative approach that prioritizes the technique of documentary analysis of official publications on government websites to analyze the strategies for managing the mental health of health workers during the COVID-19 pandemic adopted or adapted by Brazil and other South American countries (Argentina, Bolivia, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela, and French Guyana) between January 2020 and March 2022. This study focused on South American countries because of the particularities of the region, which faces unique social, economic and structural challenges. The presence of marked inequalities, fragmented health systems, and limited social protection mechanisms make the South American context distinct, especially with regard to the impact of the pandemic on health workers. Analyzing these countries allows for a deeper and more contextualized understanding of the needs and support strategies for health professionals in the region.

The search for documents took place in March 2022, on the official websites of the services of the health systems of the countries considered for this research. The websites and documents were read in their original language and, when necessary, translated using the Google Translate tool (https://translate. google.com/).

Each document was saved in PDF and organized into folders by type. Official documents available on the websites of the ministries or national health departments of the South American countries considered, published between January 2020 and March 2022, that mentioned actions aimed at the mental health of health workers in the context of COVID-19, in Portuguese, Spanish or English, were included. Documents

that did not address the mental health of workers, that addressed only statistical data without describing care strategies, that were not available in full or that came from non-governmental sources were excluded.

The documentary research involved three stages: exploration, pre-analysis and material analysis. The exploratory phase required reading the documents and classifying them according to theoretical/analytical dimensions and categories. Three of the study authors performed the content analysis of the selected documents. After the analysis, the summary tables for this study were created. The 29 documents identified (Chart 1) were read in full and systematized in a Microsoft Excel spreadsheet, according to country of origin, document title, specific policies and specific strategies in the different stages of reconfiguration of the work process.

Chart 1. List of documents that described measures for the mental healthcare of health workers, by country, 2020-2022.

Country	Document
Country	Documents identified
Argentina	• National Plan for the Care of Workers and Health Workers[10] • Mental Healthcare and Support for People in Confinement and Their Workers[11] • Mental Health Recommendations for Healthcare Teams | 2021 UPDATE[12] • Recommendations for Mental Health Teams in the Mental Healthcare of Professional and Lay Workers in General Hospitals | 2021 UPDATE • Mental Health Recommendations for Healthcare Teams[14] • COVID-19: Risk Assessment and Management of Healthcare Workers Exposed to COVID-19: Recommendations)[15] • COVID-19: Recommendations for the Mental Healthcare of People in Confinement and Their Workers in the Context of the Pandemic[16]
Ecuador	• Care and Self-Care Protocol for Operational and Administrative Respondents in COVID-19[17] • Strategic Operationalization Protocol for Mental Health in COVID-19 Emergencies[18] • Psychological First Aid and Psychosocial Support Guide for SARS-CoV-2 First Responders[19] • Operational Guidelines for Mental Health Intervention in the Health Emergency[20]
Brazil	• Technical Note – Mental Health and Psychosocial Support in Specialized Care[21] • Mental Health and the COVID-19 Pandemic[22] • Recommendations for protecting health service workers from COVID-19 and other flu-related syndromes[23] • Mental health of women and men workers[24]
Chile	• Teleconference Series "Health Personnel Care in the Context of COVID-19"[25] • Governance and Regulation of Occupational Health COVID-19[26] • Roles of quality and patient safety teams during the COVID-19 pandemic[27]
Uruguay	• Protecting the mental health of response teams[28] • Protective measures for healthcare staff and users of SNIS (National Integrated Health System)[29]
Paraguay	• Clinical management of patients with the novel coronavirus (COVID-19)[30] • COVID-19 Emergency Response Project: Workforce Management Procedure[31]
Peru	• Mental Health Plan (In the context of COVID-19 - Peru, 2020 - 2021)[32] • Technical Guide for Mental Healthcare of the Affected Population, Families and Community, in the Context of COVID-19[33] • Technical Guide for Mental Healthcare for Healthcare Personnel in the Context of COVID-19[34,35] • Guidelines for Health Surveillance of Workers at Risk of Exposure to COVID-19[36] • Guidelines for the Surveillance, Prevention and Control of the Health of Workers at Risk of Exposure to COVID-19, Ministry Resolution No. 265-2020- MINSA[37]
Suriname	• Final National COVID-19 Preparedness and Response Plan[38]
Guyana	• Guyana COVID-19 Emergency Response Project (P175268)[39]

The analysis of the publications was performed using the content analysis described by Bardin,[8] which incorporates a set of communication analysis techniques, through thematic and objective procedures to describe the content of the documents. The analytical-interpretative process unfolded in the stages of pre-analysis (skimming, corpus formation – comprehensive reading), exploration of the material, processing of the results obtained and interpretation.

The interpretation process was carried out through a comprehensive reading of the material obtained, aiming to impregnate and construct empirical categories, which encompass elements and/or aspects with common characteristics or that are related to each other, grouped into cores of meaning, to encourage the classification of these categories in a grouping of elements, ideas or expressions.[9] After immersing oneself in the reading of the systematizations of the documents, thematic cuts were made, which culminated in the presentation of the results, according to each country analyzed and the analytical categories, namely: 1. Guidelines and self-care measures for the mental health of health workers; 2. Organizational measures and recommendations for the mental health of workers; and 3. Management and technical organization of work activity.

RESULTS

The documentary analysis allowed the identification of 29 documents, which were distributed, as illustrated in Figure 1, between Argentina (7),[10-16] Brazil (4),[21-24] Ecuador (4),[17-20] Chile (3),[25-27] Uruguay (2),[28,29] Paraguay (2),[30,31] Peru (5),[32-37] Suriname (1)[38] and Guyana (1).[39] No publications were identified on state websites regarding worker mental health in Bolivia, Colombia and Venezuela. Most publications were published in 2020 (62%).[10,15,19,20,22,23,25,27-30,32-38]
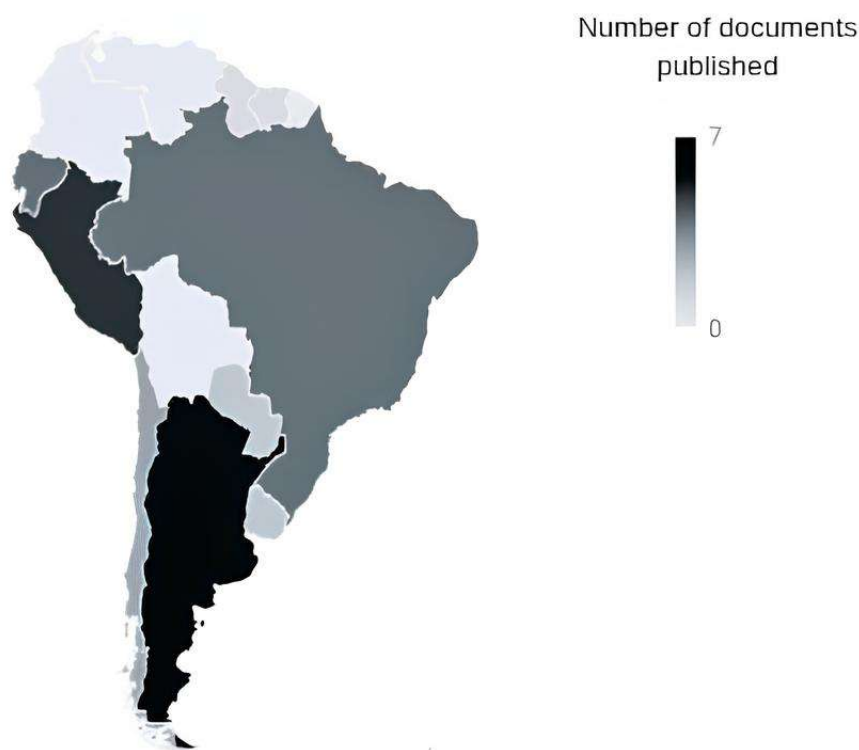

Number of documents published

Figure 1. Distribution of publications on mental healthcare of health workers during the COVID-19 pandemic, according to country of publication.

Regarding the typography of the documents, the nature of the publications was technical and operational (11 technical notes,[10-16,21,23,27,28,30] 2 booklets with recommendations,[24,38] 3 protocols,[17,18,29] 2 technical guides,[19,35] 1 on guidelines[20] and 1 online video course),[25] normative (5 ministry resolutions) [32-34,36,37] 32-34,36,37 and informational (2 publications on institutional websites[22,26] and 2 projects).[31,39]

The target audience for the guidelines was mostly healthcare professionals,[16,19-22,24,26-30,32-39] mainly working as frontline workers, such as doctors, nurses, psychologists and paramedics. Argentina,[10-13] Brazil,[23] Ecuador[17,18] and Paraguay,[31] however, considered healthcare workers more comprehensively.

These countries used glossaries and definitions in their documents[10-13,17,18,23,31] to specify what constitutes designated healthcare personnel. Argentina defined "health teams" as all those who have employment ties in services and/or establishments created during the pandemic without distinguishing between professionals and included all people receiving care in its mental healthcare strategies: administrative staff, cleaning staff, ambulance staff, kitchen staff, stretchers, morgues, security staff, clinical laboratories, emergency teams, intensive care units and patient management units, among others.[13] Similarly, Brazil indicated that healthcare workers are all those who work in healthcare and surveillance spaces and establishments, be they hospitals, clinics, outpatient clinics and other locations. In this way, it includes both health professionals — such as doctors, nurses, nursing technicians, nutritionists, physiotherapists, etc. — and support workers, such as receptionists, security guards, cleaning staff and cooks, among others, that is, those who work in health services but who are not providing direct healthcare services to people.[23]

The understanding of the risks inherent to each worker emerges in the compiled documents that integrate the main reasons that lead health workers to mental suffering, to list: fear of being infected during care;[10-15,21-23] of losing their livelihood,[13,21-24] of not being able to work during isolation[10,13,21-23] and of being fired from work;[22,23] of being socially excluded/quarantined because of being associated with the disease;[10,21-23] of being separated from loved ones and caregivers because of quarantine;[22-24] of reliving the experience of a previous epidemic.[22,23] Other reasons included concern about their children being at home alone without adequate care and support;[22,23] increased work demands,[10-15,21-23] including long working hours,[21-23] increased number of patients and the need to keep up to date with best and most current practices;[22,23] and, finally, reduced social support due to intense working hours and stigma from the population towards professionals working on the frontline of care for patients with COVID-19.[10-15,21-23]

The main signs and symptoms that may be presented and/or experienced by professionals in mental distress are also listed in the physical dimensions (headache,[13,17,18,24,28] tiredness,[13,17,18,24,28] loss of appetite,[13,17,18] fatigue[17,18,24,28] and gastrointestinal disorders);[17,18,24] emotional (irritability,[12,17,18] sudden mood swings,[12,17,18] anxiety,[12] hyperactivity,[12] increased involuntary attention,[12] anger,[12] need to continue with the task and difficulty stopping,[12] disorientation[13] and confusion);[13] cognitive (confusion or conflicting contradictory thoughts[13,17,18,28] difficulty concentrating,[13,17,18,28] clear thinking or decisions,[13,17,18] memory difficulties,[13] obsessive thoughts,[13] doubts and nightmares)[13,28] and behavioral (changes in eating habits,[17,18,24,28] sleep disorders[17,18,24,28] and excessive restlessness).[17,18]

A booklet[24] also emphasized that the presentation of these signs and symptoms can be subtle and gradual, and that it is up to the service to understand the expected phases and reactions, but also the peculiarities with which they can present themselves. It is noteworthy that in the initial phases the symptoms can be mild and that the person seeks to make compensations, dysfunctional (drinking alcohol, binge eating, compulsively using social networks and games, working excessively) and functional (reorganization within the work environment; seeking help from management, colleagues, union, therapy;

starting a different activity), to alleviate the perceived effects.[24] These statements directed the guidelines so that they were established in axes that converged proposals for the worker through self-care; and proposals to the management teams of organizational measures and recommendations and technical management of the work activity.

Regarding the guidelines for health workers, it was found that all countries that published documents emphasized self-care;[10-29] that is, they designated actions that each professional could develop to protect and help themselves preserve their mental health.[17,18] When listing, it was found that there was an indication of including moments of rest and relaxation; maintenance of emotional bonds and basic physiological needs; management of news and information; adoption of preventive measures and strategies for stress relief; recognition of signs and symptoms of mental health impairment; resilience and demystification of the role of health professionals and workers in relation to emotional and mental health (Chart 2). Individually, the emphasis is on the prevention of probable stressors, possible reactions and symptoms of mental illness and the development of behavioral and cognitive coping strategies associated with stimulating greater resilience in workers.

The instructions directed to teams, managers and services integrated stress management approaches: mental healthcare for professionals and mindfulness, with the provision of and access to psychological consultations, listening spaces, especially in the workplace itself or through remote resources; as well as mental health training so that peers and other employees can recognize early signs of mental illness (Table 3). In the case of proposals related to organizational resilience, a perspective of building the establishment of cultures and systems in the workplace stands out, such as effective leadership and a culture of organizational justice, which buffer work stressors and contribute to individual resilience.[32] The regulations indicated aspects related to the reorganization of workplace cultures through compliance with the workload without excess hours, and in a flexible and participatory manner, with a guarantee of alternating physical and psychological care during the workday (Chart 3).

In terms of proposals, it was identified that some countries had open lines of communication for psychosocial care for frontline health professionals in the form of telehealth mental healthcare, via call center,[10-16,23,32-37] applications[23] or email.[11-14] However, telehealth hours did not extend beyond 9 am to 5 pm, Monday through Saturday, and did not mention possible emergency incidents.[11-13]

Uniquely, Ecuador established levels of interventions, in a systematic manner, by highlighting institutional measures of care and self-care for workers.[18] This was done through the pyramid of interventions for mental health services and psychosocial support in emergencies (organizing the actions to be provided according to the complexity perceived in the mental health condition) and the international prioritization of victims, with the application of the traffic light technique — in which the aforementioned workers, due to their occupation, are already included in the yellow light, in the third degree — in the face of emergencies. mental healthcare.[18]

DISCUSSION

Epidemics present challenges to individuals of all ages and cultures, but the psychological repercussions experienced by health workers are serious and can be long-lasting. It is known that the pandemic has affected working conditions and processes and has triggered psychological dilemmas between fulfilling one's professional obligations and self-preservation regarding biosafety in the face of an unknown pathology, with consequences for occupational and mental health.[40]

Chart 2. Proposals for self-care for the mental health of health workers, described in official documents, by country, 2020-2022.

Country	Proposals for self-care in workers' mental health
Argentina	• Perform self-care activities;[10,11] • Recommend breaks to rest, eat, maintain communication to share feelings and experiences;[10-12,14] • Use all helpful strategies to relieve stress;[10-12,14] • Avoid excessive exposure to the news;[12,14] • Seek accurate information from reliable sources and limit yourself to official information only;[12,14] • Seek support in grieving processes due to the death of colleagues, family members and loved ones; • Identify and highlight the strengths of work teams; • Plan a routine outside of work: do something that you find rewarding, fun and relaxing such as listening to music, reading a book or talking to a friend, and get adequate rest;[10-14] • Have references and/or contact numbers for psychological support; • Demystify requests for help in situations of crisis, anguish, sadness, paralysis, among others; • Talk about your concerns and feelings;[12,14] • Receiving support and attention from others can bring relief and prevent feelings of loneliness;[12,14] • If you notice a significant change in the way you act compared to your previous behavior, if discomfort or stress prevents you from carrying out your usual tasks, if you lose the ability to enjoy yourself or your mood changes, do not hesitate to seek support from a mental health professional.[12,14]
Equador	• Recognize the signs and symptoms of emotional fatigue, work stress, burnout, and compensatory fatigue;[17,18] • To prevent mental illness, take active breaks and use crisis intervention techniques;[18] • Recognize and control your emotions, and channel your behavior; • Perform sleep hygiene to improve the quality and quantity of hours slept (do not drink stimulating drinks, exercise, avoid exposure to screens, maintain a routine, do not perform work activities in bed – if necessary, add music therapy, aromatherapy, among others);[18] • Perform emotional discharges to release emotions after work performed with psychological supervision; [18] • Take active breaks of five minutes per hour of work at least twice a day (before and after work) to prepare and stretch your muscles, avoiding fatigue and work stress and aiming to improve posture, self-esteem and work performance.[18]
Brazil	• Plan your routine, maintain your usual care and, if you are working remotely, take active breaks;[22] • Avoid sensationalist or anxiety-inducing news; use the information to plan practical actions. Question and verify all news;[21,22] • Do relaxing activities such as meditating, listening to music, watching movies, reading books and taking online courses;[21-23] • Cultivate emotional bonds: enjoy family time; keep in touch with friends through messages, phone calls or videos;[22] • Seek ways to help your community, including family members, neighbors, workers, etc.;[21,22] • Find opportunities to learn about and share positive stories and images of people who have recovered from the disease and want to share their experience; • Avoid drinking too much caffeine, as this will further impair your sleep and consequently your rest;[21,22,24] • Avoid using cell phones, watching television, using the computer or other electronic devices that may increase stress and anxiety close to bedtime;[21] • Feelings such as fear, sadness and insecurity are normal. Ask for help if you notice that these feelings are paralyzing or making it difficult to carry out your activities – do not blame yourself, seek support, talk to someone you trust or a mental health/psychosocial support professional;[21,22] • Family members and people in society may, in some way, express fear of approaching you and even demonstrate stigmatizing and prejudiced attitudes. This can worsen the situation of isolation. You should seek contact with people you trust;[21,22,24] • Remembering your purpose when choosing a profession can help you experience this moment. The importance of your work provides comfort and reasons to continue.[21]
Chile	• Whenever possible, highlight your psychological needs to the team;[26] • Promote self-care actions to preserve occupational health and avoid fatigue and burnout;[26,27] • Join peer support groups to address ethical issues/dilemmas, adverse events and errors.[27]

Chart 2. Continuation.

Country	Proposals for self-care in workers' mental health
Uruguay	• Avoid drinking alcohol and caffeine;[28] • Engage in physical activity;[28] • In long-term operations, members or workers should take a break, in order to avoid emotional fatigue and errors;[28] • Promote integration of the work team; if the individual feels that he/she has the support of the group, they will be protected against the negative effects of stress;[28] • Promote rest and adequate sleep.[28]
Paraguay	• Establish rest times;[31] • Find support from coworkers;[31] • Understand that you are not responsible for solving all problems;[31] • Seek support from people you trust;[31] • Perform self-care activities.[30,31]
Peru	• Perform self-care activities;[32,34] • Recognize signs and symptoms of psychological and emotional impairment.[32]
Suriname	• Training to recognize psychological needs.[38] • Adopt strategies for rest and maintaining mental health that reduce the negative impacts of social isolation and quarantine;[38] • Use information from accurate and reliable sources.[38]
Guyana	• Adopt self-care activities and maintain a balanced routine;[39] • Identify useful ways to relieve stress;[39] • Avoid excessive exposure to news and use only news from reliable sources.[39]

The emergence of the health crisis has required, in addition to responses foreseen in the COVID-19 agenda, adaptation and improvement of mental healthcare for health workers, due to the need to promote and/or maintain the psychological and emotional well-being of the professional contingent, to ensure occupational safety, labor regulations and above all psychological support. Studies[22] highlight this phenomenon as a parallel epidemic, since the rates of increase in psychological suffering, psychic symptoms and mental disorders are alarming.

According to empirical research,[41] changes were observed through reports that highlighted the occurrence of overwork, scarcity and inadequate use of personal protective equipment for work activities and the need to improvise equipment. Reports linked to the widespread fear of becoming infected at work and complaints about the insensitivity of managers to specific needs in the context of the pandemic prevailed. Examples of factors identified as causes of emotional distress include: concern for family, fear of contagion, stress at work, interpersonal isolation, stigmatization and recruitment for work areas other than those usually performed.

It is known, however, that individuals tend to react heterogeneously to stressful situations, depending on their training, life history, their particular characteristics and the community in which they live. However, when health workers are mentioned, they are all mentioned as a group that tends to respond more intensely to the stress of a crisis.[22]

In this scenario, outlining the sociodemographic, cultural and clinical profile of healthcare workers would be helpful, since knowledge about sex, age group, race/skin color, hereditary and previous health factors, occupation and level of complexity of activities within the service would provide considerable insight into the social determinants of health of these workers. In addition, it would provide an opportunity to map behaviors and risk groups for infection and mental illness, collaborating

in the development of strategies and specific actions that are consistent with each profile and work reality, in a more directive and effective manner.[41] Thus, it would sometimes alleviate gaps that exist when we come across data that are generated without understanding the totality of workers that make up the healthcare workforce.

Chart 3. Proposals for coordinators and institutions aimed at mental healthcare actions for health workers, by country analyzed, published between January 2020 and December 2022.

Country	Proposals to team coordinators and institutions
Argentina	• Take care of employees' mental health is as important as physical care and preventing the virus;[10-12,14-16] • Comply with the COVID algorithm: providing personal protective equipment, planning diagnostic assessments, reporting suspected and confirmed cases;[10-12,14-16] • Ensure mental healthcare in the workplace: care, monitoring, support, and opportunities for listening and consultation in the face of overload and concern;[10,13] • Training for recognizing symptoms and/or clinical indicators of stress;[11-13,16] • Address mental health problems early to prevent more serious illnesses;[13] • The work structure must be dynamic and flexible, planned together with participants, on the basis of the needs of each sector;[10] • Form working groups to facilitate the construction of collective approach strategies;[13] • Generate agreements with civil society organizations whenever it is considered necessary and appropriate to strengthen response capacity and the implementation of monitoring, care and treatment;[13] • Recognize the care team, regardless of their place in the care system. All staff perform a fundamental task in restoring the health of the population;[11,16] • Maintain routines for eating, hydration and rest to take care of mental and physical health; • Ensure communication systems between teams so that they function as networks for their containment and support function;[11,16] • Consider health teams as a vulnerable group;[11,13,16] • Provide the necessary means to respond to the emotional impact of the pandemic.[11,13,16]
Ecuador	• Recognize that all health workers are subject to stressful events;[17,18] • Make teleconsultation or mental health consultation available;[17-20] • Pay attention to the biological and psychological needs of workers, raising funds for food, housing, communication, and safety, in addition to promoting a supportive environment;[19,20] • Talk openly about stress and psychosocial support, so that staff feel able to express their feelings and concerns without fear of impact;[19,20] • Declare your desire for private conversations or supervision to staff members;[19,20] • Promote camaraderie and maintain confidentiality;[19,20] • Identify staff members who may be distressed or in need of support;[19,20] • Define intervention and rest shifts;[19,20] • Facilitate communication and conflict resolution channels;[19,20] • Hold team meetings, implement a cooperation system, establish operating safety standards;[19,20] • Reinforce technical monitoring;[19,20] • Encourage self-care procedures;[17-20] • Prioritize victims according to their needs, establishing color codes as traffic lights (red, yellow and green, depending on severity);[17] • Apply the modified Manchester triage applied to mental health;[17,18] • Characterize risk needs according to demand verification;[19] • Comply with the COVID algorithm: provision of personal protective equipment, planning of diagnostic assessment, notifications of suspected and confirmed cases.[17-20]

Chart 3. Continuation.

Country	Proposals to team coordinators and institutions
Brazil	• Keep an eye on the mental health conditions of your professionals;[21-23] • Avoid chronic stress whenever possible, as this will prevent professionals from becoming ill and being absent; it will also prevent weakening the care process for the population and promote greater performance capacity;[21,23] • Promote an effective and up-to-date communication channel for professionals regarding flows, conduct and clinical management;[21,23] • Promote self-care and mental healthcare;[21] • Establish rotations between workers in more stressful tasks for less stressful tasks and even pair workers with different levels of experience will facilitate management;[21] • Comply with the COVID algorithm: provision of personal protective equipment, planning of diagnostic evaluation, notifications of suspected and confirmed cases;[23] • Promote moments of rest and relaxation;[21] • Not holding professionals accountable for having to be absent or who are experiencing some difficulty;[21,23] • Ensure correct information and reliable sources; • Establish mental health measures and strategies for professionals and inform where and who to look for when they feel the need; offer spaces for mental healthcare and psychosocial support, even if virtual;[21-24] • Inform signs and changes in behavior that can serve as a warning;[21] • Promote moments where everyone can express their concerns and fears, thus creating collective strategies for sharing information;[21] • Maintain a registry of existing mental health and psychosocial support services and professionals available for online services, preferably;[21,23] • Evaluate the organization of work to avoid creating a stressful environment;[24] • Enhance interpersonal relationships focused on organizational and ethical values;[24] • Create a policy to value and recognize workers;[24] • Encourage professional growth policies.[24]
Chile	• Make the psychological needs of teams visible to directors and managers;[26,27] • Establish spaces for teams to express their fears and concerns;[26,27] • Promote expressions of motivation and gratitude to teams within the institution;[26,27] • Prevent and mitigate, together with occupational health, fatigue and burnout among professionals;[26] • Organize peer support groups where issues such as errors, adverse events and ethical dilemmas can be discussed;[26,27] • Reinforce preventive measures in the area of mental health and psychosocial well-being of workers;[26] • Establish the digital healthcare system for public and private health workers, every day, from 8 am to midnight, through a video call platform or telephone call;[26] • Provide remote training on aspects of mental health with the aim of providing tools for protecting and caring for mental health, covering self-care and managing crisis situations for medical teams;[26] • Comply with the covid algorithm: provision of equipment personal protective equipment (PPE), professional training, organization of physical space.[27]
Uruguay	• Develop a strategic line in health promotion and training; occupational health surveillance and monitoring of specific risks and the work environment[28] • Know or identify when one of its members may be affected by the acute stress of one of the most serious occupational risks;[28] • Point out recommendations or suggestions to protect the mental health of those working on the first line of response in disaster situations;[28] • Comply with the COVID algorithm: provision of PPE, professional training, organization of physical space.[29]
Paraguay	• Identify and diagnose professionals in the presence of mental illness according to signs and symptoms for therapeutic management;[30] • Establish mental healthcare and self-care procedures for health professionals;[30] • Comply with the COVID algorithm: provision of PPE, professional training, organization of physical space.[30,31]

Chart 3. Continuation.

Country	Proposals to team coordinators and institutions
Peru	• Ensure adequate work infrastructure, rest, active breaks, food and hygiene services during the work process;[32-37] • Manage pre-existing and emerging mental disorders with the pandemic;[32-37] • Have human resources, materials and instruments to address mental health;[32-37] • Advocate for compliance with the workload without excess;[32-37] • Enable access to resources for healthcare: consultations, medications, among others;[32-37] • Identify the psychosocial risks present in the institution for each professional;[32-37] • Promote group therapies to address emotional management;[32-37] • Conduct training in mental healthcare and self-care;[32-37] • Develop and disseminate informative materials.[32-37]
Suriname	• Establish a strategy for frontline workers;[38] • Train all frontline workers in the principles of psychosocial care, psychological first aid and how to make referrals when necessary;[38] • Provide access to sources of psychosocial support for all workers;[38] • Establish and implement monitoring, evaluation, accountability and learning mechanisms to measure effective mental health activities;[38] • Establish a mechanism to provide psychological support to health workers: dedicated hotline; distributed work schedules and workload; childcare and other support;[38] • Monitor the allocation of health workers versus cases of mental illness in units; the redistribution of workers; shifts and rest periods for workers; and psychosocial support;[38] • Develop a system for reporting incidents and symptoms by healthcare workers.[38]
Guyana	• Recognize general occupational health and safety risks at work, particularly mental stress fatigue, psychological distress and stigma;[39] • Offer psychosocial support to workers who need help;[39] • Ensure that direct workers have access to protocols and guidelines to prevent contamination, are provided with relevant personal protection and have access to information on which facilities provide psychosocial and emergency medical services.[39]

Statistically, what we have is that the repercussions of the context have caused: sleep disturbance; irritability/crying; inability to relax/stress; difficulty concentrating or slow thinking; loss of satisfaction in one's career or life/sadness/apathy; negative feeling about the future/negative, suicidal thoughts; and changes in appetite/weight.[36] In this sense, it was found that many self-care proposals only guide the management of feelings, sleep hygiene and deprivation of caffeinated beverages, among others, but do not direct strategies for monitoring emotional suffering, such as establishing a committee to monitor the psychosocial risks of professionals and interventions with follow-up sessions, using the experience of psychiatrists, psychiatric residents and volunteer mental health professionals.[42,43]

Most of the regulations observed were generalized and vague, mainly establishing self-care guidelines that portray the responsibility of the worker and touch on the government's role in mental healthcare for these workers. Even so, what is observed, when determined, is that the measures proposed for managers and labor management do not stratify the risk factors inherent to the nature of the development of each job and its respective sectors, which favors certain labor categories being marginalized or invisible in this process of mental illness and consequently the discovery of labor and social rights.[44]

It should be noted that the Brazilian Federal Constitution of 1988[11] and Convention No. 15,512 of the International Labor Organization internalized by Brazil, define that every company or organization has responsibility for the health and safety of the worker and others who may be affected by their activities. The Organic Law of the Unified Health System (SUS), No. 8,080, guarantees the promotion and protection of

the health of workers subjected to risks and harm arising from working conditions, as well as the recovery and rehabilitation of and assistance to victims of accidents, illnesses and harm related to work.[23]

In this sense, all health services must ensure the adoption of measures and mechanisms to protect and promote health for all workers in the services, whether they are employees, outsourced workers or workers in other types of employment. Services must define and guarantee spaces for representation and listening to these workers in the management of their healthcare. Workers must be informed, trained, made aware and mobilized to take necessary protective actions. Workers have the right to have a safe work environment and full access to protective measures compatible with their routine activities and exceptional activities, such as those resulting from COVID-19 care.[23]

As Chile has done,[3,8] it would be essential for each country to provide resources to specifically support the mental health of health workers and an online platform that provides effective support and monitoring of mental health. Initiatives of this nature would alleviate the impasses triggered by the strictly biomedical model, in which the professional is centralized in a productivist context and detached from being understood as a subject capable of becoming ill. This would reduce the underreporting rates of mental health outcomes among healthcare workers and highlight the impacts of this production method on the health-disease process of these individuals.[39]

However, when analyzing the depth of the initiatives launched by countries on the subject, it is observed that, despite the cultural diversity, economic inequalities and variability in healthcare models, there is a common point, namely the challenge of implementing surveillance and care actions aimed at workers' health. This finding reveals the lack of protection of health teams, which predates the pandemic and has worsened during its course.[45]

The situation becomes even more critical given that worker health has not yet been comprehensively incorporated into the agenda of objectives of health governance systems, making continuous actions to protect workers difficult.[42] This makes it necessary to raise awareness among managers and health institutions to formulate psychological support strategies that provide a space for speech and support, considering individual and collective factors.[46,47]

In addition, identifying working conditions and developing strategies to prepare/train workers to carry out their work activities are actions that must be taken urgently to decide how resources will be allocated and to implement proposals to organize work and create protective measures that prioritize workers' health. Thus, it can be conjectured that labor issues and those related to human resources management must be constantly revisited to result in consistent responses to demands, especially emergency ones.[48,49]

CONCLUSION

The mental health of healthcare workers has been a neglected area, even before the pandemic, given that there has been little investment in public resources and no specific occupational health security policies in Brazil and most South American countries. In this sense, the pandemic has significantly exacerbated these weaknesses, culminating in the need to expand mental health services and psychosocial support for healthcare workers.

Identifying, mapping, and understanding initiatives related to reorienting mental healthcare for healthcare workers working to combat the COVID-19 pandemic can provide, in this context, a concrete basis for adapting and implementing appropriate intervention policies to effectively address other challenges of this magnitude, as well as the consequences of this period.

It is important to point out the limitations of this study, considering the number of countries investigated and that the summary of mental health actions adopted by each of them opens up room for discussion of the timeliness of mental healthcare strategies in the face of emergency events. Likewise, it is important to point out that most of the documents present generic propositions and describe only a specific country, but it was not possible to cover the analysis of similarities and differences between the regulations presented by the set of selected countries, aiming at a joint and coordinated response by the countries of South America.

The risk to the mental well-being of health professionals is likely to be multifaceted, and more research is needed to elucidate the underlying mechanisms that can potentially be mitigated with appropriate measures. However, this synthesis can constitute an initiative to strengthen the urgency for the expansion of proven mental health strategies and interventions to meet the needs in view of the burden of mental health conditions, availability and allocation of resources, and access to mental health services and treatment – which have progressively worsened in many countries in the Americas during the pandemic and whose potential psychological consequences faced by this highly vulnerable group can have profound and long-term implications.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

FBMM: Conceptualization, Data curation, Formal Analysis, Writing – original draft, Writing – review & editing. QESG: Conceptualization, Data curation, Formal analysis, Writing – Original draft, Writing – review & editing. HLPCS: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing. GGCL: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing. NMBLP: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing.

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