

# Innovation in Clinical Devices for Mental Health During the Pandemic

Inovação dos Dispositivos Clínicos na Saúde Mental Durante a Pandemia

Innovación en Dispositivos Clínicos en Salud Mental Durante la Pandemia

## RESUMO

**Objetivo:** Investigar acerca dos agravamentos dos quadros clínicos e as articulações interprofissionais inovadoras de um serviço de saúde mental durante o período pandêmico. **Método:** pesquisa realizada com psicanalistas inseridas nos serviços de saúde mental, a partir da análise de três diários de campo e quatro entrevistas semiestruturadas. **Resultados:** Identificou-se que, nos serviços de saúde mental, foram realizadas diversas adaptações durante o período pandêmico. As equipes introduziram atividades inovadoras, tais como grupos on-line de teatro e produções audiovisuais, utilização de aplicativos de mensagens para organização de grupos e manutenção do atendimento ambulatorial, com o objetivo de sustentar o cuidado em saúde mental. **Conclusão:** o contexto pandêmico evidenciou o potencial criativo e inovador das equipes, que, sem renunciar às condições fundamentais dos dispositivos clínicos, criaram espaço para acolher a nova realidade de demandas de saúde mental, possibilitando também a simbolização e manutenção de vínculos sociais.

**DESCRIPTORIOS:** COVID-19; Saúde Mental; Equipes; Serviços de Saúde Mental.

## ABSTRACT

**Objective:** To investigate the worsening of clinical conditions and innovative interprofessional collaborations within a mental health service during the pandemic. **Method:** This study was conducted with psychoanalysts working in mental health services, based on the analysis of three field diaries and four semi-structured interviews. **Results:** It was identified that, in mental health services, several adaptations were made during the pandemic period. The teams introduced innovative activities, such as online theater groups and audiovisual productions, the use of messaging applications for organizing groups and maintaining outpatient care, with the aim of sustaining mental health care. **Conclusion:** The pandemic context highlighted the creative and innovative potential of the teams, who, without abandoning the fundamental conditions of clinical practices, created space to accommodate the new reality of mental health demands, also enabling the symbolization and maintenance of social bonds.

**DESCRIPTORS:** COVID-19; Mental Health; Teams; Mental Health Services.

## RESUMEN

**Objetivo:** Investigar el empeoramiento de las condiciones clínicas y las colaboraciones interprofesionales innovadoras en un servicio de salud mental durante la pandemia. **Método:** Este estudio se realizó con psicoanalistas que trabajan en servicios de salud mental, basándose en el análisis de tres diarios de campo y cuatro entrevistas semiestructuradas. **Resultados:** Se identificó que, en los servicios de salud mental, se realizaron diversas adaptaciones durante la pandemia. Los equipos introdujeron actividades innovadoras, como grupos de teatro en línea y producciones audiovisuales, el uso de aplicaciones de mensajería para la organización de grupos y el mantenimiento de la atención ambulatoria, con el objetivo de sostener la atención en salud mental. **Conclusión:** El contexto de la pandemia puso de relieve el potencial creativo e innovador de los equipos, quienes, sin abandonar las condiciones fundamentales de los entornos clínicos, crearon espacios para dar cabida a la nueva realidad de las demandas de salud mental, permitiendo además la simbolización y el mantenimiento de los vínculos sociales.

**DESCRIPTORIOS:** COVID-19; Salud Mental; Equipos; Servicios de Salud Mental.

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## INTRODUCTION

The need for social distancing during the pandemic was a challenge for mental health services, which overnight removed users of the Psychosocial Care Network (RAPS) from community centers and placed them in a risky situation of isolation. This isolation was a measure related to the pandemic situation, in which the number of deaths, which reached 707,470 from COVID-19, the absence of a vaccine at the beginning of the pandemic, and the difficulty of access to vaccination by the population generated a feeling of vulnerability that affected society<sup>1</sup>.

The psychological repercussions were associated with the direct impacts of the pandemic on social, economic, work, and family realities. Distancing and the adoption of a *work-from-home* regime restricted daily interaction to family members living in the same house, in addition to the instability caused by business closures and layoffs. In relation to the economic factor, it was observed that as income decreased, symptoms of depression and post-traumatic stress increased.

The pandemic imposed unprecedented conditions on society, limiting it to specific conditions due to the severity of the virus's spread. With some health safety measures in place to curb contamination, with high rates of illness and death, humanity suffered various consequences. As a surprise factor, due to the instinctual discharge that the pandemic situation

itself triggers and the need to deal with the possibility of death and fear in the face of reality, we can consider the event as a collective trauma<sup>2</sup>.

Thus, with the Brazilian population affected by the catastrophe of the COVID-19 pandemic, mental health services began to receive demands related to the direct impacts of the pandemic on mental health. In other words, the collective experience of the pandemic takes on a traumatic character from the moment it becomes an agent that causes or intensifies the subject's psychological suffering.

Specialized mental health services are a reference for this work, insofar as they constitute a milestone in mental health policy established by the National Mental Health Policy that began in the 1970s with the Psychiatric Reform. This policy aimed at the agreed and gradual reduction of psychiatric beds in hospitals, strengthening psychosocial care<sup>3</sup>.

These established mental health services were not unaffected by the need for isolation and social distancing. With the urgency of distancing, Contingency Plans were established to regulate practices for health professionals in order to regulate and inform professionals about the conduct to be taken in response to the demands of health services in general.

In the Federal District, with the demand related to the large number of infections and deaths related to COVID-19, it was necessary to call on other multidisciplinary professional services to work in field hospitals and vaccination centers.

Thus, mental health professionals were also redirected in their roles to add manpower to specific teams for COVID-19 care.

Therefore, this study aims to identify how the pandemic impacted mental health services, both in terms of the worsening of clinical conditions during this period and the creation of new clinical devices to meet these demands. It is important to expand knowledge about changes in clinical devices in mental health service units in the face of a public emergency combined with social isolation, as well as to conduct a survey of the worsening clinical conditions addressed by these devices in the services.

## METHOD

In constructing this research work, there was first a mapping of mental health institutions and an approach by the researcher to mental health services. The research was carried out within the scope of services that make up the Psychosocial Care Network (RAPS), with the main intervention in the scope of mental health in the Federal District, where psychoanalysts were identified within the multidisciplinary teams. To this end, some services were selected to compose the sample, whose selection criterion was convenience. Ethical procedures were followed, including approval by the Research Ethics Committee (Opinion number 5.868.802).

Two methodological approaches were chosen: 1) field diary, used as a resource to record the researcher's

participation in team meetings and visits to services; 2) semi-structured interview with professionals working in the services from a psychoanalytic perspective.

Three field diaries were analyzed, produced after the researcher observed participants in team meetings at three mental health institutions in the Federal District, which focused on the practice of the service in the face of the demands of the pandemic. For the interviews, four interviews were analyzed with professionals working in the Federal District's mental health care network, all of whom were psychologists with psychoanalytic training, with at least fifteen years of experience in the same unit, and who were in charge of mental health care throughout the pandemic period.

Writing a field diary highlights the relationship between the researcher and the field being researched, which has implications for the production of the analysis material. The analysis of the qualitative data collected was performed using Braun and Clarke's Thematic Analysis<sup>6</sup>, which uses an inductive approach to process and synthesize the data in order to select data based on patterns of meaning and issues relevant to the research, transforming the data codes into themes for analysis based on the discourse extracted from the interviews<sup>7</sup>.

## RESULTS

According to the material collected through field diaries and interviews with professionals, the data were divided into two categories of analysis: a) Impact of the pandemic and worsening clinical conditions and b) Creation of new clinical devices.

In the category "impact of the pandemic and worsening clinical conditions," we sought to analyze how the clinical conditions treated in mental health services presented themselves during the pandemic period and after

the return of collective activities in therapeutic groups, as well as to understand the effects of the pandemic on mental health demands. Thus, reports from professionals about the demands presented by users of mental health services during this period were grouped, from February 2020, when guidelines on the functioning of specialized mental health services were instituted, until the time of the interview in April 2023.

In their statements, the interviewees emphasized some symptoms and clinical conditions that were more prevalent in the demands directed at mental health services, as can be seen below:

The public often came with this discourse of fear and anxiety. In addition to a development, which is that of the bereaved, of people who have actually lost someone.

In the interviews, it is worth highlighting statements from participants who directly express feelings related to conditions such as distress:

*I began to notice an increase in these symptoms related to anxiety and fear, panic, and this discourse: I will get sick and I will die from this disease.*

Based on the interviewees' reports, there was a notable worsening in clinical conditions that were already being monitored by mental health services, as well as an increase in crises during the pandemic period, as expressed in the following statement:

There was an element there that wasn't there before. It was anxiety that was now greatly heightened. It was depression that was greatly heightened. It was social isolation that was greatly heightened. It's practically rational, because before, the subject isolated himself because of his depression; he wasn't bringing about significant social withdrawal.

The manifestation of demands related to mental health crises, including suicide, was present in the services. Manic and psychotic crises with

themes related to social isolation and quarantine were received. Healthcare system users who entered into crisis after being infected with COVID-19 were admitted to hospital and then referred to specialized mental health services with psychological demands associated with pandemic experiences.

In the participants' statements, it was clear that mental health services had difficulty providing outpatient care due to the large number of demands and the inability of teams to reach these users. Difficulties related to vulnerability and access to technology influenced access to care offered in times of crisis. In addition, professionals had difficulty actively searching for these users.

In the category "Creation of Clinical Devices," we analyzed how the impacts of the pandemic on mental health influenced the creation of new clinical devices in order to meet user demands and ensure compliance with COVID-19 recommendations. Thus, based on the content collected, the activities developed were identified, ranging from outpatient care to the creation of new clinical devices, highlighting how activities in mental health services began:

At first, everyone stopped working. We stayed here calling people, making video calls. We only worked on the institutional cell phone, which was the only one available for the entire team (...) The only appointments that were not canceled were those in psychiatry.

The reports also show an initial change in the clinical framework, in the collective care established for substitute mental health services, which, due to attempts at adaptation and the particularities of some units, individualized follow-up began to be the option:

It changed completely. CAPS became an outpatient clinic, a polyclinic, something else, focused on individual care.

And given the paradox between the proposed work of mental health services and the conditions imposed by the pandemic, what was possible to maintain? What can be done? The interviewees' statements revealed a collective authorization among professionals to seek ways to adapt their practice, through new ways of making their listening as collective as possible, with the aim of maintaining the social bonds and spaces of symbolization already established in pre-pandemic times.

I think it was a very creative period, finding solutions, realizing that many things could be done that I never imagined could be done, especially these consultations, this online workshop. (...) pointing out the limits we encountered and the difficult and emblematic moments, but also to talk about the possibilities.

In addition, professionals had to adapt the activities that were carried out in person to an online format. As in the following example:

At a Psychosocial Care Center (CAPS), the groups began their activities online, maintaining only the reception and individual emergency consultations in person, with adaptations. First, WhatsApp groups were created for communication, and the theater workshop group, which already existed at the unit, also remained at a distance, opting for a digital platform to hold the meetings. This initially required the digital inclusion of users, teaching them how to use technological resources so that the group could continue. This adaptation allowed users who no longer resided in the Federal District to continue participating in the activities they had previously carried out and to maintain individual contact with each other, in addition to group activities.

There was a collective mobilization among users and professionals in the online groups, with initiatives

such as individual filming of scenes conceived jointly in the theater group and shared digitally, allowing the assembly of audiovisual productions at a distance. Recordings were also made during video calls, generating materials with narrations and edits made by the group itself. After distancing, this content was shown at institutional events and disseminated on the internet, recording the collective therapeutic productions.

Based on these innovative productions, it was possible to work and open up space for discussion on themes that affected everyone at that moment, such as the experience of the pandemic itself, generating the sharing of individual elaborations, pains, and psychological issues imposed by the pandemic period. In addition, it was possible to experience thematic celebrations that represent Brazilian culture and traditions, such as Carnival and the June festival.

Reports from CAPS users who attended these online workshops explain that the exchange with colleagues in the groups, the presence of listening and support from professionals brought the certainty of follow-up, without the perception of abandonment, which allowed for the continuity of treatment and contributed to mental health.

At another unit, online therapeutic groups were held, as well as individual consultations, reception, and in-person care, both at the service and at home. The meetings were adapted and distancing was maintained, being held in open spaces, preferably outdoors, with care taken to ensure confidentiality. The use of masks and 70% alcohol was required at these times.

In the work developed with online therapeutic groups and outdoor consultations, conditions were established that allowed for symbolization, circulation of speech, and coexistence. These conditions were funda-

mental to the technique, but adapted to the pandemic reality and the user, maintaining theoretical rigor for listening and elaboration.

However, the new clinical devices created and applied during the pandemic also had other effects on users and professionals at the institutions. For service users, we can observe that:

The online workshops are their spaces, where we can arrange things and they can feel a sense of belonging, of being there together, talking to each other. So the group continues to exist.

The creation of online groups had a significant impact on the social lives of users, especially by promoting initial access to technology and learning how to use digital devices. This resource helped maintain social and emotional bonds, even among the participants themselves outside of therapeutic meetings, reinforcing fundamental principles of mental health care.

## DISCUSSION

The pandemic left people feeling helpless due to the threat of infection, which caused thousands of deaths, and the imposition of dealing with grief, both from the illness and death of loved ones and from the pre-pandemic conditions that can no longer be experienced<sup>2</sup>. In the professionals' discourses, situations are presented in which real grief over the loss of family members or friends is present, as well as symbolic grief.

The fear generated by instability is due to the terror of death that has been imposed on a large scale. Faced with the fear of death, individuals seek instances that can appease their fear, that is, they believed that the government, science, and medicine would guarantee them protection and guidance to make the necessary actions against finitude palpable. However, the lack of clear positioning

and manifestation places individuals in the face of the anguish of the unknown, of the feeling of helplessness. Ideally, believing that other entities could protect the population from mortal potentiality, and that trusting the government, as an entity for the defense of life, would appease the anguish of citizens by receiving tangible contours through the discourse of science and medicine. However, when the population cannot count on public protection in Brazil, due to various government actions that go against the protection and care of the population, such as delays in vaccination, loosening of social isolation policies, and the inability of the health system to receive those infected, contributing to thousands of deaths, individuals become discouraged.

In the discouragement of the pandemic experienced in Brazil, individuals feel at the mercy of chance and uncertainty, placing their existence as arbitrary, in which the worst can happen to them. Thus, faced with despair in the face of challenges, what is at stake for individuals is the psychological scenario of the terror of death. Thus, there is the impasse of feeling powerless and systematically engaging their defense mechanisms.

In this context, it can be observed that most of the clinical cases monitored by CAPS before the pandemic suffered a direct negative impact from the pandemic context. After a period of feeling lost and without references to build new ways of providing care in the face of this tragic situation, many professionals changed and adapted their practice to meet the urgent demands of the pandemic.

The pandemic emergency did not spare the clinic from its effects. Whether through emergency outpatient care or closer monitoring by multidisciplinary teams in mental health institutions, the clinical setting underwent changes.

The clinical framework is under-

stood as that which aims to create a reference for dealing with the therapeutic process and which functions as a support for the technique, suspending some environmental elements. The clinical setting allows the symbolic part of the subject to be deposited, since it is through clinical devices present in the setting that it will be possible to establish a transference relationship between the subjects in question: the one who suffers and the analyst. From the transfer, it will be possible to establish the work of listening to suffering in relation to the traumatic, with the potential for symbolization.

In the examples of therapeutic groups that bring about the creation of innovative clinical frameworks, such as the theater group with productions of plays, videos, short films, among others, it was possible to maintain the bond between users and the institution. A space was maintained for elaborating the experience of the risk of death, risk of contamination, and separation from social ties that the pandemic had brought into play at that moment.

Through clinical devices, care was provided that aimed at the emancipation of the subject by being sensitive to their needs and particularities, respecting the dimension of suffering<sup>11</sup>. The possibility of coexistence, being together, doing things together, and letting the subject be are fundamental to sustaining the place of care of the professional towards the users of the service, in the possibility of establishing a relationship between them, and thus making them speak and symbolize.

## CONCLUSION

The pandemic has had a direct impact on the daily lives of the population. The fear of death and contact with finitude and disease that the pandemic has brought about has

caused this entire catastrophic situation to become a trauma for the community, leaving its mark on individuals.

In the follow-ups carried out during the pandemic, a significant increase in cases of fear, grief, and feelings of discouragement was observed. There was also a chronicity of anxiety and depression cases that were already being monitored by the services before the pandemic. After the onset of the pandemic, there was an increase in demands related to psychotic and manic crises with paranoid content, as well as suicide.

Over the years of the pandemic, in addition to outpatient care, clinical devices and frameworks have been adapted. The clinic had to adapt to the possibilities of the professional and the needs of the patient, without disregarding the requirements of the pandemic. The creation of online devices and the adaptations made for individual and group care maintained the essential requirements for the functionality of the clinical device, which, in times of pandemic, required additional adjustments in its practice.

The clinical devices had limitations in terms of their reach, as some situations had specific demands, making access impossible for some patients and professionals. Even so, those who were able to use innovative resources pointed out other effects, in addition to the continuity of therapeutic groups and the maintenance of social and emotional bonds. Such devices may even continue to be used by teams in the post-pandemic period.

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