

World historical evolution of covid-19 and its implications for the mental health of Brazilian nursing

Evolução histórica mundial da covid-19 e suas implicações para a saúde mental da enfermagem brasileira

Evolución histórica mundial del covid-19 y sus implicaciones para la salud mental de la enfermería brasileña

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REVISA

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RESUMO

Objetivo: refletir sobre a evolução histórica da covid-19 e suas implicações para a saúde mental da enfermagem brasileira. **Método:** Estudo descritivo, tipo análise teórico reflexiva, elaborado a partir de reflexões relacionadas à evolução histórica da doença do coronavírus e suas implicações para a saúde mental da enfermagem brasileira. Foi subsidiada, através de um levantamento bibliográfico no período de fevereiro a junho de 2022, considerando publicações nos últimos 5 anos, disponíveis nas bases de dados do Portal Regional da BVS, SciELO - Brasil e Portal Periódicos Capes. **Resultados:** não houve mudanças e nem a criação de micropolíticas após o período pandêmico, inerentes as atuais políticas de saúde públicas tanto voltadas à saúde do trabalhador quanto à saúde mental. Percebe-se que houve um movimento das entidades de classe para tentar mitigar tais situações, mas os profissionais continuam adoecidos e tendo que lidar com este contexto diuturnamente. **Conclusão:** mesmo diante do fim do momento pandêmico no Brasil, o cenário que se observa entre a equipe de enfermagem, ainda é de insatisfação, medo e esgotamento emocional. Logo, necessita-se de políticas públicas nacionais que abrandem os prejuízos ocasionados, não só a equipe de enfermagem, mas a todos os trabalhadores de saúde.

Descritores: Saúde Mental; Covid-19; Enfermagem; Pandemias; Profissionais de Enfermagem.

ABSTRACT

Objective: reflect on the historical evolution of the world-19, and its implications for the mental health of Brazilian nursing. **Method:** Descriptive study, type reflective theoretical analysis, prepared from reflections related to the historical evolution of covid-19 and its implications for the mental health of Brazilian nursing. It was subsidized, through a bibliographic survey in the period from February to June 2022, considering publications in the last 5 years, available in the databases of the Regional Portal of the VHL, SciELO - Brazil and Portal Periódicos Capes. **Results:** there were no changes nor the creation of micropolicies after the pandemic period, inherent to the current public health policies both aimed at worker health and mental health, it is clear that there was a movement of class entities to try to mitigate such situations, but professionals are still sick and having to deal with these situations daily. **Conclusion:** even with the end of the pandemic moment in Brazil, the scenario observed among the nursing team is still one of dissatisfaction, fear and emotional exhaustion. Therefore, national public policies are needed to mitigate the damage caused, not only to the nursing team, but to all health workers.

Descriptors: Mental Health; COVID-19 Nursing; Pandemics; Nurse Practitioners.

RESUMEN

Objetivo: reflexionar sobre la evolución histórica del covid-19 y sus implicaciones para la salud mental de la enfermería brasileña. **Método:** Estudio descriptivo, tipo análisis teórico reflexivo, elaborado a partir de reflexiones relacionadas con la evolución histórica de la enfermedad del coronavirus y sus implicaciones para la salud mental de la enfermería brasileña. Fue subsidiado, a través de levantamiento bibliográfico en el período de febrero a junio de 2022, considerando publicaciones de los últimos 5 años, disponibles en las bases de datos del Portal Regional de la BVS, SciELO - Brasil y Portal Periódicos Capes. **Resultados:** no hubo cambios ni la creación de micropolíticas después del período de pandemia, inherentes a las actuales políticas de salud pública tanto direccionadas a la salud del trabajador como a la salud mental. Es notable que hubo un movimiento de entidades de clase para tratar de mitigar tales situaciones, pero los profesionales siguen enfermos y teniendo que lidiar con este contexto a diario. **Conclusión:** aunque se acerque el fin de la pandemia en Brasil, el escenario observado entre el equipo de enfermería sigue siendo de insatisfacción, miedo y agotamiento emocional. Por lo tanto, se necesitan políticas públicas nacionales para mitigar los daños causados, no solo al equipo de enfermería, sino a todos los trabajadores de la salud.

Descriptores: Salud Mental; Covid-19; Enfermería; Pandemias; Profesionales de enfermería.

Introduction

The world has faced and is facing a major health challenge in the face of the pandemic triggered by the new coronavirus (SARS-Cov2), which causes the infectious disease covid-19, being evidenced for the first time in 2019 in Wuhan province, China. Unlike other diseases caused by coronavirus, covid-19 is characterized as a highly transmissible disease among individuals who may or may not have symptoms.¹

Nevertheless, the World Health Organization (WHO) characterized covid-19 on March 11, 2020 as a pandemic. Although i don't know exactly when the first cases appeared in Brazil, it was officially reported on February 25, 2020 in São Paulo. On March 16, 2020, the first death caused by the virus was reported and on May 22 of the same year, Brazil became the second country with the highest number of cases in the world, second only to the United States. On this same date, there were already 2,227,514 confirmed cases, more than 82,000 deaths with a lethality rate of around 3.7%.²⁻³

Moreover, with regard to nursing, according to the Federal Nursing Council (Cofen), the number of professionals in the infected area increased by 660% in the second half of April 2020, and most of these professionals are between 31 and 40 years of age, and 83% are women, making up most of the category.⁴

Thus, due to this emergency, Cofen ordered the National Mental Health Nursing Commission to provide care for nurses, doctors or masters, specialized in mental health, to nursing professionals who worked on the front line of the pandemic.¹

These actions were justified in view of the emergence of diseases with high risk of death caused by covid-19, which led to an increase in psychological pressure for health professionals. Since during this period there was an increase in working hours, physical fatigue, lack of Personal Protective Equipment (IE), high hospital transmissibility and the need for difficult decisions about the care that could and can provide an improvement in their physical and mental well-being.^{2,5}

In view of this, the historical evolution of covid-19 occurred in Brazil and in the world. And yet, how is the current Brazilian mental health scenario of nursing professionals who are and were on the front line to combat the covid-19 pandemic?

This study has as relevance the reflexive of the world historical evolution of covid-19 and the consequences of the pandemic period on the mental health of nursing professionals in Brazil and aims to reflect on the worldwide historical evolution of covid-19, and its implications for the mental health of Brazilian nursing.

Method

Descriptive study, type reflexive theoretical analysis⁶, developed from two fundamental questions related to the historical evolution of covid-19 and the consequences of the pandemic period on the mental health of nursing professionals in Brazil. To support this reflection, a bibliographic survey was conducted from February to June 2022, considering publications from the last 5

years, available in the databases of the Regional Portal of the VHL, SciELO - Brazil and Portal Periódicos Capes (CAPES).

Controlled descriptors in Health Sciences were used in their combinations in Portuguese, English and Spanish : "Mental Health", "Mental Health", "Mental Health"; "Covid-19", "Nursing", "Nursing", "Nursing"; "Pandemics", "Pandemics", "Pandemics"; "Nursing Professionals", "Nurse Practitioners", "Practicing Sick".

Once it is a reflection article, with data available in these databases, in the public domain, the need to submit the study to ethical procedures is excluded.

Results and Discussion

It is not now that the coronavirus circulates around the world, and that it makes numerous fatalities throughout its history. Coming from a family of viruses that cause respiratory infections, it is known scientifically as Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV). Nevertheless, there are records in its trajectory of subdivisions called betacoronavirus which are: severe acute respiratory syndrome (SARS-CoV) that in 2002 affected more than 8,000 people with a lethality rate of around 10% and middle eastern respiratory syndrome (MERS-CoV) which in 2012 infected more than 2,500 people with a lethality rate of around 34%.^{7,8}

In addition, in November 2002, the disease caused by the virus attracted worldwide attention when infected people in Guangdong City, China, had a condition that was initially named as "mysterious pneumonia", triggering 2,718 notifications and 111 deaths between the periods of March to April 2003.⁸

In this context, a research on SARS-CoV, published in December 2003, showed that the World Health Organization (WHO) already pointed out 8,096 cases of the disease in 29 countries, culminating in 774 deaths, in which it caused social disorders and fear, weakening health systems, submerging economies and afflicting the daily lives of several people.⁸

It is emphasized that since the first epidemics of the SARS virus in 2003, other types of SARS-CoV have been evidenced in its natural host, which is the bat, and many of these have high potential to infect humans and because it is considered the main coronavirus receptor.⁹

In line with, other speculations tend that the probable origin of SARS-CoV-2 occurred from bats, and laboratory studies have revealed that SARS-CoV and SARS-CoV-2 have 76.9% similarity in their genome and 96% in relation to bat coronavirus, since both use the same angiotensin II-converter-converter enzyme as the incoming SARS-CoV. However, this is only a hypothesis, as the intermediate host of SARS-CoV-2 remains unknown.¹⁰

However, a few years later, in 2005, Shiegeru Omi director of the WHO Pacific recognizes through his report that the SARS-CoV would shudder at the world, and because of this, the virus was termed as the "first plague of the 21st century", which despite infecting a small number of individuals, counted a high mortality rate.¹¹⁻¹²

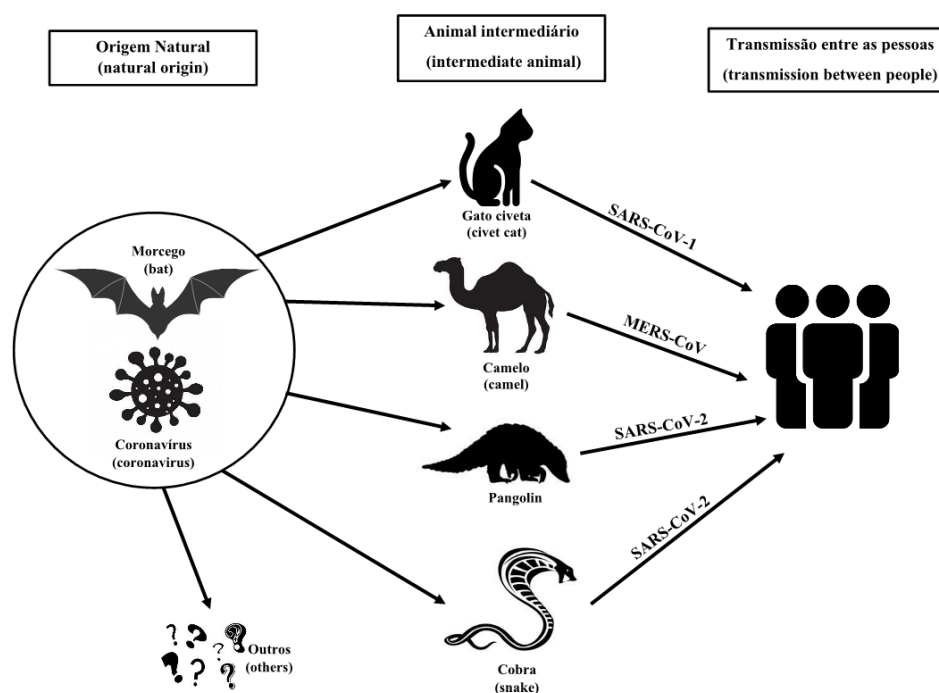
On the other hand, it is also believed in the hypothesis, that due to eating habits that are part of the culture of some countries, such as China, for example. In Chinese tradition, the consumption of meat from wild animals is considered by them a practice with medicinal value, such as the civet cat, the camel, snake,

pangolin, among other wild animals, as hosts of various combinations of SARS-CoV.^{9-10,13}

Among these aforementioned animals that can carry Genomes of SARS-CoV, one of the hypotheses is that before the virus reaches humans, supposedly a transmission from pangolin, a mammal very similar to the ball-tatu, and which is the victim of illegal wildlife trafficking. It was the last suspicious animal surveyed, given that scientists found a 99% similarity in its coronavirus, with what is present in humans, however, there has not yet been a scientific confirmation of this assumption.⁹

Moreover, the fact that these animals harbor these pathogens, thus, it is believed that they may be hosts that subsidized such infections as explained in Figure 1.

Figure 1- Pathways summary of possible origins of Covid-19. Brazil, 2022.



Source: Adamante et al., 2021; Zaongo, Ouattara, 2022; [Rehab et al. 2022](#).

Nevertheless, in December 2019, in Whuan, China, physician Li Wenliang, an ophthalmology specialist, treated seven patients with clinical manifestations similar to those of SARS-CoV. He tried to warn some colleagues about this new outbreak that was taking place and asked everyone to use safety devices to prevent contamination, and it was at this point that The SARS-CoV-2 (covid-19) was first revealed.⁸

Regrettably, this warning was ignored and the Chinese doctor was intimidated by the police of Wuhan (China) on charges of illicit rumors, being forced to sign a term recognizing his infraction and ensuring not to repeat this act again.⁸

In the face of preliminary investigations, it was found that the first groups of people infected with SARS-CoV-2 took place in the seafood market in Wuhan (China). Ahead of this situation, the market was closed and disinfected on January 1, 2020.¹⁰ This infection occurred because small animals were marketed in this seafood market, and the WHO in a preliminary environmental study

collected environmental samples and the results tested positive for the new coronavirus.¹⁰ Then, there were warnings about potential emerging diseases of animal origin in wetlands of several other markets in the Wuhan region (China), and this warning was not met by local authorities in the region.¹⁰

Moreover, the first case reported to the WHO about this new disease in Wuhan (China) only occurred on December 31, 2019 and little was known about the etiology of the new disease and its spread among people. After all, this new virus seemed restricted only to that region, after analysis by a team of experts that was sent by the Chinese government to the city.⁸

Only on January 5, 2020, after the information passed on by the Chinese authorities was collected, who disclosed the conditions of infected patients, the treatment, measures and research put in place by the Chinese to cope with the new disease.⁸

Even in the face of this whole scenario, the country refrained from applying any restrictions on containment to the virus, including allowing travel and free trade to China. Following, only after two days to this date, the first genetic sequencing data of SARS-CoV-2 (covid-19) were announced by Chinese scientists, and on January 11 of this same year came the news of the first fatality victim in the country. From this moment on it was considered an outbreak of sanitary emergency.⁸

Thus, with the emergence of the mutation of the new coronavirus, SARS-CoV-2 (covid-19), the disease would be characterized as the third epidemic on a large global scale of the current century. In this context, in February 2020, it would be reported worldwide the inauguration of a hospital in Whuan (China), with an area of about 25,000 m², with capacity for 1,000 beds and consisting of a medical team of 1,400 people, and the region was the epicenter of the new disease, which had spread abruptly.⁸

However, the doctors of this city were unaware of the new characteristic condition of pneumonia when they had the first contact with people infected by the new variant of SARS-CoV, and signs and symptoms were observed characterized by: dry cough, high fever and dyspnea, and many of them ended up evolving to a severe respiratory infectious condition.⁸

Unfortunately, the health authorities did not pay close to the experience experienced in relation to population infection and deaths caused by the ancient betacoronavirus (SARS-CoV and MERS-CoV) and its high lethality rate, and they would never imagine the worldwide collapse that the new virus would cause.⁸

In addition, in January 2020 came the news that everyone feared, the SARS-CoV-2 (covid-19) had extrapolated the currencies of China and the first occurrences of the disease was reported in Korea, Japan and Thailand. It was only from this moment on that the first decisions to contain the virus began to be disclosed and executed.⁸

As a result, countries neighbouring China have begun to close their borders, restricting the entry of travelers from China, including quarantined passengers on board 8 ships. Faced with the chaotic scenario that was beginning to be reported in the world due to the new virus, other countries imposed restrictions on travelers from China, airlines began to suspend their flights to the country and guided the immediate departure of their citizens, including drawing up plans for resgastes in Chinese cities affected by the disease.⁸

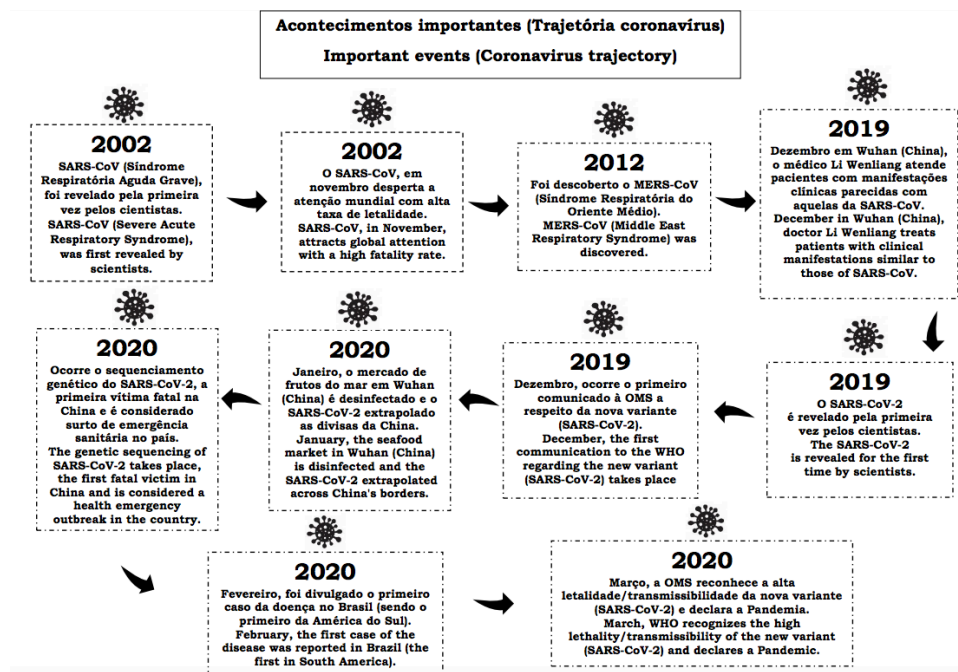
Therefore, such restrictions and recommendations were imposed to avoid transmission, one of them was the use of masks suddenly, which was one of the items that came to be present in transport, parks, schools and shops. Thus, the streets of several cities began to empty, through laws that forced their citizens to be in social isolation.⁸

In March 2020, who recognized the high lethality/transmissibility of the new variant of coronavirus and proclaimed the global pandemic, which would resonate in the social and economic scenario of the entire planet.⁸

A few months later, by June 10, 2020, the new virus had already infected more than 7 billion people worldwide and scientists from various countries were racing against time to figure out a way to stop the speed of spread and contamination among individuals.⁷

In Brazil, on February 25, 2020, the first case of the disease was reported, being the first country in South America, to notify the presence of SARS-CoV-2 (covid-19). Faced with the chaos that was already in place in the world, the Minister of Health, Luiz Henrique Mandetta, in an official statement, officialized the first case of the disease and asked all Brazilians to remain calm and explained that the new disease was a kind of flu and that measures would be adopted based on science to try to contain the spread of the virus in the best possible way.⁸ Figure 2 shows the important events about coronavirus in the world.

Figure 2 - Coronavirus trajectory in the world. Brazil, 2022.



Faced with such statements by the minister, an instability was established, while some people calmed down before the declaration, for another large majority, tempers have stirred, and the world was in a scenario of expansion of the disease, and at this time The SARS-CoV-2 (covid-19), had already spread to at least five continents.⁸

Unfortunately, what was inevitable happened: the disease grew exponentially and the number of patients and fatal victims became surreal. The virus spread in such an unbelievable way that it caused the collapse of health

services and the despair of the professionals who worked there in the face of something unknown. The new disease caused uncontrolled deaths, without the right to leave, to the point of forcing burials to be carried out collectively.⁸

Morgues and hospitals cummyed bodies of victims waiting for a destination, without the slightest amount of dignity. The pandemic has arrived like an erupting volcano, emitting silent signals that have not been observed and that, upon suddenly entering activity, destroy with their scorching lavas everything that stands in their way.⁸

Given the emergence and confirmation of the new coronavirus in Brazil, in June 2020, the number of people infected was alarming, with 805,649 cases of infected people and 41,058 deaths already known. The impact that covid-19 caused to the country, generated several challenges in the health system that was mostly deficient and was far from providing efficient and quality care to the population.¹⁴

In addition, there were several obstacles: the lack of doctors, nurses, medicines and the quantity of insufficient beds to meet the high demand.¹¹ Ahead of all these situations, public managers had the challenge of establishing effective communication with citizens about the risks of contagion of SARS-CoV-2 (covid-19), and the excessive amount of wrong or false information "infodemia" contributed to the increased insecurity, fear and indignation of society.¹⁴

On the other hand, the disorganized and foolish confrontation by the competent health authorities in the fight against covid-19 would have serious consequences in increasing the number of cases and deaths, especially to the poorest and most vulnerable. It is concluded that political, social, economic and sanitary irresponsibility placed the country in the second world position in absolute numbers of infected and killed in June 2020 (1,603,055 and 64,867 respectively), because even after the enactment of laws, provisional measures and other instruments, these actions continued to have little effectiveness.¹⁴

Furthermore, the opposition between the head of the Executive Branch and the Minister of Health, in which the President of the Republic attacked the instructions of the Ministry of Health, governors and mayors, was something that further worsened the epidemic situation in the country and caused chaos and confusion in the population regarding the severity that the disease could cause.¹⁴

Faced with all this devastating scenario, managers and researchers had the challenge of finding public and health health policies in order to avoid the total collapse of the health system and reduce the number of infected and deaths, namely: social distancing, the quarantine of contacts and the strengthening of the surveillance system in the three levels of care of the Unified Health System (SUS) for the strengthening of health networks.¹¹

Inevitably, in view of all the failures to cope with control of the SARS-CoV-2 virus (covid-19), the disease ended up causing the largest hospital and sanitary collapse in the recent history of Brazil.¹⁵ Thus, in order to be able to provide the necessary care to people who sought health institutions, a diversified demand of professionals and support groups was demanded, among them the nursing team, which was on the front line of care.¹⁵⁻¹⁶

Due to this panorama, nursing began to experience a greater and atypical pressure, in which they required complex care that required technique, science, feelings and human relationships in the face of a disease that was little known.¹⁶

In addition, nursing lived a unique moment, such difficulties already known were elucidated due to the pandemic of the covid-19, in which the circumstances included long working hours, lack of EPIs, fear of contracting the disease and infecting other people, and being in an environment with patients diagnosed or presumptive of SARS-CoV-2 (covid-19).

Due to the high transmissibility of the virus, providing assistance became something frightening, as well as many feelings such as: worry, stress, impotence, fear, anguish, anger, anxiety, insecurity, despair, depression, mood swings, uncertainties. This mix of feelings can provoke in these workers pathologies such as: acute myocardial infarction, psychiatric and neurological mental disorders, depressive syndromes, gastritis, somatic diseases, panic syndrome, hypertension and the most recurrent of all that is burnout syndrome. All this only generated uncertainty, for unfortunately it was not known what was to come.¹⁸

All these situations caused by occupational stress in which human suffering and adversities were in the sharing of knowledge among the nursing team, generating a high psychological pressure on the part of patients and managers, resulting in a large number of professional licenses.¹⁸

Nevertheless, the group of nursing professionals in the country corresponds to approximately 2.2 million workers, and in a survey conducted by Cofen in April 2020, there were 1,203 cases of infected and 18 deaths in the category. These figures are likely to be much higher because they are a voluntary notification in relation to covid-19.¹⁵

Then, in the face of all these catastrophes and outbursts of feelings, nursing collaborators suffered from negative impacts on their mental health related to the work environment. These psychic sufferings directly affected the lives of these employees in the psychosocial context and their well-being, causing a situation of mental suffering.¹⁶

In line with the incessant increase in the number of infected people in Brazil, the Nursing Team still faced instillable occupational situations in the work environment, such as: poor working conditions, lack of care, high expectations, excessive working hours, low salaries, social discrimination, lack of recognition, scarcity of IPEs, limited numbers of beds in Intensive Care Units (ICUs), mechanical fans and insufficient number of workers to meet high demand.¹⁵⁻¹⁶

All these aspects ended up potentiating the bad feelings already experienced, opportunistizing despair and lack of motivation to continue.^{2,15} Moreover, it is emphasized that nursing professionals felt abandoned by the public authorities and the competent authorities, because to provide quality care to infected patients, minimal resources and equipment were required, and when this is not offered qualitatively and quantitatively enough in hospitals, it ends up bringing greater risks of contamination for these workers.^{2,19}

These factors contribute negatively to the illness of this category, generating physical and psychological dysfunction^{2,20}. And, in view of the above, it is indoubted that it is necessary to observe all the angles intrinsic to the mental illness of these workers, because they are part of the main front line in the fight the SARS-CoV-2 (covid-19). The fact is that these are the protagonists of health, since they are directly managing the care of sick individuals and bearing all the burden of the burden that the pandemic has caused in the lives of Brazilians.^{1,20}

Thus, it is necessary through public policies, the implementation of training, protection, security and availability of relevant psychological services that can welcome them in the best possible way, especially in the administration of factors that can contribute to better working conditions, salaries, professional recognition, with the objective of offering better living conditions. In a positive way, the execution of all these factors will generate a more humanized care for all people who need the care of the Nursing Team.^{2,20}

It is noteworthy that Cofen requested that the National Mental Health Nursing Commission offer to all nursing professionals who are at the forefront in combating SARS-CoV-2 (covid-19) specialized mental health care, in which it contains a team of specialist nurses, masters and doctors in mental health^{1,2}. These services are regulated by Law No. 7498/86 and COFEN Resolutions of N's^o 564/2017 and 599/2018.^{1,2}

Aiming to encourage and facilitate these cares, a field was created on the official cofen website, described as Live Chat, in which the professional who wishes to dialogue with the nurse qualified in mental health, in which just click on the dialog box, inform their personal data with name and professional registration, then will be directed to care.^{1,21}

This type of care was available 24 hours a day, on seven days of the week and allowing up to five visits simultaneously, also some Regional Nursing Councils such as coren de Minas Gerais created similar strategies.^{1,21}

It is worth noting that the Ministry of Health, too, had already been developing public policies to strengthen and implement Telemedicine and Telehealth for the Brazilian population and health workers linked to covid-19, which was: TeleSUS, which was a teleconsultation channel for the covid-19 available to the population, teleconsultations in mental health and health in general for health professionals in Brazil (Telepan), aimed at those on the front line during the pandemic, operationalized by the Brazilian Association of Neuropsychiatry (ABNP) and the Federal University of Minas Gerais (UFMG) and TelePsi, directed to care for health professionals involved in combating coronavirus.²²

In time, there was the implementation, through groups of volunteer psychologists, of the practice of psychoeducational actions in the distribution of virtual booklets, software, audios, video classes, e-books, manuals and platforms with informative guides, as well as the performance of psychological shifts in several university hospitals of various Brazilian states.²²

Then, even in the face of Brazil's access to vaccines produced against SARS-CoV-2 (covid-19), the context of the health crisis was maintained due to the lack of support by the Federal Government, which caused a nationwide disorder of vaccination strategies, since the country, until then, is recognized worldwide for having one of the largest and most complete immunization programs in the world.²³

According to the researcher of the Oswaldo Cruz Foundation (Fiocruz), Julio Croda, who was leading research on the epidemiological situation of SARS-CoV-2 (covid-19), in relation to the response to vaccines, states that the pandemic scenario is nearing its end, after more than two years living with the coronavirus, and immunobiologicals, together with socio-educational measures, are the largest responsible for this mitigation.²⁴

However, even in the face of this new scenario that promotes the feeling of returning to normality, given the fall in the number of infected and deaths, as well as relaxation of measures to contain the virus, health professionals remain fragile, exhausted and hopeless.²⁴

In addition, Gabriela Lotta, professor of Public Administration and Government at the Getúlio Vargas Foundation (FGV), comments that the prospects were that these health professionals would learn to deal with the disease and that they would feel more safe and less fearful and cause less damage to their mental health, since 80% said in an interview that their mental health was negatively affected.²⁴

One of the phrases that drew the attention of Gabriela Lotta in an interview with these professionals, is that they are like "abandoned soldiers in the field of war", in criticism against the lack of implementation of specific public policies for this situation²⁴. Therefore, weariness, stress, stress, indignation, dissatisfaction, injustice and emotional exhaustion, still remain the main feelings indicative of suffering in the lives of these workers.²⁵

Nevertheless, the pandemic of SARS-CoV-2 (covid-19), in Brazil, unfortunately provoked and continues to cause mental illness and deaths among health professionals, especially nursing professionals. Therefore, the creation and implementation of effective public policies by the competent authorities that encompass the pandemic and post-pandemic period, is indispensable to monitor the evolution of suffering in these individuals and the negative effects they cause on their mental health, in order to provide the best and most appropriate care.²⁵

In this context in Brazil, the National Mental Health Policy (PNSM), which is a resource of the Federal Government ordered by the Ministry of Health, which aims to provide assistance to people who need treatment and mental health care. This program includes attention to individuals with mental disorders, which are of intensity: mild, moderate or severe.³

Therefore, care occurs via the Psychosocial Care Network (RAPS), which is composed of numerous units, made available in an integral and free way, integrated into the public health network.³

Moreover, the mental health care practices of health professionals, who were and/or remain at the forefront in combating SARS-CoV-2 (covid-19), should be adapted within the PNSM, as a way of implementing a national public policy to serve all health workers who need this type of support, promoting the relief of the psychosocial suffering of these employees.³

Besides, there is also the National Policy for the Prevention of Self-Mutilation and Suicide, implemented by the Federal Government through Law No. 13,819 of April 26, 2019, which aims to treat and prevent the practice of self-mutilation and suicide, as well as the conditions associated with them.²⁵

Immediately, it is also necessary to develop public policies aimed at nursing employees who are on the front line in the fight against covid-19, integrated with the National Policy for the Prevention of Self-Mutilation and Suicide, due to the illness in their mental health, they may be very vulnerable to such practices.²⁶

Moreover, it is essential to highlight the National Worker Health Policy, which aims to define the principles, guidelines and strategies to be observed holistically with a tripartite dimension, aiming at promoting and protecting workers' health, minimizing morbidity and mortality resulting from

development and productive processes, which were also not considered in the pandemic period.^{20,27-28}

It is important to point out that there were no changes or the creation of micropolicies after the peak of the pandemic period, inherent to current public health policies, both focused on workers' health and mental health, it is perceived that there was a movement of class entities to try to mitigate such situations, but many of these support programs created were discontinued, however, in the end, professionals remain sick and having to deal with these situations daily. This support, in most cases, was mediated by the team itself that was on the front line, in an obstacle to the abandonment of government agencies. This support was through interpersonal relationships, friendship relationships that managed to form a social and psychological support network with the intention of preserving feelings of esteem, perseverance and helped in coping with the adversities caused by the pandemic.²⁹⁻³¹

In addition, as a breath of mercy and recognition, finally after more than 30 years of struggle for the nursing category, came the presidential sanction of PL 2564/20, on 04/08/22, which creates the salary floor of the nursing team (nurses, nursing technicians, nursing assistants and midwives). This, for Brazilian nursing, creates a breath of hope, because it is expected that from now on it can be mitigated and recognized by the many historical achievements of nursing before, during and after the pandemic period of covid-19.³²

Through the type of study presented, it is important to highlight that the proposed reflection questions remain under the results of new evidence, seeking more specificities regarding the promotion of mental health for both nurses and the Brazilian population.

Final Considerations

Coronavirus (SARS-CoV) has been circulating around the world for some years, in which it belongs to a family of viruses that cause acute respiratory infections. In records of its trajectory, there are subdivisions of the virus that were called betacoronavirus, which mentions the SARS-CoV, identified in 2002, the MERS-CoV, discovered in 2012 and the SARS-CoV-2, revealed in 2019.

We emphasize that in the face of eating habits that are present in the culture of some countries, in which meat is consumed from wild animals such as bat, pangolin, civet cat, camel, snake, among other animals. Nevertheless, scientists believe that it was from this feeding practice that transmission to humans occurred, because these animals have the virus in their body.

In relation to mental health of Brazilian nursing professionals, it was highlighted that there were only implementations of specific projects as a form of care, namely: the Live Chat, made available by Cofen, telepsi (research project that offers online psychotherapy, completely free of charge, made available throughout the country by the Ministry of Health and Hospital de Clínicas de Porto Alegre, with the objective of providing assistance to Health professionals of the SUS with emotional distress in this moment of pandemic, teleconsultations in mental health and health in general for health professionals in Brazil (Telepan) who are on the front line during the pandemic, operationalized by ABNP and UFMG and psychological care offered by voluntary psychologists. These initiatives, unfortunately, were not sufficient to achieve satisfactorily the

necessary care for all nursing professionals who are on the front line and who need psychological support with the intention of reducing the negative burden that impacts their mental health, in addition to many of them were discontinued.

It is admitted that, even before the end of the pandemic moment in Brazil, the scenario observed among the nursing team is still one of dissatisfaction, fear and emotional exhaustion.

The current circumstances require national public policies that effectively support not only the nursing team, but all health workers who are on the front line in the fight against covid-19, with the purpose of reducing/ceasing the mental illness caused.

Thus, one way to mitigate the lack of care for these professionals is through the creation of micropolicies, the implementation of specific care for all health professionals who are/have been on the front line in the fight against SARS-CoV-2 (covid-19) and who are sick, in order to integrate with existing programs for this purpose, they are directly the National Mental Health Policy and the National Policy for the Prevention of Self-Mutilation and Suicide, and indirectly, the National Policy of Workers' and Workers' Health.

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