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The role of the psychologist in the context of the health crisis at Covid-19

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ABSTRACT

OBJECTIVE

Understand the role of the professional psychologist who works in public health facilities in the face of the health crisis triggered by the pandemic, their (im) possibilities for action and their understanding of health crisis situations.

METHODS

Qualitative research developed through semi-structured interviews with psychologists working in public health facilities. The collected data were analyzed through thematic content analysis.

RESULTS

The notion of health crisis is based on the consequences and affects that occurred in the social structure. Of the impossibilities of acting, the interruption of group activities stands out, bringing to professionals the challenge of finding and adopting another conduct to develop the bond with patients.

CONCLUSIONS

Psychology has been gaining ground in this context due to the psychosocial impacts caused on the subjects due to the reorganization required by the moment.

DESCRIPTORS

Coronavirus, Covid-19, Psychology, Public policy, Health crisis.

RESUMO

OBJETIVO

Compreender o papel do profissional psicólogo que atua em equipamentos públicos de saúde frente a crise sanitária desencadeada pela pandemia, suas (im)possibilidades de atuação e seu entendimento a respeito de situações de crise sanitária.

MÉTODOS

Pesquisa qualitativa desenvolvida através de entrevistas semiestruturadas com psicólogos atuantes em equipamentos públicos de saúde. Os dados coletados foram analisados através da análise temática de conteúdo.

RESULTADOS

A noção de crise sanitária é baseada nas consequências e afetações que ocorreram na estrutura social. Das impossibilidades de atuação, destaca-se principalmente a interrupção das atividades em grupo, trazendo aos profissionais o desafio de encontrar e adotar uma outra conduta para desenvolver o vínculo com os pacientes.

CONCLUSÃO

A psicologia vem ganhando espaço neste contexto pelos impactos psicossociais causados nos sujeitos devido a reorganização exigida pelo momento.

DESCRITORES

Adesão terapêutica, Hipertensão do jaleco branco, Tecnologia Educacional, Enfermagem.

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INTRODUCTION

The health crisis triggered by the Covid-19 pandemic in March 2020¹, brought up challenges to the various sectors of society². Thus, the concern arises to understand the role of the professional psychologist who works in public health facilities in the face of the health crisis triggered by the pandemic, their (im) possibilities of action and their understanding of situations of health crisis. The theme is necessary in view of its novelty and the incipience of research production on global health and the health crisis, mainly linked to the field of public policies and their actors (in this case, psychologists).

METHOD

This is a qualitative research developed from semi-structured interviews with psychologists working in public health facilities.

The participating subjects were chosen intentionally, since the objectives seek to answer questions about a specific group and it was intended to work with certain public health equipment belonging to the Unified Health System, SUS (Basic Health Unit - BUH, Psychosocial Care Center Alcohol and Drugs - CAPS Ad-, STREET OFFICE- CnR- and Hospital). To date, only two professional psychologists from the CAPS ad have been interviewed. After formalizing the invitation to professionals through e-mail and signing the informed consent form, the interviews took place remotely through the zoom platform - which enabled recording for later transcription-, at a combined date and time according to the availability of the agenda in the of activities in compliance with CNS³ Resolution 580/12, as well as guaranteeing all aspects provided for in Resolution 466/124.

After the transcription of the material collected in the field, the analysis of the results occurred through the analysis of thematic content, which, according to Minayo⁵, comprises the following steps: 1) Pre-analysis: it concerns an exhaustive reading of the transcriptions; 2) Data exploration: performing an analysis itself; 3) Data treatment: articulation of the data with the objectives and assumptions of the research.

RESULTS

Through the analysis of the interviews carried out with two professionals who work in CAPS-AD, six nuclei of meaning were achieved as results.

1. Notions of health crisis and its consequences

There is difficulty in defining what a health crisis is. However, the notions about what such a crisis is were presented in the interviewees' statements pointing out the consequences and affects that occurred in the social structure.

Q2: How to conceptualize? (laugh) So simple, but it is so ... It ... I do not know, I do not know how to conceptualize, I think. Crisis, right, what is a crisis? I do not know, it is a mismatch like that, you know, I do not

know what to call it. An emergency? In appointments ... an emergency. I do not know.

Barbosa and Costa⁶ point out that these crises take shape not only because of the epidemiological character, but also because of the unprecedented aspect of such risk, in the notion of urgency that it awakens and, in the impacts, caused to the social spheres of the historical-cultural context in which they unfold.

There is also the suffocation of health services, an increase in social vulnerabilities and inequalities and insufficient political management to deal with the situation. The latter being an important point of attention since the discursive posture adhered to by the authorities and the media influence's public opinion about the health crisis⁷.

2. Health crisis and SUS: coping capacity and limitations

Both interviewees believe that there is no preparation by SUS to deal with health crisis issues. The lack of preparation is mainly attributed to the SUS's financing and investment logic, since it does not have regulations stipulating a fixed percentage transfer amount or any specification of where its resources should come from⁸.

The pandemic exposed the scrapping and dismantling of SUS related to its underfunding, whose neoliberalism is the main responsible, since it operates dismantling policies for social protection and fiscal austerity (the EC 95 being the main recent landmark) prioritizing the self-regulation of the market⁹. These points are concretely present in the daily life of health equipment in the form of the lack of resources, equipment - such as respirators -, of professionals or through the insufficiency of beds and, because they are more urgent, they often make the greatest threat of SUS invisible: the economic determination marked by this chronic underfunding and predatory public-private articulation¹⁰.

Investing in SUS is a measure so that precariousness is not an aggravating factor in situations such as this health crisis, and there is also greater and better preparation. Reformulating and correcting health investments, thus canceling the directing of public money to private institutions, whether they are operators, hospitals or even the pharmaceutical industry, are measures pointed out by Campos¹¹ to invest more without increasing public spending and / or public debt. and ensure greater sustainability for SUS.

3. Equipment demands: before and during the pandemic

In addition to the issues of use, there is a large presence in the CAPS ad of demand in terms of social assistance related to the lack of socioeconomic conditions, for example, the absence of a fixed income, unemployment, and difficulty in relocating to the labor market. Brazil has been experiencing a political-economic crisis that cannot be counted as an effect of the covid-19 pandemic, although such a health crisis may represent a potential for the situation, since it has deepened through successive reforms that promote the withdrawal of rights and the dismantling of rights. social policies and imple-

mentation of fiscal austerity policies¹². In addition to this combo, there are still issues of precarious living conditions marked by the lack of access to basic sanitation, poverty and housing areas in risk and overcrowded conditions².

Another social demand reported as frequent, is related to people on the street, who are articulated with the CRE-AS seeking to shelter them in hostels and reception centers. In the census survey of the 2019 street population, the city of São Paulo counted 24,344 homeless people, of which only 11,693 had a shelter situation¹³, which shows an increase of 53% compared to 2015 and, in general, it means more than the lack of housing conditions, but a difficulty in accessing other basic conditions such as food, water, health care and the possibility of obtaining income¹⁴.

Related to the pandemic period, there was no increase in demands. There was a change in the format of the services that are taking place individually, breaking the culture of groups and more collective services, which are important milestones in the service. However, there were more frequent demands about mood swings. One of the main complaints brought by users to professionals has been the increase in irritability due to the context, which has caused the use to also increase. It is important to recognize the population that makes some kind of abuse of psychoactive substances as part of the vulnerable population, being necessary to pay attention to the pandemic context as a potentializing factor for the increase in the use of psychoactive substances that, in addition to bringing risks of exposure to infection by new coronavirus through management of unsafe use, can cause an increase in demand for Primary Care services¹⁵.

One last modified demand during the pandemic period found, relates to pre-existing socioeconomic issues, and concerns the difference caused by the emergency aid in the lives of a part of the users - previously without any income and living under conditions of misery - that during the pandemic started to have some subsistence condition due to the receipt of the resource. Despite its adoption as a strategic measure to contain the worsening of the economic crisis¹⁶, the need for a basic income demonstrates the importance of State intervention in situations of vulnerability so that other life perspectives and the emancipation of individuals can be built. Looking at this perspective, the pandemic context can be attributed to a sense of the impossibility of sustaining the neoliberal fallacy of the virtues of a minimal state¹², since they were forced to break with their beliefs to face the pandemic, even if in a temporary and replete manner. limitations and contradictions¹⁷.

4. Measures of equipment to deal with pandemic

Regarding the functioning of the equipment, the most important measure taken was the cancellation of group activities to avoid the formation of agglomerations in line with the security measures of social distance. There was no change in the opening hours during the pandemic period and the equipment adopted a suspension in the discharge policies, mainly the administrative discharge (which occurs after five unjustified absences), with a view to keeping the user linked to the service and facilitating the continuity of care. during and after the pandemic. In a technical note, the United Nations Office on Drugs and Crimes¹⁸ emphasizes the importance of ensuring users continuous access to services and treatments, thinking about possible managements for the pandemic moment and aiming mainly at preventing access that is already limited by the stigma created about people. who make use of substances is more limited, placing them in a situation of even greater vulnerability.

To minimize risks in accessing the service, the use of mandatory masks was adopted at the beginning of the pandemic, the availability of gel alcohol in all equipment rooms, more fre-

quent cleaning of the environments, the measurement of temperature and the saturation of users, application of a questionnaire about covid-19 symptoms, use of a specific room for the treatment of symptomatic cases with availability of adequate attire so that professionals could perform the service and the possibility of referring the subjects to the nearest service for receive adequate care. These measures are important for guaranteeing a certain security for users and service teams and aim at a comprehensive protection of the users' health¹⁸.

5. The role of psychology and the psychologist in the context of the pandemic

The role of psychology and the professional psychologist is seen as crucial in the context of a pandemic, offering psychological care, and working to cope not only with the infected, but with people who presented some type of symptom or experienced some crisis due to the disruption of habits and routines. important minimizers of the feeling of helplessness and insecurity in the context. Although it is not yet possible to accurately measure the impacts of the pandemic on the mental health of the population, the promotion of mental health and minimization of psychosocial suffering that can be triggered by the implications imposed by circumstances is fundamental, as well as the post pandemic moment aiming at possible readaptations of the subjects at a somewhat uncertain moment since it is an ongoing phenomenon and with several possibilities of outcome¹⁹.

Regarding psychological care, online and call center (by phone) modalities stand out as the main ways to offer continuity of care to subjects already being monitored and to offer the first psychological care to people who need it during the pandemic¹⁸⁻²⁰. The reception made available to teammates as an important point for strengthening bonds was also highlighted. Facing a moment of health crisis imposes several stressful stimuli in the daily work of health workers, even though they are not among the service professionals considered front lines - as is the case of CAPS-AD¹⁹.

6. The (im) possibilities of action in face of covid-19.

Of the impossibilities of action, the interruption of group activities was highlighted as the main one, which impacted users and brought professionals the challenge of finding and adopting another care conduct, in addition to causing a break in the culture of CAPS, since they are, they structure in a logic of construction of care in a collective way and that allows the user to have a community life²¹.

Another impossibility raised is related to the infeasibility of the physical presence of some patients, who, despite having opened the possibility of acting in the call centers, removed a fundamental resource for the construction and maintenance of bonds, which facilitates the breaking of any barrier or paradigm of power that surrounds the patient. relationship between professional user: affection²².

Damage reduction actions in the territory had also been reported as a possibility of action, such as, for example, in some points of concentration of people and scenes of use. Within this context, actions that enable the distribution of objects (such as clean needles) and information that provide a safe use of substances in relation to possible contamination by sharing personal objects, especially cups, cigarettes, and pipes, are fundamental, since the spittle droplets it is one of the forms of transmission of the new coronavirus¹⁸.

CONCLUSION

Despite a difficulty in conceptualizing what a health crisis is, psychologists observe and deal with its developments in the

daily life of the equipment. Although CAPS-AD is not characterized as the main health service to deal with the pandemic, considerable changes can be observed in its dynamics of functioning, in the ways of offering care and in its demands. CAPS-AD serves a population in a situation of vulnerability, which enables it to be an ally in prevention strategies and actions within the territory in which it operates.

Psychology, within this pandemic context, has been building new ways to enable the continuity of psychological care and the acceptance of new demands, gaining a prominent role since the situations triggered by the health crisis have psychosocial implications for all subjects, since it has been reorganizing the way in which social relations take place regarding the dynamics of everyday life.

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