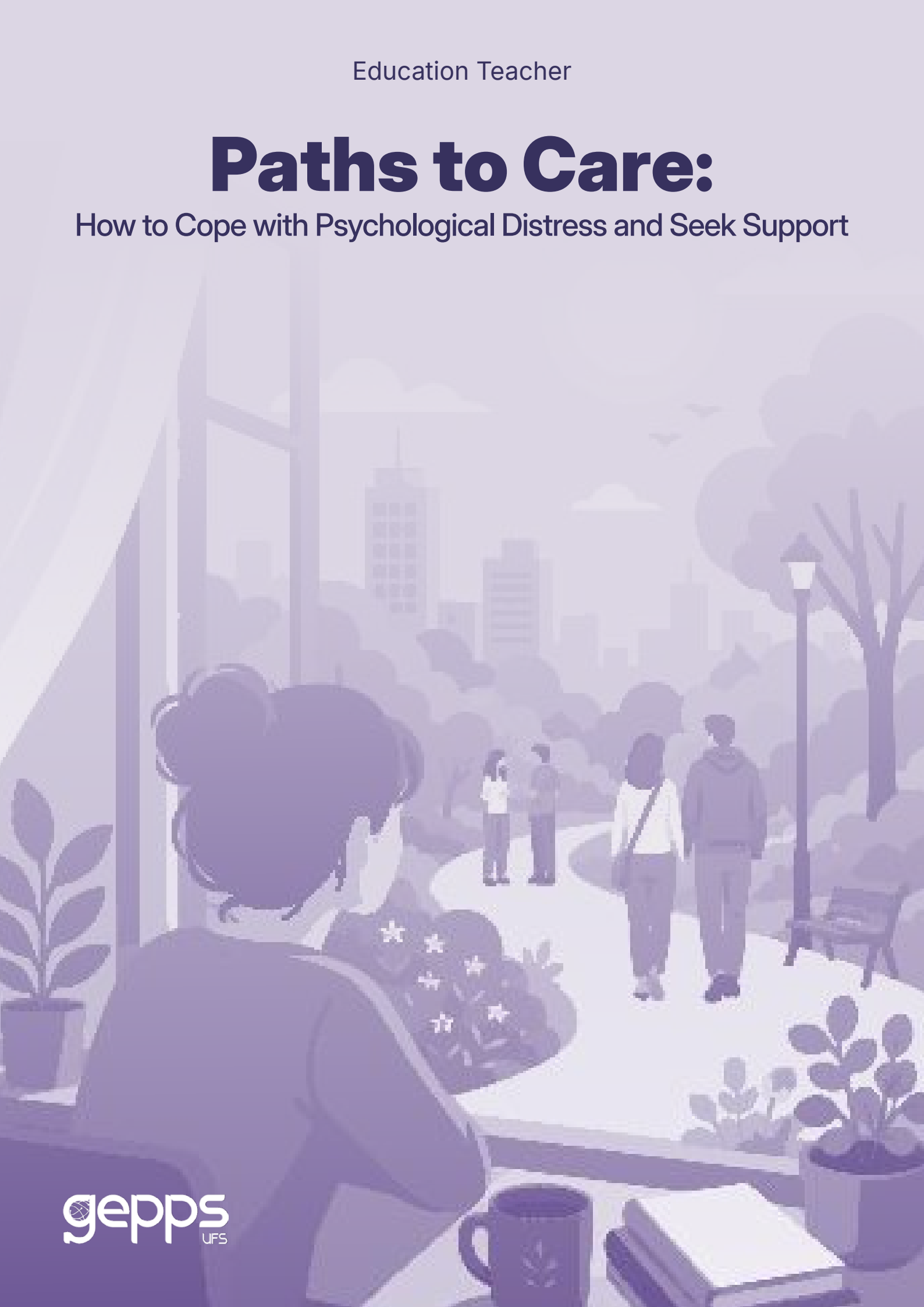
Education Teacher

Paths to Care:

How to Cope with Psychological Distress and Seek Support



gepps UFS

TABLE OF CONTENTS

Who is this booklet for?

This booklet is for anyone who wants to better understand the signs of psychological distress and learn about ways to provide care during difficult times.

It is aimed at education professionals who want to recognize warning signs and provide nonjudgmental support to students who are suffering from intense sadness, hopelessness, thoughts of death, or at risk of suicidal behavior.

The **COVID-19 pandemic** was marked by various factors, such as isolation, mask-wearing, infection with the coronavirus itself, and its economic impacts. But it also had consequences that persist to this day in the field of mental health. To help you better understand some of this damage, let's look at Maria's story as an example:

Maria was a teenager with a typical routine. She woke up early to go to school, chatted with classmates during recess, participated in after-school activities, and enjoyed spending time with her friends on the weekends. Although she sometimes felt the insecurities common to her age, she was able to stay in touch with important people in her life and had social interactions that were part of her daily routine.

However, in 2020, with the news of the COVID-19 pandemic, her routine changed abruptly. In-person classes were suspended, contact with classmates shifted to messages or video calls, get-togethers with friends stopped happening, and Maria began spending much more time at home. Gradually, feelings of loneliness began to surface more frequently.

In addition, new worries arose. Maria was afraid that someone in her family might get infected; she sensed the adults' concerns about money and work; she struggled to keep up with remote classes; and she began to blame herself for not being able to study as she had before. Over time, she also began to feel distant from her classmates and uncertain about the future.

These changes made Maria feel increasingly distressed. She began to have negative thoughts about herself, believing that she was getting in the way of those around her or that things would never get better. Along with symptoms of anxiety, persistent sadness, discouragement, and isolation, these thoughts increased her suffering and caused her to start losing hope.

Even today, it's possible that some young people are feeling this way, which is why support from family, friends, and even teachers is essential.

LET US REMEMBER WHAT HAPPENED

2019

First cases in Wuhan, China.

2020

WHO declares a pandemic.

Social isolation and use of masks.

2021

Vaccination begins.

COVID-19 variants.

Highest number of deaths worldwide

2022

Easing of restrictions and increased vaccination efforts

2023

Pandemic slows down.

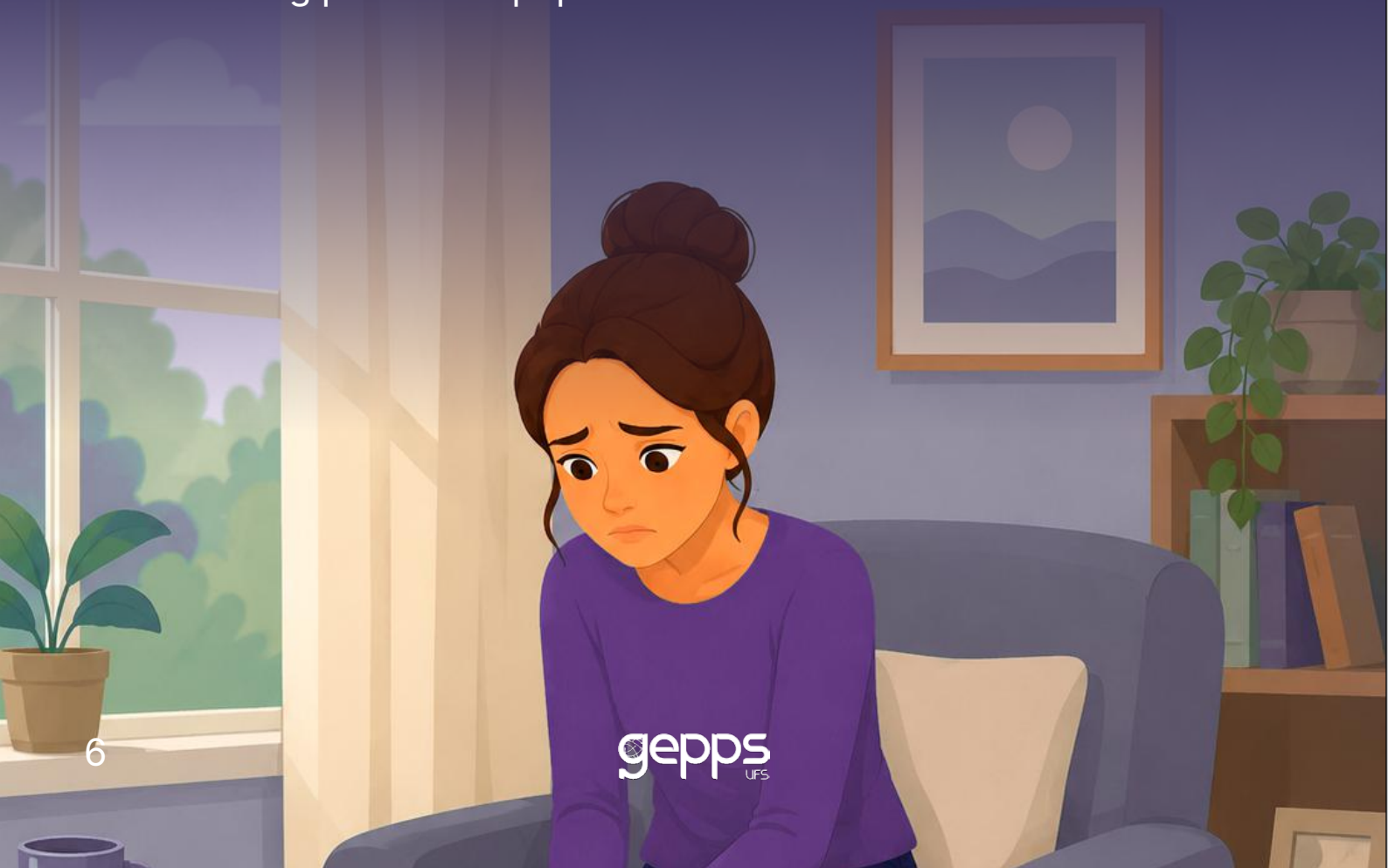
End of the public emergency.

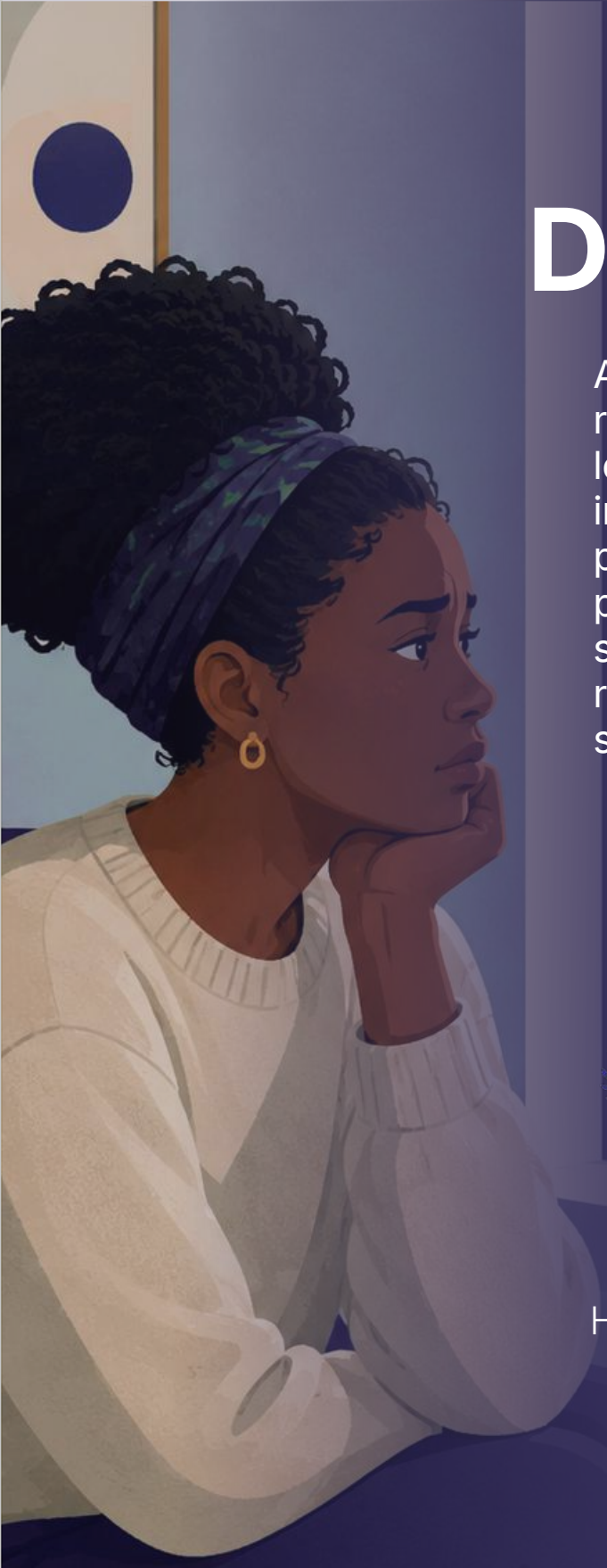
What happened? Let us understand the past

Even before the pandemic, some people struggled with hopelessness, loneliness, sadness, and other psychological issues. In our example, Maria had already been experiencing these feelings before COVID-19.

But with the arrival of the pandemic, this suffering increased; it became more intense and difficult to cope with, especially due to the distance from her support network. **Fear became a constant** during this period, when news reports every day brought information that caused anxiety among the population.

In other words, the pandemic was associated with an **increase in emotional distress,** especially in cases of isolation, grief, uncertainty, or financial difficulties, which led to the emergence of thoughts of death among part of the population.





During the crisis

Although suicide and suicide attempt rates remained similar to pre-pandemic levels in some countries, there was an increase in thoughts of death during this period, especially among young people. This data reveals that even though suicide deaths did not increase in many regions, the level of distress was not the same as it had been before COVID-19.

In other words...

Suicide deaths did not increase in some countries

However, some people have experienced thoughts of death

Some of these people still live with these thoughts today

What do our studies show?

1 Suicidal behaviors can occur even before an attempt.

Suicide is a phenomenon that can be understood on different levels, not just in terms of an attempt. When someone has thoughts about taking their own life, this serves as a warning that an attempt may be planned and even carried out as these thoughts intensify and become more frequent. We call this phenomenon “suicidal ideation,” and the sooner it is addressed, the lower the risk of suicide.

2 Suicidal ideation was present in nearly one-third of the population in some countries

In some countries, such as Brazil, approximately 30% of the population experienced thoughts of death during the pandemic.

3 Suicidal behaviors increased throughout the pandemic

Behaviors such as suicide planning and attempts increased from 2020 to 2022, indicating that the impact on mental health was gradual rather than immediate.

4 Depression and anxiety were the main factors contributing to suicidal ideation

Based on our studies, we found that people with depressive symptoms were at greater risk for suicidal ideation. In addition, those suffering from severe pathological anxiety also showed a significant increase in suicidal ideation and suicide attempts compared to groups with lower levels of anxiety.

Myths and truths

"People who talk about suicide just want attention."

Myth. Talking about death, disappearing, or no longer wanting to live can be a request for help. These statements must be taken seriously, with listening, acceptance, and without judgment

"Talking about suicide puts that idea in a person's head."

Myth. Talking carefully with someone does not encourage suicide. On the contrary, it can help the person feel less alone and more open to seeking support.

Asking for help is a sign of weakness."

Myth. Asking for help is an act of care and protection. No one needs to face a crisis alone

"People who have gone through a suicidal crisis can recover."

Truth. With support, care, professional guidance, and a strengthened support network, many people are able to get through the crisis and

If needed, seek help from a healthcare professional.

gepps UFS

"Seeking professional help makes a difference."

Truth. Psychologists, psychiatrists, emergency services, and support networks can help the person deal with distress and reduce risks.

"Suicide has a single cause."

Myth. Suicide is a complex phenomenon. It can involve emotional distress, mental health disorders, grief, loneliness, violence, discrimination, unemployment, debt, family conflicts, and a lack of support.

"In an immediate risk situation, action is needed."

Truth. If the person is in danger, do not leave them alone. Seek help at a hospital or emergency services.

What have we learned?

The pandemic has taught us something fundamental: emotional suffering must be taken seriously, especially when it is accompanied by thoughts of death. Maria began to realize that ignoring her pain didn't make it go away. Little by little, she learned that

- Asking for help is not a sign of weakness
- Sharing your suffering lightens the burden
- Mental health care saves lives

These lessons remain true to this day. Talking about your suffering with mental health professionals and seeking support from people you trust are forms of care and prevention.

Looking toward the future...

By looking back at the past, we can reflect on the future. When it comes to suicide and related behaviors, we know it's essential to prioritize our mental health, especially when we're already experiencing some level of suffering, such as with depression and anxiety disorders.

In addition, we need to strengthen our support network, as difficult situations can arise—whether on a global scale, such as a pandemic, or on an individual level. This support network should consist of people we can trust and who will provide help, without judgment, when we are suffering.

It's worth remembering that, even when challenging situations arise, maintaining the perspective that a positive outcome will eventually emerge will make us more resilient in the face of adversity. Some people, however, may need professional help to cope with these situations, and that's when you become a key player.

Identifying signs in students

The school can notice changes even before a student asks for help. Teachers, coordinators, counselors, and other professionals do not need to make a diagnosis, but they can recognize signs of distress and activate the support network.

Intense emotions as an early warning sign

When sadness, distress, fear, guilt, shame, a feeling of emptiness, loneliness, and/or hopelessness are observed frequently or intensely, it's an indication that the person may need greater care for their mental health. In fact, certain statements should be taken seriously when expressed by students experiencing such emotions:

If you know any students who are having these thoughts, watch for the symptoms and behaviors listed on the next page.

Common symptoms

In other cases, as the student's primary support professional, you may identify these issues through common symptoms:

- Changes in sleep and/or appetite
- Constant fatigue;
- Inattention (difficulty concentrating);
- Poor self-care;
- Isolation;
- Irritability;
- Excessive use of alcohol or other substances.

Common behaviors

It is possible to notice behaviors in students that may be linked to some form of suicidal ideation or intense distress:

- Frequent absences from class;
- Low participation in class;
- Changing seats (sitting in the back rows);
- Wearing long clothing (to hide self-harm marks);
- Problems related to bullying or discrimination;
- Previous suicide attempt;
- Self-harm (self-mutilation, such as cutting);
- Intentional poisoning;
- Talk of death, worthlessness, or disappearing;
- Impulsive behaviors.

Not every isolated sign indicates an immediate risk, but a combination of several signs or their constant presence may require attention from healthcare professionals and referral to mental health services.

How to talk to a student: Effective strategies

When approached in the right way, the student may feel more comfortable sharing what is causing them distress or how they are feeling. To do this, find a private space where they won't feel threatened by talking to you. Be as welcoming as possible, avoid judgment, and reassure them that there are ways to get help.

If you'd like to ask more specific questions, use the examples below:

Strategies for managing Distress

If there is an immediate risk, contact healthcare professionals, family members, or trusted individuals to address the situation according to the context and necessary protocols. Work to reduce access to means of self-harm, always with care and respect for the student. When necessary, call emergency services to manage the immediate risk.

Safety plan

Develop a safety plan that includes:

- Warning signs (especially those you noticed during the consultation)
- Ways to calm the person when they are in crisis or having suicidal thoughts (primarily use those that the student has already reported to be effective)
- People the student can call on and trust
- Safe places for the student to go
- Words of hope (include those that can bring the student a greater sense of meaning in life)

Referral

Cases like these require more comprehensive support. Talk to the student about the need for mental health care from a psychologist and psychiatrist, and advise them on where they can seek help. Also, do not promise absolute confidentiality: tell them that you will respect their privacy, but if there is any risk to their life, it is important to call for help.

"I will respect your privacy, but I need to get help to ensure your safety."

It's also important to talk to other professionals who can assist you and guide you in cases like this. Therefore, carefully inform the school administration or the school psychologist so they can establish a care plan and contact the student's guardians.

Where to seek help?

1 Primary care center

This is generally the first point of contact for health services, including mental health services. It is from here that patients can be referred to specialized services when necessary

2 Community mental health services

These services are more accessible and provide specialized care for people who need more intensive treatment.

3 Suicide and crisis helplines

There are telephone hotlines for emotional support during crises, providing a listening ear and guidance to anyone experiencing suicidal thoughts.

The number varies by country, such as 988 in the United States and Canada, 116 123 for Samaritans in the United Kingdom and Ireland, 1311 14 for Lifeline in Australia, 1737 or 0508 828 865 in New Zealand, and 188 in Brazil.

4 Emergency services

In an immediate risk situation, do not leave the person alone. Contact local emergency services or go to the nearest emergency department.

References

Bersia, M., Koumantakis, E., Berchialla, P., Charrier, L., Ricotti, A., Grimaldi, P., Dalmasso, P., & Comoretto, R. I. (2022). Suicide spectrum among young people during the COVID-19 pandemic: A systematic review and meta-analysis. EClinicalMedicine, 54, 101705. https://doi.org/10.1016/j.eclinm.2022.101705

Faro, A., Nunes, D., & Falk, D. (2025). Depressive symptomatology in Brazil: perspectives of statistical and psychometrics analyses of the PHQ-9 at four time-points (2020–2023) in the COVID-19 pandemic. Frontiers in Psychology, 16. https://doi.org/10.3389/fpsyg.2025.1440054

Faro, A., Palhano, D., Silva, L. dos S., & Falk, D. (2024). Suicidal behavior during the Covid-19 pandemic: Results from cross-sectional surveys of Brazilian adults from 2020 to 2022. https://doi.org/10.1101/2024.03.06.24303895

Farooq, S., Tunmore, J., Ali, W., & Ayub, M. (2021). Suicide, self-harm and suicidal ideation during COVID-19: A systematic review. Psychiatry Research, 306, 114228. https://doi.org/10.1016/j.psychres.2021.114228

Paula, A., Griffin, E., Kashan, A., & Kabir, Z. (2024). Suicide rates before and during the COVID-19 pandemic: a systematic review and meta-analysis. Social Psychiatry and Psychiatric Epidemiology, 59. https://doi.org/10.1007/s00127-024-02617-1

Pirkis, J., Gunnell, D., Shin, S., Del Pozo-Banos, M., Arya, V., Aguilar, P. A., Appleby, L., Arafat, S. M. Y., Arensman, E., Ayuso-Mateos, J. L., Balhara, Y. P. S., Bantjes, J., Baran, A., Behera, C., Bertolote, J., Borges, G., Bray, M., Brečić, P., Caine, E., & Calati, R. (2022). Suicide numbers during the first 9-15 months of the COVID-19 pandemic compared with pre-existing trends: An interrupted time series analysis in 33 countries. EClinicalMedicine, 51. https://doi.org/10.1016/j.eclinm.2022.101573

Pirkis, J., John, A., Shin, S., DelPozo-Banos, M., Arya, V., Analuisa-Aguilar, P., Appleby, L., Arensman, E., Bantjes, J., Baran, A., Bertolote, J. M., Borges, G., Brečić, P., Caine, E., Castelpietra, G., Chang, S.-S., Colchester, D., Crompton, D., Curkovic, M., & Deisenhammer, E. A. (2021). Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries. The Lancet Psychiatry, 0(0). https://doi.org/10.1016/S2215-0366(21)00091-2

Authorship and design

Luiz Melo
Site: psiluizmelo.com.br
geppsufs.com/pessoa/luiz/

Supervision

André Faro
Site: geppsufs.com/pessoa/andre/

How to cite

Melo, L. & Faro, A. (2026). Paths to care: How to cope with psychological distress and seek support - **Education Teacher** [Digital booklet]. Health Psychology Study and Research Group - GEPPS (Federal University of Sergipe, UFS, Brazil).

Other materials:

Or visit: geppsufs.com/materiais-tecnicos

gepps UFS