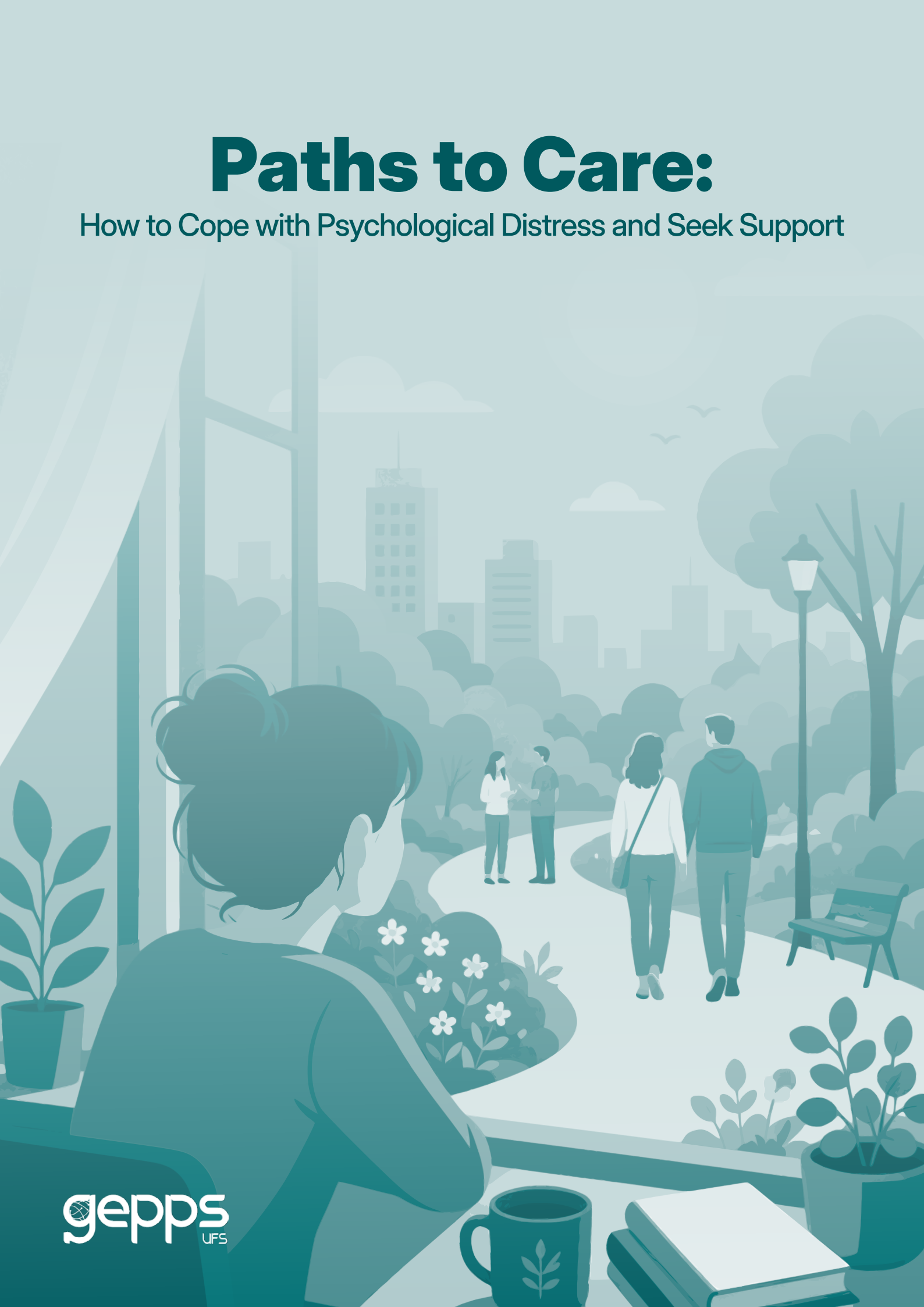
Paths to Care:

How to Cope with Psychological Distress and Seek Support



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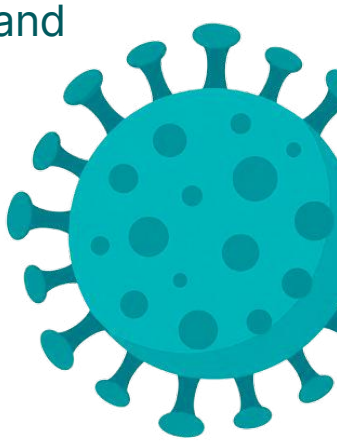
Who is this booklet for?

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

It is also intended for family members, friends, and loved ones who want to recognize warning signs, offer nonjudgmental support, and know where to seek help when faced with intense sadness, hopelessness, thoughts of death, or the 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 had a typical routine: she would wake up early, go to work, go to the gym, and meet up with friends on the weekends.

However, in 2020, news of the pandemic broke, and with it came a sudden change. Her in-person work shifted to remote work, her weekend outings had to stop, her contact with people in her social circle decreased, and feelings of loneliness would sometimes arise.

In addition, countless worries arose, such as the possibility of losing her job, the difficulty of paying bills on time, and the fear of contracting COVID-19 or even infecting someone in her household.

These problems led to a hopeless outlook on the future and on herself, which, combined with further symptoms of anxiety and depression, intensified her feelings of distress and even a loss of meaning in life.

Although the pandemic has been brought under control, many people still live like Maria, which is why it's important to recognize how this period has affected us, continues to affect us, and what we can do in similar situations.

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.

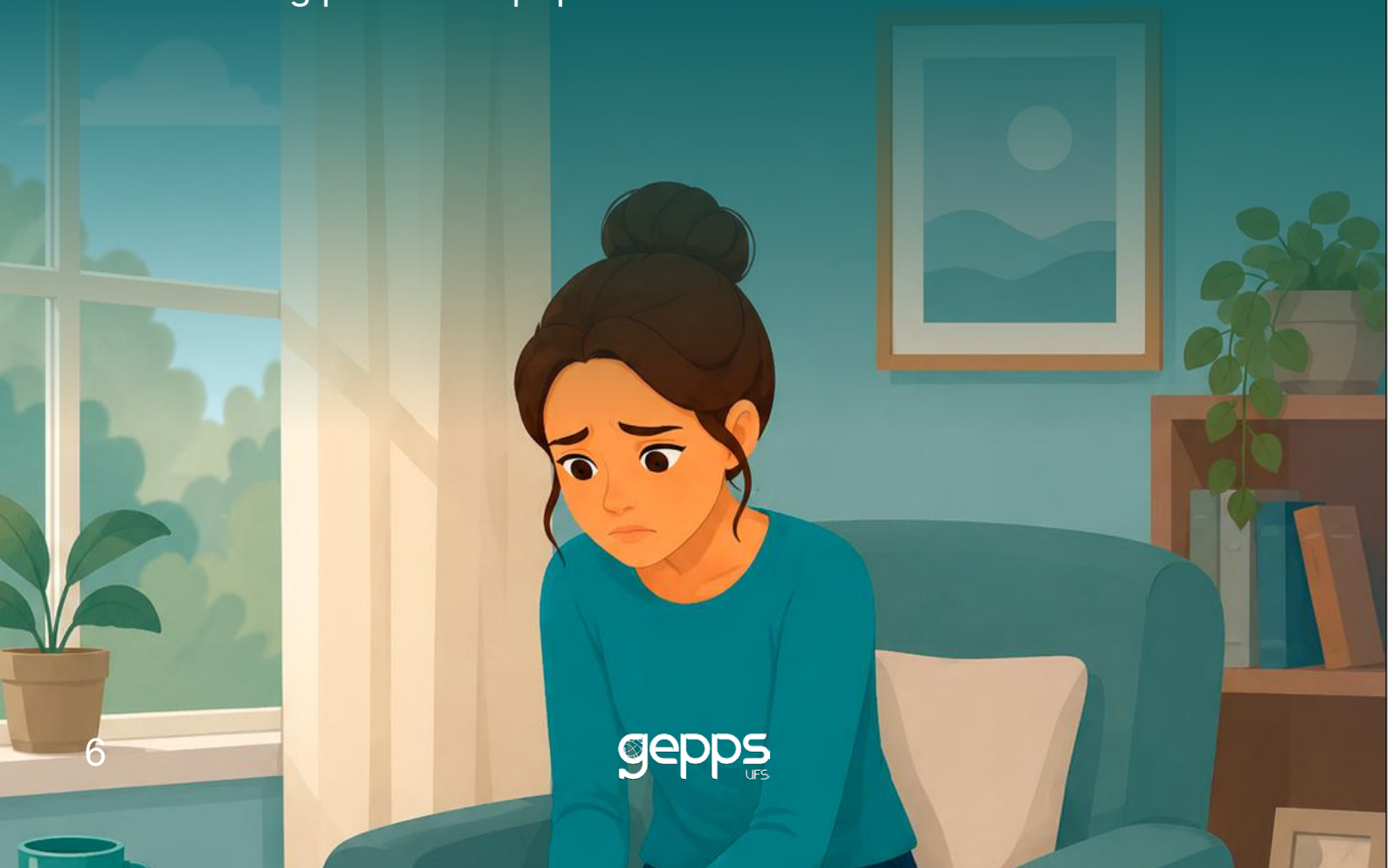
End of the public emergency.

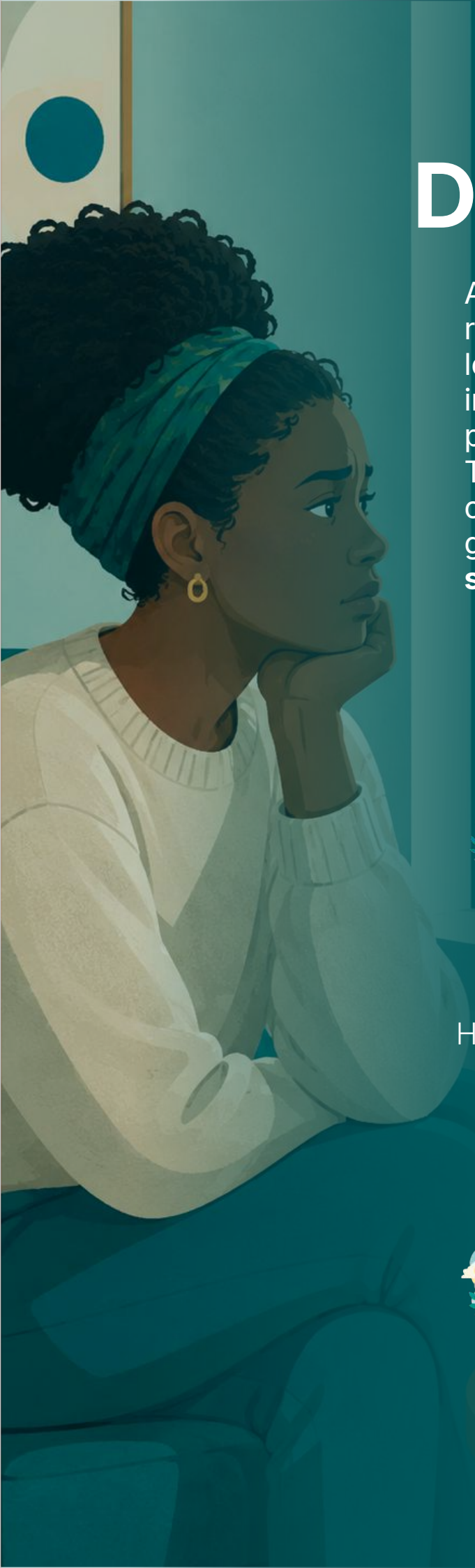
What happened? Let us understand the past

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 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 higher risk for suicidal ideation. In addition, those suffering from severe pathological anxiety also experienced 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 find new meaning in life.

If needed, seek help from a healthcare professional.

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“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 taught us something fundamental: **emotional distress needs to be taken seriously**, especially when it is accompanied by thoughts of death. Maria began to realize that ignoring pain did not make it disappear. Little by little, she learned that:

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

These lessons **remain valid today.** Talking about suffering with mental health professionals and seeking support from trusted people 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 dealing with adversity. Above all, we must also seek out mental health professionals who can help us cope with such adversity, and knowing where to find them is the first step...

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.

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