For healthcare professionals

Paths to Care:

How to Cope with Psychological Distress and Seek Support

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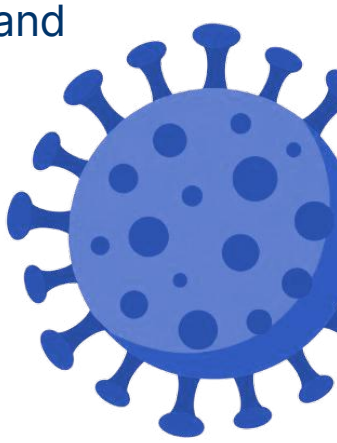
Who is this booklet for?

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

It is intended for healthcare professionals who want to recognize warning signs and provide nonjudgmental support to patients 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 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.

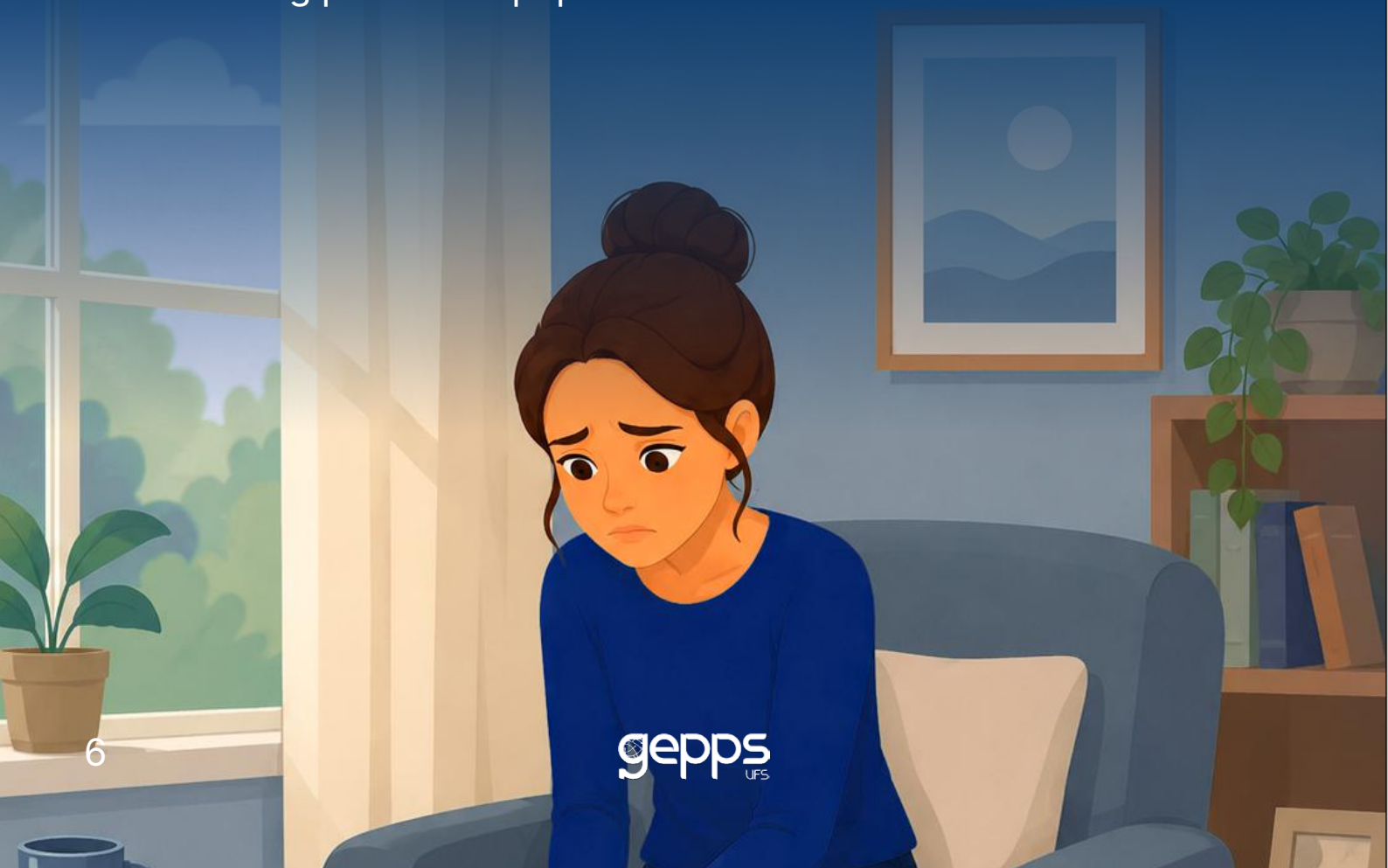
End of the public emergency.

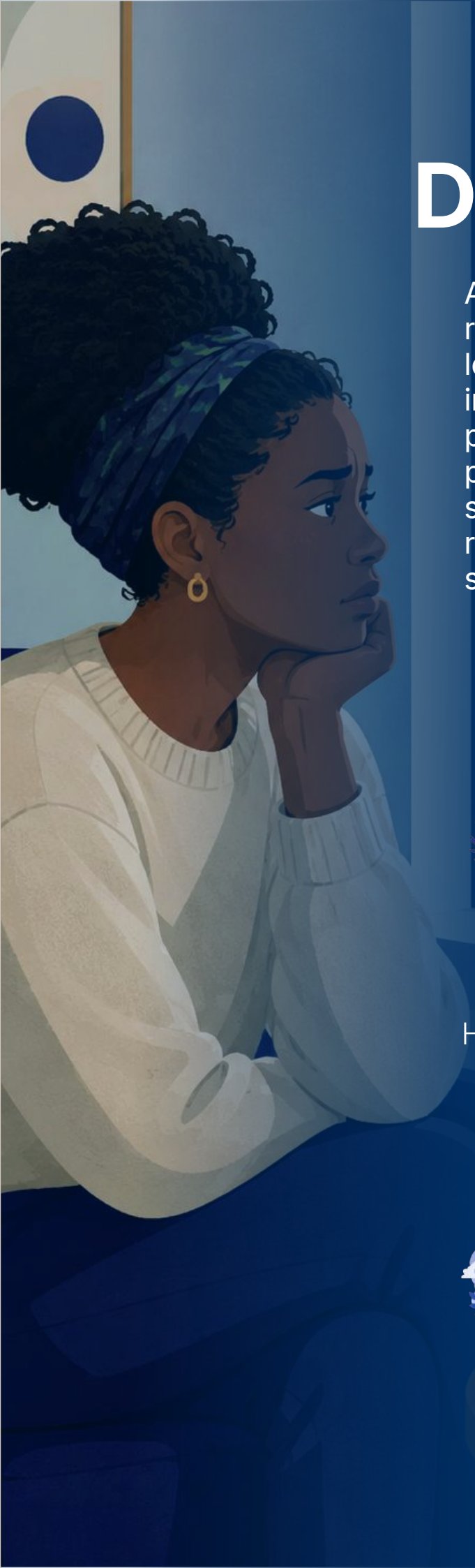
What happened? Let us understand the past

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 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 find new meaning in life.

If needed, seek help from a health-care 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 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

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 patients

Healthcare professionals can be a source of care for people experiencing intense suffering. Certain signs may be noticed during care interactions—such as during consultations, triage, home visits, and routine follow-ups—even if they are not related to mental health.

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, this is an indication that the person may need greater mental health care. In fact, certain statements should be taken seriously when expressed by patients experiencing such emotions:

"I can't take it anymore."

"My life doesn't make sense anymore"

"I wish I could disappear."

"I wanted to go to sleep and never wake up again"

"I'm tired of everything."

"I wanted to clear my mind."

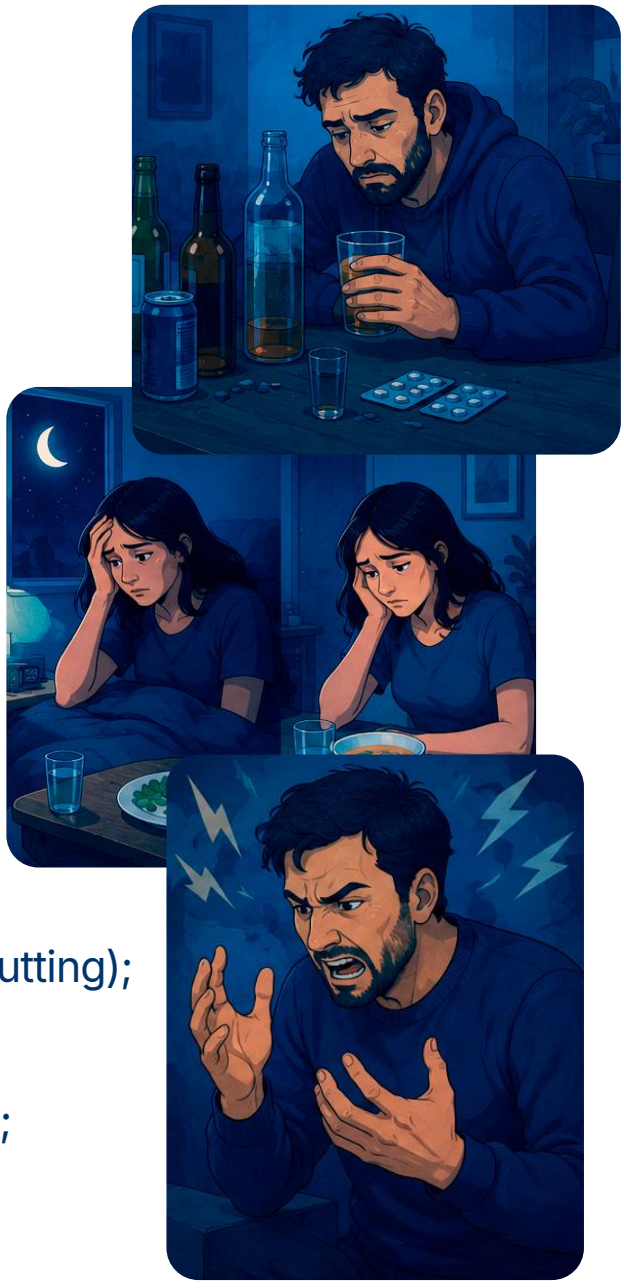
"Everything has lost its meaning."

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

Common symptoms

In other cases, as a healthcare professional, you can 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 observe behaviors in patients that may be linked to some form of suicidal ideation or intense dis-

- Previous suicide attempt;
- Self-harm (self-mutilation, such as cutting);
- Intentional poisoning;
- Talk of death;
- Sudden discontinuation of treatment;
- Withdrawal
- 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 patient: Effective strategies

When approached in the right way, the patient may feel more comfortable sharing what is causing them distress or how they are feeling. Be as welcoming as possible, avoid being judgmental, and reassure them that there are ways to find help.

Use phrases such as:

"I've noticed you've been acting differently—is something going on?"
"You can talk to me openly; I won't judge you."
"You don't have to go through all this alone."
"How about we think of some ways to make you feel safer and more comfortable?"
"I imagine this must be really hard for you."
"I know it's not easy, but you don't have to go through this alone."
"You deserve care and support."

Avoid phrases like:

"You need to think positively."
"There are people worse off than you."
"That's God's will."
"It's no big deal."
"Just keep your mind busy, and you'll feel better."
"You're like this because you want to be."
"You just need to snap out of it."

Strategies for managing Distress

If there is an immediate risk, contact healthcare staff, 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 patient. 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 patient has already reported to have worked)
- People the patient can call on and trusts
- Safe places for the patient to go
- Words of hope (include what might give the patient a greater sense of meaning in life)

Referral

Cases like these require more comprehensive care. Talk to the patient about the need for mental health care from a psychologist and psychiatrist, and advise them on where they can seek help. If possible, refer them within the network where you work so that it's easier for them to access care and begin treatment right away.

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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