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Repercussions of the covid-19 pandemic on the work of psychosocial care centers for alcohol and other drugs

Repercussões da Pandemia Covid-19 no Trabalho dos Centros de Atenção Psicossocial Álcool e Drogas

Repercusiones de la pandemia del covid-19 en el trabajo de los centros de atención psicosocial de alcohol y drogas

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ABSTRACT

Objective: to analyze the repercussions of the Covid-19 pandemic on the work of Psychosocial Care Centers for Alcohol and other Drugs.

Method: qualitative, descriptive - exploratory study, with 60 health workers from Psychosocial Care Centers for Alcohol and other Drugs in Porto Alegre/ Rio Grande do Sul, from January to December 2021. Collection was carried out using a questionnaire sent by email or in person and the analysis of the content of the responses was of the thematic type of the open question.

Results: an increase in demand from users and crises, social determinants of the pandemic, changes in work, contingency plans, moral distress and expressions of feelings by healthcare workers were observed.

Final considerations: the repercussions of the pandemic on work and workers' mental health reflect the need for monitoring and care for workers in the post-pandemic period. It is also suggested to incorporate online activities to support the psychosocial care model.

Descriptors: Health personnel. Mental health. Coronavirus infections. Drug users.

RESUMO

Objetivo: analisar as repercussões da pandemia Covid-19 no trabalho dos Centros de Atenção Psicossocial Álcool e outras Drogas.

Método: estudo qualitativo, descritivo-exploratório, com 60 trabalhadores da saúde dos Centros de Atenção Psicossocial Álcool e outras Drogas em Porto Alegre/ Rio Grande do Sul, de janeiro a dezembro de 2021. A coleta realizou-se mediante questionário enviado por e-mail ou presencial e a análise do conteúdo das respostas foi do tipo temática da questão aberta.

Resultados: observou-se o aumento da demanda dos usuários e crises, determinantes sociais na pandemia, mudanças no trabalho, planos de contingência, sofrimento moral e expressões de sentimento do trabalhador de saúde.

Considerações finais: as repercussões da pandemia no trabalho e na saúde mental do trabalhador refletem a necessidade do acompanhamento e cuidado ao trabalhador no pós-pandemia. Sugere-se também a incorporação das atividades on-line em apoio ao modelo de atenção psicossocial.

Descritores: Pessoal de saúde. Saúde mental. Infecções por coronavírus. Usuários de drogas

RESUMEN

Objetivo: analizar las repercusiones de la pandemia de Covid-19 en el trabajo de los Centros de Atención Psicosocial al Alcohol y otras Drogas.

Método: estudio cualitativo, descriptivo - exploratorio, con 60 trabajadores de salud de Centros de Atención Psicosocial al Alcohol y otras Drogas de Porto Alegre/ Rio Grande do Sul, de enero a diciembre de 2021. La recolección se realizó mediante cuestionario enviado por correo electrónico o en persona y el análisis del contenido de las respuestas fue del tipo temático de la pregunta abierta.

Resultados: se observó aumento de la demanda de los usuarios y crisis, determinantes sociales de la pandemia, cambios de trabajo, planes de contingencia, angustia moral y expresión de sentimientos por parte de los trabajadores de la salud.

Consideraciones finales: las repercusiones de la pandemia en el trabajo y la salud mental de los trabajadores reflejan la necesidad de seguimiento y atención a los trabajadores en el período pospandemia. También se sugiere incorporar actividades en línea para apoyar el modelo de atención psicosocial.

Descriptores: Profesionales de la salud. Salud mental. Infecciones por coronavirus. Drogadictos.

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INTRODUCTION

The new Coronavirus pandemic, responsible for the disease Covid-19 (Coronavirus Disease), was a global crisis that required protective measures for the population, such as reduced mobility and social isolation[1]. Regarding Mental Health and drug use, there was an increase in drug use and psychological suffering among users and health professionals, due to the closure and new organization of work in mental health services, as well as greater social inequality, domestic violence and general health needs of the population[1–2].

In Brazil, mental health work is organized into a Psychosocial Care Network (PCN), formed by several services, including primary, specialized and hospital care. In this network, the Psychosocial Care Centers (PCC) stand out, as they are important crisis response devices that also monitor serious and/or persistent cases of people with Mental Disorders and/or users of psychoactive substances, such as the Psychosocial Care Centers for Alcohol and Other Drugs (PCC AD)[3].

The work at the PCN is relational and is carried out in the territory, that is, in homes, on the outskirts of communities, in groups, in spaces for social control and income generation, in families and in society. Within the PCC, this work is no different, requiring routines and organization of the service with a focus on teamwork, interacting with users, communicating with other services, and aiming at the social reintegration of users as a practice to improve their mental health[4]. With the Covid-19 pandemic, contingency plans were created and changes were made to work inside and outside the PCC, which increased the social exclusion of users, families and health professionals, such as the cancellation of collective and territorial activities, creating a new flow of reception, increased consultations and online activities[5].

In view of this scenario, it is important to study the repercussions of the pandemic on the work of PCC AD, since it is understood that there are particularities in mental health care that may have caused changes and challenges during the pandemic, impacting the lives of users and workers. This argument can be defended by considering some previous studies, in which it is found that the environment and work organization are important factors in the constitution of worker illness, and adding to the pandemic, challenges are observed in readapting to new forms of work and the increase in demand from mental health and alcohol and other drug users[6–7].

Healthcare workers can be considered a vulnerable group in terms of physical and mental health, as they are exposed to illness from Covid-19 on a daily basis, and also in relation to the structure and relationships at work. Mental health issues such as stress, feelings of anguish, fear, anger, anxiety, and even more serious problems such as anxiety disorders, trauma, and depression have been identified in the literature[6–7]. Furthermore, it is important to consider that in Latin America there was already a crisis in Public Health and Mental Health, with regard to healthcare systems based on neoliberal and biomedical models, which disregard the sociocultural contexts in the health-disease process and the world of work. The pandemic reinforces the impotence and incapacity of these models, placing healthcare workers at the mercy of dilapidated services, without supplies, adequate human resources, and preparation for mental health work[8]. It is important to understand the context experienced in mental health work during the pandemic, as it has brought challenges to new forms of organization in the face of the pandemic scenario, which can contribute to the creation of appropriate actions and public policies for the Mental Health of workers. Thus, the following question is addressed: What are the repercussions described by health workers about their work at PCC AD during the Covid-19 pandemic? Therefore, the objective of this article is to analyze the repercussions of the Covid-19 Pandemic on the work of the Psychosocial Care Centers for Alcohol and Other Drugs.

METHOD

This is an excerpt from the research entitled "Assessment of psychosocial risks related to work in Psychosocial Care Centers in the face of the new coronavirus pandemic - PROPCC-Covid", a quantitative and qualitative study. This article focuses on the repercussions on the work of PCC AD professionals.

The method consists of a qualitative, descriptive-exploratory study, in accordance with the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The research was carried out in Porto Alegre, capital of Rio Grande do Sul (RS), with an estimated population of 1,332,845 inhabitants[9]. The project was carried out in 2020, data collection in 2021, and data analysis in 2021 and 2022. The study setting was the PCC AD administered by the Municipal Health Department (SMS) and a hospital in the municipality, characterized by: PCC II AD, six PCC III AD, and one PCC AD IV. The PCC AD are for the treatment of needs related to drug use (from 16 years of age), and there are differences in their modalities: PCC II operates from 8 am to 6 pm, serving a maximum of 45 users per day. PCC III AD has 24-hour beds, for 14 days for stay and detoxification, and, finally, PCC AD IV operates 24 hours a day, being indicated for cities with a population over 500 thousand inhabitants(3).

From these services,79 PCC AD professionals participated in the research, complying with eligibility criteria. Inclusion criteria: being a PCC AD employee for at least 6 months at the time of the invitation; exclusion criteria: being a professional on vacation, sick leave, maternity leave and/or bonus during the data collection period.

The PROPCC-Covid data collection was carried out from January to December 2021, by sending the instrument by email to professionals, with the invitation and the link to Google Forms, a tool that allows for creating forms and collecting collective information. In addition, to increase the possibilities of participation in the research, some forms were delivered by the researchers in person, leaving them printed at the services, suggesting that the workers take them and answer the survey at home. The form contained quantitative and qualitative research instruments: sociodemographic data, the Protocol for the Assessment of Psychosocial Risks at Work (PROART)[10], which is a questionnaire composed of four scales with the objective of assessing the work and the risks of illness of the worker and, finally, two open questions: (1) Describe the repercussions of the Covid-19 pandemic on the work developed at the PCC (2) Has the PCC where you work developed any work strategy in response to the Covid-19 pandemic? If so, (3) Describe which work strategies were introduced/implemented at the PCC, considering the Covid-19 pandemic.

It is noted that, due to the pandemic, it was necessary to adapt the qualitative research instrument, being applied online or in print, without relational contact with the researcher, through the collection of written responses from the participants.

This article presents the sociodemographic data of the 79 workers and the open question: "Describe the repercussions of the Covid-19 pandemic on the work carried out at PCC". Out of the 79 PCC AD workers, 64 answered the open question, and four of the answers were isolated words that did not address the object of study and were excluded, thus formalizing 60 answers that make up the corpus of analysis.

The sociodemographic profile was organized using Excel spreadsheet software and analyzed by simple, relative and absolute frequency. The profile analysis, aimed at this qualitative stage, contextualizes the PCC AD scenario through elements about its workers at this historical moment, in order to better understand the data originating from the research.

The analysis of the data from the open-ended question was performed using thematic content analysis, which has three phases: (1) Pre-analysis; (2) Exploration of the material; (3) Treatment of the results obtained and interpretation[11]. In the first phase, an exhaustive reading of the content that emerged in the data collection was carried out, creating a table containing all the participants' responses to the open-ended question. In the second phase, the material was explored, organized into record units (RU), which are recurring phrases or words that responded to the objective of the study, and then this material was grouped, determining units of meaning (US), which formed the main themes. Finally, in the last phase, the categorical analysis of the text was performed through a simple quantification of the main themes arising from the previous stages, forming two categories that will be presented and discussed with the scientific literature: Repercussions of the pandemic on the work of PCC AD and Expressions of feelings of PCC AD health workers. The first category will address aspects related to work and its transformations at PCC AD, and in the second category, participants expressed feelings related to this work.

The research was approved by four research ethics committees with the following Opinion numbers: Universidade Federal do Rio Grande do Sul/2020 (4,319,731), Grupo Hospitalar Conceição (GHC)/2020 (4,948,003) and Secretaria Municipal de Saúde (SMS)/2020 (4,348,670). Participants will be named with the letter T, following the numerical sequence (Ex: T1, T2).

RESULTS

Sociodemographic profile of professionals participating in the study

The majority of the participants in the survey were women (59.49%), and men accounted for 40.50%. Regarding race/color, 67.08% self-identified as white; 13.92% as black; and 7.59% as mixed race.

Regarding function/profession, the professional categories with the most significant numbers were the nursing team, formed by nurses (21.51%), and nursing technicians (20.25%). Other categories, with a notable number, were social workers and psychologists (7.59%). Regarding education, the majority had a postgraduate degree (55.69%), followed by completed higher education (17.72%), high school (13.92%) and incomplete higher education (12.65%).

Work-related repercussions of the pandemic

This category addresses three units of meaning: the change in work at PCC AD, the repercussions on the user's life, and the PCC AD worker during the pandemic.

The change in work at PCC AD was the most cited by the research participants, mentioning the transformations in the psychosocial care model and the contingency plans with the interruption of collective activities.:

PCC advocates a care model based on professional awareness, which involves coexistence and support in collective activities (therapeutic and income-generating workshops; therapeutic groups; home visits; coordination of the support network in the territory, etc.). Thus, the pandemic restricted all PCC activities. (T1)

There were several repercussions such as: Restriction on the movement of patients and employees; Total suspension of collective activities, groups, workshops; Total suspension of group meetings taking place only remotely [...]. (T2)

Interruption of collective activities, use of PPE and execution of contingency plans, habit of washing hands upon arrival of workers and users, interruption of in-person community activities, change of reception times, suspension of night reception, online articulations with the network, reinvention of new care technologies, etc. (T3)

Interruption of collective activities, use of PPE and execution of contingency plans [...] *reinvention of new care technologies, etc.* (T6)

With these changes in work, there have been some challenges at work and new forms of care, with emphasis on online groups:

Thus, we became isolated and, today, we have difficulty resuming actions in the territory [...]. (T1)

Basically, it was the transformation of PCC into a space that can no longer accommodate everyone, having to suspend group social activities [...]. (T8)

[...] *the teams had to reconsider redoing many approaches and new activities that were previously collective and are now individual* [...] (T2)

[...] *It was a challenge for all of us who work with users in person and during the pandemic we had to use the technology of online groups.* (T8)

Still in relation to changes in work at PCC AD, workers address the connection with the territory and the understanding that this readaptation of the service during the pandemic was not negative:

Suspension of collective activities within the service, however, forms of intervention in the territory were created together with the other points of the network. Monitoring, through telephone calls, of users and the service network [...] *Constant monitoring by telephone of users and workers who tested positive for the necessary support* (T9)

The pandemic made us change the entire way of working that was being carried out in this service, but within this change it also made us see that there are other ways of providing care [...] *the pandemic was negative, but it also brought positive changes in my opinion* (T1)

Another unit of meaning found involved the repercussions of the pandemic for users:

Increase in the number of in-person appointments and demand as a whole, which I associate with the worsening of social determinants related to quality of life and survival. However, I do not see this as a repercussion of the pandemic itself, but rather of the management model chosen to deal with it, which favored the concentration of income and increased social inequality [...]. (T10)

Access decreased at the beginning and has been increasing in recent months, with more serious patients [...]. (T12)

Some patients who benefited most from the Workshops and Therapeutic Groups relapsed into the use of psychoactive substances. (T13)

Lack of structure in the social assistance and health networks, lack of social policies, housing. Increase in violence against users, consequently, an increase in violence perpetrated by users against workers [...]. (T14)

Regarding the third highlighted theme, the units of meaning represent data about the PCC AD worker during the pandemic:

Exposure to the virus, little protection for the professional [...]. (T17)

One of the repercussions was that many professionals were often on sick leave. (T18)

They encourage the emergence of moral suffering among workers, and as a result, teams may have more difficulty in offering qualified listening. (T10)

I have been working from home, helping to coordinate administrative processes, as I am in the risk group. (T11)

Expressions of feelings from PCC AD healthcare Workers

In this category, two units of meaning are observed: the suffering of workers during the pandemic and expressions of positivity.

The suffering of workers during the pandemic is highlighted the most in the data analyzed:

> [...] *distancing, fear of touch and contagion brought a certain challenge to the process of bonding and affection with users* [...]. (T13)
>
> [...] *Fear, anxiety and stress due to fear* [...]. (T14)
>
> [...] *brought a separation and overload* (T16)
>
> [...]*At the moment I work with fear and insecurity due to the current situation.* (T17)

Expressions related to positive feelings had less emphasis, however, they were also present, mainly with regard to unity and empathy:

> *Everyone ended up coming together, empathy.* (T1)
>
> *Collaboration and working together* [...]. (T19)

DISCUSSION

The majority of PCC AD workers are women, 59.49%, which, historically, is already considered a highlight in the health sector(12). In addition, the white race is predominant (67.08%). IBGE(13) reports that, in the latest National Household Sample Survey (PNAD continues 2021), Brazilians self-declare, on average, 43% white, with 9.1% declaring themselves black.

The issue regarding the minority of professionals who identify as black (13.92%) and mixed race (7.59%) can also be related to black people's access to higher education. Although this rate has increased in recent years, there are still obstacles regarding the permanence and completion of university courses attended by black people and frequent situations of discrimination(14). Regarding the professional profile, Nursing represented 41.76% of PCC AD workers, which is consistent with data showing that, in Brazil, there are approximately 1.7 million nurses, nursing technicians and assistants, representing the largest professional category. Furthermore, during the pandemic, these professionals were a workforce of great importance to society, due to their technical capacity and 24-hour presence managing and promoting continuous care for people[15].

Regarding professional training, there is a focus on postgraduate studies (55.69%) among PCC AD workers, which can be associated with Ordinance No.3,588, which emphasizes the importance of training in mental health for working in specialized spaces(3). Another study found that professionals have also dedicated themselves to advancing knowledge in their areas, associated with changes in their professions and in the job market, which can result in better qualification of services[12].

The repercussions related to work during the pandemic are highlighted by health professionals in three dimensions: the change in work at PCC AD; repercussions on the lives of users; and PCC AD workers during the pandemic.

The literature shows that psychological distress has become a priority issue for international organizations and populations during the pandemic. It is important to emphasize that, in the Brazilian context, there were already numerous challenges to mental health care, especially for severe cases, due to the fact that the mental health network has weaknesses in its structure, human resources, and in the understanding of mental health beyond psychiatric diagnoses. In addition, Brazil, similar to other Latin American countries, has a scenario of social inequality related to mental illness. Thus, with the pandemic, this scenario has worsened with unemployment, loss of human lives, precarious living conditions, and uncertainty about the future[8].

The understanding of mental health is understood from the perspective of the Psychiatric Reform, which aims to broaden our perspectives on psychological suffering, which is constituted by historical, cultural, social, and subjective determinations[16]. In this sense, the issue of drug use also constitutes a sociocultural problem and a challenge for Public Health[17].

In this research, healthcare workers at PCC AD address the sociocultural issues of users and their connection with mental health and drug use, mentioning that social determinants and the lack of adequate social policies can lead to an increase in drug use and the severity of cases, pointing out that this problem existed before the pandemic, but has been intensified by it.

Thus, it is understood that drug use is a social and multifactorial problem that involves economic and social determinants. Among the economic determinants, the country's economic performance, income, and employment and housing opportunities stand out. Social determinants include culture, lifestyle, gender, ethnicity, degree of social inclusion, age, health-related behaviors, living and working conditions, education, and access to health services[17].

Brazil has approved social rights in the 1988 Federal Constitution and created the Unified Health System (SUS), which must work as a network, with full access, equity, and autonomy for users. However, the country has experienced a contradiction between the dismantling of social protection and the guarantees of essential rights to life, including access

to income and work, food, health, and housing, among others, resulting in an increase in risk factors and exposure to drug use[17].

Among these social determinants, access to PCN and the work it develops is closely linked to the accessibility of this user to care, and the Drug Policy, with Ordinance No.2,197, proposes a psychosocial and harm reduction approach. The condition of social distancing implied the need to reorganize the dynamics of operation of PCN and PCC, reinventing ways to maintain care, support the crisis, and manage situations of vulnerability[18].

In this study, workers describe that the work at PCC AD, prior to the pandemic, was carried out from the perspective of the psychosocial approach, centered on collective and relational issues with the user, but this has changed completely. The many transformations are reflected in the organization and operation of PCC AD, which was guided by protocols and contingency plans, focusing mainly on protection against the Coronavirus. It is observed that the guidelines for organizing work and caring for the population followed the international parameters of the World Health Organization (WHO), which guided the development of contingency plans according to the realities and limitations of the countries, considering access to services and the availability of vaccines and medicines[19]. It is worth highlighting the publication of the document "Covid-19: Operational Planning Guidelines to Support Country Preparedness and Response"[20], which observes a coordinated action plan at national, regional and global levels, with the aim of overcoming the challenges of the pandemic, mainly regarding diagnostics, vaccines and overcoming inequalities.

Based on these guidelines, the National Contingency Plan for Human Infection by the New Coronavirus[21] was created in Brazil, with general guidelines, epidemiological surveillance, national plans that guide state plans for organizing health services and programming for protection and combating the virus.

In view of the above, it can be said that the main objective of the contingency plans was to control the virus, through social distancing and management of Covid-19 cases. Initially, there was a limitation of health actions focused solely on the virus, which, according to the participants in this research, generated negative consequences for mental health care, increasing crises among users and workers, as they were involved in an environment of insecurity and fear.

Another study corroborates these findings by pointing out gaps in the country's organization for the care of health professionals, citing the low availability of personal protective equipment (PPE) and the lack of outline strategies for the prevention and control of infections that lead health professionals to Covid-19. Although the WHO recommends that the plans inform how all cases of infection in health professionals are recorded and investigated, the implementation of screening mechanisms, early detection and control of sources of infection in the spaces where health teams work, these points are not addressed in the Brazilian guidelines[22].

Healthcare professionals are considered a vulnerable group both in terms of contracting and dying from COVID-19 and in terms of mental illness. The PCC AD workers in this study point out several issues related to the work performed during the pandemic: being at risk and working from home; the increase in health certificates due to illness; and the expression of emotions during that period, especially fear, stress, and overload.

A study on the impact of COVID-19 on psychiatric and mental health services in Europe reports the suffering experienced by professionals, with the factors being linked to work reorganizations and the constraints imposed. The authors mention work overload, greater diversification of tasks and complexity of care, and the anguish linked to work and personal life situations[22].

In this context, challenges arise to the moral integrity of healthcare professionals during the pandemic period, when considering a variety of ethical issues linked to the death of vulnerable people, work organization, and psychological issues of the worker. This can characterize moral suffering, that is, the impotence to act according to one's ethical-moral position in a given situation, because experiences in health services, in times of pandemic, can affect one's safety, health and well-being[23].

Other studies also report concerns and negative feelings among healthcare workers during the pandemic, including the risk of contagion, isolation, fear, anxiety, depression, loss of sleep quality, loss of appetite, drug use, among others. The challenge becomes more complex when considering that these workers need to seek a balance between their physical and mental needs and those of users[23–24].

The Manual of Recommendations for Managers Regarding Mental Health and Psychosocial Care in the Covid-19 Pandemic[25] mentions the importance of mental health care for healthcare workers, and contains recommendations for the management of healthcare networks: monitoring teams, ensuring PPE, quality communication and information in order to reduce insecurity and uncertainty, online psychological support and worker health centers, among others. Here, we reflect on the importance of mental health care for workers, and we understand that, even with the decrease in cases, vaccination of the population, easing of

care and social distancing, from 2022 onwards, it is possible to see the impact of the damage caused by the pandemic on the lives, health and work environment of professionals.

In this new performance, the relationship between the worker and the user has also changed, and a new work environment has emerged. The PCC AD has become "encapsulated", as it was prevented from carrying out collective face-to-face activities inside and outside the services, which has hindered communication and bonds with users and colleagues, as well as work from a perspective of psychosocial care focused on the territory. The term "encapsulation" is a concept present in the Mental Health literature, which, prior to the pandemic, meant that PCC had difficulty implementing care strategies in the territory, and also the preparation of a network focused on primary care, welcoming users who were not considered to be in serious condition so that there could be a "discharge from the service", avoiding overcrowding of users who depend on PCC[26]. In the professionals' responses, pandemic "encapsulation" may be more worrying, as it reflects work exclusively within the services and with online activities, which may further reduce user access, especially the most vulnerable, those who do not have internet access and those who have difficulty getting to the service and who would benefit from home visits.

The methodological approach most cited by PCC AD workers was online groups. Groups are mental health care tools, with an emphasis on coexistence, the exchange of experiences and dialogue between the team and the user, encouraging autonomy and the resolution of everyday problems, aiming at better adherence to treatment[27].

A study conducted in the United States of America (USA) addresses the importance of using virtual tools, including telehealth (meetings with multidisciplinary teams via video and telephone for virtual and group counseling), and specifically for drug users. The authors consider that there are still no significant studies comparing the effectiveness of online and in-person group therapy. However, during the pandemic, there was good acceptance by users, especially in virtual recovery meetings led by peers, which increased user access to mental health services and monitoring[28].

Some Brazilian experiences indicate the potential of virtual groups, demonstrating that the tools WhatsApp and Messenger can become meeting spaces where users share their emotions and there is early identification of mental health crises. In addition, virtual meetings minimize the loneliness of social distancing[29]; however, one of the limitations of online work may reflect the limited access of vulnerable populations to electronic devices[29].

Another adaptation in the work, described by healthcare workers at PCC AD, was the coordination with the network and the territory, through online meetings between professionals and monitoring via telephone, seeking to maintain the connection and constant assessment of users and workers with Covid-19. Before the pandemic, care in the territory was one of the focuses, carrying out activities such as home visits, outreach to schools, social assistance, meetings with other care devices, mental health events, among others.

In the year this research was conducted, there were still several interruptions in activities, due to the increase in cases and deaths from Covid-19. In this sense, another study corroborates the importance of communicating with the territory, even remotely, such as identifying the most serious users, those who used injectable medications and who were more vulnerable. Active contact via telephone is presented as a possibility of getting closer to users, avoiding situations that trigger the crisis[30].

Some barriers to this remote contact can be seen in reports from users who were unable to obtain mental health care in primary care to renew medications, mainly because doctors were on sick leave due to illness, in addition to the difficulty in communication between users and primary care, causing users to travel to the PCC, and also because of outdated telephone contacts in both services[30].

In the course of this research, it was observed that the challenges imposed by the Covid-19 pandemic are diverse, which resulted in losses in the provision of physical and mental health care. However, crises can also indicate some potential for change, which is mentioned by the PCC AD worker, when describing that negative damage stimulates the ability to think of other forms of care. The workers report that there was a feeling of unity and empathy in this joint construction of new ways of working, and that online activities and groups can serve as support for the psychosocial model. At the current time, early 2023, there have been changes in the pandemic scenario, with regard to the decrease in the number of infected people and people who die daily from Covid-19, with the advent of vaccination of the Brazilian population, which was an essential historical milestone for the resumption of PCC activities and other health services in a more localized manner. However, PAHO(4) highlights a global mental health crisis, in which there has been an increase in anxiety and depression, domestic violence, in addition to neurological and mental disorders in people who have had Covid-19. In addition, health workers are one of the groups strongly affected by the lack of support and access to psychosocial care, which may also have consequences in the future.

In view of the above, this research contributes to reflections in the post-pandemic period, especially with regard to work in mental health and the mental health of health

workers. Work in mental health must consider the importance of collectives and relationships, resuming work in the territory and prioritizing face-to-face contact. Added to this are online tools, a positive discovery during the pandemic, because these tools can facilitate access and contact with users, as a complementary action and support for psychosocial care. The online tool can be used as a facilitating strategy, an option for services to implement networks with other care devices and with users, which can occur via telephone contacts, online meetings, complementary support groups for in-person actions, among others. Likewise, it is necessary to plan and carry out care actions for health workers, based on their experience and feelings about the pandemic, their need for safety and information, considering the pleasure and creativity of their work in PCC AD.

This research presents some limitations, initially, regarding the concept of qualitative research and the importance of relationships in the methodological process, which was not possible due to the pandemic, and an adaptation of the qualitative study was carried out online and with printed instruments without relational contact. However, in this reflection, it is clear that nothing replaces face-to-face contact, because if there had been qualified listening and observations of verbal and non-verbal language, it would be possible to deepen the experiences described by the participants. In addition, the data would be better qualified if other groups that accessed PCC AD were included, for example, users and family members, who, according to the research results, also suffered impacts related to changes in work during the pandemic (increased drug use, suffering and difficulty in accessing the service, as well as the change in the work process to online). It is suggested that the study be included in new research related to the topic, to better analyze the particularities of each group.

FINAL CONSIDERATIONS

The results indicate an emphasis on changing work at PCC AD, with regard to the creation of contingency plans and online activities that required a reorganization of workers. There were also repercussions on the lives of users, with an increase in drug use and mental health crises, directly impacting work within the service. It was also evident that PCC AD workers were vulnerable to exposure to the virus and moral distress.

Regarding the workers' expressions of feelings, the main findings were the suffering experienced during the pandemic, which addressed fear, anxiety, overload, and insecurity, which are mainly related to their work environment. On the other hand, expressions of positivity were also brought up, such as feelings of unity, collaboration, and empathy. In view of this, the data suggest that this period of global crisis has brought about a significant transformation in the organization of mental health services, as in the case of PCC AD, impacting relationships with users/family members and the mental health of workers.

It is suggested that research be invested in the impact/repercussions on mental health and mental health work in the post-pandemic period, understanding that this crisis is dynamic, multifactorial and has countless consequences for humanity, requiring constant monitoring and research.

It also highlights the importance of caring for healthcare workers in the post-pandemic period, recommending that managers include planning mental health actions for healthcare professionals, by mapping the needs of these individuals, and then creating strategies for individual and group psychological support. In addition, it is understood that virtual tools have brought important contributions and can be incorporated as a support activity for the psychosocial care model, such as online groups and meetings, in addition to face-to-face meetings, expanding the possibilities for communication between users, users with the team and between professionals in the care network.

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