



PSYCHOSOCIAL CONTRIBUTION IN THE CONTEXT OF THE COVID-19 PANDEMIC

APORTE PSICOSOCIAL EN EL CONTEXTO DE LA PANDEMIA COVID-19

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ABSTRACT:

At a global level on March 11, 2020, the World Health Organization (WHO) declared the COVID-19 virus a pandemic and highlighted the need to activate and expand emergency response mechanisms worldwide to stop it. In Ecuador, the Ministry of Public Health issued on March 11, 2020, the Ministerial Agreement No. 00126-2020 and established the State of Sanitary Emergency; subsequently, on March 13, President Moreno decreed a State of Emergency; and, with this, the National Emergency Operations Committee -EOC- was activated to coordinate the health crisis due to the effects of this pandemic on vulnerable groups, foreigners residing in Ecuador, as well as people living in extreme poverty. This work aims to provide a psychosocial contribution to work with children and adolescents (CA), contemporary adults and older adults during the confinement generated by COVID-19 and serves to respond assertively to psychosocial emanations and effects that are not only relevant to the health field. The qualitative methodology of descriptive type was used, with direct information of 60 patients in the city of Manta, using psychosocial consultations carried out by professionals in psychology and social work, in which the Hamilton Test, Family Test and Yesavage geriatric depression scale were applied.

Keywords: Psychosocial, COVID-19, confinement, contribution.

RESUMEN:

A nivel mundial el 11 de marzo del 2020, la Organización Mundial de la Salud (OMS) declaró al virus COVID-19 como pandemia y destacó la necesidad de activar y ampliar los mecanismos de respuesta de emergencia a nivel mundial para detenerla. En Ecuador el Ministerio de Salud Pública emitió el 11 de marzo del 2020, el Acuerdo Ministerial No. 00126-2020 y estableció el Estado de Emergencia Sanitaria; posteriormente, el 13 de marzo el presidente Moreno decretó el Estado de Excepción; y, con ello, se activó el Comité de Operaciones de Emergencia –COE- Nacional para la coordinación de la crisis sanitaria por los efectos de esta pandemia en los grupos de atención vulnerable, extranjeros residentes en el Ecuador, así como personas que se encuentran en situación de extrema pobreza. El presente tiene como objetivo brindar un aporte psicosocial para trabajar con niños, niñas y adolescentes (NNA), adultos contemporáneos y adultos mayores durante el confinamiento generado por COVID-19 y sirve para responder de forma asertiva a emanaciones y efectos psicosociales que no solo son de pertinencia en el ámbito salud. Se utilizó la metodología cualitativa de tipo descriptivo, con información directa de 60 pacientes en la ciudad de Manta, mediante las consultas psicosociales realizadas por profesionales en psicología y trabajo social, en lo cual se aplicaron el Test de Hamilton, Test de la familia y la escala de depresión geriátrica de Yesavage.

Palabras clave: Psicosocial, COVID-19, confinamiento, aporte.





1. INTRODUCTION

The Ministry of Public Health (MPH) with the support of the Pan American Health Organization/World Health Organization (PAHO/WHO) has worked on various processes and preparedness actions to contain and respond to the pandemic. In the face of this reality, not only health problems arise, but also social, environmental, economic and psychosocial problems as a result of confinement, which are important variables of the Pandemic.

Following the confirmation of the first positive case in Ecuador, on February 29, 2020, efforts were redoubled for the treatment of cases, epidemiological care, diagnostic capacity of positive cases, as well as care for health staff and risk notification to the community resulting in the activation of protocols in all cantons of the country.

During confinement, new psychosocial issues arise that families and society worldwide must face and respond to in the face of changing lifestyles. The emotional state in the family environment is the one that has had greater repercussion, evidencing the emergence of signs and symptoms that have caused depression, anxiety, panic episodes, situations of

violence, family dismemberment, intolerance to family life, discriminated consumption of psychotropic substances, post-traumatic stress, unresolved grief, obsessive-compulsive disorder, mythomania, little tolerance to social life, and phobias.

Under the practice and from the psychosocial analysis, the world is in a situation of anguish for diverse causes that hurt the physical and psychological health, of which the following can be mentioned:

The constant repetition of news in the local, national, and global media and social networks from diverse digital platforms has created stages of misinformation and greater fear in the population at a global level.

Faced with the specific circumstance, confinement has been the main axis to unleash the difficulties in the field of mental health, and all the psychosocial schemes that surround the daily life of an individual, leading them to schematize new lifestyles.

The psychosocial factors, are present from the individuality of the human being, being vulnerable in the familiar, labor and social



scopes; to surpass the capacities of the people producing exhaustion, depression or labor stress, represents important psychosocial risks that affect the health (Apaza P et al, 2020).

These factors are more likely in situations of social vulnerability such as the pandemic, in which the family and the individual have to go through a series of transformations that can be generated in the different contexts of interrelationship. Among the factors identified are the following:

- The longer the quarantine time, the greater the potential for post-traumatic stress symptoms.
- Rational fear of being infected and infecting others.
- Confinement leads to a recurrent state of anger due to the lack of socialization and emotional sharing.
- Hopelessness in not having economic support and a job that covers their basic needs.
- Fear of contagion in medical centers.
- The recurrent nervousness of hearing the figures of contagion and deaths.

The pandemic has shown that a strong and stable family nucleus is of vital importance in society, not only during good times, but also during difficult times (Apaza P, Seminario Sanz, & Santa-Cruz Arévalo, 2020)

The family is an important factor in the emotional and social development of the individual because it strengthens the capacities, skills and resilience to face different positive or negative situations that may arise in the context that the individual relates.

➤ **Psychosocial contributions with children, adolescents, contemporary adults, older adults.**

Children and adolescents during the pandemic

Although children and adolescents are one of the vulnerable and priority attention groups during this pandemic process, their psychological representations are more bearable, they will not always have positive attitudes, since there have been constant changes in their usual environment and this will cause them to visualize inappropriate behaviors, break routines such as playing, sharing with friends, going to school, to the park, family activities.



Both children and adolescents can observe our emotions, so it is very important to maintain resilience, all these changes and how they perceive our emotions can trigger irritability, sedentariness, lack of sleep-wake, unjustified crying, constant tantrums, eating disorder, night terrors, constant attention from those who care for them either their parents or who represent greater affinity, their room is their refuge even if they are afraid to be alone, hear non-existent voices.

It is therefore necessary to follow these recommendations;

- Recurrent dialogue with them to recognize their emotions.
- Reduce the time spent using social networks.
- Teach the CA to recognize their emotions avoiding creating stereotypes.
- Organize family activities in which everyone participates and has their own responsibilities and then share experiences through what they have learned.
- Teach that biosecurity measures are normal during the pandemic process,

generating confidence in the different changes that occur daily.

- Do not burden children with extended school processes.
- Caregivers can suggest books for teens to read online.
- Knowing their interests and helping them with their life projects.
- Letting them interact with their peers will help create emotional outpourings and their inappropriate behaviors will progressively improve.
- Provide responsibility for cleaning care at home.
- With children it is important to read stories and avoid technological devices before their sleep-wake time, the creation of thematic stories based on their favorite characters provide security and emotional attachment.
- Spending significant time outside of our routine and activities will strengthen the bonds in family life.
- Reinforce daily what gives them autonomy and permanent levels of self-esteem.



- To inform in a clear, direct and simple language everything related to the process of the pandemic as a preventive measure.

Contemporary adults who have experienced the process of contagion

Currently, through statistics there is a population that was kept in quarantine for testing positive for Covid-19, these men have undergone progressive changes in their lifestyles and this is added to the permanent mourning, for not recognizing, appropriating and facing the process and stages of the virus; having to isolate themselves as the rational fear of death and with the constant thought of infecting those they love the most. All this is an accumulation of disturbances that the person faces in isolation without further communication with the outside world.

When this individual completes the quarantine phase he/she faces the challenge of being stigmatized, recognizing that they treat him/her differently, they isolate him/her, for fear that he/she will provoke new infections, unleashing guilt, hopelessness and affirmations of an anxious and depressive state for not having taken

care of him/herself in the way that was necessary, and after this long journey it becomes complex to get used to his/her social, work and family routines in a normal way.

It should be mentioned that a certain group of people after quarantine are at risk of facing psychological disorders that will become evident 3 to 6 months after the first stage as stated in the DSM-V evaluation criteria.

For people who were infected, we suggest the following:

- Keep the state of resilience.
- Seek psychosocial help if necessary.
- Generate activities that allow you to release a discharge of emotions.
- Keep personal and institutional support networks.
- Emotional containment in the work context.
- If necessary, in the first phase of the process receive psychological first aid within 78 hours, and thus avoid repercussions on his/her mental health.



- Do not refuse help that exists within your circle of support.
- Creating a life plan after quarantine.
- Identify which emotions are preventing them from progressing in their daily activities.

Contemporary adults who have lost family members to covid-19

People who have suffered the death of family members because of the covid-19, have alterations of ruptures and constant mourning for the fact that they have not said goodbye to their loved one in a symbolic way and stuck to their traditions. The individual must go through all stages of grief in order to arrive at the acceptance approach that will allow him/her to deal with the loss in a more realistic and less disturbing way.

In this context, the following recommendations are suggested:

- Provide relevant support and maintain active listening.
- Perform emotional containment.
- Offer emotional support to families according to their needs.
- Do not judge, nor have feelings of guilt that prevent him/her from moving forward in the search for reconciliation with the grief.
- To carry out a plan of accompaniment in a given time evaluating the results of the intervention.
- To follow up on specific cases.

Contemporary adults during the pandemic

During the pandemic process it has been possible to evidence that this population group has been affected in the family, social and work environment generating states of violence, separations, abuse of psychotropic substances, development of pathologies in mental health that have led to trigger psychosocial problems stopping their daily life activities. In view of this, the following recommendations are given:

- Recognize gradual changes in behavior.
- Seek support networks to help overcome the various problems from the family, social and work.
- Create space for dialogue in the family environment.



- Provide space for harmonious coexistence in the workplace.
- In case of violence, it is necessary to communicate it to the relevant authority.
- Strengthen confidence, autonomy, self-esteem.
- Have active timeouts or breaks to be able to analyze your own individuality.

Seniors during the pandemic

Definitely the elderly is the population with greater risk of infection according to the reports mentioned, it is possible that in some situation an elderly has some deterioration in their health both physically and mentally, being that they demand that their caregivers are strengthened, and under their levels of acceptance there are emotions of irritability, frustration, absence of sleep-wake, disorientation, total or partial loss of appetite, most do not understand what is happening and tend to fall into a state of constant anger, their greatest sadness is to feel that their family does not want them and the sanction of abandonment takes over them causing depressive and anxious episodes that trigger crises and these affect their physical and mental health.

Usually older adults forget several things, making it necessary to repeat care for biosecurity measures such as handwashing, possession of alcohol, disinfecting food, proper mask use, and it is the responsibility of the caregiver to make room for new methods of care and on how the pandemic process is progressing. This will allow them not to feel displaced.

Being aware of their conditions is of great value because it will be easier to denote alterations at the physiological level and be able to communicate in a timely manner to their family doctor.

- Be alert if sleep-wake is maintained for a prolonged period of time.
- Try to avoid the dietary disorder as it may cause alterations and develop an eating disorder.
- Note if the older adult remains for more than a month with depressive symptoms such as not wanting to do anything and only spending time in bed.
- Monitor for physical symptoms such as tachycardia, easy crying, irrational fear, intestinal problems, excessive sweating.



- Let them dialogue with their peers, the emotional discharges between them work.
- Provide emotional support.
- It is necessary for older adults to be able to create spaces for harmonious coexistence.
- If the older adult lives alone, look for a support network that can help with their care.
- Receive emotional affection from family and friends.

It is necessary that these signs or symptoms can be recognized and when they occur seek help from a multidisciplinary team; help should also start from the family environment, contributing to areas of harmonious coexistence, directing the disturbances to positive changes to maintain resilience, and encourage priority support to those who need it.

Confinement due to the pandemic was shown to be a cause for change and adaptation. In the course of this process, not very pleasant experiences will be discovered for many and significant learning for others,

but the most relevant is mental hygiene care.

Confinement intervention model

At the present time individuals in society are facing a moment of emotional crisis referred to as:

“The psychological impact on life situations that are complex or not, but which are painfully experienced by the individual, either because of the characteristics of the event or because of various individual factors, both conscious and unconscious. To face and protect oneself in this situation, the person uses mechanisms that help to relieve his/her discomfort and eventually restore his/her previous emotional balance”. (Martínez Guzmán, 2020, pág. 3).

A contribution in the intervention against confinement, is the model in crisis that aims to address the individual from the first moment to contain the cause of psychoemotional disintegration, reducing asymptomatic exposures and suffering, stabilizing the individual and protecting him/her from stress and anxiety.

This model is one of the most timely in interventions with all affected groups, whether or not they are affected during the



pandemic, health care personnel, and direct care. The phases of a crisis or grief are denial, rebellion, negotiation, depression, and acceptance. (Ávila Cedillo, 2020, pág. 22)

The intervention applied by the professional in the first instance is to give psychological assistance (support, guidance, listening) to users who are in a crisis or emotional emergency to recover or prevent consequences that affect the psycho-emotional health of the individual.

For the professional practice, patients were approached from the following phases:

- The initial approach, done through consultation, in this phase the user expressed sensitivity to the events that occurred during the pandemic. Interviews and family tests were conducted.
- In the intermediate phase, sessions were held in which feelings of anguish, frustration, relief and improvement in the process of acceptance are externalized. Here the user recognizes and faces the emotions that he/she is living in the current moments.
- The last phase is carried out when the user has already gone through the stage of depression and acceptance; at

this stage the patient is already aware of what is happening. The professional prepares the individual to avoid future crises and manage his or her emotions.

Crisis interventions aim to minimize psychological damage and provide assistance during the prevention and control of the epidemic, thus trying to avoid subsequent problems such as post-traumatic stress.

2. MATERIALS AND METHODS

The present contribution has been elaborated under the qualitative methodology, which Mesías refers to as an approach that rejects the rational pretension of only quantifying the human reality, giving importance to the context, the function and the meaning of the human acts, it values the reality as it is lived and perceived, with the ideas, feelings and motivations of its actors (2010, pág. 1)

It is a contribution of a descriptive type, since it seeks to publicize a series of activities and recommendations that contribute to personal development in dealing with confinement.



A direct information survey was carried out on 60 patients in the city of Manta, through psychosocial consultations carried out by professionals in psychology and social work. The target population were children, adolescents, adults and the elderly in the months of April to August, in which the following techniques and instruments were applied to collect information:

- Hamilton's test, is an instrument that consists of 17 items, in which anxiety and depression are evaluated by means of a scale between 0 and 5. It is evaluated according to the following results: Not depressed: 0-7 Light/minor depression: 8-13 Moderate depression: 14-18 Severe depression: 19-22 Very severe depression: >23. The test was used on the adult population.
- Family test, is a projective test where the child's perception of the family and the place he or she occupies in it is analyzed. It was applied to children and adolescents who were cared for.
- Yesavage Geriatric Depression Scale, is an instrument that is used to know the depression of the older adult composed of 15 items. It is evaluated on the

following scale 0-5: Normal, 6-9: Mild depression, >10: Established depression.

- Documentary and Textual Techniques, related to the bibliographic texts that were used for the analysis of the content.

The method used was the inductive and analytical that served to interpret the information collected, this allowed direct understanding of the subjects and describe the different results.

Strategies such as active listening and direct dialogue were used to analyse the context of the family and the individual.

3. RESULTS

As a result, psychosocial signs and symptoms such as anger, irritability, cardiac agitation, depression, isolation, rejection, denial and latent grief were found in the investigated population.

It is important to mention that the results are based on individual sections of each subject evaluated.

The results obtained from the family test applied to 18 children and adolescents, were the following: feeling of defenselessness,



fear of the outside, exclusion, state of mind, greater emotional bond with the mother, active communication, interest in socialization with the physical context, will, impulsiveness, imagination and extraversion.

The Hamilton Test was applied to 20 contemporary adults, of which the following ranges were found: 7% not depressed, light/minor depression 7%, moderate depression 4%, severe depression 2%, very severe depression 0%. These results indicate that due to the impact of Covid-19, feelings of desperation, helplessness, anxiety, guilt, irritability, insomnia, difficulty in carrying out activities, fear of the future and death, as well as psychosomatic signs (gastrointestinal problems, diarrhea, palpitations, headaches, hyperventilation, weight loss and loss of appetite), have affected the family environment where family breakdown and various types of violence have been identified.

Of the 22 older adults assessed by the Yesavage geriatric scale, the following results were obtained: 8% normal state, 9% mild depression, and 5% established depression. These results show that the older adult population is vulnerable and with

a high degree of sensitivity and specificity in the emotional state as they were shown with feelings of abandonment, discouragement, melancholy, hopelessness and recurrent thoughts of death, memory problems, discouragement of daily activities and the becoming of the day.

It is important to note that a large percentage of patients seen were referred to specialists such as psychiatry and neurology for ongoing treatment. These patients continue in psychosocial follow-up.

4. DISCUSSION

In relation to the exposed result it can be observed the gradual increase of signs and psychosocial symptoms that have affected in a generalized way the interrelation of the CA, adults, older adults mainly during the confinement.

Confinement can have a negative impact on the physical and psychological well-being of children and adolescents, there are two factors that can affect them; loss of habits and routines and psychosocial stress, revealing fears, nightmares, regressive behaviors, changes in appetite, increased tantrums, complaints or attachment



behaviors, physical symptoms such as headaches or tummy aches, competition for parental attention at home. (Espada, Orgilés, Piqueras, & Morales, 2020, pág. 109)

In relation to what the authors have cited, it is necessary to mention that the children and adolescents have had a drastic change in their lifestyle, which is compared with the results obtained where they manifest a feeling of fear towards the outside, alteration of mood and behavior, and a greater bond with the maternal figure. This process of change has generated that parents can get involved in an assertive way in the coexistence with the CA.

Marquina Medina & Jaramillo-Valverde (2020) in the research entitled "The COVID-19: Quarantine and its Psychological Impact on the Population" whose purpose was to analyze the psychological impacts produced by the effect of the pandemic, conclude that there are negative psychological effects on both the general population and health staff, among the main ones: symptoms of post-traumatic stress, confusion and anger. Stressful factors include lengthening of quarantine, fears of infection, frustration, boredom, inadequate supplies, inadequate information, and financial losses.

These authors make reference to the psychosocial affectations in the contemporary adult during the quarantine, data that is also compared with the present investigation, since the confinement has caused diverse psychological and emotional symptomatology that has led to crises, disorders, separations in the bond in the person and in the family.

In the older adult population, it has been found that one of the characteristics presented during the quarantine is the absence of sleep that can cause direct relation with the emotional state, on the other hand, the affective deficiencies due to the absence of their relatives, the uncertainty of death and the diseases at biological and mental level that are present before the quarantine were aggravated during the confinement.

Ramírez-Ortiz, Castro-Quintero, emphasize the fundamental role of sleep in the regulation of emotions, the alteration of sleep can have direct consequences in the emotional functioning, there are several factors that can be related to depressive and anxious manifestations in patients who are quarantined by a pandemic, both can be



considered a normal reaction to the stress generated (2020, pág. 22).

In view of the foregoing comparison and the analysis of the present research, it can be determined that the world population is in a process of psychosocial crisis that has executed significant changes in all social and daily life agents leading to recurrent social instability in lifestyles and skills development.

5. CONCLUSIONS

The individual in his/her biopsychosocial aspects allows the establishment of constructivist tools that generate calm and stability at the level of mental health, that is why the psychosocial area should always prioritize the well-being of the individual.

- The children and adolescents showed changes in their daily behavior in the family context, such as irritability, isolation, fear of the outside world and extraversion.
- In the contemporary adult population, psychosomatic symptoms and significant changes in lifestyle aspects were reflected.

- In the process of confinement, there were significant changes in family life, such as break-ups, separation of couples, domestic violence.
- The elderly, considered a group of priority attention have been strongly affected during the pandemic, finding a high degree of emotional sensitivity, feeling of abandonment, death, discouragement, depression that has generated a greater degree of vulnerability taking into account that they are more prone to physical and mental illness.
- The research with the patients was handled under informed consent throughout the process, which allowed the results to be discussed and the psychosocial contribution to be developed in the context of the pandemic.

BIBLIOGRAPHIC REFERENCES

Apaza P, C. M., Seminario Sanz, R. S., & Santa-Cruz Arévalo, J. E. (2020). Factores psicosociales durante el confinamiento por el Covid-19 – Perú. *Revista Venezolana de Gerencia*, 25(90), 1-16. Obtained from



- <https://www.redalyc.org/jatsRepo/290/29063559022/html/index.html>
- Ávila Cedillo, G. J. (2020). Trabajo social en salud: teoría y praxis innovadora. *Margen(97)*, 1-46. Obtained from <https://ceatso.com/wp-content/uploads/2020/08/Trabajo-social-en-salud-teor%C3%ADa-y-praxis-innovadora.pdf>
- Espada, J., Orgilés, M., Piqueras, J. A., & Morales, A. (2020). Las Buenas Prácticas en la Atención Psicológica Infanto-juvenil ante el COVID-19. *Clinica y Salud*, 31(2), 109-113. Obtained from https://www.researchgate.net/publication/340967589_Buenas_practicas_en_la_atencion_psicologica_infanto-juvenil_ante_el_COVID-19
- Hernández Rodríguez, J. (2020). Impacto de la COVID-19 sobre la salud mental de las personas. *Medicentro Electrónica*, 24(3), 578-594. Obtained from http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30432020000300578
- Marquina Medina, R., & Jaramillo-Valverde, L. (2020). El COVID-19: Cuarentena y su Impacto Psicológico en la población. Obtained from <https://webcache.googleusercontent.com/search?q=cache:RE44edWZdJSJ:https://preprints.scielo.org/index.php/scielo/preprint/download/452/560/567+&cd=12&hl=es&ct=clnk&gl=ec>
- Martínez Guzmán, C. (2020). INTERVENCIÓN Y PSICOTERAPIA EN CRISIS EN TIEMPOS DEL CORONAVIRUS. Obtained from http://midap.org/wp-content/uploads/2020/04/INTERVENCI%C3%93N-Y-PSICOTERAPIA-EN-CRISIS_Claudio-Mart%C3%ADnez_abrio2020.pdf
- Mesías, O. (2010). La investigación cualitativa. Obtained from Universidad Central de Venezuela: en <http://bit.ly/30unp>
- Ramírez-Ortiz, J., Castro-Quintero, D., Lerma-Córdoba, C., Yela-Ceballos, F., & Escobar-Córdoba, F. (2020). CONSECUENCIAS DE LA PANDEMIA COVID 19 EN LA SALUD MENTAL ASOCIADAS AL AISLAMIENTO SOCIAL. *Scielo*, 22.