

January 20, 2022

*Latin America & The Caribbean Regional Office*

## EDITORIAL NOTE:

### The Impact on Mental Health during COVID-19: Experiences and Insights of Academic Health Centers in Latin America.

on the psychological wellbeing of healthcare workers (HCWs), especially those dealing with the crisis on the front-lines. Academic health centers have had to identify potential risk factors for adverse mental health outcomes amongst HCWs during the COVID-19 crisis, and develop preventive and assistive actions to support HCWs with mental distress.

This newsletter offers experiences and insights of four academic health centers from three countries in Latin America (Brazil, Colombia, and Mexico) regarding mental health concerns—sharing launched initiatives and outcomes during the COVID-19 pandemic.

The first article provides the experiences at the University of São Paulo, Brazil. Their strategy to address mental health distress and psychosocial well-being during the pandemic includes a multidisciplinary taskforce and a structured framework on preventive and assistive measures (COMVC-19). This program involved not only HCWs, but also medical students. Additionally, the article describes the results of an exploratory study on the psychological impact of COVID-19 on the general Brazilian population.

The second article shares insights from a global study conducted by the University of Rosario,

symptoms in the general population, proposing models to mitigate them, including changes in medical education.

The third article describes experiences at the University La Sabana, Colombia, stressing the impact of COVID-19 on the general population and HCWs—identifying high frequency of insomnia, depression, anxiety, and burnout syndrome. The authors also note the fragility of healthcare systems on the verge of a crisis.

## UPCOMING MEETINGS

### 2022 Global Innovation Forum (GIF)

Bethesda North Marriott Hotel &  
Conference Center

*Washington DC, USA*

**May 1-3, 2022**

### 2022 LAC Regional Meeting

Faculty of Medicine, University of São Paulo  
(FMUSP)

*São Paulo, Brazil*

**June 22-23, 2022**



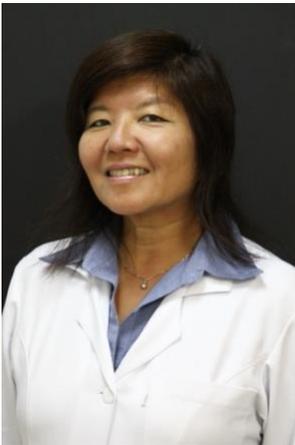
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The fourth article from Tecnológico de Monterrey School of Medicine, Mexico, focuses on long-standing impacts made from the quick transition to using virtual platforms during the COVID-19 crisis, and stresses the role academic centers can play as models for establishing assistance measures for the general population.

We invite you to read these experiences and reflections of Latin American healthcare centers and the impact of COVID-19 on mental health, especially for HCWs and medical students, aiming to improve outcome measures on psychological wellbeing and HCW education.

*Enjoy the read.*



## **Valeria Aoki, MD, PhD**

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## Newsletter

### IN THE SPOTLIGHT: The University of São Paulo Medical School

#### 1) How old is your academic health center?

The University of São Paulo Medical School (FMUSP) is recognized for its pioneering and excellence in teaching and research in Brazil and Latin America. It was founded in 1912-1913 by Dr. Arnaldo Augusto Vieira de Carvalho, who established a profitable and productive collaboration with the Rockefeller Foundation in 1916 that lasted until the early 1930s. Exchange of faculty and medical staff and researchers associated with significant financial support from the Foundation resulted in the creation of the Department of Hygiene of the State of São Paulo, and the “*Faculdade de Higiene e Saúde Pública*” (School of Hygiene and Public Health, later incorporated to the University of São Paulo), among other accomplishments. Its incorporation to the University of Sao Paulo occurred in 1934, and a dedicated University hospital linked to the school, named Hospital das Clínicas da FMUSP (HC-FMUSP), was built in 1944 just opposite to FMUSP.

#### 2) What health profession or programs do you have? Do you have any residency programs? If yes, which specialties?

FMUSP has built an unquestionable leadership in the development of education and research, and in the application of such knowledge toward the improvement of the population’s health. Its excellence in education was recognized internationally in March 1951, when it achieved the highest score (level A) conferred by the Council on Medical Education and Hospitals,

from the American Medical Association (AMA) of the United States.

It is the cellula mater and central core of the HC-FMUSP System, and bears the following missions:

- To minister, to develop, and to improve graduate and post-graduate teaching (strict sensu and lato sensu) in the fields of medicine, physical therapy, speech therapy, and occupational therapy;
- To promote and to carry out research in health sciences and related fields which may contribute to the progress of medicine, physical therapy, speech therapy, and occupational therapy, and all their divisions;
- To extend services to the community, seeking integration with several institutions, so as to provide solutions to medical-social problems.

FMUSP’s activities are known for their combination of education, research, and healthcare.

FMUSP offers four undergraduate specialties: Medicine, Physical Therapy, Speech Therapy, and Occupational Therapy.

FMUSP has 17 departments: Cardiopneumology (Cardiology, Pneumology, Cardiovascular Surgery, Thoracic Surgery, Genetics and Molecular Medicine), Surgery (General and Trauma, Anesthesiology, Head and Neck, Plastic, Vascular,



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Urology, Human Structural Topography, Surgical technique, and Experimental Surgery), Internal Medicine (General and Propedeutic, Clinical Emergencies, Endocrinology and Metabology, Geriatrics, Hematology and Hemotherapy, Clinical Immunology and Allergy, Molecular Medicine, Nephrology, and Rheumatology), Dermatology, Gastroenterology, Infectious and Parasitic Diseases, Legal, Social and Occupational Medicine, Neurology, Gynecology/Obstetrics, Preventive Medicine, Ophtalmology/Otolaringology, Orthopedics-Traumatology, Pathology, Pediatrics, Psychiatry, Radiology/Oncology, and Physical, Speech, and Occupational Therapy.

FMUSP has 1,400 undergraduate students, more than 1,000 employees, including 368 professors, 1,800 graduate students and 1,600 residents. It has 27 graduate programs (Masters and PHD), 62 medical residency programs, 14 specialized and multidisciplinary residency programs. An average of 2,500 new scientific articles are published each year. The institution promotes international undergraduate (winter schools, clerkships), and graduate activities (postdoctoral fellowships, residency) including incoming and outgoing students.

## FMUSP's Central Teaching Hospital - Hospital das Clínicas

The Hospital das Clínicas (HC) is part of the University of São Paulo Medical School, and it is the largest hospital in Latin America. Opened on April 19, 1944, HC-FMUSP is an autarchy of the Government of the State of São Paulo, and it is

linked to the State Health Secretary Office for its administrative coordination. It was associated with FMUSP precisely to provide education, research, and health services, as well as medical treatments of high complexity, for the community. The HC complex occupies a total area of 352 square meters, with approximately 2,200 beds spread among nine specialized institutes, two auxiliary hospitals, laboratories of medical and surgical research, specialized units, a rehabilitation unit, and two associated hospitals:

- Central Institute
- Heart Institute
- Orthopedics and Traumatology Institute
- Pediatrics Institute
- Psychiatry Institute
- Physical Therapy and Rehabilitation Institute
- Radiology Institute
- Cancer Institute
- Tropical Medicine Institute

## FACTS AND STATS

- 45,000 people circulate through HCFMUSP per day
- more than 1.5 million outpatient visits per year
- more than 4,500 medications distributed daily
- more than 250,00 emergency visits per year
- 2,400 hospital beds
- 600,000 m2 of constructed area
- more than 50,000 surgeries per year



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- more than 12 million laboratory exams per year

### 3) What are your academic health center's focal areas of research?

FMUSP has one of the largest scientific medical research centers in the country, with 66 medical research laboratories (LIMs) and 230 research groups developing intellectual production in several areas, distributed in the 17 departments of the medical school. Average of scientific activities/year: 2,500 in indexed journals; 1,346 articles with international collaboration ( USA, Germany, UK, France, Italy and Canada), 25 books; 1,200 book chapters; 301 PhDs, 187 MSc, 45 concluded post-doctoral fellows, 120 medical students involved in research projects. We have offered an MD/PhD combined program since 2020.

- average of patents/year: 4; one of the top combined patents is the AIDS vaccine, in collaboration with the USA
- three professors from FMUSP are cited as the most influential researchers according to Clarivate Analytics-November 2021 (2010-2020)

### 4) Can you give us details about an innovative program within your institution?

The University of Sao Paulo has the inova.usp, a center that fosters innovation within the entire University, stimulating interaction among different areas. At HCFMUSP, we developed a Technological Innovation Center (InovaHC). On February 21, 2021, InovaHC and the Economic Development Secretariat of the State of São Paulo (SDE-SP)

launched the first edition of In.Cube. In.Cube is the innovation support program of InovaHC and SDE-SP for the generation of new businesses - products, processes, and services - in health and social impact, based on technological research and projects inserted in the HCFMUSP Complex. The methodology created and tested at In.Cube will serve as a foundation for the consolidation of public policies for innovation, science, and technology in the State, aiming at replication in other science and technology and research institutes in São Paulo. Twenty out of 71 projects were selected by the In.Cube team, blindly analyzed by a network of expert referees, classified, and referenced by the HCFMUSP Innovation Commission.

### 5) What are you looking forward to in joining AAHC/I's network?

FMUSP, acknowledged by its innovation and excellence in education, research, and university extension, has as one of its main pillars the internationalization of the academic body and its teaching and research programs. In order to set FMUSP as an educational reference center worldwide, the International Relations Committee (CRInt), through its International Office, is establishing strategic partnerships and strengthening already existing relationships with institutions from many different regions of the world. Right now FMUSP has over 50 agreements with universities worldwide, including the Americas, Europe, UK, Africa and Asia. It is incumbent upon the International Office the responsibility to implement the strategic mission of internationalization idealized by CRInt – FMUSP.



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The practices of the International Office of FMUSP constitutes the deliberation about the many aspects concerning internationalization, such as: the signing and formatting of international agreements, the development and promotion of exchange opportunities for the faculty and students body, researchers and foreigner Medical Residents. Among the goals of internationalization we prize are: global visibility of the institution; closer scientific cooperation to expand the impact of research and academic production at FMUSP—aside from professional qualification; cultural improvement; and diversity promotion among researchers, faculty, and students.



*Photo of Faculty of Medicine University of São Paulo  
(FMUSP)*



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## Mental Health in COVID-19 Times

*Carlos Gómez-Restrepo. MD, MSc, PhD,  
Dean, School of Medicine,  
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The COVID-19 pandemic has affected population mental health and, especially, the healthcare workforce. Some reports show rates of 40–50% for insomnia, depression, anxiety, stress, and, consequently, burnout.

It has become particularly evident that during the pandemic, and especially in the beginning, the healthcare workforce suffered insomnia. There was increased stress, anxiety, and depression correlated to the four peaks of the pandemic, and clearly, a wear-down of the healthcare workforce, reaching figures slightly higher than those at pre-pandemic levels (35 – 45%). It must be noted that these measurements are very sensitive, taking into account the specialty involved. For example, frontline workers face a greater risk but, even so, they have successfully learned to overcome those risks. Vaccination efforts have had a positive impact on frontline workers and their families.

This peace of mind marks a great difference from the burden healthcare workers used to feel when they considered themselves as possible transmission vectors—the feeling that generates the self-assumption of guilt and other concerns that overwhelmed health personnel. This situation led many professionals to live outside their home, self-isolate, and reduce interactions with their families, including with their children, partners,

siblings, and other relatives. This is what I call “an overload in loneliness”.

The pandemic also allowed us to identify serious weaknesses, including: the fragility of the health system; the need for technologies and hospital beds in most institutions of special care; inequities in the system; the need for early interventions at the macro level regarding mandatory quarantines; the disruption of education and social demonstrations that also occurred during this time; and, in some cases, their potential effects on the pandemic and the mortality in the population. And, of course, we saw the impact on society and psychosocial determinants of health, insecurity, and violence. We also identified weaknesses in the vaccination strategies, that have been slowly resolved.

The COVID-19 pandemic represents a turning point that will lead to a series of complex events that have and will have vital repercussions in biological, psychological, social, political, economic, educational, religious, cultural, and even in overall civilization aspects.

The pandemic will change our relationships, lifestyle, worldview, and ideas about others. It will make us understand the great interdependence that exists between every part of the system we used to think of as independent.

Furthermore, it will show us the importance of the biopsychosocial components in each patient and the healthcare workforce. It will also make us think from an interdisciplinary point of view, and it will



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show us new paths and opportunities. It will make us think in terms of solidarity, in an altruistic and generous way about the care and respect for others and ourselves. We will reflect upon our future.

## Mental Health During COVID-19 in Academic Health Centers

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Since February 2020, the COVID-19 pandemic has been ravaging Latin America, with Brazil as the epicenter of the South American region. Social isolation, economic crisis, increase in domestic violence, shortage of healthcare professionals (HCPs), collapse of the health system, limited access to COVID immunization, and abrupt

transition to online education are listed as substantial triggers for mental health disruption. The Faculty of Medicine of University of Sao Paulo (FMUSP), founded in 1912, offers four undergraduate specialties: Medicine, Physical Therapy, Speech Therapy, and Occupational Therapy. It has 1,400 undergraduate students, more than 1,000 employees, including 368 professors, 1,800 graduate students and 1,600 residents distributed in 62 residency programs. The Hospital das Clinicas (HCFMUSP) is the largest hospital in Latin America, with eight affiliated institutes and 66 medical research laboratories (LIMs) and 21,000 employees.

During the pandemic, the HCFMUSP complex became the reference medical center for the treatment of severe COVID-19 cases in the city of São Paulo, Brazil, offering 900 hospital beds. HCPs in the entire HCFMUSP complex, including staff and medical residents, were reassigned to mostly dedicate their services to COVID-19 units. Such an unexpected transition called for preventive actions and specialized assistance addressing mental health issues in our workforce.

Our institution created the COMVC-19 program, addressing the mental health and psychosocial well-being of and personal protective equipment for the health professionals involved in the struggle against COVID-19. A multidisciplinary taskforce of mental health specialists from different areas of the complex gathered to articulate actions aimed at the promotion of psychological well-being and the provision of mental health support, treatment, and rehabilitation for our hospital colleagues. The



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framework emphasized both preventive and assistive actions. Preventive actions consisted of five main areas: listening to HCPs' concerns to improve their work conditions, psychoeducational support, psychological first aid (PFA) training (a program to train leaders to recognize and offer help support to their colleagues), a Fostering Nurse Group (a program focused in the wellbeing of nurses in the front line care), and physical exercise programs. Treatment assistance actions consisted of five areas: remote mental health support via hotline, active search for professionals suffering from psychological distress, web-based clinical psychiatric consultations and follow-up, brief supportive online psychotherapy, and professional rehabilitation.

The COMVC-19 program was officially implemented in April 2020, three weeks after the World Health Organization (WHO) declared the COVID-19 crisis a pandemic, and included an easily accessed 24/7 hotline, a mobile phone app and a survey screened for signs and symptoms of emotional distress, offering psychoeducation and/or referral to treatment. The first 20 weeks of our project revealed that most patients were female, nursing staff, and working in direct assistance for COVID-19 patients. Anxiety, depression, and sleep disturbances were the most frequently reported symptoms; and adjustment, anxiety, and mood disorders were the most common diagnoses.

For medical students, daily face-to-face, interactive social and educational activities were cancelled following social distancing measures. Although epidemiologists and clinicians initially reported that

public health measures would be temporary, uncertainty about the future evoked different grief reactions in students and professors. Difficulties were reported in adjustments to e-lectures and other educational online strategies, the suspension of hands-on and practical activities, reduction in student-patient encounters, and ceasing of the daily academic activities, such as parties and cafeteria discussions.

In order to help our academic community deal with insecurity, fear, and vulnerability, the Medical Education Development Center (CEDEM) did not stop its daily in-person activities, receiving and embracing students and professors, respecting institutional health recommendations. Medical students were invited to engage in the health crisis management as volunteers; 311 were involved in healthcare, research projects, and medical education. Students and staff were offered a free asynchronous course on COVID-19 and received appropriate personal protective equipment (PPE). Professors had access to continuous medical education and pedagogical support service to surpass technological barriers and to enhance educational and assessment strategies, adapting their former in-person courses with minimal reduction in competency acquirement. Measures to tackle access inequities included internet SIM-cards and laptops offered to students, and psychological and emergency financial support were also provided to vulnerable students.

An exploratory study performed at FMUSP on the psychological impact of COVID-19 on the general Brazilian population, involving 3,000 participants and 27 States revealed that 50% of the participants



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expressed symptoms of depression (46.4%), anxiety (39.7%), and stress (42.2%)—more frequently for women, people without children, students, and patients with chronic diseases.

Ongoing studies evaluating the impact of the COVID-19 pandemic on mental health will be essential to the establishment of future guidelines for outcome measures, reinforcing the role of the University of São Paulo School of Medicine as an academic health center for staff, healthcare professionals, medical students, and patients.

## **Mental Health During COVID-19**

**Fresia P. Hernández Moreno PhD**

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Clinical and Health Psychology BS Program*

With the appearance of COVID-19 and its rapid spread, the World Health Organization (WHO) declared a state of global health emergency in March 2020. The same facts have posed great challenges for all countries, ranging from the root of the problem itself to financial, educational, and mental health implications. The measures to prevent the spread of the virus generated restrictions on the mobility of citizens, leading to population isolation, loss of work, and significant decrease in income.

Social distancing, isolation, and social and economic conflict are among the main contributing factors to sadness, fear, loneliness, and nervousness, in addition to the emotional consequences of COVID-19 itself, such as fear of

infection, coping with the loss of loved ones, hospitalizations, and elevated stress from all these factors.

Tecnológico de Monterrey was one of the first institutions in Mexico to migrate education to a 100% online model with its Flexible Digital Model, which provided an immediate alternative for academic continuity, and thus contributed to the reduction of the spread of the virus and the care of our students, professors, collaborators, and their

families. This brought great challenges for our faculty and our final-year students of the Bachelor of Clinical and Health Psychology, since all the professional practices of our undergraduate students were suspended.

Under such circumstances, we developed a free virtual psychological counseling clinic open to the general public nationwide. In a structured way, our students have been able to provide high-quality psychological counseling to those who have requested services. This counseling is provided through the Zoom platform or via telephone, which links the patient, the clinical psychology student, and a supervising specialist professor who monitors the sessions at all times of the clinical care.

This clinic has allowed us to maintain the clinical practice for more than a year, incorporating it into our hybrid clinical practices; we have been able to provide this service to more than 650 people ranging in age from five to seven with various problems, such as anxiety, depression, and grief. At the same time we provide the opportunity for our



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students to continue with the development of clinical skills. Seventy-five students and 10 teachers have participated in this clinic and providing around 3,000 hours of psychological advice.

As clinical psychologists and the mental health community, we have learned that, if it is possible, to achieve 100% remote psychological counselling. We have reinforced the idea that creativity and flexibility in crisis situations are our greatest allies, and that great learning and growth as a discipline can emerge from adverse situations, such as a pandemic.

We still have a long way to go and learn as psychology faculty and mental health professionals, such as measuring the impact, feasibility, and effectiveness of remote mental healthcare, and recognizing that this modality has come to evolve clinical practice in psychology, as well as to remove barriers to mental healthcare and service in the community.

## COVID-19 and Mental Health: Challenges for medical education in Colombia

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The COVID-19 pandemic took all of humanity by surprise. However, countries belonging to the

global south have felt its impact even more strongly. As Colombia did not escape this situation, the department of psychiatry of the School of Medicine and Health Sciences of Universidad del Rosario at the UR Center for Mental Health - CERSAME decided to assess the consequences of a global pandemic in mental health.

With this in mind, we focused our research efforts on answering questions about the emergence of mental symptoms in the general population and vulnerable groups. We partnered with the World Psychiatric Association's Early Career Psychiatrists Section, with whom we proposed models that would predict such impact, as well as mitigation strategies. In a study that included 2,108 people from the general population and 1,020 healthcare workers from all over the country at the beginning of the pandemic, we found that more than half had exhibited depression symptoms, and one in four had presented anxiety or suicidal ideation.

We found that younger people, women, and those with a history of mental illness were at higher risk of developing such symptoms. In addition, we created a group in the instant messaging application Telegram that included approximately 900 people and allowed us to provide support to the community. Likewise, we created a space for reflection on social determinants and inequity as modelers of the pandemic, which was even more evident at the beginning of this year due to protests and social mobilizations against the national government. The findings found in these and other studies were presented at national and



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international events and published in scientific journals of the first three SJR quartiles. Confinement-related restrictions undoubtedly changed the way medicine was taught. After the pandemic started, the faculty quickly moved to virtual media. This shift became an education revolution unprecedented in the university's history, which relied on the now ubiquitous telemedicine to continue educating students in clinical areas. The evaluation methods were also modified. The students were educated in strategies to promote mental health, and several spaces were provided for the attention of those who needed mental health support.

The lessons that the pandemic has left us have been very valuable. Exploring the peculiarities of our context has given us tools to adapt quickly and effectively. However, the future is still uncertain, and many questions are still unsolved. The remainder of the pandemic and the post-pandemic period constitute an enormous challenge for which creative and comprehensive solutions will also be likely necessary. Aware of our role, we will continue accompanying our work as mental health professionals, and we invite all medical and health sciences schools to join forces in this same line.

## Contact

If you have questions or comments, please contact:

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