References

- 1 Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. J Travel Med. 2020;27:taaa020.
- 2 Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020;395:912-20.
- 3 Li TM, Wong PW. Youth social withdrawal behavior (Hikikomori): a systematic review of qualitative and quantitative studies. Aust N Z J Psychiatry. 2015;49:595-609.
- 4 Kato TA, Kanba S, Teo AR. Defining pathological social withdrawal: proposed diagnostic criteria for hikikomori. World Psychiatry. 2020; 19:116-7
- 5 Pozza A, Coluccia A, Kato T, Gaetani M, Ferretti F. The 'Hikikomori' syndrome: worldwide prevalence and co-occurring major psychiatric disorders: a systematic review and meta-analysis protocol. BMJ Open. 2019;9:e025213.
- 6 Kato TA, Shinfuku N, Tateno M. Internet society, internet addiction, and pathological social withdrawal: the chicken and egg dilemma for internet addiction and Hikikomori. Curr Opin Psychiatry. 2020;33:264-70.
- 7 Kubo H, Urata H, Sakai M, Nonaka S, Saito K, Tateno M, et al. Development of 5-day Hikikomori intervention program for family members: a single-arm pilot trial. Heliyon. 2020;6:e03011.
- 8 Wong JC, Wan MJ, Kroneman L, Kato TA, Lo TW, Wong PW, et al. Hikikomori phenomenon in East Asia: regional perspectives, challenges, and opportunities for social health agencies. Front Psychiatry. 2019;10:512.
- 9 Roza TH, Spritzer DT, Lovato LM, Passos IC. Multimodal treatment for a Brazilian case of Hikikomori. Braz J Psychiatry. 2020;42:455-6.
- 10 Kato TA, Kanba S, Teo AR. Hikikomori: multidimensional understanding, assessment, and future international perspectives. Psychiatry Clin Neurosci. 2019;73:427-40.
- 11 Nishida M, Kikuchi S, Fukuda K, Kato S. Jogging therapy for Hikikomori social withdrawal and increased cerebral hemodynamics: a case report. Clin Pract Epidemiol Ment Health. 2016;12:38-42.
- 12 Gondim FA, Aragão AP, Holanda Filha JG, Messias EL. Hikikomori in Brazil: 29 years of voluntary social withdrawal. Asian J Psychiatr. 2017;30:163-4.
- 13 Prioste CD, de Siqueira RC. Fetichismo virtual na vida de um Hikikomori brasileiro: um estudo de caso. DOXA: Rev Bras Psicol Educ. 2019:21:4-16.
- 14 Cellini N, Canale N, Mioni G, Costa S. Changes in sleep pattern, sense of time and digital media use during COVID-19 lockdown in Italy. J Sleep Res. 2020 May 15;e13074. doi: http://10.1111/jsr.13074. Online ahead of print.
- 15 Li J, Yang Z, Qiu H, Wang Y, Jian L, Ji J, et al. Anxiety and depression among general population in China at the peak of the COVID-19 epidemic. World Psychiatry. 2020;19:249-50.
- 16 Zhou SJ, Zhang LG, Wang LL, Guo ZC, Wang JQ, Chen JC, et al. Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. Eur Child Adolesc Psychiatry. 2020;29:749-58.
- 17 González-Sanguino C, Ausín B, Castellanos MA, Saiz J, López-Gómez A, Ugidos C, et al. Mental health consequences during the initial stage of the 2020 Coronavirus pandemic (COVID-19) in Spain. Brain Behav Immun. 2020;87:172-6.
- 18 Balanzá-Martínez V, Atienza-Carbonell B, Kapczinski F, De Boni RB. Lifestyle behaviours during the COVID-19 – time to connect. Acta Psychiatr Scand. 2020;141:399-400.
- 19 Jeste DV, Lee EE, Cacioppo S. Battling the modern behavioral epidemic of loneliness: suggestions for research and interventions. JAMA Psychiatry. 2020 Mar 4. doi: http://10.1001/jamapsychiatry. 2020.0027. Online ahead of print.

Working during pandemics: the need for mental health efforts to prevent the outbreak of mental disorders at the workplace

Braz J Psychiatry. 2021 Jan-Feb;43(1):116-117 doi:10.1590/1516-4446-2020-1120

(cc) BY-NC

The coronavirus disease 2019 (COVID-19) pandemic has imposed an imperative need for immediate changes in many economic, educational, religious, cultural, and other practices of daily life. This outbreak has specific potential to heighten stressful conditions at work because of economic instability and uncertainty, the need to reconcile old and new demands, and the aforementioned changes in the workplace. According to Hamouche, 1 COVID-19 has the potential to expose workers to stressful conditions such as infobesity (information overload), financial loss, job insecurity, the negative effects of social distancing, and potential stigma directed to those associated with the disease because of their ethnicity or occupation (e.g., health professionals). As pointed out by Burdorf et al.,2 the COVID-19 pandemic poses an enormous occupational health challenge, since the risk of becoming contaminated is a reality for several jobs which involve working in close proximity with colleagues and/or the general population, as well as, in some occupations, regular exposure to the disease. This very real scenario of risk introduces a new stressor - namely, the fear of contagion among employees. Furthermore, even those jobs amenable to working from home pose the challenge of having to adapt one's routine, leading to additional work-related stress.

The pandemic is affecting the mental health of the general population, and this impact is expected to be greater in some individuals (e.g., specific age groups, people with underlying diseases which place them in the high-risk group, people with preexisting mental health disorders) than in others.³ In some cases, occupational demands may cause additional distress by preventing workers from following social distancing recommendations, placing them at permanent risk of contagion. Such workers must remain constantly vigilant of preventive measures, which increases their risk of psychological overload and distress. Health professionals are particularly susceptible to this, since they are exposed to a high risk of contagion through contact with patients and are

tasked with caring for people suffering from both the physical and mental effects of COVID-19.

Occupational exposure to psychosocial stressors can compromise workers' mental health. Mental disorders were the third leading reason for granting disability benefits in Brazil in 2008-2011.⁴ Mental and behavioral disorders are among the main causes of lost work days. Such conditions are frequent and commonly disabling, often leading to absenteeism and reduced productivity.⁵ A joint publication by the International Labor Organization (ILO) and the World Health Organization (WHO)⁶ drew attention to the relevance of the relationship between psychosocial factors at work and the impact on workers' health. Chronic exposure to psychosocial stressors at work is associated with psychosomatic complaints, psychiatric symptoms, and changes in well-being.

As noted by Hamouche, ¹ organizations and institutions must adopt strategies both during the pandemic (e.g., health monitoring and promotion of occupational safety) and after it is over (e.g., preventing stigma, providing social support, offering specific training). In this scenario, efforts in mental health are essential to preventing a new outbreak related to occupational stress: the outbreak of mental disorders.

Antônio G. da Silva, 1,2,3 ip Mayra Pinheiro, 4
Letícia M. Trés, 4 Leandro F. Malloy-Diniz 5,6,7

1 Universidade do Porto, Porto, Portugal. 2 Associação Brasileira de
Psiquiatria (ABP), Rio de Janeiro, RJ, Brazil. 3 Asociación
Psiquiátrica de América Latina (APAL), Brasília, DF, Brazil.
4 Secretaria de Gestão do Trabalho e da Educação na Saúde
(SEGETS) Ministério da Saúde, Brasília, DF, Brazil. 5 Universidade
Federal de Minas Gerais (UFMG), Belo Horizonte, MG, Brazil.
6 Universidade FUMEC, Belo Horizonte, MG, Brazil. 7 Associação
Brasileira de Impulsividade e Patologia Dual, Brasília, DF, Brazil.

Submitted May 11 2020, accepted Jul 16 2020, Epub Aug 31 2020.

Disclosure

The authors report no conflicts of interest.

How to cite this article: da Silva AG, Pinheiro M, Trés LM, Malloy-Diniz LF. Working during pandemics: the need for mental health efforts to prevent the outbreak of mental disorders at the workplace. Braz J Psychiatry. 2021;43: 116-117. http://dx.doi.org/10.1590/1516-4446-2020-1120

References

- 1 Hamouche S. COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions [version 1; peer review: 2 approved]. Emerald Open Res. 2020 [cited 2020 Jul 24]. doi.org/10.35241/emeraldopenres.13550.1
- 2 Burdorf A, Porru F, Rugulies R. The COVID-19 (Coronavirus) pandemic: consequences for occupational health. Scand J Work Environ Health. 2020;46:229-30.
- 3 da Silva AG, Miranda DM, Diaz AP, Teles AL, Malloy-Diniz LF, Palha AP. Mental health: why it still matters in the midst of a pandemic. Braz J Psychiatry. 2020;42:229-31.
- 4 Silva Junior JS, Fischer FM. [Disability due to mental illness: social security benefits in Brazil 2008-2011]. Rev Saude Publica. 2014; 48:186-90.
- 5 Nieuwenhuijsen K, Verbeek JA, de Boer AG, Blonk RW, van Dijk FJ. Predicting the duration of sickness absence for patients with common mental disorders in occupational health care. Scand J Work Environ Health. 2006;32:67-74.
- 6 International Labour Office. Psychosocial factors at work: recognition and control. Report of the Joint ILO/WHO Committee on Occupational Health. Ninth Session [Internet]. 1984 [cited 2020 Jul 24]. www. who.int/occupational_health/publications/ILO_WHO_1984_report_of_ the joint committee.pdf