

**Mental Health During a Pandemic: Additional Action is Required**

**Saúde Mental Durante uma Pandemia: É Necessária Ação Adicional**

**Keywords:** COVID-19; Mental Health; Mental Health Services; Pandemics; Population Health Management

**Palavras-chave:** COVID-19; Gestão da Saúde da População; Pandemias; Saúde Mental; Serviços de Saúde Mental

Dear Editor,

We read with great interest the recent article entitled “Mental Health in Primary Health Care: Challenges and Opportunities in the Context of a Pandemic”, by Albuquerque *et al*,<sup>1</sup> in which the authors describe guidelines for the management of mental health problems faced by coronavirus disease 2019 (COVID-19) patients. In light of the wide scope of this problem, combined with some gaps which we identified in the above paper, we wish to discuss some additional action which is required to address and advance the appropriate management of this public health concern.

Globally, the pandemic is far from under control. Given the worrying circulation of rapidly arising variants of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) across the world,<sup>2</sup> coupled with the low rates of COVID-19 vaccination in many of them,<sup>3</sup> we would firstly like to emphasize the importance of implementing prevention and case management programs in the context of mental health problems faced by healthcare professionals working on the COVID-19 front lines. This is especially important

since significant levels of stress, anxiety, and depression amongst healthcare workers have been widely reported in the literature.<sup>4,5</sup>

Moreover, in cases involving the hospitalization of critically ill patients (especially involving admission to intensive care, intubation and/or death) the provision of psychological screening and assistance to family members is essential, as many hospitals do not allow visits to COVID-19-positive patients, which places significant strain on the grieving process.<sup>6</sup> Activities to improve mood, create positive attitudes towards recovery, and encourage conversations about mental health, are some of the essential components of a program that could play a significant role in the holistic approach to patients who are mentally and physically recovering from this disease.

Finally, the emerging understanding of the high burden presented by patients with prolonged COVID-19 symptoms or ‘long-COVID’ (including those of a mental health nature),<sup>7</sup> should lead health authorities and governments to plan a vigorous expansion and implementation of structured mental healthcare services in order to effectively provide long-term care and support for these patients.<sup>8</sup> Fig. 1 shows the depiction of a model of a mental healthcare program, which summarizes our suggestions.

We thank Albuquerque *et al* for proposing effective policy changes, which, together with our suggestions, will hopefully create a more favorable structure for addressing the mental health issues of all those affected during long-term global pandemics.

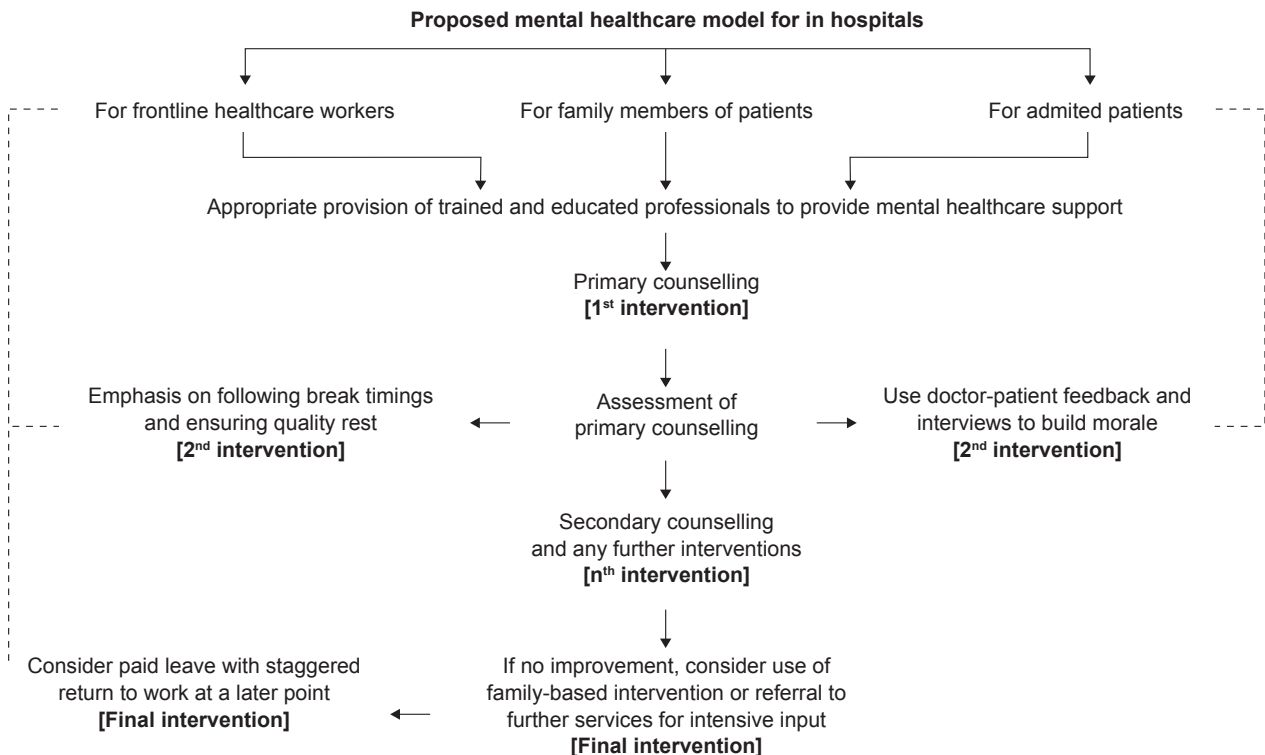


Figure 1 – Proposed model of a mental healthcare program for care of frontline healthcare workers and long-term inpatients

**AUTHORS CONTRIBUTION**

TF: Draft of the paper, critical review, and copyedit.

PAS: Draft of the paper, critical review.

M RTP: Conception of the work, draft of the paper, and supervision.

**COMPETING INTERESTS**

The authors have declared that no competing interests exist.

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## Letter to the Editor Concerning “Why is Palliative Care Training During the Portuguese Family Medicine Residency Program Not Mandatory?”

### Carta ao Editor Relativa a “Porque é que a Formação em Cuidados Paliativos no Internato de Medicina Geral e Familiar em Portugal Não é Obrigatória?”

**Keywords:** Education, Medical; Internal Medicine; Internship and Residency; Palliative Care

**Palavras-chave:** Cuidados Paliativos; Educação Médica; Internato e Residência; Medicina Interna

Dear Editor,

The issue raised by Castro *et al*<sup>1</sup> in your latest issue is of utmost importance. The authors argue that palliative care (PC) training should, more than ever, become mandatory during the Family Medicine residency program. As the authors highlighted, an ever-ageing population in whom the management of multimorbidity is incredibly complex demands the redefinition of the goals of care.

In Portugal, Internal Medicine (IM) is likely to be the secondary care specialty which manages such patients more closely. Death and dying have moved from the community

setting to hospitals, and internists care daily for terminally ill patients. In a recent study,<sup>2</sup> most patients (54%) admitted to a Portuguese IM ward had PC needs.

PC is not a mandatory rotation in the Portuguese IM residency program (PIMRP), but residents' demand for elective training in the field is increasing. In fact, several studies<sup>3</sup> in North America have shown that IM residents perceive a lack of preparedness in end-of-life training. Even though similar studies have not yet been conducted in Portugal, it is widely acknowledged (mostly informally) by residents and national organisations - namely the Portuguese Medical Association (Ordem dos Médicos) and the Portuguese Society of Internal Medicine - that improving PC training during the PIMRP is imperative. Several calls have been made,<sup>3</sup> but they tend to go unnoticed.

In 2016, the National Palliative Care Commission, on behalf of the Portuguese National Healthcare System, published the “Strategic Plan for Palliative Care Development”.<sup>4</sup> In line with the recommendations of the European Association for Palliative Care, this government document proposes ‘intermediate training level’ for IM physicians. In 2019, the Portuguese College of Palliative Care reinforced this same recommendation. Contrary to popular belief, this