



## Psychological perception about social isolation in coping with the COVID-10 coronavirus\*


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**Objective:** to study people's psychological perception in the face of social isolation during the pandemic caused by the new COVID-19 coronavirus. **Methodology:** the type of research adopted is exploratory, with qualitative and quantitative analyses through a questionnaire aimed at carriers and symptomatic patients of the new COVID-19 virus. **Results:** among other results, 44% of the interviewees reported a negative psychological perception in their lives regarding the social isolation measures. **Conclusion:** the study identified an increase in anxiety and depression, mainly for black- and brown-skinned people and women.

**Descriptors:** COVID-19; Social Isolation; Mental Disorders; Depression; Anxiety.

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## A percepção psicológica do isolamento social no enfrentamento ao novo coronavírus COVID-19

**Objetivo:** estudar a percepção psicológica de pessoas diante do isolamento social durante a pandemia pelo novo coronavírus COVID-19. **Metodologia:** o tipo de pesquisa adotado é o exploratório, com análises quali e quantitativas por meio de um questionário direcionado aos portadores e sintomáticos do novo coronavírus COVID-19. **Resultados:** 44% dos entrevistados relataram a percepção psicológica negativa em suas vidas referente às medidas de isolamento social, entre outros resultados. **Conclusão:** o estudo identificou aumento na ansiedade e depressão principalmente em pessoas negras e pardas e em mulheres.

**Descritores:** COVID-19; Isolamento Social; Transtornos Mentais; Depressão; Ansiedade.

## La percepción psicológica sobre el aislamiento social frente al nuevo coronavirus

**Objetivo:** estudiar la percepción psicológica de las personas en situación de aislamiento social durante la pandemia provocada por el nuevo coronavirus COVID-19. **Metodología:** se adopta la investigación de tipo exploratorio, con análisis cualitativos y cuantitativos a través de un cuestionario dirigido a portadores y pacientes sintomáticos del nuevo coronavirus COVID-19. **Resultados:** el 44% de los encuestados reportó una percepción psicológica negativa en sus vidas con respecto a las medidas de aislamiento social, entre otros resultados. **Conclusión:** el estudio identificó un aumento en la ansiedad y la depresión, principalmente en personas de raza negra y morena y en mujeres.

**Descriptores:** COVID-19; Aislamiento Social; Trastornos Mentales; Depresión; Ansiedad.

## Introduction

Almost a decade ago there were more than 30 infectious diseases with the possibility of exerting some effect on global health; these diseases reached a worldwide scale and became pandemics<sup>(1)</sup>.

Currently, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which apparently emerged in the Chinese city of Wuhan in December 2019, has caused global concern due to its high potential for transmissibility and lethality<sup>(2)</sup>.

SARS-CoV-2 is a virus from the Coronavirus family of the ribonucleic acid (RNA) type; its rapid spread, considering the hospitalization rates and the need for intensive care, led the World Health Organization (WHO) to define the infection as a pandemic threat, requiring emergency actions in order to contain new contagions of the disease on a large scale<sup>(3)</sup>.

In epidemiology, pandemics are defined as spread of a disease to various geographical areas<sup>(4)</sup>.

The word "pandemic" comes from the Greek and was first used by Plato, having its formation with the neutral prefix *pan* and with *demo*, meaning "people", used to describe diseases that reached the entire population. Later in time, Socrates also used the term<sup>(5)</sup>.

Around the world, various measures have been adopted to face the current pandemic, as the current situation and the recent arrival of vaccines with the ability to effectively treat the victims make countries resort to and trust in the use of measures considered classic, such as quarantines<sup>(6)</sup>.

In Brazil, Law No. 13,979 dated February 6<sup>th</sup>, 2020, was created to set out the measures for coping with the public health emergency of international importance resulting from SARS-CoV-2, defining that isolation is the separation of sick or contaminated individuals or of affected luggage, means of transport, goods or postal parcels from others, in order to prevent contamination or spread of the Coronavirus<sup>(7)</sup>.

Social isolation measures were also recommended in the recent Influenza A (H1N1) pandemic. In a study with the aim of analyzing the change in health habits of the population in Cachoeira do Sul, Rio Grande do Sul, Brazil, it was concluded that, during the pandemic, 55.75% of the women and 47.41% of the men avoided closed places with crowds of people<sup>(8)</sup>.

These social isolation measures also proved to be useful in reducing the number of cases associated with distancing from the work environment, based on modeling studies involving Influenza and Influenza A (H1N1) seroconversion in 2009<sup>(9)</sup>.

Social isolation is also considered a risk factor, with the possibility of imposing loneliness on the population and contributing to comorbidities. In its chronic form,

it can cause changes in body functioning, as well as neural, behavioral and cardiovascular effects<sup>(10-12)</sup>.

Among the psychological symptoms associated with social isolation are increased surveillance in the face of social threats, increased hostility, anxiety, social withdrawal, daytime fatigue, depression, anger, fear and suicidal ideation<sup>(12-13)</sup>.

In the hospital context, there are also reports of psychological repercussions caused by social isolation, showing occurrence of depression, anxiety, feelings of anger and stigmatization<sup>(14)</sup>.

Severe or critical patients who evolve with respiratory failure may need mechanical ventilation at their homes, and these individuals are globally more vulnerable to depression and anxiety<sup>(15)</sup>.

A number of articles about mental health and SARS-CoV-2 have been published recently, conducted with the Brazilian population of health professionals and dealing with the fear of the population towards contracting the disease<sup>(16)</sup>.

SARS-CoV-2 can also affect pregnant women's psychological state because, under these conditions, women are more vulnerable and there is greater risk of prenatal discomfort and diseases such as prenatal depression and intense psychological distress due to SARS-CoV-2<sup>(17)</sup>.

Some articles suggest using psychological techniques and approaches to deal with SARS-CoV-2 symptoms, such as Cognitive Behavioral Therapy (CBT), Psychoeducation, Mindfulness and Positive Psychology, in the treatment of symptoms, promoting an increase in quality of life and reducing the psychological symptoms of the disease; as well as the need to pay attention to the overcoming attempts with strategies that do not collaborate with adaptation of the individual, such as use of alcohol and drugs, for causing long-term harms<sup>(13,18-19)</sup>.

Faced with facts that involve disasters, catastrophes and tragedies, there is a need for preparedness and improvement of professional psychologists, as Psychology also seeks to study these phenomena in order to provide psychological assistance to the affected population<sup>(20)</sup>.

Thus, this article aimed at understanding the psychological perception of the interviewees affected by SARS-CoV-2 in social isolation, considering the factors that bring about comorbidities mainly in the aged population, as 15% of those infected may need hospitalization and, of them, 18% require intensive care<sup>(21)</sup>.

This research resorted to three theoretical poles as a basis to ground its action: Public Emergencies and Disasters, aimed at exemplifying the concepts and criteria, SARS-CoV-2 and Pandemics, articulating the current pandemic with others that already exist; and Mental Health and SARS-CoV-2, with studies focused on the Psychology and Psychiatry areas.

## Methodology

This is an exploratory study of a qualitative nature conducted between 12/16/2020 and 02/12/2021, authorized through CAAE record: 38327420.2.0000.5511.

The total number of interviewees was 75: 57 women and 18 men aged between 18 and 61 years old, with a mean of 39.57 and from 8 Brazilian states, namely: São Paulo, Rio de Janeiro, Paraná, Bahia, Minas Gerais, Santa Catarina, Sergipe and Rio Grande do Sul.

The population interviewed consisted of individuals with SARS-CoV-2 symptoms or diagnosis; the research sample was selected for convenience by means of a questionnaire exclusively designed with adaptations of instruments for use in the virtual modality with the objective of identifying anxiety and depression and obtaining diverse information on general identification, treatment, diagnosis and social isolation.

The constructs chosen were terms involving mental health in the articles present in the theoretical pole (Figure 1).

Mental Symptoms and Disorders*	Article
Suicidal Ideation	(12)
Non-explicit increase in surveillance in the face of social threats	(10)
Increase in hostility, discrimination and stigmatization	(10,14,22)
Social withdrawal/Loneliness	(10,12)
Daytime fatigue	(10)
Increase in anxiety	(12,14-15)
Depression	(14-15)
Fear of dying	(8)
Loneliness	(12)

\*Symptoms found in the articles present in the theoretical framework

Figure 1 - Mental symptoms and disorders in socially isolated individuals

To prepare the questionnaire, questions based on the Major Depression section from DSM-5: "Diagnostic and Statistical Manual of Mental Disorders" were elaborated to be answered online<sup>(23)</sup>; and the "Hamilton Anxiety Scale" was adapted to be answered online for this research<sup>(24)</sup>.

The inclusion criteria covered people aged between 18 and 70 years old of both genders (choice of age group was based on legal reasons of consent), with a positive SARS-CoV-2 diagnosis or with SARS-CoV-2 symptoms within or outside the incubation period, who were within Brazilian territory, with understanding of the Portuguese language, and willing to answer the questionnaire through Google Forms<sup>(25)</sup>.

The exclusion criterion corresponded to errors filling out the forms or to not meeting the inclusion criteria.

The links with the questionnaire were shared in 15 WhatsApp groups of health professionals and 20 diverse groups, reaching approximately 3,000 users on the social network, being also disseminated in other media such as Instagram and Facebook.

The search for scientific articles similar to the topic of mental disorders, public disasters and SARS-CoV-2 for use in the discussion of the results obtained took place in databases, internet search engines and scientific databases such as Google Scholar, SciELO and PubMed.

After the desire to participate in the research was manifested, a Free and Informed Consent Form for Participation in Clinical Research was made available,

in order to explain the research objectives and how the data were going to be used, as well as to explain the physical or psychological risks involved in the study, such as the possibility of the interviewee feeling uncomfortable with certain questions such as those related to income, sex or sexual orientation. As a protective measure against risks, the interviewees were granted the right to withdraw from the research at any moment; presence of direct benefits to the participants was not applied.

Analysis of the results took place in a qualitative and quantitative way, observing the central discourse of the participants researched and the sum of similar data, articulated with recent articles in the psychology and medicine areas, for better understanding.

In view of this, a score above 20 points was used as inclusion criterion since, to achieve this score, the interviewee would need to mark at least 5 "Agree" or "Strongly Agree" answers, according to the DSM-5 criteria to establish presence of depression (Figure 2).

Option	Score
SD – Strongly Disagree - Absence.	0
D – Disagree/Mild Intensity.	1
N – Neutral/Average Intensity.	2
A – Agree/Strong Intensity.	3
SA – Strongly Agree/Maximum Intensity (Disabling).	4

Figure 2 – Scoring corresponding to the questionnaire measuring the presence of depression and anxiety. Brazil, 2021

## Results

Among the interviewees, 60% were married or in stable relationships, 93.3% were heterosexual, 29.3% stated living with another person and, for those who shared their homes, 96.6% indicated living with family members.

29.3% stated having completed Higher Education and 20% had some graduate degree in the *stricto sensu* modality; 53% of the participants mentioned working with a formal contract, 69.3% did not suffer any wage reduction during isolation, 11% reported a drop between 41% and 50% in their earnings, 41% reported that their

income was greater than 10 minimum wages, 24% were responsible for up to 40% and 50% of the family income, and 83.8% stated not having requested governmental assistance or programs.

Regarding risk groups, 27% were diabetic and 72% of the interviewees stated not being included in any risk group for the new SARS-CoV-2. Referring to SARS-CoV-2 testing, 54% indicated not having undergone tests to confirm the disease. Of the individuals who had already had contact with infected people, 21.3% mentioned their wife or husband.

In all, 44.9% of the interviewees did not present symptoms related to the disease (Figure 3).

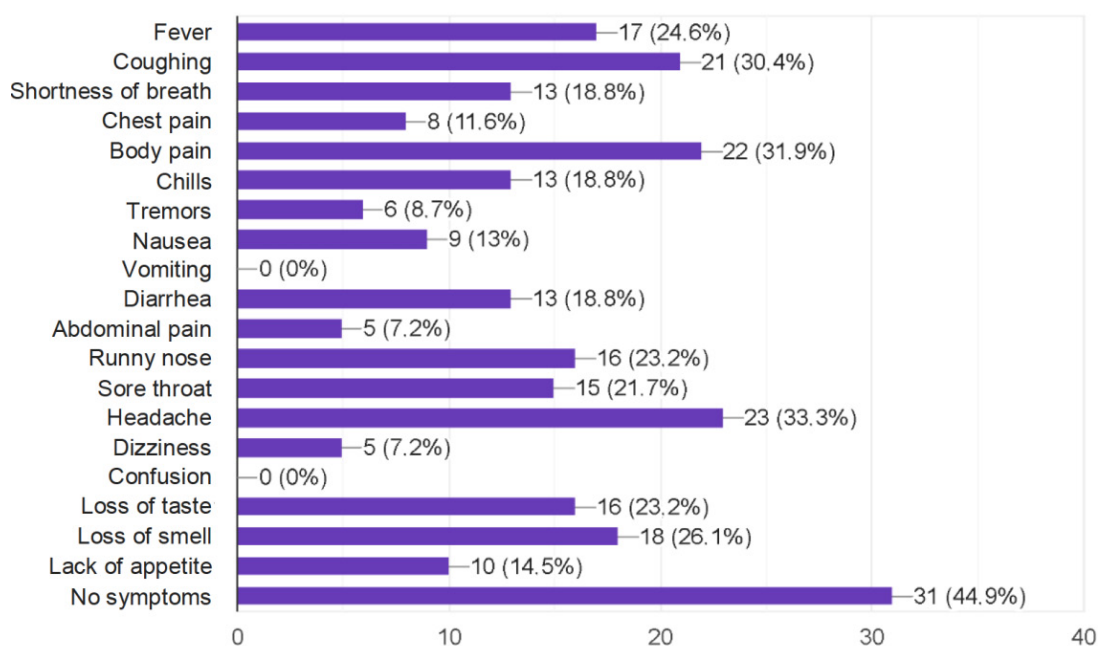


Figure 3 - Graph corresponding to the SARS-CoV-2 symptoms among the interviewees

Regarding duration of the symptoms, 20.3% of the interviewees indicated less than 7 days, 60.9% reported that it was not necessary to use official or experimental medications for SARS-CoV-2, and 53.6% stated that there was no need for additional tests to identify the disease.

In relation to the use of hospital resources and hospitalization, 18.8% needed them and 7.7% used the services for 15 to 30 days.

Of the individuals who required hospitalization care, 69.2% returned home with their family in social isolation and 44% of the interviewees strongly agreed that the social isolation measures psychologically damaged their lives in some way, according to their perceptions.

Among the interviewed, 41.3% stated that they had never seen any mental health professional and, during the isolation period, 52.3% interrupted treatment with these professionals for personal reasons.

In relation to how comfortable they felt with the idea or performance of psychological appointments

mediated by the Internet, 59.1% strongly agreed, whereas 45.5% agreed with the idea of psychiatric or medical consultations over the Internet.

In relation to the health services, generally mediated by the Internet, 50% strongly agreed when asked about the positive impact on the patients.

Of the people who had already seen mental health professionals at some point in their lives, 77.3% of them did not make use of psychiatric medications and, for 22.7% of the people who had already consulted mental health professionals, 80% used medications to treat depression, 37.5% with increased doses during the social isolation period.

In relation to using medications for the treatment of anxiety symptoms, 70% resorted to them, with 42.9% increasing the dose during this period. The overall results about depressive symptoms indicated that 11.27% strongly agree with their presence, as shown in Table 1.

Table 1 - Percentage results of the Depression questionnaire. Brazil, 2021

Question	SD <sup>†</sup>	D <sup>‡</sup>	N <sup>§</sup>	A <sup>¶</sup>	SA <sup>  </sup>
I've been feeling more depressed during most of the day!	4.7%	28%	20%	9.3%	0%
I've been increasingly losing interest or pleasure in all or almost all the activities during most of the day!	34.7%	32%	17.3%	14.7%	1.3%
I've gained or lost over 5% weight!	29.3%	10.7%	9.3%	22.7%	28%
I'm having problems sleeping (Insomnia), or I'm sleeping too much/feeling too sleepy (Hypersomnia).	28%	8%	20%	28%	16%
The people who live with me say that I look agitated or slow!	57.3%	10.7%	17.3%	8%	6.7%
I feel tired or that I'm losing my energy!	34.7%	17.3%	16%	16%	16%
I've been feeling useless frequently, with excessive or inappropriate guilt!	53.3%	13.3%	12%	5.3%	16%
I've been feeling that my thinking/concentration ability is decreasing, or I'm hesitant!	38.7%	18.7%	20%	9.3%	13.3%
I have recurrent death or suicide/attempted suicide thoughts or with a specific plan to commit suicide!	88%	2.7%	4%	2.7%	2.7%
I feel that the depression symptoms are only related to social isolation or distancing!	56%	17.3%	18.7%	6.7%	1.3%
My appetite went up or down by 5%!	28%	17.3%	18.7%	13.3%	22.7%
Mean	44.61%	16.00%	15.76%	12.36%	11.27%

<sup>†</sup>SD = Strongly Disagree; <sup>‡</sup>D = Disagree; <sup>§</sup>N = Neutral; <sup>¶</sup>A = Agree; <sup>||</sup>SA = Strongly Agree

In relation to gender and skin color, it is observed that black- and brown-skinned interviewees had a mean of 30.2 points and that the mean in white-skinned people was 23 points, with an emphasis on black- and brown-skinned women with depressive symptoms in the order of 32.5 points.

People from the LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual) community scored 25.83 points while heterosexuals obtained 25.01 points.

Considering the anxiety symptoms, the results suggest that 4.45% of the interviewees strongly agreed with assertions related to the symptoms (Table 2).

Table 2 - Percentage results of the anxiety symptoms reported by the interviewees\*. Brazil, 2021

Question	SD <sup>†</sup>	D <sup>‡</sup>	N <sup>§</sup>	A <sup>¶</sup>	SA <sup>¶</sup>
- I've been feeling: restlessness, fear of the worst, apprehension about the future or the present, irritability!	22.7%	18.7%	21.3%	24%	13.3%
- I've having the following lately: feeling of tension, fatigability, tremors, easy crying, inability to relax, agitation, startling reactions!	38.7%	14.7%	21.3%	14.7%	10.7%
- I have the following: difficulties falling asleep, painful dreams, interrupted sleep, unsatisfactory sleep, fatigue when waking up, nightmares, night terrors!	45.3%	18.7%	13.3%	14.7%	8%
- I feel the following: difficulty concentrating, memory disorders!	36%	25.3%	18.7%	16%	4%
- I feel the following: disinterest, variable mood, indifference towards the everyday activities, waking up early, depression!	45.3%	16%	13.3%	18.7%	6.7%
- I have the following: muscle pain and lassitude, muscle stiffness, involuntary muscle movements (unintentionally), teeth grinding, insecure voice!	80%	8%	20%	9.3%	2.7%
- I have the following: blurred vision, hot or cold flashes, sensation of weakness, stinging sensation, tinnitus!	72%	13.3%	8%	5.3%	1.3%
- I have the following: tachycardia, palpitations, chest pain, beats, arterial pulsations, fainting sensation!	69.3%	14.7%	8%	5.3%	2.7%
- I have the following: feeling of oppression, dyspnea, chest constriction, sigh, pharyngeal bolus!	73.3%	8%	10.7%	6.7%	1.3%

(continues on the next page...)

Question	SD <sup>†</sup>	D <sup>‡</sup>	N <sup>§</sup>	A <sup>  </sup>	SA <sup>¶</sup>
- I have the following: difficulty swallowing, aerophagia, dyspepsia, pre- or post-prandial pain, burning, bloating, nausea, vomiting, cramps, diarrhea, constipation, weight loss!	74.7%	14.7%	5.3%	2.7%	2.7%
- I have frequent urination, urination urgency, frigidity, amenorrhea, premature ejaculation, absence of erection, impotence.	76%	12%	8%	2.7%	1.3%
- I have dry mouth, redness, pallor, tendency to sweat, dizziness, tension headache.	77.3%	10.7%	5.3%	4%	2.7%
- Right now I'm feeling some of these symptoms: tension, uneasiness, shaking hands, twitching fingers, restlessness, sighing breathing. Physiological: belching, tachycardia at rest!	73.3%	13.3%	6.7%	5.3%	1.3%
Total	59.39%	14.25%	12.11%	9.80%	4.45%

<sup>†</sup>Percentage results of the questionnaire answered by the interviewees in which they reported presence of anxiety-related symptoms; <sup>‡</sup>SD = Strongly Disagree; <sup>§</sup>D = Disagree; <sup>||</sup>N = Neutral; <sup>¶</sup>A = Agree; <sup>¶</sup>SA = Strongly Agree

Among the symptoms with the highest incidence, 13.3% of the participants strongly agreed and 24% agreed in relation to symptoms associated with restlessness, fear of the worst, apprehension about the future or present, and irritability.

21.3% were undecided in relation to the symptoms of feeling of tension, fatigability, tremors, easy crying, inability to relax, agitation and startling reactions, corroborating the symptoms presented.

The score reached by the mean of the interviewees was 24.3 points (Mild Anxiety), with black- and brown-skinned individuals obtaining 27.04 points (Moderate Anxiety) and white-skinned people, 23.18 points (Mild Anxiety).

Black- and brown-skinned women obtained 27.72 points, with the possibility of being more susceptible to anxiety.

Regarding the comparison of points considering the LGBTQIA+ community, the result was 24.83; and heterosexual interviewees obtained 24.22 referring to anxiety symptoms.

The research was conceived with N=250; however, N=75 was reached, considering interviewees from 8 Brazilian states.

## Discussion

The current research study indicated that 96.6% of the people who did not live alone shared their residence with individuals to whom they had some degree of degree of kinship. When comparing the data with another research study on the possible psychological effects of COVID-19, a temporary term for the coronavirus disease that emerged in 2019 later replaced by SARS-CoV-2, conducted with Rio Grande do Sul residents, it was also shown that most of the interviewees lived with their 1<sup>st</sup> and 2<sup>nd</sup> degree relatives<sup>(26)</sup>.

Most of the interviewees (29.3%) had completed Higher Education, 53% stated working with a formal contract and 8% declared themselves unemployed; the result was more expressive when compared to

the National Survey by Household Sample (*Pesquisa Nacional por Amostragem por Domicílio*, PNAD) between the 4<sup>th</sup> quarter of 2019 and that of the 3<sup>rd</sup> quarter of 2020, showing a 4.6% increase in relation to unemployed people when the current health crisis did not yet exist<sup>(27)</sup>.

Among the interviewees, 69.3% suffered no wage reduction during the isolation period, reporting family incomes above 10 minimum wages; 11% reported a drop between 41% and 50% in their earnings among the most expressive results of the survey, and 13.3% were responsible for up to 100% of the family income, while 24% were responsible for up to 40% and 50%.

Considering this same survey carried out by the PNAD, it was identified that the mean income of Brazilians increased from R\$ 2,340 in the 4<sup>th</sup> quarter of 2019 to R\$ 2,398 in the 1<sup>st</sup> quarter of 2020; it can be considered that the income of most interviewees exceeds the mean earnings of Brazilians when weighting the national data available<sup>(27)</sup>.

Correlating with the COVID-19 and mental health research study that had the participation of 799 interviewees from Rio Grande do Sul, it suggests that the participants had a further 13.9% reduction in earnings in that other study. Hypothetically, this difference could be explained by the reduced number of the current sample (N=75), and/or by the scope of the geographic territory researched or by active occupation, as 29.9% were civil servants<sup>(26)</sup>.

It is to be noted that financial problems can exert a negative impact on people's mental state<sup>(26)</sup>.

In all, 83.8% stated not having asked for help, and it is important to note that financial crises such as the Great Depression, associated with austerity policies, have already caused a significant increase in the number of suicides in the past, as can be seen in a series of studies<sup>(28)</sup>.

Regarding the risk group, 8% of the interviewees were older adults. It is important to note that aged individuals between 60 and 69 years old are at a 3.82 times higher risk of mortality due to SARS-CoV-2 when compared to younger age groups, with 14.8% of deaths of infected people<sup>(29)</sup>.

Among the older adults, 1.3% stated having other chronic diseases such as cancer. This disease has already been the object of a study carried out in the Zhejiang Cancer Hospital, China, concluding that 40.7% of the participants with cancer had incidence of depression due to the new Coronavirus pandemic<sup>(30)</sup>.

When compared to the testing results worldwide, Brazil ranks 11<sup>th</sup> with a total of 28,600,000 tests performed before March 2021<sup>(31)</sup>.

The statistical result of the research and the aforementioned indices can also be articulated with bureaucracy, something that prevents Brazilian universities and institutes with due ability to develop testing technologies from becoming more efficient, as the technologies available on the market guarantee moderate results regarding precision of the identification of this disease<sup>(32)</sup>.

Most of the individuals who had contact with infected people mentioned their wife or husband (21.3%) and 18.7% indicated coworkers. Among the most frequent SARS-CoV-2 symptoms we found fever (24.6%), coughing (30.4%), shortness of breath (18.8%), body pain (31.9%), chills (18.8%), runny nose (23.2%), sore throat (21.7%), headache (33.3%), loss of taste (23.2%), loss of smell (26.1%); and lack of appetite (14.5%). The data corroborate the diverse evidence of frequent symptoms surveyed by the WHO, being similar to other viruses of the Coronavirus family, such as MERS-CoV (Middle East Respiratory Syndrome) and SARS-CoV (Severe Acute Respiratory Syndrome), obtained from case studies and epidemiological statistics<sup>(2)</sup>.

Regarding duration of the symptoms, most (20.3%) of the interviewees indicated that they lasted less than 7 days. According to the WHO, the mean incubation time of the virus is 5.2 days, with the possibility of extending to 24 days, with approximately 80% of mild or asymptomatic cases. The data collected suggest higher frequency of asymptomatic people among the interviewees. However, the data collection procedure implemented did not favor identification of the severity or intensity of each symptom described or calculating mild symptoms in asymptomatic patients<sup>(21)</sup>.

The most frequent medication to treat the Coronavirus disease was azithromycin (31.9%), emphasizing that there are more than 2,000 records for studies and experiments of medications with a focus on this disease, leading to controversies among the scientific community, with the emergency authorization of the so-called COVID-19 KIT containing an association of medications such as hydroxychloroquine and ivermectin, among others, although without consolidated scientific evidence at the moment, with the exception of dexamethasone, which presented some effectiveness, as discussed<sup>(33)</sup>.

The most common test was PCR with 39.1%, requested by the medical professionals, followed by blood count with 29%; the results suggest that RT-PCR, a molecular test considered the gold standard for SARS-CoV-2, is also the most frequent among the symptomatic interviewees. Suggests that each hospital resorts to the most economical laboratory tests, considering their economic reality<sup>(34)</sup>.

18.8% needed to use hospitals and health services, and none of the interviewees made use of resources from Intensive Care Units, correlating with another study, which points out that patients who need to use resources such as mechanical ventilation and other hospital devices to breathe have higher incidence of anxiety and depression<sup>(15)</sup>.

Of the interviewees who needed inpatient hospital care, 69.2% returned home with their families in social isolation, pointing out that most of the diagnosed interviewees followed the recommendations of maintaining social distancing between other family members, not sharing objects or household items<sup>(35)</sup>.

Articulating with the stigma of historically conceived mental diseases and disorders of the mind, they exert an impact on the quality of mental health of the Brazilian population, and point to a possible justification for the reason why 41.3% of the participants in this study had never seen a professional psychologist or psychiatrist in their lives<sup>(36)</sup>.

Considering that the services mediated by the Internet have come to stay, mainly due to their ability to shorten distances and provide accessibility to the health area, this same factor can be correlated by the percentage (29%) of people who claimed to undergo treatment through this route<sup>(37)</sup>.

In a study with the objective of identifying the perception of professional psychologists about the provision of psychological guidance over the Internet, it was indicated that the supposed advantage for the professional is being able to read the details several times before giving an opinion to the patient and that the possible disadvantage would be distractions; however, there are other service provision modalities available today, such as through video calls<sup>(38)</sup>.

The result indicates that 50% strongly agree on the provision of health services over the Internet in general, which can be a reflection of the lack of tradition of this modality considering the fact that the Telehealth services (remotely operated clinical services) are relatively new in the country, encouraged by governments and laws for their application during the current pandemic crisis<sup>(39)</sup>.

37.5% needed to increase the dose of medications related to depression in the social isolation period. The general results after applying the questionnaire on depressive symptoms also pointed out that 11.27%



strongly agreed about the presence of symptoms and that 55.39% reported the presence of some symptoms regardless of their intensity<sup>(24)</sup>.

The overall mean obtained by the interviewees was 25.26 points, total mean with the symptom scores that can be classified as depression.

The fact that thousands of people died as a result of SARS-CoV-2 in Brazil and in the world must be considered, involving aspects such as mourning and its complexity, the absence of funerals as a measure to protect the population, and lack of face-to-face communication between the patients and their families<sup>(40)</sup>.

When articulating with gender and skin color, it is observed that black- and brown-skinned interviewees had a mean of 30.2 points and that white-skinned people obtained 23 points, with an emphasis on black- and brown-skinned women with depressive symptoms in the order of 32.5 points, a higher score when compared to all other categories described.

Regarding the comparison of points considering the LGBTQIA+ community and the heterosexual interviewees, there was a difference of 0.82, being samples for convenience; however, it is necessary to consider the complex relationship of people belonging to the LGBTQIA+ group and their family members, with emerging situations of violence, oppression and loneliness<sup>(41)</sup>.

Taking into account the anxiety symptoms, it is suggested that 4.45% and 9.80% of the interviewees strongly agreed and agreed with their presence, respectively. In turn, the symptoms with the highest incidence, 13.3% for strongly agree and 24% for agree, in relation to symptoms associated with restlessness, fear of the worst, apprehension about the future or present and irritability, suggest compatibility with the perceived anxiety study when analyzing health professionals facing SARS-CoV-2 in Italy, as well as with the study that identified a possible increase in anxiety in socially isolated patients<sup>(14,42)</sup>.

The interviewees' mean score was 24.3 points (Mild Anxiety), with black- and brown-skinned subjects obtaining 27.04 (Moderate Anxiety) while white-skinned participants had 23.18 points (Mild Anxiety).

Black- and brown-skinned women scored 27.72 points and may hypothetically be more susceptible to anxiety when articulating with the Psychological Approach to the Analysis of Human Behavior, the so-called "state of anxiety", with a possibility of variation considering each person and the environment where the individual lives, their life history and their private behaviors<sup>(43)</sup>.

The following can be mentioned as an example: the environment where a person lives and also the events that occurred in 2020, when there were several popular demonstrations in Brazil and in the world in favor of

equal treatment by the public security authorities and other debates, with the objective of achieving equality for the black- and brown-skinned population<sup>(44)</sup>.

There was no significant difference regarding the comparison of points considering the LGBTQIA+ community (24.83) and heterosexual interviewees (24.22), with 0.61 convenience sampling points.

Articulating with a study that sought to analyze and describe the psychological factors of the subjects affected by SARS-Cov-2 in social isolation, it also suggests an increase in anxiety and depression among the participants<sup>(45)</sup>.

## Conclusion

Based on the results obtained through the convenience sample research, it can be suggested that there was a negative psychological perception regarding social isolation in patients with SARS-CoV-2, as well as a more expressive increase in the depression and anxiety symptoms in the black- and brown-skinned individuals.

However, in relation to the total sample of this study, it was not possible to generalize the results to the entire Brazilian population.

Although recent, a number of research studies carried out in the area of Applied Social Sciences and Health in relation to the new pathology, the results are in agreement by identifying that social isolation has possible correlations with frequent depression and anxiety symptoms in the population belonging to the risk group defined by the WHO.

This psychological perception cannot be measured only by the sequelae left by the virus in the physical sphere, but also in the social sphere, modifying the family dynamics and reducing the workers' financial possibilities, as it changes the way in which people behave to avoid possible contamination, depriving previously allowed freedom and aggravating social problems that were already present in society.

According to their own direct opinion on social isolation, for 44% of the interviewees, these measures aimed at social isolation to fight against the pandemic exerted a negative impact, causing some damage in their lives.

There is a need for more studies in the Psychology area to standardize protocols and tests with national samples in order to create a support structure for the current demand, as well as to devise ways to alleviate psychological and social distress through public and managerial policies, helping to identify symptoms that lead to mental illness in the population that faces social isolation with or without the disease in a preventive or welfare way, a priority both in private and in public health systems.

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