

ORIGINAL

Nursing care in the mental health of individuals living in a vulnerable area of North Lima

Cuidados de enfermería en la salud mental de personas que residen en una zona vulnerable de Lima Norte

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ABSTRACT

Mental health during the COVID-19 pandemic has been one of the most significant negative impacts on the global population, making them more susceptible to mental disorders as a result. Therefore, the objective of this research is to determine the mental health of people living in a vulnerable area of northern Lima. This is a quantitative, descriptive-cross-sectional study with a population of 306 participants who responded to a questionnaire on sociodemographic aspects and the depression, anxiety, and stress scale. The results show that 30,7 % have extremely severe depression, 8,8 % have severe depression, 19,3 % have moderate depression, 12,4 % have mild depression, and 28,8 % have normal depression. In conclusion, measures must be taken to provide mental health care to vulnerable people.

Keywords: Mental Health; Pandemic; Coronavirus; Anxiety; Depression; Stress.

RESUMEN

La salud mental durante la pandemia del COVID-19 ha sido uno de los mayores impactos negativos que ha tenido el poblacional nivel mundial, dado que los hace más susceptibles a presentar trastornos mentales producto de ello, por lo que, el objetivo de investigación es determinar la salud mental de personas que residen en una zona vulnerable de Lima Norte. Es un estudio cuantitativo, descriptivo-transversal, con una población de 306 participantes que respondieron un cuestionario de aspectos sociodemográficos y la escala de depresión, ansiedad y estrés. En los resultados observamos que, el 30,7 % presentan una depresión extremadamente severa, 8,8 % depresión severa, 19,3 % depresión moderada, 12,4 % depresión leve y 28,8 % depresión normal. En conclusión, se debe tomar medidas que permitan realizar atención a la salud mental en personas vulnerables.

Palabras clave: Salud Mental; Pandemia; Coronavirus; Ansiedad; Depresión; Estrés.

INTRODUCTION

The World Health Organization (WHO) defines mental health as “a state of well-being in which each individual develops his or her potential, can cope with the stresses of life, can work productively and fruitfully, and can contribute something to his or her community.” It also defines mental health and psychosocial support as “any

type of local or external support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health disorders”^(1,2)

Nurses are central professionals in the provision of health services, however there is a deficit of professionals worldwide and this is more marked in the midst of humanitarian emergencies,⁽³⁾ in the field of mental health there are several challenges in the face of human resources with sufficient training and/or experience, poor physical infrastructure, cultural barriers among others, several studies recommend expanding research on mental health nursing care in armed conflict scenarios.^(4,5) Nursing care is provided 24 hours a day and involves aspects of team responsibility, as the patient's condition, not determined by clinical conditions, can cause death, sequelae, and psychological suffering, in addition to increasing the cost of care.⁽⁶⁾

Nursing actions are characterized by being versatile, highly flexible, with a large multidisciplinary content, but also full of paradoxes; we are asked to develop critical thinking, analytical skills, and to consider the elements of globalization that affect health systems.⁽⁷⁾ High-level technical skills are also required, along with great sensitivity in dealing with individuals in health and illness situations.^(8,9)

The mental health crisis has brought about mild psychological symptoms such as insomnia, dysphoria, apathy, irritability, appetite disorders, sadness, and anxiety in older people since the start of the pandemic. However, people with pre-existing psychosis have developed paranoid symptoms such as delirium.^(10,11,12)

In a study conducted in Brazil,⁽¹³⁾ 112 people participated in the research, of whom 52,68 % presented symptoms of depression, 57,14 % of anxiety, and 78,57 % of stress. There was an association between depression and the nursing profession, with the fact of being under psychological counseling prior to the pandemic, and with the absence of participation in training for care. Anxiety was associated with female gender and fear of getting sick. Stress was associated with younger age, 30 to 39 years, and marital status, married or in a stable relationship.

In another study conducted in Brazil,⁽¹⁴⁾ 146 students participated in the study, with a mean age of 23,6 years. The prevalence of common mental disorders was 68,5 % and was associated with female gender, self-declared indigenous race, history of confinement, lack of discipline and irregular status in the course, and feelings of helplessness about the future due to the COVID-19 pandemic. It was observed that 67,1 % of students used some form of mental health management, and they perceived psychological support, psychotropic drugs, and music therapy as therapeutic, among other strategies.

In another study conducted in Chile,⁽¹⁵⁾ 54,82 % of the sample presented some level of anxiety disorder or risk of anxiety, 47,59 % presented stress, and 31,33 % presented depression. In relation to the level of education of the father and mother, the highest percentage corresponds to the category of complete secondary education (father 37,95 % and mother 36,14 %).

Therefore, the research objective is to determine the mental health of people living in a vulnerable area of northern Lima.

METHOD

Research type and design

In the respective research, according to its properties for data collection, it is quantitative in approach, with a non-experimental descriptive-transversal methodology.⁽¹⁶⁾

Population

The population consists of a total of 306 participants from a vulnerable area in northern Lima.

Inclusion Criteria

- Participants must be over 18 years of age.
- Participants who live in a vulnerable area of the district of Carabayllo.
- Participants who voluntarily agree to participate in the study.

Technique and Instrument

The data collection technique was a survey, which included sociodemographic data and the instrument for depression, anxiety, and stress (DASS-21).

The DASS-21 instrument has three dimensions containing 14 items, divided into subscales of two to five items with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-contempt, lack of interest or participation, anhedonia, and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and the subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous excitement, and annoyance, agitation, or irritation, overreactivity, and impatience. It consists of four response options: 0 “not at all,” 1 “sometimes,” 2 “much of the time,” and 3 “most of the time,” which are used to rate the degree to which each state has been experienced during the past week.⁽¹⁷⁾

The instrument was validated using the Kaiser-Mayer-Olkin sample adequacy test, obtaining a result of 0,963 ($KMO > 0,6$), while Bartlett's sphericity test obtained significant results ($X^2_{approx.} = 7050,466$; $gl = 0,212$; $p = 0,000$).

The reliability of the instrument was assessed using Cronbach's alpha, obtaining a result of 0,975 ($\alpha > 0,6$).

Place and Application of the Instrument

The survey was conducted in coordination with members of the community leadership to obtain the necessary permits for the research. In turn, the heads of households were also consulted and given an explanation of the study.

RESULTS

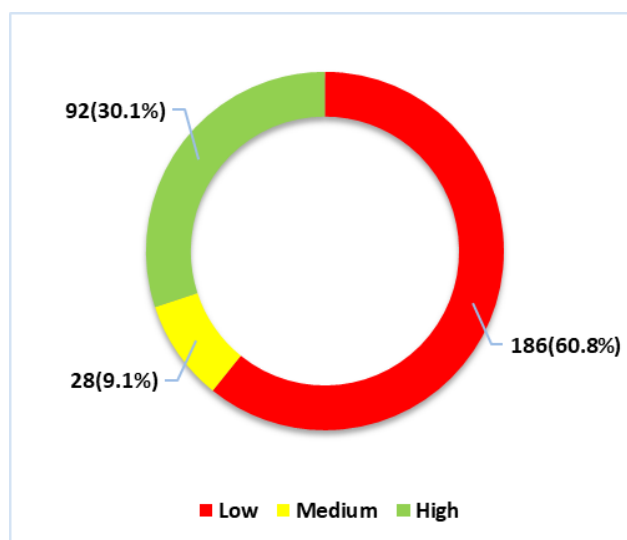


Figure 1. Mental health of people living in a vulnerable area of northern Lima

In figure 1, we can see that, with regard to the mental health of the participants, 60,8 % ($n=186$) have poor mental health, 9,1 % ($n=28$) have average mental health, and 30,1 % ($n=92$) have good mental health.

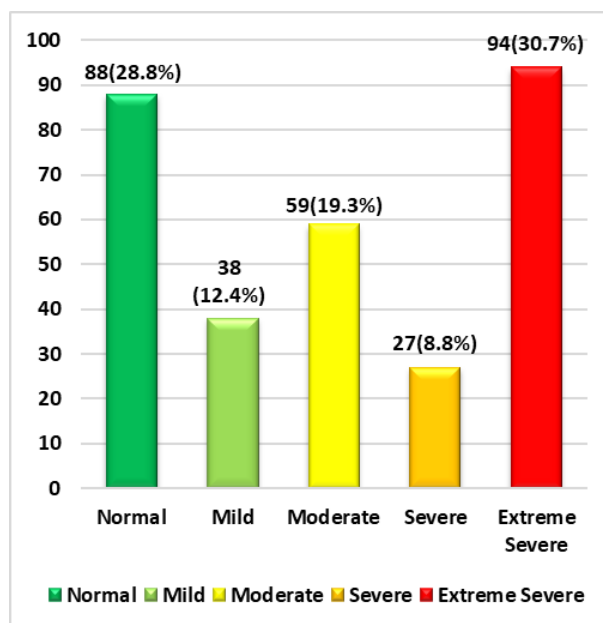


Figure 2. Depression among people living in a vulnerable area of northern Lima

In figure 2, we can see that, with regard to depression, 28,8 % ($n=88$) of participants have normal depression, 12,4 % ($n=38$) have mild depression, 19,3 % ($n=59$) have moderate depression, 8,8 % ($n=27$) have severe depression, and 30,7 % ($n=94$) have extremely severe depression.

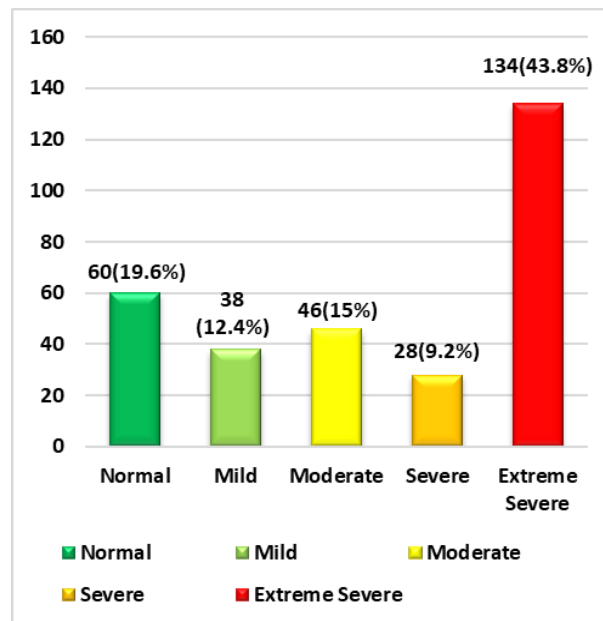


Figure 3. Anxiety among people living in a vulnerable area of northern Lima

In figure 3, we can observe that, with regard to anxiety, 19,6 % (n=60) have normal anxiety, 12,4 % (n=38) have mild anxiety, 15 % (n=46) have moderate anxiety, 9,2 % (n=28) have severe anxiety, and 43,8 % (n=134) have extremely severe anxiety.

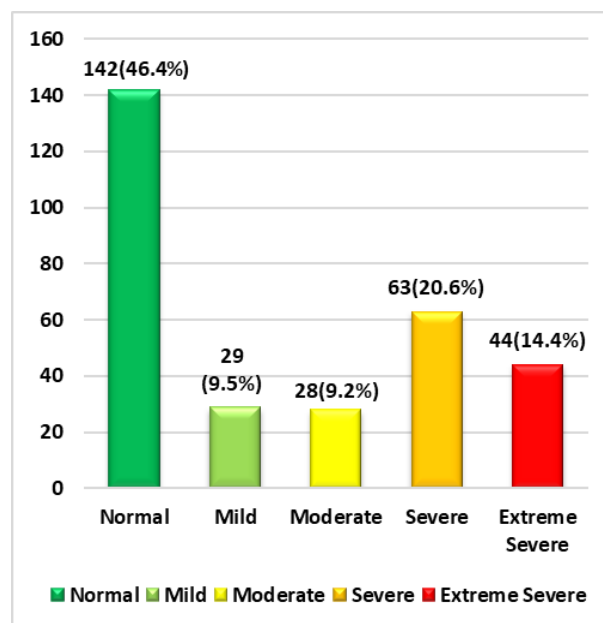


Figure 4. Stress levels among people living in a vulnerable area of northern Lima

In figure 4, we can see that 46,4 % (n=142) of participants have normal stress levels, 9,5 % (n=29) have mild stress, 9,2 % (n=28) have moderate stress, 20,6 % (n=63) have severe stress, and 14,4 % (n=44) have extremely severe stress.

DISCUSSION

This research is based on the mental health perspective of the study population, seeking to develop strategies to prevent mental disorders during the COVID-19 pandemic and thus maintain stable mental health.

The results of the main variable, mental health, show that most participants had low levels of mental health. We can interpret this as meaning that the situations people have experienced during COVID-19 over the last two years have had an impact on their mental health, with factors such as anxiety, depression, and stress significantly affecting their mental state. Currently, as a result of the pandemic, these factors have increased their symptom rates, given that, currently, as the disease gradually subsides, the symptoms of anxiety, stress,

and depression have been increasing because people are not receiving the support they need to minimize these symptoms of mental disorders.

As for the results of the dimensions, it can be observed that depression and anxiety are the dimensions that are most severely affected in the participants. This can be interpreted as meaning that, during the pandemic, many people developed symptoms of depression, anxiety, and stress because factors such as social isolation, home quarantine, and the infection of a family member with COVID-19 increased the symptoms of the aforementioned mental disorders. Two years after COVID-19, many people continue to experience anxiety and depression because they do not know how to manage the situations that make them vulnerable to their mental state, which has an impact on these symptoms and affects their lives in the long term.

CONCLUSIONS

It is concluded that counseling should be provided to people with anxiety and depression, given that mental health has been compromised after the COVID-19 pandemic.

It is concluded that a public health and mental health intervention should be carried out, providing mental health promotion and prevention due to the aftermath of the COVID-19 pandemic.

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FINANCING

None.

CONFLICT OF INTEREST

Authors declare that there is no conflict of interest.

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