

ARTICLE

## Psychological Complaints at Psychological Emergency Service Associated with Referral to Extended Screening in a Psychology School Clinic

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**Abstract:** The Psychological Emergency Service (PES) at psychology school clinics is an unscheduled and free psychological service to meet urgent demands. From this service, some patients whose complaints require more time for clinical work are referred to the Extended Screening (ES), a modality composed of six extra appointments. This study aims to analyze the sociodemographic profile of patients seen on PES in a Brazilian Psychology School Clinic, and to identify the demands that motivated referral to the ES, for better qualification of the care offered. This is a descriptive analysis research, carried out based on data from the medical records of 46 patients who went through the PES and were referred to the ES at the institution, between the years 2019 and 2021. Sociodemographic data were collected and, from the session reports, a content analysis of the thematic analysis modality was performed to identify the complaints. The participants' age ranged from 18 to 65 years, with a mean of 32.28 years (sd = 10.95). There was a predominance of female participants (71.74%), that completed High School (39.14%) and had an income from one to two Brazilian minimum wages (32.61%). The most frequent complaints were depressive symptoms (56.52%) and difficulties in interpersonal relationships (32.61%). The results obtained, besides allowing the survey of the social and demographic profile of the clientele of the PES at the Psychology School Clinic, and demonstrating its social relevance by providing free psychological care, also show to be of great importance for the definition of more accurate criteria for referral to the ES of patients seen on PES.

**Keywords:** Psychological emergency service, Extended screening, Psychology school clinic

### 1. Introduction

The clinical-school service in psychology universities has been linked to this undergraduate course since Law 4,119, in 1962, through the regulation of the

psychologist's profession in the Brazilian Classification of Occupations (BCO). The services are essential for the formation of a psychologist, as they enable the experience of clinical practice, providing the conduction of therapeutic processes in addition to bringing students

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closer to the population<sup>[1]</sup>. Among the services offered, there is the Psychological Emergency Service (PES) modality, which aims to support and welcome the urgent emotional demand of the person who needs some type of immediate care to alleviate their psychological distress, in addition to seeking, through the provision of a service that does not have bureaucratic requirements, to contribute to the reduction of the demand of the urgent psychological care, thus favoring the large portion of the community that does not have the resources to seek private psychological care<sup>[2]</sup>.

The PES, in Brazil, began in the 1970s by Professor Rachel Rosenberg, PhD, who, with the help of interns from the Psychology Faculty of the Psychological Counseling Service (PCS) at the University of São Paulo (USP), was inspired by the walk-in clinics in the United States, which offered immediate and community care. In these years of gestation of the new modality, Brazil lived a time of military repression, when the expression of ideas was suppressed by censorship. Furthermore, in psychology, it was believed that only long-term psychotherapeutic treatment was effective<sup>[3]</sup>.

After an unpretentious beginning with psychological assistance to students of a popular pre-university preparatory course at USP, the revolutionary potential of the implementation of the PES was noticed, with the use of the renewing capacity of attentive, non-directive, customer-centered listening, confident in the person's up-to-date tendency, in which they develop their potential, even if it was through a single meeting with the professional<sup>[4]</sup>.

Substantially, the PES aims to provide immediate listening to the person who is in need or in an emotional crisis. This modality does not constitute a psychiatric emergency service; does not assist people only in imminent suicide; it is not intended to screen for other referral services; likewise, it is not intended to be a substitute for other psychotherapy services<sup>[5]</sup>. From the institution's perspective, the PES requires diligence and method of the service offered. The on-call professional is required to be ahead with the unexpected. The meeting with the person who is looking for him or her is always unique<sup>[4]</sup>.

Another urgent modality that was found necessary from the experience of the PES was the Extended Screening (ES), because from the complaint identified during the PES, many times, emergent demands arise, which require more time than a single session. In view of this, for the cases in which the on-duty professionals consider necessary, six extra appointments are offered after the initial meeting of the PES, with the purpose of helping

the patients in their search for autonomy through self-reflection. The extended assistance was also elaborated aiming to attend those people who have nowhere to be referred, either because the public mental health service is exhausted or because they don't have the financial resources for a private psychotherapeutic treatment, without, however, falling into the trap of turning this model of assistance into a philanthropic or authoritarian relationship, considering the apparent fragility of the patient<sup>[4]</sup>.

Recently, it is important to highlight the period of the COVID-19 pandemic, which caused a short-term increase in mental health problems such as anxiety, depression and anguish caused by the significant impact of fear, as quarantine and isolation imposed by social distancing, which resulted in social, emotional and economic changes<sup>[6-11]</sup>. The PES and the ES are valuable tools for people who have gone through traumatic experiences, such as in the current pandemic, where the terror experienced by the absence of a definitive cure for the infection evidenced a profound psychological suffering and the need for psychological intervention, even more in a global context in which countries have paralyzed many social and economic actions in order to prevent the spread of COVID-19<sup>[11]</sup>.

In Brazil, the city of Ribeirão Preto, where the present study was conducted, currently has six Psychosocial Care Centers and a specialized mental health clinic, which serve approximately fourteen thousand patients per year through the Brazilian public health system<sup>[12]</sup>. This data shows that, despite having a large number of consultations, this amount is still insufficient for a city with an estimated population of seven hundred and twenty thousand inhabitants, thus emphasizing the social importance of the service provided by psychology school clinics<sup>[13]</sup>.

Although the PES is a modality of psychological care of great relevance in the mental health care of the Brazilian population, studies on the main demands observed in such service are still scarce<sup>[14]</sup>, demonstrating the need for further research to better understand the challenges to which on-call professionals must be prepared for. Furthermore, the PES finds greater adherence in Brazilian mental health institutions when compared to institutions in other countries<sup>[15]</sup>. With the realization of studies that indicate its relevance, it opens up the possibility of grounding proposals of PES to other populations in the world as well, given its potential as a modality of care for urgent psychological demands.

In this manner, considering the social value of the services provided by psychology school clinics to the

mental health of the population, and given the evident gap in the literature about which demands are more associated with the need for referral to ES, this article aims at the sociodemographic characterization of patients treated on PES and the identification of the psychological demands that motivated the referral to ES at the Psychology School Clinic of a Brazilian private higher education institution since its implementation. It is expected to provide important information for a better identification of emotional problems that professionals on duty must be aware of and prepared to receive in the PES, seeking a better qualification of the care offered.

## **2. Materials and Methods**

### **2.1 Design and Local of Study**

This is a descriptive analysis research, carried out at the Psychology School Clinic of a private higher education institution in the city of Ribeirão Preto, in the interior of the state of São Paulo, Brazil. The institution, inaugurated in 2013, offers free Psychological Emergency Service, Extended Screening, Psychotherapy, Psychodiagnostic, Neuropsychological Assessment and Professional Guidance. The assistance takes place both by spontaneous patient search and by referrals from other health and education professionals<sup>[16]</sup>. It is worth mentioning that the Psychological Emergency Service and the Extended Screening are carried out by psychologists of the service and interns of the fourth and fifth year of the undergraduate course in psychology.

### **2.2 Population, Inclusion Criteria and Sample**

The study population consisted of patients seen in PES at the Psychology School Clinic between 2019 and 2021 who were referred to ES. As inclusion criteria, only patients over 18 years old were included. In the performance of care at the institution, a therapeutic contract and Informed Consent Form (ICF) is presented, where patients can indicate agreement in the use of their data, both sociodemographic and from clinical care, for the production of academic studies. The convenience study sample consisted of 46 patients, all of them indicated acceptance to the ICF.

### **2.3 Data Collection**

Data collection was performed by consulting the medical records of the study participants. In the medical records there are the reports of each service carried out in the Psychology School Clinic, as well as the patient's sociodemographic data. All reports of the Psychological

Emergency Service sessions of patients who met the inclusion criteria and had indicated agreement with the ICF were consulted, as well as the sociodemographic characteristics.

### **2.4 Data Analysis**

From the PES session reports, a content analysis of the thematic analysis modality was carried out, consistent with the instructions by Minayo<sup>[17]</sup>, to categorize the complaints presented by the participants during the PES. Qualitative coding was operated by two researchers individually, considering the manifest content of the records. The codes were then grouped into categories. Researchers compared their interpretations to ensure reliability and accuracy. For all cases, the agreement between the two analyst researchers was > 90%. A third researcher on the team, with extensive experience in clinical psychology and mental health, performed a third reading of the data to confirm the final proposed categorization.

The data were tabulated in a spreadsheet of the Microsoft Excel for Windows software, having been double-entered by the researchers involved, in order to obtain reliable and error-free data. Then, the characterization of the sociodemographic profile of the participants was carried out, using descriptive statistics. Measures of central tendency (mean and median) and measures of variability or dispersion (minimum and maximum, standard deviation) for the variable "age"; simple and relative frequency for the variables "gender", "education" and "income" and relative frequency of the "complaints presented" were used.

### **2.5 Ethical Aspects**

This study was carried out in accordance with the guidelines and regulatory standards for research involving human beings that comply with Resolution No. 466/2012 of the Brazilian National Health Council<sup>[18]</sup>. The project was approved by the Research Ethics Committee of Barão de Mauá University Center under Opinion number 3.251.726 of April 09, 2019.

## **3. Results**

As for the sociodemographic characteristics of the 46 study participants, age ranged from 18 to 65 years, with a mean of 32.28 years (sd = 10.95) and a median of 30.50. As shown in Table 1, there was a predominance of female participants (71.74%), that completed High School (39.14%) and had an income from one to two Brazilian minimum wages (32.61%) (in 2021, the Brazilian minimum wage was approximately 192 dollars).

**Table 1.** Sociodemographic characteristics of the participants – Ribeirão Preto, Brazil, 2021 (n = 46).

Sociodemographic Variable	Classification	N	%
Sex	Female	33	71.74
	Male	13	28.26
Education	Incomplete Elementary School	3	6.52
	Complete Elementary School	1	2.17
	Incomplete High School	1	2.17
	Complete High School	18	39.14
	Incomplete Higher Education	6	13.04
	Complete Higher Education	17	36.96
Income	Up to 1 minimum wage	4	8.70
	1 to 2 minimum wages	15	32.61
	2 to 3 minimum wages	11	23.91
	3 to 5 minimum wages	9	19.56
	Uninformed	7	15.22

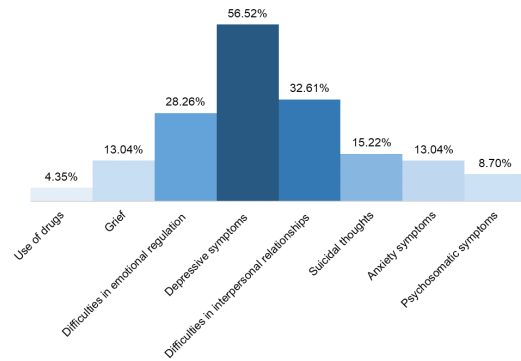
The categorization of the complaints presented during the PES, which motivated the referral to the ES, is shown on Table 2.

**Table 2.** Categorization of the complaints presented during the PES.

Category	Codes
Use of drugs	History of difficulties associated with the use of psychoactive substances
Grief	Death of family members; disruption of family or affective relationships
Difficulties in emotional regulation	Irritability; difficulties in containing crying; emotional lability
Depressive symptoms	Depressed mood; reduction in volition; sleep changes; energy loss; appetite changes
Difficulties in interpersonal relationships	Difficulties in relationships with family members, spouses or co-workers
Suicidal thoughts	Thoughts about the possibility of taking one's own life
Anxiety symptoms	Excessive worry and apprehension about the future; tension; associated physical symptoms such as tachycardia and sweating
Psychosomatic symptoms	Physical complaints associated with emotional disorders

Regarding the relative frequency of each category, considering all study participants (n=46), there was a predominance of depressive symptoms (56.52%), followed by difficulties in interpersonal relationships (32.61%) (Figure 1). It is noteworthy that, for each participant, one or more

complaints were identified.



**Figure 1.** Complaints presented at the Psychological Emergency Service by all participants referred to the Extended Screening – Ribeirão Preto, Brazil, 2021 (n = 46).

#### 4. Discussion

In the survey of complaints presented by patients treated on PES and referred to ES, more than half (56.52%) of the cases were due to depressive symptoms, confirming Motta <sup>[19]</sup>: “with prevalence rates that reach up to 20% of the world population, depression impacts the social environment in such a way that it is considered the second pathology to cause more damage in the economic and social sphere”. Whereas most patients of psychology school clinics seek such services because they cannot find care in the public health system and cannot afford to pay for private services, Silva and Vieira <sup>[20]</sup> demonstrate: “the depressive experiences may represent a social symptom that reveals the significant helplessness produced from the state and social disengagement with a part of the population that lives its daily life based on precariousness and scarcity”.

In second place, difficulties in interpersonal relationships appeared, with 32.61% of the complaints referred. It is possible to associate such complaints to the liquid relationships that permeate today’s society. With social networks, people have the possibility of “connecting” rather than “engaging” with each other, making it easier to build and deconstruct relationships, in which there are intentions to be together, but at the same time not establish lasting relationships, causing instability in the relationships that permeate liquid modernity, where there are uncertainties and insecurities in the face of difficulties and risks of a new relationship. Faced with such instabilities, it is possible that superficiality and speed of relationships appear as a form of defense <sup>[21,22]</sup>.

It is important to note that part of the psychological appointments in the study sample took place during the period in which the pandemic caused by COVID-19

began, until its aggravation, a fact that had a profound psychological impact on the global population, as the fear of contracting the disease, along with the insecurity of the changes brought about by the sanitary measures, necessary for the contingency of the spread of the virus, such as social isolation and quarantine, led to an increase in depressive symptoms, anxiety and problems in interpersonal relationships [23-26].

In this way, the PES and ES accompanied this increase in psychological distress caused by fear and insecurity associated with the loss of work routine and a compulsory confinement, often in a hostile environment, from which there was no escape [23]. Added to this is the fear of unemployment, physical and psychological violence, loneliness, uncertainty about the future, hopelessness and the uncertainty of life itself [23-26]. It may be inferred that these factors contributed to the increase of depressive symptoms, and may have influenced the increase of difficulties in interpersonal relationships among the patients, besides the liquidity associated to modernity, considering that the period of social isolation generated new challenges to interpersonal relationships, as the increase in the time spent with family members, which may be associated with the exacerbation of previous relationship problems [20,27,28].

As to what was observed regarding the greater number of women assisted in PES, the literature indicates that men are often less inclined to seek help due to emotional difficulties, as the construction of the male ideal in contemporary Western society is associated with strength, autonomy and avoidance of possible demonstrations of fragility, impacting the search for mental health professionals among the male public [29,30]. Previous studies have also observed a lower number of men in the clientele of other psychology school clinics, with strong influences of cultural aspects of the ideal of masculinity [31,32]. Thus, the need for on-duty professionals to be prepared to adequately welcome the male patients who seek them is noted, based on knowledge about specificities of male mental health, considering that these patients may present possible discomforts associated with the exposure of their vulnerabilities to another person.

The observation regarding the income range of most study participants, from one to two Brazilian minimum wages, reinforces the social relevance of psychology school clinics in providing free psychological care to a population that cannot afford private services, and that does not find care in the overloaded Brazilian public health system [2,7,9].

Psychological care in the PES offer provides a format of care that can be performed in a single meeting and

constitutes social support, so that the on-call professional is whole to meet the other in the urgency of their psychological distress, offering emotional support, as well as, if the need is identified, the opportunity to carry out up to six ES sessions, helping the individual to have a physical space to express their feelings with someone whom does not maintain an emotional bond [15]. The scientific literature on the importance of social support to promote the sense of security and well-being of individuals is highlighted, which may favor resilience in the face of adverse life events [33,34].

The relevance of PES and ES as forms of social support and resilience promotion suggests that such intervention formats may benefit different populations, from different cultural contexts, since these constructs are strongly associated with mental health in general [33,34]. Considering what the literature points out about the scarcity of emergency psychological interventions in such formats abroad, where proposals more often associated with long-term treatments are more predominantly used [15], it is suggested that PES and ES may also be grounded in psychology services outside Brazil.

As limitations of the present study, it is highlighted that the results found refer to the specific clientele of only one psychology school clinic. Therefore, new studies are suggested for a better understanding of the main complaints in PES associated with the referral to ES, with larger samples and from different psychology school clinics, in order to better qualify the care offered in such services.

## 5. Conclusions

It is concluded that the present study made it possible to survey the sociodemographic characteristics of the clientele assisted in PES at a Brazilian Psychology School Clinic, as well as the identification of the complaints that motivated the referral of patients to the ES modality. The research proved to be important for the definition of more precise criteria for the ES referral, based on the main demands that emerge in the PES.

The predominance of the female gender and the income range from one to two minimum wages is highlighted, pointing to the greater adherence of women to the search for psychological support and the social relevance of free services at psychology school clinics for the lower-income population, given the frequent shortage of mental health professionals in public health services.

Taking into account that depressive symptoms and difficulties in interpersonal relationships were complaints associated with higher levels of suffering, that motivated the search for the PES by the patient and the referral to ES by the on-duty professionals, it is noted that these

factors require more attention from the Psychology School Clinics, for better qualification of the care provided.

### Author Contributions

Caíque Rossi Baldassarini: Conceptualization, Methodology, Formal analysis, Investigation, Writing - Original Draft.

Naiara Alves Pereira: Methodology, Investigation, Writing - Original Draft.

Larissa Nicolau Pitta: Methodology, Investigation, Writing - Original Draft.

Marcelo Monteiro de Souza: Methodology, Investigation, Writing - Original Draft.

Caroline de Oliveira Zago Rosa: Writing - Review & Editing, Supervision.

Fernanda Pessolo Rocha: Writing - Review & Editing, Supervision.

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