

PROFILE OF WORKERS AFFECTED BY WORK-RELATED MENTAL DISORDERS
PERFIL DE TRABALHADORES ACOMETIDOS POR TRANSTORNOS MENTAIS
RELACIONADOS AO TRABALHO
PERFIL DE LOS TRABAJADORES AFECTADOS POR TRASTORNOS MENTALES
RELACIONADOS CON EL TRABAJO

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ABSTRACT

Objective: to describe the profile of workers affected by work-related mental disorders. **Method:** this is a descriptive, exploratory study, with secondary data, in which the records of Work-Related Mental Disorders (WRMD) in the bank of CEREST Regional Recife, between the years 2015 and 2019 were analyzed. **Results:** 310 notifications were counted, so that the majority were female (64.19%), aged 30-40 years (45.16%), white (50.32%), with complete college education (59.68%), and with registered employment (74.19%). In addition, among the municipalities included, Recife had the highest number of notifications (97.74%) and, in 48.06% of the notifications, there was communication of a work accident. **Conclusion:** it is concluded that the presence of WRMD interferes in the socio-demographic conditions and in the functioning of the work and family cycle, having negative repercussions on the daily activities and economic situation of the workers.

Descriptors: Occupational Health; Mental Disorders; Occupational Health Nursing; Occupational Diseases Public Policy

RESUMO

Objetivo: descrever o perfil dos trabalhadores acometidos por transtornos mentais relacionados ao trabalho. **Método:** trata-se de um estudo descritivo, exploratório, com dados secundários, no qual foram analisados os registros de Transtornos Mentais Relacionados ao Trabalho (TMRT) no banco do CEREST Regional Recife, entre os anos de 2015 e 2019. **Resultados:** contabilizaram-se 310 notificações de modo que a maioria era do sexo feminino (64,19%), com faixa etária de 30-40 anos (45,16%), branca (50,32%), com Ensino Superior completo (59,68%) e vínculo empregatício registrado (74,19%). Acrescenta-se que, dentre os municípios incluídos, Recife obteve o maior número de notificações (97,74%) e, em 48,06% das notificações, houve comunicação de acidente de trabalho. **Conclusão:** conclui-se que a presença de TMRT interfere nas condições sociodemográficas

e no funcionamento do ciclo laboral e familiar, repercutindo negativamente nas atividades diárias e na situação econômica dos trabalhadores.

Descritores: Saúde do Trabalhador; Transtornos Mentais; Enfermagem do Trabalho; Doenças Profissionais; Política Pública.

RESUMEN

Objetivo: describir el perfil de los trabajadores afectados por trastornos mentales relacionados con el trabajo. **Método:** estudio descriptivo, exploratorio, con datos secundarios, en el que se analizaron los registros de Trastornos Mentales Relacionados con el Trabajo (TMRT) en el banco del CEREST Regional Recife, entre los años 2015 y 2019. **Resultados:** se contabilizaron 310 notificaciones, por lo que la mayoría eran mujeres (64,19%), de edades comprendidas entre los 30 y los 40 años (45,16%), de raza blanca (50,32%), con estudios superiores completos (59,68%) y relación laboral registrada (74,19%). Entre los municipios incluidos, Recife tuvo el mayor número de notificaciones (97,74%) y en el 48,06% de las notificaciones, hubo comunicación de accidente laboral. **Conclusión:** se concluye que la presencia de TMRT interfiere en las condiciones sociodemográficas y en el funcionamiento del ciclo laboral y familiar, repercutiendo negativamente en las actividades diarias y en la situación económica de los trabajadores.

Descriptores: Salud Laboral; Transtornos Mentales; Enfermería del Trabajo; Enfermedades Profesionales; Política Pública.

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INTRODUCTION

It is known that the demands determined by the globalized world have significantly changed the work environment, making it more competitive. These specific demands demand productivity, agility, and dedication from the workers.¹ The increase in the prevalence of mental health problems is generated by the efforts to obtain success in the established goals. This increases the absenteeism rate in public and private services.²

From this perspective, Work-Related Mental Disorders (WRMD) are the main cause of illness among workers, regardless of their insertion in the labor market. According to the World Health Organization (WHO), these disorders are considered the most prevalent in the millennium. Among them, depression and anxiety stand out. These diseases generate an annual cost of one trillion dollars in lost productivity in the global economy.³

Depressive and anxiety disorders can be related to extrinsic and intrinsic factors of the work process and, as an example, there is moral and sexual harassment, the hierarchical organizational structure, the high workload and the double workday.⁴

It is revealed that such factors are the main causes of medical leaves, temporary or permanent, due to labor disability, both in the private and public sectors. It is detailed that, in the former, the impacts are reflected in the Social Security of the professionals governed by the CLT, and, in the latter, these problems are reflected in the proper social security system, depending on the form of entry into public service.⁵

It is pointed out that the data from the Statistical Yearbook of Occupational Accidents revealed that in the Northeast region, between the years 2015 and 2017, Social Security granted 209,197 benefits, of which 143,775 were registered with a Work Accident Communication (WAC) and 7,124 were recognized as occupational diseases. It is also noteworthy that 743 benefits related to WRMD were granted, with predominance for depressive episodes, other anxiety disorders, severe stress reactions, and adaptation disorder.⁶

It is reported in the literature, regarding the monitoring of these disorders, a deficit in the resolvability of cases. It is explained that this occurs due to the absence or delay in seeking specialized care, causing repercussions in the financial and human resources spheres, considering that absenteeism and presenteeism directly impact the functioning and quality of services, with delays in demands and overloading of other employees.^{1,6}

In turn, it becomes necessary to integrate the actions of prevention, promotion, and health education. These are understood as the central axis for establishing an effective and intersectoral line of care that can trigger the segments of civil society, social security, public ministry, public administration, and health, with interdisciplinary actions in work spaces. We also emphasize the im-

portance of recording the notifications properly, understanding the notification as an indispensable tool that contributes to expand the early detection of the above-mentioned disorders and, consequently, to outline comprehensive actions for individuals.⁷

This study is justified, in the meantime, as substantial when investigating the profile of workers and the influence of sociodemographic data on the profile of illness. This is done with the intention of compiling the social determinants in the health-disease process and elaborating alternatives for the prevention of problems related to work-related disorders. To this end, the following guiding question was formulated: "What is the profile of workers on leave due to work-related mental disorders?".

OBJECTIVE

To describe the profile of workers affected by work-related mental disorders.

METHOD

This is a descriptive, exploratory study, with secondary data obtained from the WRMD notifications issued by the Workers' Health Reference Center (CEREST) Regional Recife/SINAN-PE, between the years 2015 and 2019. It is informed that descriptive-exploratory studies intend to know the characteristics of a phenomenon to investigate, later, further explanations about the reasons and consequences of the phenomenon in question.⁸

It is specified that, although the CEREST coverage region is composed of eight municipalities (Recife (Headquarters), Abreu e Lima, Camaragibe, Igarassu, Itamaracá, Itapissuma, Olinda, and Paulista), the study population was made up of notifications of workers with WRMD from only three localities, namely: Camaragibe, Olinda and Recife. The choice criterion was given after observing that the WRMD notifications in the period described were made only in these municipalities.

Inclusion criteria for this research were: workers notified in the database of the Brazilian Grievance Notification Information System (SINAN); aged over 18 years and with a diagnosis of WRMD, by report or medical license, according to the International Statistical Classification of Diseases (ICD-10 F) and Health-Related Problems. Incomplete, duplicate notifications and deaths were excluded.

It is pointed out that the main function of the ICD, developed by the WHO, is to monitor the incidence and prevalence of diseases. It adds that this occurs through a universal standardization of diseases, public health problems, signs and symptoms, complaints, external causes of injury, and social circumstances, presenting a broad picture of the health situation of countries and their populations.⁹

The data was collected during the months of January and February 2020. The data were extracted from the electronic site of SINAN - Recife. It should be noted that the data are subject to

monthly updating, since they are filled according to the notification of the municipalities covered. We also prioritized the mandatory fields of the notification forms, such as sex, race/color, age, education, municipality of notification, worker's situation in the labor market, and issue of the WAC. The data were typed and analyzed using descriptive statistics (absolute and relative frequencies), incorporating them into a table in Microsoft Office Excel 2007.

Since this is a study using secondary data, there was no submission to the Research Ethics Committee, since the researcher had no contact with the files and the information exposed did not allow the identification of individuals. However, the ethical and legal criteria and principles present in the National Health Council Resolution.

RESULTS

From 2015 to 2019, 310 WRMD notifications were analyzed. Table 1 shows the socioeconomic frequency of the cases reported in Recife and the municipalities covered. We highlight the predominance of female workers, aged 30-40 years, white race/color, complete higher education, and with registered employment.

Table 1. Distributions of WRMD notifications according to socioeconomic characteristics. Recife, PE, Brazil. 2015-2019. n=310

Variables	n	%
Sex		
Male	111	35.81
Female	199	64.19
Age group		
19-29	49	15.81
30-40	140	45.16
41-50	89	28.71
51-60	31	10.00
< 60	1	0.32
Race/color		
White	156	50.32
Black	25	8.06

Yellow	10	3.23
Brown	117	37.74
Indigenous	1	0.32
Ign/White	1	0.32
Education		
Incomplete 1st to 4th years of Elementary school	3	0.97
Complete Elementary school	2	0.65
Incomplete Highschool	3	0.97
Complete Highschool	67	21.61
Incomplete Higher Education	32	10.32
Complete Higher Education	185	59.68
Ign/White	18	5.81
Job market situation		
Registered Employee	230	74.19
Unregistered employee	1	0.32
Autonomous	1	0.32
Statutory Civil Servant	22	7.10
Civil Servant in a Certainty Agreement	12	3.87
Retired	1	0.32
Unemployed	29	9.35
Temporary Work	2	0.65
Cooperative	1	0.32
Others	4	1.29
Ign/White	7	2.26

Source: Regional Cerest Recife/SINAN-PE, 2015-2019.

Regarding the frequency of notifications in the municipalities covered, Recife showed a prevalence of 97.74% of cases. We also verified the issuance of WAC in 48.06% of the occurrences (Table 2).

Table 2. Distribution of WRMD notifications in the municipalities of coverage and WAC issue. Recife, PE, Brazil. 2015-2019. n=310

Variables	n	%
Municipalities		
Camaragibe	1	0.32
Olinda	6	1.94
Recife	303	97.74
WAC emission		
Yes	149	48.06
No	138	44.52
Not applicable	4	1.29
Ign/White	19	6.13

Source: Regional Cerest Recife/SINAN-PE, 2015-2019.

DISCUSSION

A study on mental and behavioral disorders in workers in the state of Piauí also found a predominance of females in cases of WRMD. It is known that, historically, there is a greater demand from females for health services, which causes the number of notifications to be higher. We also realize that moral and sexual harassment and the conditions of vulnerability concerning gender inequalities can corroborate the findings.¹¹

One can relate, regarding the age group, the prevalence of workers between 30 and 40 years old with WRMD to the time of work and profile of formal jobs, mediated by stressful situations, feelings of demotivation, irritation, unhappiness and affectivity.^{12,13} A study conducted with court clerks in Campo Grande (MS) showed that absenteeism due to illness was prevalent among individuals aged 41-60 years, a fact that corroborates the prolonged period of exposure and the physical and mental exhaustion.¹⁴

The subjectivity of the individual, in terms of race/color, is reflected in the evaluation of this variable. In a systematic review, results contrary to those of this research were attested, when affirming that the prevalence of cases of mental disorders is higher in black people. By understanding race/color as a social determinant of health and illness, this variable can be considered a risk factor for the occurrence of mental disorders. It is verified that it is not restricted to the biological

aspect, but incorporates historical, social, and economic issues that must be considered in the evaluation of health and quality of life of the worker.¹⁵

The higher frequency of notifications in workers with higher education can be related to the higher level of demand and successive work overload.¹⁶ It is pointed out that, although this finding is in line with the survey conducted with civil servants in Santa Catarina, with the prevalence of post-graduates,¹⁷ it was not possible to establish a cause and effect relationship between the presence of mental disorders and the level of education, implying the need for further research on this issue.¹⁴

The opposite of this is observed, however, in a research conducted with primary care workers, in which education up to the technical or middle school level presented 1.55 more chances of developing common mental disorders, which are related to the lack of employment opportunities, work options with precarious conditions, low pay, and lack of knowledge of rights.¹⁸ This argument is compatible with the conception that the greater the education, the better the possibilities of choices in working life, besides influencing the goals, self-esteem and the acquisition of new knowledge, which can motivate healthier attitudes and behaviors.¹⁹

It indicates that the predominance of workers with formal registration converges with previous studies^{20,1} and, although there is greater stability and social security in this employment model, the National Association of Occupational Medicine (ANAMT) revealed that only 18% of companies maintain a mental health care program for employees.²¹

It is noted, however, that even without proper assistance, formal workers are able to access the reference services that notify SINAN.²⁰ Another observation concerns the absence of an employment relationship, which is also important when filling out the notification form. According to the National Policy for Workers' Health (NPWH), unemployment can be associated with mental disorders acquired during the time of service.²¹

In this way, if the WRMD was identified during the period when work activities were being carried out, the worker is dismissed, registered in SINAN and the rest of the referrals for a lawsuit in order to recognize the disease as occupational.

Regarding the municipalities of coverage for WRMD notifications, Recife stood out. This is due to the fact that the city has the Workers' Health Care Center (WHCC), which is a municipal public health unit designed to care for individuals suffering from work-related diseases and accidents in the municipalities covered by the Regional CEREST - Recife, including Olinda and Camaragibe. Recife has, in addition, the largest number of inhabitants, compared to the other municipalities evaluated.²²

It was shown, in a descriptive survey carried out with 210 CERESTs, that the percentage of professionals trained for mental health care was higher in the Northeast and Southeast regions, equivalent to 75% of the sample. Among the professionals involved, psychologists, doctors, and nurses stood out, respectively. It was seen, however, still in this study, that the absence of assistance actions for the identification of diagnoses and flowcharts of suspected cases of WRMD corresponded to 53.1%, which reinforces the urgency in linking these professionals to existing programs and interventions in the legal provisions, including adapting them to the local needs of each area.²³

The WAC is an important resource for the worker, since it implies the type of benefit to be granted, providing opportunities for rights constituted according to the employment relationship. It is expressed, however, by the large number of negative answers in the notification form, a worrisome data for the workers. It is observed that the volume of denials in this field converges with what was portrayed in another study, since there is a legal obligation to generate the WAC by the employer, especially under a labor contract. It is denoted, by the failure to promote this communication, the lack of commitment to the worker's health, making it difficult to acquire the governmental benefit.²⁴

Recognizing the limitations of the study, the scarcity of notifications from other municipalities in the metropolitan region and the lack of details about the pathologies included in the WRMD are pointed out.

CONCLUSION

It is revealed that women with WRMD, aged between 30 and 40 years, white, with higher education, and with employment registration in the city of Recife predominated in this study.

The presence of these disorders in the worker's life interferes with the functioning of the work and family cycle, since this type of illness has a negative impact on daily activities and on the economic situation of these individuals. The study contributes with consistent information, which can be incorporated into the planning of municipal actions for the improvement of workers' health.

It is observed that the number of notifications is still small in face of the problem that involves WRMD. It is believed that managers must train and sensitize their workers about the importance of notification and the correct completion of the form. It is warned that underreporting is the biggest obstacle in the production of works like this, therefore, this awareness makes possible not only the creation of care strategies but also the production of knowledge.

CONTRIBUTIONS

All authors contributed equally in the conception of the research project, data collection, analysis and discussion, as well as in the writing and critical review of the content with intellectual contribution and approval of the final version of the study.

CONFLICT OF INTERESTS

The authors declare that there are no financial and/or affiliations conflicts of interest.

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