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CHAPTER 20

EPIDEMIOLOGICAL STUDY OF CASES OF MENTAL DISORDERS THAT OCCURRED WITH HEALTH PROFESSIONALS FROM 2007 TO 2023

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ABSTRACT

Introduction: The objective of this study was to analyze the SINAN notification forms in the identification of work-related illness classified as a mental disorder, analyzing the variables age, main types of mental disorders, occupation and evolution of cases. Methodology: This is a quantitative, ecological, epidemiological study describing the cases of mental disorders recorded in MT from 2007 to 2023. The study was based on secondary data from the 2000 and 2022 demographic censuses, and from the SINAN-Tabwin information system. Results and Discussion: The demographic and sociodemographic profile revealed that the most commonly affected age group is between 53 and 57 years of age with 0.52% of reported cases, with a predominance in women reaching 0.41% of cases of the disease in 2023. When we analyze the level of education, we can highlight the highest occurrence in complete high school with 0.69% in 2022, when we refer to occupation we can list teacher with 0.17%. Conclusion: In view of the analysis, we noticed the existence of a decrease in notifications of mental disorders over these years. The low rate of notifications can be attributed to several factors, including the stigma associated with mental disorders, the lack of awareness about the importance of notification, and possible failures in the registration and communication systems, we realized the need to develop strategies aimed at strengthening the completion of the notification of mental disorders, and the continuing education of professionals in the care network to know the disease and strengthen the notification process.

Keywords: Mental disorders. Health professionals.

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INTRODUCTION

Mental disorders are categorical descriptions of psychopathological patterns, characterized by nosological alterations that can trigger an imbalance in cognitive and affective processes, generating as a determined consequence, the multifactorial incidence of dysfunctional disorders for the individual in suffering (DALGALARRONDO, 2019).

The epidemiology of mental disorders is part of a quantitative list of analyses whose investigative scope is to understand the phenomena of mental illnesses, outlining the conditioning factors that impact specific groups of humanity (ALMEIDA, 2000).

Within this perspective, it is necessary to highlight that the investigative processes, of a quantitative nature, on the components related to mental disorders in Brazil, are understood, through epidemiology, as an analysis that takes into account the atypical conditions of thoughts, emotions, behaviors and interpersonal relationships (ALMEIDA, 2000).

According to the Ministry of Health (2018), work is one of the determinants of the health and well-being of workers and their families [...], but it can also cause discomfort, suffering, illness and death of workers, deepen inequities, the vulnerability of people and communities, and produce environmental degradation.

The global burden of non-psychotic mental disorder comes from neuropsychiatric disorders, associated with this estimate and its chronic and disabling nature, public health has been paying more attention and giving more importance to mental disorders (LUCCHESE et al., 2014).

The execution of work requires concentration, which, in addition to the technical skills acquired, requires commitment to human life. Today, however, the experience of the profession as an art is relative, taking into account the exhausting challenges that involve health institutions. (BENATI, et al., 2017).

According to SOARES, et al. (2019), factors such as high working hours, scarcity of Personal Protective Equipment (PPE), inadequate working conditions and low remuneration, contribute to the development of professional exhaustion, marked by mental and physical stress. In addition, daily care for patients with different diseases, facing pain, suffering, death, overwork, high responsibility and on-call activities can also correspond to the causes of these problems.

Discouragement, anger, anxiety, apathy, depersonalization, inertia and hypersensitivity can come from the physical, emotional and mental exhaustion generated by work, which can result in a drop in productivity, performance and satisfaction of the worker

both in the general context of their profession and in the company to which they provide services (RODRIGUES, et al., 2014).

The psychological pressures that workers are subjected to in the work environment can also originate from the amount of work to be performed, within an insufficient period, out of step with the worker's ability. In addition, those who have minor psychic disorders (symptoms of anxiety, depression, or somatization) are more likely to reduce their ability to work (FERNANDES, et al., 2018).

Work is an activity that proposes a direct relationship between the physical and the psychic, and can represent balance and satisfaction or cause tension and physical and mental illness of the worker, through organizational stress. Thus, when the psychosocial context becomes full of diversity, causing tensions that overload the individual's perception, a profusion of emotional exhaustion can set in, generating extreme consequences of a psychic order (FERNANDES, et al., 2018).

In view of this, the following research problem was elaborated: what is the epidemiological profile of cases of work-related mental disorders treated in MT?

Therefore, the study aims to understand the cases of mental disorders in health professionals in the years 2007 to 2023 in Mato Grosso.

METHODOLOGY

This is a quantitative epidemiological study of the ecological type on the cases of mental disorders registered in MT in the years 2007 to 2023.

A temporal analysis of the incidence rates of these cases in the general population was performed. The study was based on secondary data from the 2000 and 2022 demographic censuses, as well as on the SINAN-Tabwin information system of the Coordination of Occupational Health Surveillance of the Mato Grosso State Health Department (SES/MT).

The study sought to observe the populations with the highest number of cases of the work-related mental disorder. The analysis was developed with secondary data from the SINAN-Tabwin information system of the State Coordination of Occupational Health Surveillance and with IBGE data for the calculation basis of the working population.

The study population comprised the cases of workers in its general scope who were notified with mental disorders, registered in MT from January 1, 2007 to December 31, 2023. The study had to be adapted due to the low number of notifications of the disease in the territory of Mato Grosso. All reported active cases were analyzed, with a causal link at work, with clinical evidence diagnosed by the ICD 10 Mental and behavioral disorders (F00

to F99), Alcoholism (Y90 and Y91), Burnout syndrome (Z73.0), Symptoms and signs related to cognition, perception, emotional state and behavior (R40 to R46), People with potential health risks related to socioeconomic and psychosocial circumstances (Z55 to Z65), according to the notification form.

Inclusion criteria were established that included cases diagnosed or under investigation, as long as they presented clinical evidence for the disease. Cases with notifications with incomplete, erroneous or duplicate data were excluded.

The study variables included sociodemographic, clinical, and epidemiological aspects of active cases of mental disorders in workers. These variables were grouped into three distinct categories.

The first category involved "Patient Identification Data," which comprises information such as the patient's name (or anonymous identification, when applicable), date of birth, gender, full address, race/color, education, and health care facility where the patient received care.

The second category refers to "Disease Information," which includes disease-related data, such as the date of notification, the place of notification (including address, city, and state.

The third category involves occupation, diagnosis, number of cases of the disease and evolution of the disease. These variables were analyzed comprehensively in order to better understand the incidence of cases of mental disorders and the characteristics associated with these events in MBA workers during the study period.

Data were collected at the Occupational Health Surveillance Coordination of the Mato Grosso State Health Department, between January 1 and June 1, 2024, based on the SINAN-Tabwin notification form and IBGE data.

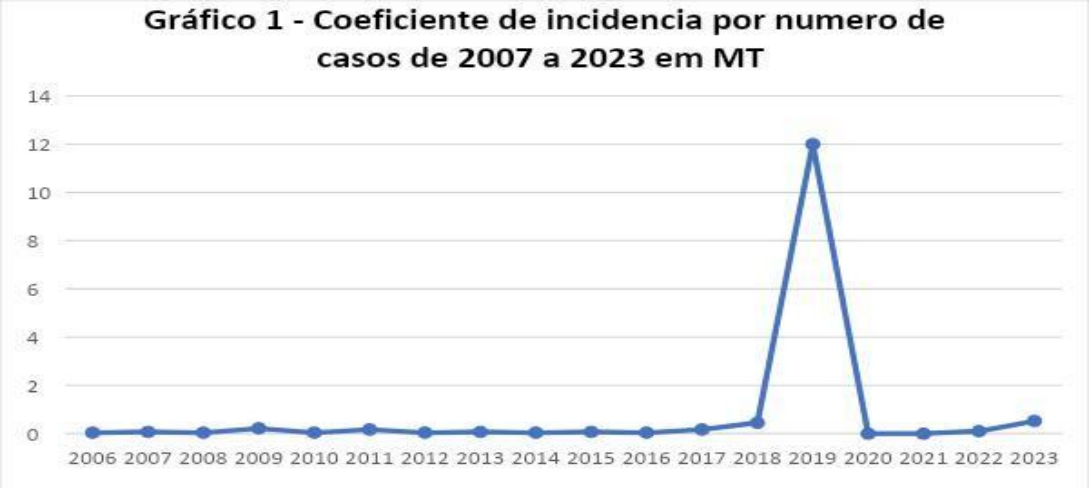
Data analysis was performed based on descriptive statistics, compiled in Excel spreadsheets, including the calculation of incidence rates and the analysis of the various variables.

It was not necessary to submit the project to the Research Ethics Committee, since it was a study that used secondary data, dispensing with the approval of the ethics committee.

RESULTS AND DISCUSSION

The data presented in Graph 1 highlights the number of cases and the incidence rates of the number of cases of mental disorders that occurred in the years 2006 to 2023 in

MT. Where we highlight the highest incidence in 2019, and in the other years there was a low incidence rate of the disease when analyzed.



SOURCE: SINAN/TABWIN, 2023

According to MORREIRA and NUNES (2021), the incidence of cases of mental disorders in Brazil has increased significantly in recent years, reflecting a greater awareness and diagnosis of these health problems.

According to a study by GONÇALVES and KAPCZINSKI (2008), they have shown high prevalence of mental disorders in the population, with estimates of 12.2% to 48.6% throughout life. Unfortunately, most of these patients do not have their diagnosis recognized and therefore are not treated. It is estimated that around 55% of patients with major depression treated at the primary level are not diagnosed, and this percentage is 77% when it comes to generalized anxiety disorder. Among the main reasons for the non-recognition of mental disorders is the greater probability of these patients reporting only somatic symptoms when in consultation, and the difficulty of the medical staff in recognizing these symptoms as indicative of mental disorder.

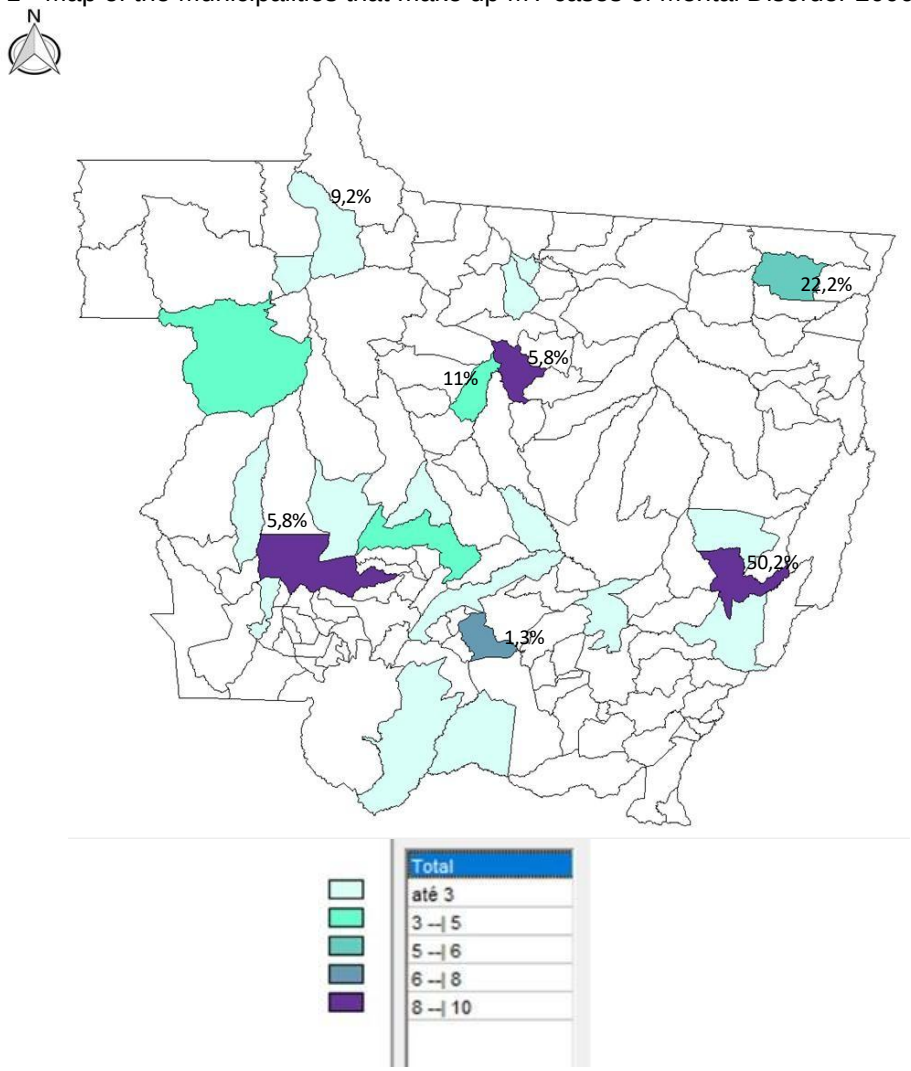
SOURCE: SINAN/TABWIN, 2024

When analyzing the data by age group, there was an increase in 2009 in the age group of 39 to 43 years with 0.069% of cases, 0.47% in the age group of 53 to 57 years, increasing significantly mainly in the years 2018, 2019 and 2023, where we noticed in 2018 the age group of 39 to 43 years with an incidence coefficient of 0.2%, age group from 49 to 53 years with a coefficient of 0.4% and in the age group from 53 to 57 years with a coefficient of 0.49%. In 2019, the incident coefficient increased in the age group from 44 to 48 years of age, with 0.49% of reported cases, and in 2023, the age group most affected by the disease was from 53 to 57 years of age, with 0.52% of reported cases.

The study conducted by Horta, et al. (2021) showed a statistically significant association between the presence of moderate to high stress in the age group equal to or greater than 37 years.

Observed in another study by OLIVEIRA, et al (2020), showed the highest rates of affected by professionals in the age group between 30 and 49 years, explained by the fact that most of the workforce in Brazil is approximately 35 years old.

FIGURE 1 - Map of the Municipalities that make up MT cases of Mental Disorder 2006 to 2023



SOURCE: SINAN/TABWIN, 2024

As shown in the map of the MT region, we noticed that of the 142 municipalities, 07 municipalities had cases of work-related Mental Disorder. When we calculate by PEAO (Economically Active Population) we notice 22.2% of confirmed cases in the municipality of Confresa, Cuiabá with 1.3% of cases, Ipiranga do norte with 67.1%, Juína with 11% of cases, Sinop with 5.8% of cases, Nova Bandeirantes with 9.2%, Tangará da Serra with 5.8% and Nova Xavantina with 50.2% of cases.

According to the Ministry of Health (2009), it was highlighted that among the Brazilian states, Mato Grosso (MT) was one of the few states that, between 2006 and 2009, reported work-related mental disorders in SINAN. The number of cases reported in this period was: two cases in 2006, four cases in 2007, one case in 2008 and seven cases in 2009.

According to a study The incidence of mental disorders in municipalities in Mato Grosso has been a focus of study due to its significant impact on public health. According to a study published in 2022, mental disorders accounted for a considerable portion of

absences from work in the region, being the third leading cause of absenteeism, with 5,042 days of absence recorded. This highlights the urgent need for specific mental health interventions and policies for the Mato Grosso population.

Additionally, in comparison with this study, according to data from COSIANI (2013), it reports that more than 30% of the population of São Paulo is diagnosed with mental disorders, the region with the highest number of hospitalizations was the Southeast. However, the highest incidence is observed in the South, followed by the Midwest and Southeast. This is consistent with previous reports indicating a high prevalence of mental disorders in patients and cities in Rio Grande do Sul, the largest state in the southern region.

When making comparisons with other studies, it is possible to see that there is a lack of research on mental disorders in the state, it was possible to observe that, according to the study by COLEDAM et al. (2022), it reveals a significant disparity in the distribution of scientific research in the Brazilian regions, with a predominance in the Southeast, South, and Northeast regions. The Central-West region, in particular, shows a worrying lack of studies, including for widely investigated professional categories, such as professors and nursing workers. This gap can be attributed to the smaller number of research centers and universities in the region, limiting the production of local research.

Through the above, we found that the inclusion of data from the Midwest region is essential to obtain a comprehensive view of the mental health of Brazilian workers and to develop effective public policies.

Table 1 - Analysis of cases of Mental Disorders by sex

Years	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Female	0.034	0	0.034	0.2	0.034	0.13	0.034	0.069	0	0.069	0.034	0.17	0.31	0.38	0	0	0.1	0.41
Male	0	0.069	0	0.069	0	0.034	0	0	0.034	0	0	0	0.13	0.034	0	0	0	0.1

SOURCE: SINAN/TABWIN, 2024.

When analyzing the cases of Mental Disorders by sex, we can observe that there is a greater number of females compared to males, with the highest number of cases recorded for women in 2023 with 0.41%, followed by 2019 with 0.38% and 2017 with 0.17%. For men, the highest values are in 2018 with 0.13% and then in 2023 with 0.1%.

The research by MARAGNO et al. (2006), based on a survey of 2,337 people, identified significantly greater mental disorders in women and the elderly and those with lower income and education.

According to SOUZA, et al (2020), these data suggest a greater vulnerability of women in relation to mental disorders in the workplace in Mato Grosso. The literature indicates that factors such as double working hours (professional work and domestic responsibilities), gender discrimination, harassment, and less access to mental health resources may contribute to this disparity.

SOURCE: SINAN/TABWIN, 2024

As shown in graph 3, incidence rates vary over time, with some notable peaks in certain years.

The "Not Informed" group peaked in 2009 with a coefficient of 0.069%, with another peak in 2018 of 0.069 and maintaining the level in 2019. In 2023, the coefficient increases again, approaching 0.1%.

The group of "Complete Elementary Education" remains stable over time, with very low coefficients, and with an increase of 0.069% in 2017 and 2018.

The group of "Incomplete Elementary School" maintained a stable and very low line throughout the period, with small variations, with an increase in 2018 and reaching a peak in 2019 with 0.069%.

The group of "Complete High School" remained in a stable line with low values, with small increases in 2022 and 2023 reaching a peak of 0.31%.

The "Incomplete High School" group is similar to the "Complete Elementary School" group, with a stable and low line, with small variations over time, without significant peaks, with an increase of 0.13% only in 2009.

The group of "Complete Higher Education" had a notable peak in 2018, with a coefficient of 0.24% remaining in 2019, with another peak in 2023 reaching 0.1%.

The group of "Incomplete Higher Education" remained at a null level in most years, with an increase of 0.034% only in 2009 and in 2011 with a higher level of 0.069%.

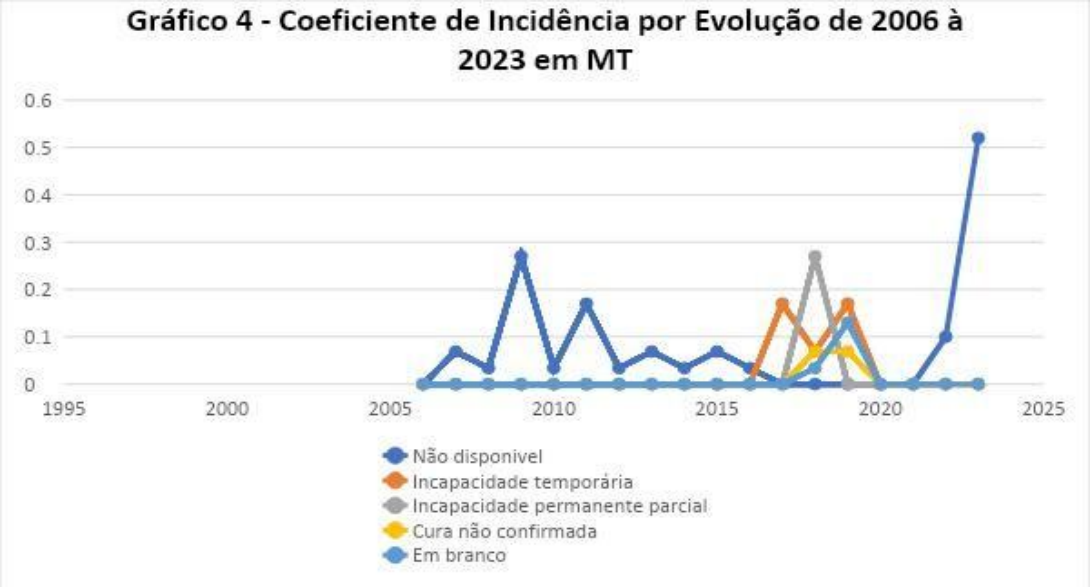
The study by LUDERMIR and MELO FILHO (2002) with 621 adults aged 15 years and older recorded a prevalence of mental disorders in 35% of the sample of 62,363 individuals, living in area II of the city of Olinda. In this study, low schooling and precarious housing conditions were associated with the development of disorders. Subjects with the worst per capita family income had a higher prevalence of mental disorders.

Specifically regarding the low level of education found in our study, it can be argued that this may be one of the determining factors for workers with less opportunity for education to be forced to enter the informal labor market (PATEL; KLEINMAN, 2003). The level of education is one of the variables that can influence better living conditions for individuals, one of them being the insertion in the labor market (LUDERMIR and MELO FILHO, 2002).

Lack of education and/or difficulties in accessing school, work and socioeconomic conditions according to CAMPOS et al, (2017), can be risk factors for mental health problems or even their aggravation, as they influence the individual's autonomy and their ability to reflect and participate in social exchanges.

According to SALVATO et al, (2010), a study on schooling and income inequality identified that the higher the percentage of schooling, the higher the income; It also highlighted, however, the existence of other factors, such as the life of the inhabitants,

ethnic factors, age structure of the population, quality of the existing infrastructure, presence/absence of stimuli to development and historical factors, which directly affect the income variable among individuals.



SOURCE: SINAN/TABWIN, 2024

In view of the analysis of Graph 4, it is evident that the incidence of cases in MT has significant fluctuations over the years, with peaks in 2009 of 0.27%, 2011 with 0.17% and 2023 of 0.52%, especially in the "Not available" category.

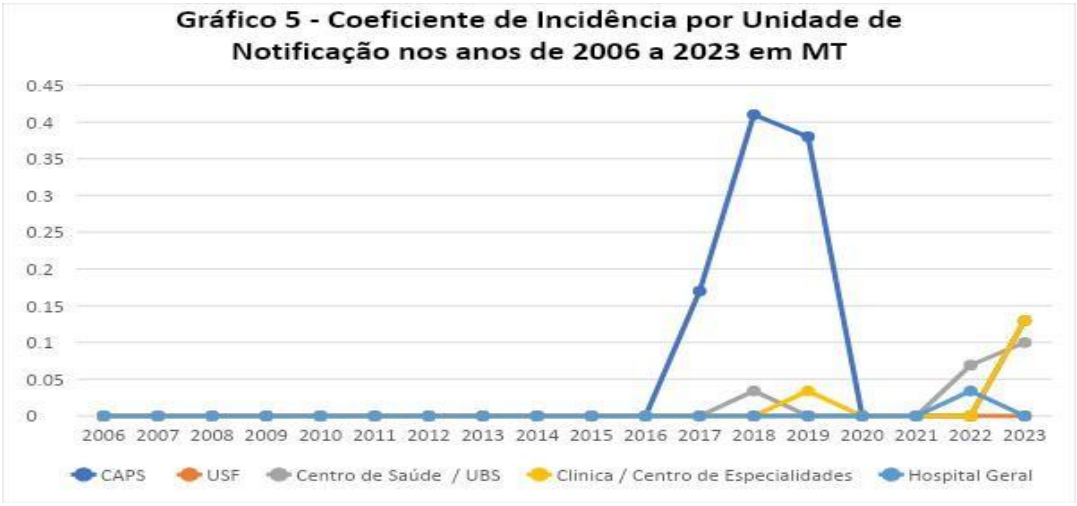
The "Partial Permanent Disability" line had notable peaks in 2018, with a lower presence in other years, as well as the "Blank" line that the incidence was null in all years, except in 2018 of 0.27%.

The "Temporary Disability" line had a peak incidence in 2017 of 0.17%, fell in 2018 with 0.069% and returned to the peak in 2019 again with 0.17%, with zero incidence in the other years.

The "Unconfirmed cure" line had a sporadic presence with peaks in 2018 and 2019 with only 0.069%.

Mortality and disability rates due to mental disorders vary in the population according to the diagnosis. Morbidity due to mental disorders is considered high, in addition to influencing comorbidities such as diabetes, cardiovascular diseases, and others (WHO, 2013).

To illustrate the current scenario, in 2023 288,041 disability benefits due to mental and behavioral disorders were granted in Brazil. The number includes both temporary disability benefits (former sickness benefit) and permanent disability benefits (former disability retirement) (BRASIL, 2009).



SOURCE: SINAN/TABWIN, 2023

According to the analysis, all units had a very low or almost non-existent incidence coefficient. There was a significant increase in cases reported by the CAPS, reaching a peak in 2018 of 0.41%, starting in 2017 with 0.17% and with a drop in 2019 of 0.38%.

The Health Center/UBS had a minimal presence over the years, with a small increase in 2018 with 0.034%, rising in 2022 with 0.069% and reaching a peak in 2023 with 0.1%.

The General Hospital has remained with zero presence over the years, with an increase only in 2022 with 0.034%.

The Clinic/Specialty Center also shows a small incidence over the years, but with small peaks in 2019 with 0.034% and in 2023 with 0.13%.

At the USF, the cases of notification are null.

For SANTOS and FURTADO (2020), the Psychosocial Care Center (CAPS) is the health unit in Brazil that most notifies cases of mental disorders, due to its fundamental role in the care and monitoring of patients with severe and persistent mental disorders.

According to SILVA and SANTOS (2021), Basic Health Units (BHU) in Brazil play a very relevant role in the notification of mental disorders, being fundamental for the early detection, follow-up, and appropriate referral of patients to specialized services.

Table 2 - Analysis of cases of Mental Disorders by area of residence

Years	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Urban	0.034	0,069	0,034	0,27	0,034	0,13	0,034	0,069	0,034	0,069	0	0,17	0,45	0,41	0	0	0,034	0,52
Peri	0	0	0	0	0	0	0	0	0	0	0	0	0,034	0	0	0	0	0
Rural	0	0	0	0	0	0,034	0	0	0	0	0,034	0	0	0	0	0	0,034	0

SOURCE: SINAN/TABWIN, 2024.

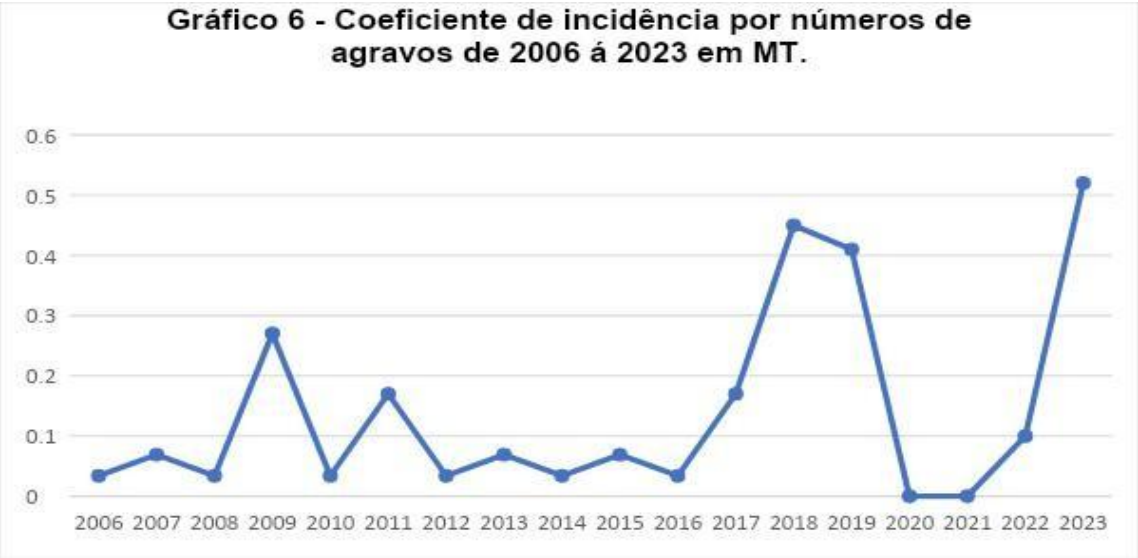
When analyzing the cases of Mental Disorders by area of residence, the "urban area" shows considerable fluctuations over the years, with a considerable increase in 2017

of 0.17%, reaching 0.45% in 2018 and remaining at 0.41% in 2019, and reaching its second notification peak in 2023 with 0.52%.

In the "peri-urban" zone there was notification only in 2018 with 0.034%, being null in other years. In the "rural area" there were only 3 years of notifications, 2011, 2016 and 2022, all with 0.034%.

Studies indicate that both urban and rural areas have high notifications of cases of mental disorders, although with different characteristics and associated risk factors. Urban areas often show a higher prevalence of stress-related mental disorders and the fast pace of life, while rural areas stand out for difficulties in accessing mental health services and social isolation (LIMA, 2018).

Gráfico 6 - Coeficiente de incidência por números de agravos de 2006 á 2023 em MT.



SOURCE: SINAN/TABWIN, 2024.

The data presented in Graph 6 highlights the number of cases and the incidence rates of cases of mental disorders that occurred in the years 2006 to 2023 in MT. Where we highlight the most incidence in the years 2018 and 2019 where we highlight the incidence of 0.45 in 2018 and 0.41 in 2019, rising again in 2023. In the other years, there was a low incidence rate of the disease when analyzed.

There were notifications of diseases in most years, reaching their peaks in 2009 with 0.27%, in 2018 with 0.45% and 2023 with 0.52%, being null only in 2020 and 2021.

The analysis of the results presented reveals some trends and differences between the years studied.

According to the study by CARDOSO, et al (2015), mental health problems are among one of the major causes of frequently disabling diseases identified in their research. These diseases most often cause losses of work capacity, including a drop in professional performance, absences and leaves in the workplace.

According to the study by SILVA (2015), in Brazil, mental disorders represent the third biggest reason why people receive government benefits when they can no longer work. The stress caused by psychosocial conditions at work can greatly affect the mental health of workers. It is the responsibility of the INSS medical experts to assess whether the disease that incapacitates this worker is related to working conditions.

These authors provide a comprehensive view of the importance of health problem notification, highlighting both the challenges faced and the need for improvement in the health surveillance system. As we can see in graph 6, the years 2020 and 2021 were the years in which notifications of diseases were null. These data lead us to reflect on the covid-19 pandemic period in Brazil and its possible negative effects on notifications of mental disorders.

SOURCE: SINAN/TABWIN, 2024.

In the analysis of Graph 7, most of the lines remain close to the horizontal axis over the years, indicating a relatively low and constant incidence for most breeds.

The "White" race/color group had a slight increase in 2009 of 0.1% and another significant peak in 2019 of 0.24%, followed by zero until 2021 and an increase again in 2023 of 0.13%.

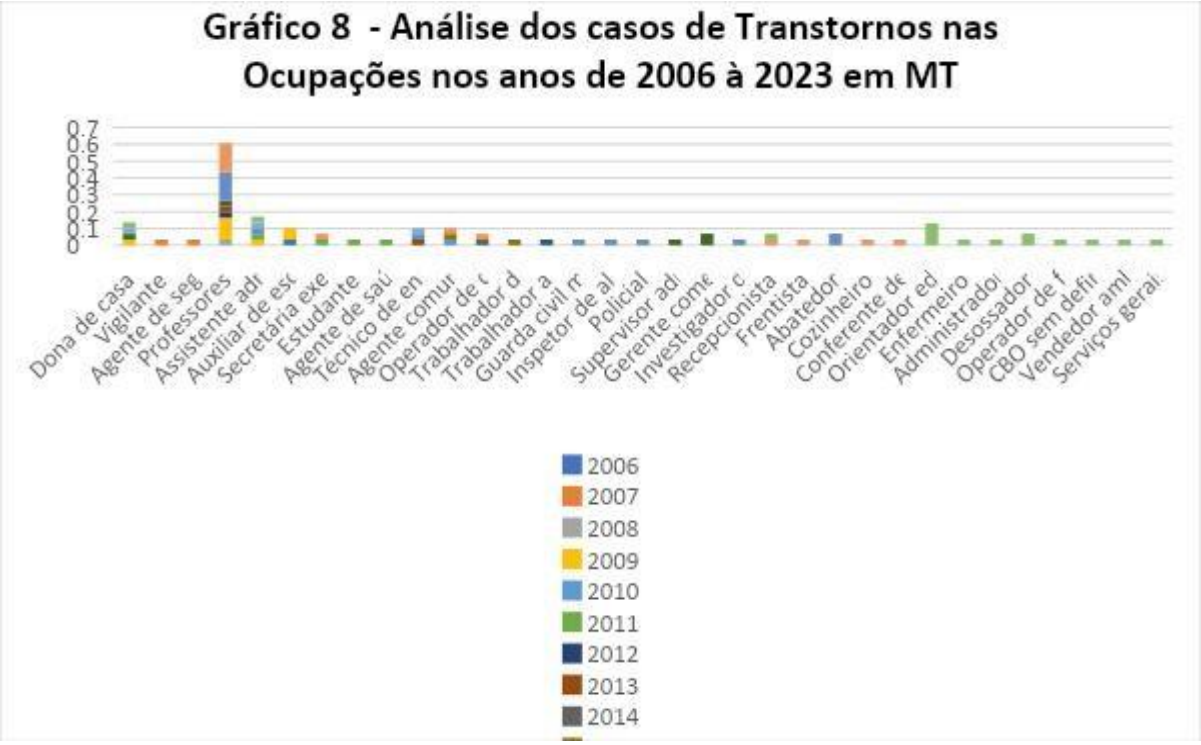
The "brown" race/color group shows an increase of 0.13% in 2009, 0.1% in 2011, and from 2017 to 2019 with the highest peak of 0.31%, in the "black" race/color remains relatively low over the years with small variations and an increase in 2023 of 0.069%.

In the "yellow" race/color, it presents notification in only 2 years in 2011 and 2018 with 0.034% in both with minimum values and without major variations, "indigenous" race/color presents notification in only 3 years in 2007, 2009 and 2023 with 0.034% in all

notifications with minimum values and without major variations, "not informed" race/color remains null until 2022 presenting notification only in 2023 of 0.13%.

When we compared the white and brown race/color in relation to the incidence patterns, we noticed significant differences. The white race generally has a low incidence over time, with some sporadic peaks in certain years. In contrast, the brown race shows a more constant pattern of increase, with periods in which the peaks of incidence are more pronounced. These variations suggest distinct health dynamics among these ethnic-racial groups, possibly influenced by factors such as access to health services, social and behavioral contexts related to health, among other aspects.

The study carried out by SMOLEN (2017) presents results similar to those found in this work, indicating that mental disorders have a higher prevalence among people who do not identify themselves as white. However, race-related results may vary depending on the population studied, especially if there is a higher proportion of respondents who consider themselves to be from such an ethno-racial group. Despite this, comparisons between studies reveal that both white and brown people have high rates of notification of mental disorders compared to other groups. This shows that mental disorders affect not only specific ethnic-racial groups, suggesting that even in supposedly more favored work environments, white and brown people are also affected by these disorders.



SOURCE: SINAN/TABWIN, 2024.

By analyzing Graph 8, we can observe that the most frequent occupations were Housewife, Teacher, Administrative Assistant, Nursing Technician and Community Health Agent, and the rest of the occupations had only 2 or fewer notifications in the years 2006 to 2023.

The occupation of Housewife in the years 2009, 2017, 2022 and 2023 with 0.34% in all the years mentioned, with the rest of the years null, occupation of Teacher with the highest number of notifications, being in 2008, 2009, 2012, 2013, 2017, 2018 and 2019 reaching the maximum peak of 0.17% in 2018 and 2019, in the analysis of the occupation of Administrative Assistant there was notification in 5 years of 2009, 2011, 2018, 2022 and 2023 with a percentage of 0.034% in all notified years.

The occupation of Nursing Technician was notified in 3 years, in 2013, 2018 and 2023, all with 0.034% of notification, being similar to the occupation of Community Health Agent with 3 years notified in 2010, 2015 and 2019 with a percentage of 0.034%. The other occupations had few notifications, with the majority with 0.034%, including nursing technicians and nurses.

Since psychic suffering is so expressive all over the world, work relationships are also faced with mental and behavioral disorders on a daily basis. In a WHO report (2021), work-related mental disorders occupy a rate of 30% of minor mental disorders, and 5 to 10% of severe mental disorders in the employed workforce.

Evidence indicates that work-related mental and behavioral disorders are prevalent worldwide. It is estimated that 10% of adults have such conditions and that 25% of the world's population manifests at least one mental disorder throughout their lives (FARO et al., 2020).

According to CARRERO (2010), issues related to the work relationship and mental health/illness have aroused, in recent years, great interest from researchers and scholars, which has resulted in the construction of several theoretical-methodological approaches on the subject. Work-related mental disorders and behavior are determined not only by work aspects, such as unhealthy environments, exposure to harmful agents, presence of noise, but it is also essential to associate the social context, where the individual is inserted, as well as to know the life history of each subject.

The occupation of teacher had a constant presence in the notifications over the years mentioned. The increase in notifications, especially in the years 2018 and 2019, suggests a higher incidence of factors that impact the health and well-being of teachers during these years.

According to TOSTES et al. (2018), it is necessary to expand the investigation to better understand the causes of teachers' mental suffering. He highlights the importance of offering subsidies that enable significant changes and improve the mental health of teachers, acting in the processes that determine illness instead of resorting only to medicalization.

This scenario highlights the importance of taking care of working conditions in various occupations, seeking ways to alleviate the challenges and risks they face daily in their work environment.

CONCLUSION

Through our research based on data from the Notifiable Diseases Information System (SINAN), we analyzed cases of mental disorders among professionals from different areas in the period from 2006 to 2023.

The data revealed a surprisingly low number of notifications of mental disorders over these years. This underreporting is especially pronounced among nursing professionals, who represent a significant part of the health workforce. The low rate of reporting can be attributed to several factors, including the stigma associated with mental disorders, a lack of awareness of the importance of reporting, and potential failures in registration and communication systems.

The data showed peaks in the incidence of mental disorders in 2018 and 2019, respectively, and a new increase in 2023. The analysis also revealed the presence of sparse notifications in other years, with no notifications in 2020 and 2021, possibly due to the COVID-19 pandemic.

The Psychosocial Care Center (CAPS) emerged as the main responsible for the notification of cases of mental disorders, evidencing its fundamental role in the mental health care of the population.

In sum, our research highlights the urgent need to address the underreporting of mental disorders among professionals, and the importance of an integrated and compassionate approach to mental health. Only through a joint effort between managers, health professionals and regulatory bodies will it be possible to address this issue effectively and provide better working and living conditions for these professionals. Strengthening mental health services, early detection, continuous follow-up and support for the most affected occupations are essential steps to improve the well-being of our population.

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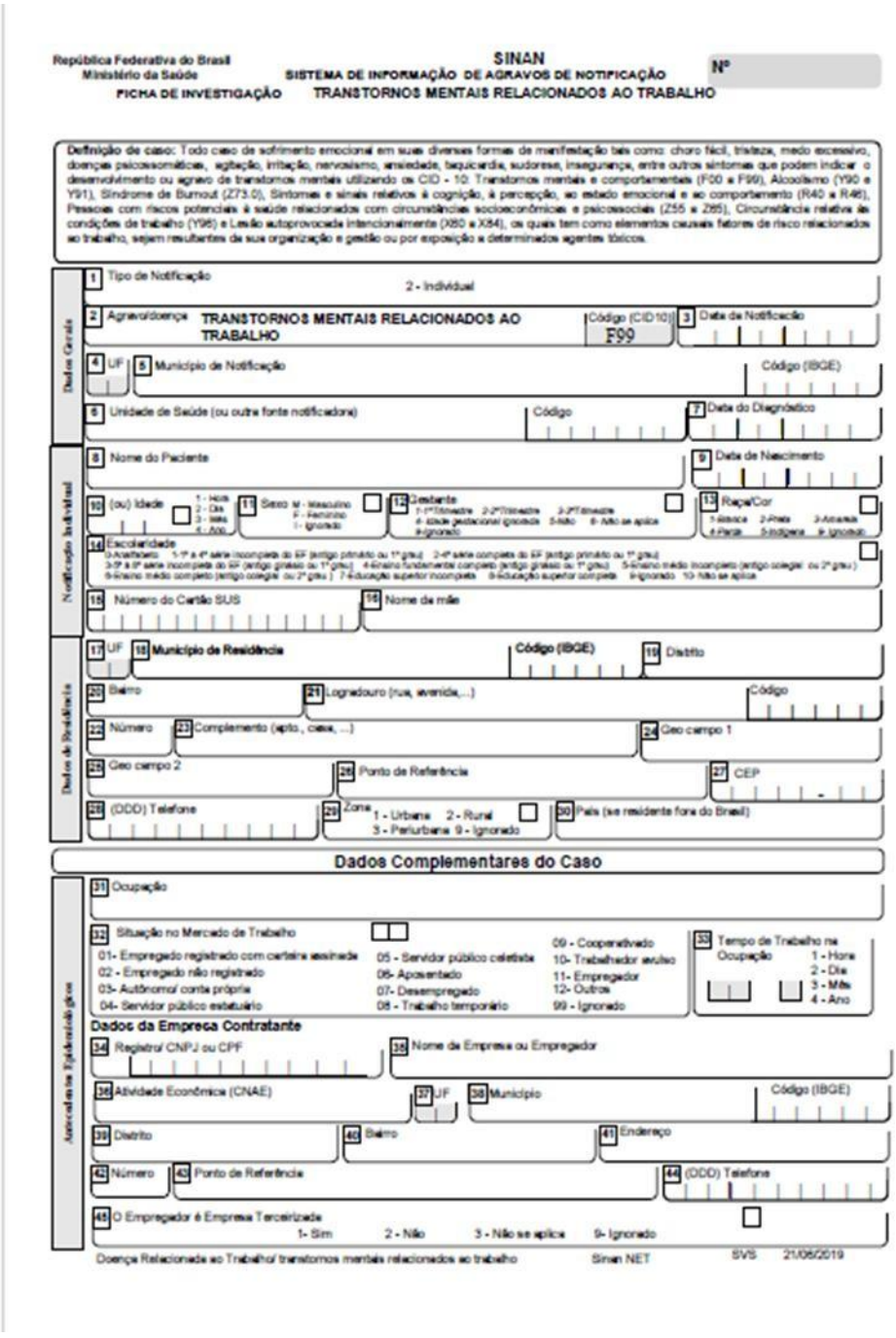
ATTACHMENTS



República Federativa do Brasil
Ministério da Saúde
FICHA DE INVESTIGAÇÃO

SINAN
SISTEMA DE INFORMAÇÃO DE AGRAVOS DE NOTIFICAÇÃO
TRANSTORNOS MENTAIS RELACIONADOS AO TRABALHO

Nº

Definição de caso: Todo caso de sofrimento emocional em suas diversas formas de manifestação tais como: choro fácil, tristeza, medo excessivo, doenças psicossomáticas, agitação, irritação, nervosismo, ansiedade, taquicardia, sudorese, insegurança, entre outros sintomas que podem indicar o desenvolvimento ou agravo de transtornos mentais utilizando os CID - 10: Transtornos mentais e comportamentais (F00 a F99), Alcoolismo (Y90 e Y91), Síndrome de Burnout (Z73.0), Sintomas e sinais relativos à cognição, à percepção, ao estado emocional e ao comportamento (R40 a R46), Pessoas com riscos potenciais à saúde relacionados com circunstâncias socioeconômicas e psicossociais (Z55 a Z65), Circunstância relativa às condições de trabalho (Y96) e Lesão autoprovocada intencionalmente (X60 a X84), os quais tem como elementos causais fatores de risco relacionados ao trabalho, sejam resultantes de sua organização e gestão ou por exposição a determinados agentes tóxicos.

Dados Gerais

1 Tipo de Notificação — 2 - Individual

2 Agravo/doença — TRANSTORNOS MENTAIS RELACIONADOS AO TRABALHO — Código (CID10) F99 — 3 Data da Notificação

4 UF — 5 Município de Notificação — Código (IBGE)

6 Unidade de Saúde (ou outra fonte notificadora) — Código — 7 Data do Diagnóstico

Notificação Individual

8 Nome do Paciente — 9 Data de Nascimento

10 (ou) Idade — 1 - Hora, 2 - Dia, 3 - Mês, 4 - Ano — 11 Sexo — M - Masculino, F - Feminino, I - Ignorado — 12 Gestante — 1-1º Trimestre, 2-2º Trimestre, 3-3º Trimestre, 4-Idade gestacional ignorada, 5-Não, 6-Não se aplica, 9-Ignorado — 13 Raça/Cor — 1-Branca, 2-Preta, 3-Amarela, 4-Parda, 5-Indígena, 9-Ignorado

14 Escolaridade — 0-Analfabeto; 1-1ª a 4ª série incompleta do EF (antigo primário ou 1º grau); 2-4ª série completa do EF (antigo primário ou 1º grau); 3-5ª a 8ª série incompleta do EF (antigo ginásio ou 1º grau); 4-Ensino fundamental completo (antigo ginásio ou 1º grau); 5-Ensino médio incompleto (antigo colegial ou 2º grau); 6-Ensino médio completo (antigo colegial ou 2º grau); 7-Educação superior incompleta; 8-Educação superior completa; 9-Ignorado; 10-Não se aplica

15 Número do Cartão SUS — 16 Nome da mãe

Dados de Residência

17 UF — 18 Município de Residência — Código (IBGE) — 19 Distrito

20 Bairro — 21 Logradouro (rua, avenida,...) — Código

22 Número — 23 Complemento (apto., casa, ...) — 24 Geo campo 1

25 Geo campo 2 — 26 Ponto de Referência — 27 CEP

28 (DDD) Telefone — 29 Zona — 1 - Urbana, 2 - Rural, 3 - Periurbana, 9 - Ignorado — 30 País (se residente fora do Brasil)

Dados Complementares do Caso

Informações Epidemiológicas

31 Ocupação

32 Situação no Mercado de Trabalho
01- Empregado registrado com carteira assinada
02 - Empregado não registrado
03- Autônomo/ conta própria
04- Servidor público estatutário
05 - Servidor público celetista
06- Aposentado
07- Desempregado
08 - Trabalho temporário
09 - Cooperativado
10- Trabalhador avulso
11- Empregador
12- Outros
99 - Ignorado

33 Tempo de Trabalho na Ocupação — 1 - Hora, 2 - Dia, 3 - Mês, 4 - Ano

Dados da Empresa Contratante

34 Registro/ CNPJ ou CPF — 35 Nome da Empresa ou Empregador

36 Atividade Econômica (CNAE) — 37 UF — 38 Município — Código (IBGE)

39 Distrito — 40 Bairro — 41 Endereço

42 Número — 43 Ponto de Referência — 44 (DDD) Telefone

45 O Empregador é Empresa Terceirizada — 1- Sim, 2 - Não, 3 - Não se aplica, 9- Ignorado

Doença Relacionada ao Trabalho/ transtornos mentais relacionados ao trabalho — Sinan NET — SVS — 21/06/2019