Revista Científica Escola de Saúde Pública do Ceará Paulo Marcelo Martins Rodrigues
1808-7329 (1809-0893)

ORIGINAL ARTICLE
Public / Collective Health

ANALYSIS OF WORK-RELATED MENTAL DISORDERS

ANÁLISE DOS TRANSTORNOS MENTAIS RELACIONADOS AO TRABALHO

ANÁLISIS DE LOS TRASTORNOS MENTALES RELACIONADOS CON EL TRABAJO

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ABSTRACT
To describe the sociodemographic, occupational and health profile of workers reported with Work-Related Mental Disorders (TMRT) belonging to the territory of the Litoral Leste/Jaguaribe/Ceará Health Superintendence (SLLJ), in the period from 2010 to 2022. Study epidemiological, ecological time series that used secondary data from TABNET. The 77 cases of Work-Related Mental Disorder reported during the analyzed period were included. There was a growing trend in notifications over the years, with greater frequency from 2019 onwards, the majority were female, mixed-race, the most recorded occupation was the category of education teachers and Community Agents health profession was the most reported among the accumulated cases, Aracati was the De-centralized Health Area with the most reported cases, the majority of which were not issued a Work Accident Report (CAT) and progressed to temporary incapacitation, in addition to the high number of omitted information in different notification fields. It is necessary to develop actions that promote monitoring of workers' health, the information sent and the strengthening of lines of care related to workers' mental health.
Keywords: *Mental health; Worker's health; Public Health.*

RESUMO
Descrever o perfil sociodemográfico, ocupacional e de saúde dos trabalhadores notificados com Transtornos Mentais Relacionados ao Trabalho (TMRT), pertencentes ao território da Superintendência de Saúde Litoral Leste/Jaguaribe/Ceará (SLLJ), no período de 2010 a 2022. Estudo epidemiológico, ecológico de série temporal que utilizou dados secundários do TABNET. Foram incluídos os 77 casos de Transtorno Mental Relacionado ao Trabalho notificados no período analisado. Observou-se a tendência ao crescimento nas notificações ao longo dos anos, com maior frequência a partir de 2019, a maioria foi do sexo feminino, raça-cor parda, além de que a ocupação mais registrada foi a categoria dos professores da educação. Por outro lado, os Agentes Comunitários de saúde apresentaram-se como a profissão mais notificada dentre os casos acumulados, sendo que Aracati foi a Área Descentralizada de Saúde com mais casos notificados, a maioria não apresentou emissão de Comunicação de Acidente de Trabalho (CAT), evoluindo então para incapacidade temporária, além do número elevado de informações omissas em diferentes campos das notificações. É necessário desenvolver ações que promovam a vigilância da saúde dos trabalhadores, a notificação qualificada e o fortalecimento das linhas de cuidado relacionados à saúde mental dos trabalhadores.
Descritores: *Saúde Mental; Saúde do Trabalhador; Saúde Coletiva*.

RESUMEN
Describir el perfil sociodemográfico, ocupacional y de salud de los trabajadores reportados con Trastornos Mentales de Trabajo (TMRT) pertenecientes al territorio de la Superintendencia de Salud del Litoral Leste/Jaguaribe/Ceará (SLLJ), en el período de 2010 a 2022. Estudio de series temporales epidemiológicas, ecológicas que utilizaron datos secundarios de TABNET. Se incluyeron los 77 casos de Trastorno Mental Laboral notificados durante el período analizado. Hubo una tendencia creciente en las notificaciones a lo largo de los años, con mayor frecuencia a partir del 2019, la mayoría fueron mujeres, mestizas, la ocupación más registrada fue la categoría de docentes de educación y Agentes Comunitarios la profesión de salud fue la más reportada entre los De casos acumulados, Aracati fue el Área Descentralizada de Salud con mayor número de casos reportados, la mayoría de los cuales no fueron emitidos Informe de Accidente de Trabajo (CAT) y avanzaron a incapacitación temporal, además del elevado número de informaciones omitidas en los diferentes campos de notificación. Es necesario desarrollar acciones que promuevan el seguimiento de la salud de los trabajadores, el envío de información y el fortalecimiento de las líneas de atención relacionadas con la salud mental de los trabajadores.
Descriptores: *Salud mental; Salud de los trabajador; Salud pública*.

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INTRODUCTION

It is worth noting that the growing number of cases of work-related mental illness has motivated interest in this field of study, especially in underdeveloped countries where working conditions tend to be more fragile and precarious[1].

In Brazil, Work-Related Mental Disorders, between 2015 and 2017, were responsible for the third largest cause of sickness benefit being granted, behind only aid for external causes and musculoskeletal disorders[2]. Conditions such as these are considered one of the main public health problems, as they contribute to an increase in cases of temporary or permanent absences and incapacity for work.[2].

Furthermore, it is important to mention, in this context, the COVID-19 pandemic that killed thousands of people around the world. In the Brazilian context, one of the effects occurred in the field of workers' mental health, mainly in healthcare, ascertained from reports of anxiety, depression, sleep problems and anguish[3].

Therefore, it is important to analyze the historical series of WRMT occurrences in the territories so that it is possible to investigate the municipalities and Decentralized Health Areas of the Health Superintendence that present a tendency and/or are silent regarding the notification of this condition.

Therefore, this work seeks to awaken a reflective analysis among health professionals and managers regarding health care, from the perspective of integrality and citizenship rights of the working subject, including notification strategies, in addition to those that enable actions that act to reduce cases of mental disorders in the workplace.

Therefore, the question arises: What is the profile of the WRMT of a Health Superintendency in the state of Ceará, from 2010 to 2022?

From this perspective, the present study seeks to contribute to enriching the academic community through the analysis of health systems, through notifications and indicators, as well as at the level of territories (municipal and Decentralized Health Area, for example), especially, at the level of Superintendencies, as there are few productions with this type of approach in the State of Ceará.

Therefore, this work aims to describe the sociodemographic, occupational and health profile of workers notified with WRMT belonging to the territory of the Litoral Leste/Jaguaribe-Ceará Health Superintendence, in the period from 2010 to 2022.

METHODS

The epidemiological and ecological time series study was used as the basis for the research[4], in which a search was carried out for WRMT notifications in TABNET, a freely accessible system from the Ministry of Health (MH), which incorporates data from various information systems, including the National System of Notified Diseases (NSND).

Furthermore, the study sample is made up of all reported cases of WRMT from the Litoral Leste/Jaguaribe Health Superintendence, from 2010 to 2022.

Therefore, the regionalization of the State of Ceará is organized into 22 Decentralized Health Areas – DHA, distributed across the following regions: Fortaleza, Caucaia, Maracanaú, Baturité, Itapipoca, Cascavel, Quixadá, Canindé, Tauá, Limoeiro

do Norte, Aracati, Russas, Sobral, Acaraú, Tianguá, Crateús, Camocim, Juazeiro do Norte, Icó, Iguatu, Brejo Santo and Crato[5]

There are also Health Superintendencies that are generally named after the host municipalities of each DHA, therefore, the state of Ceará is made up of 5 Health Superintendencies designated by the following regions: Fortaleza, Quixadá, Limoeiro do Norte, Sobral and Cariri[5].

Taking into consideration that the Superintendency Litoral Leste/Jaguaribe, the object of this study, has its headquarters in Limoeiro do Norte and is made up of 20 municipalities: Limoeiro do Norte, Quixeré, Tabuleiro do Norte, São João do Jaguaribe, Alto Santo, Ja-guaribara, Iracema, Potiretama, Jaguaribe, Pereiro, Ereré, Aracati, Fortim, Icapuí, Itaiça-ba, Russas, Morada Nova, Palhano, Jaguaretama, Jaguaruana[5].

It is worth mentioning that the aforementioned Superintendence has three DHA's: Aracati (composed of the municipalities of Aracati, Fortim, Icapuí and Itaiçaba), Russas (composed of Russas, Morada Nova, Palhano, Jaguaretama, Jaguaruana) and Limoeiro do Norte (Limoeiro do Norte, Quixeré , Tabuleiro do Norte, São João do Jaguaribe, Alto Santo, Jaguaribara, Iracema, Potiretama, Jaguaribe, Pereiro, Ereré[5].

As an inclusion criterion, WRMT notifications from NSND were used referring to the municipalities where these diseases occurred and which belong to the Litoral Leste/Jaguaribe Health Superintendence in the period from 2010 to 2022.

As an exclusion criterion, WRMT notifications from the Litoral Leste/Jaguaribe Health Superintendence that were not carried out in this time frame and/or WRMT not notified or not entered into the system (notification filled out incorrectly and/or incompletely) were considered.

Furthermore, the secondary data were extracted from TABNET on 07th November, 2023, whose information does not identify the individual in the research, which justifies the exemption from submission and evaluation by the Ethics Committee.

The following phases were carried out to achieve the objectives of this study:

- **Phase 1:** analysis of WRMT notifications, year by year and by DHA belonging to the Superintendency Litoral Leste Jaguaribe from 2010 to 2022. Identify the DHA that had the highest number of notifications. Still at this stage, the existence of WRMT trends over the years was assessed.
- **Phase 2:** description and analysis of sociodemographic conditions based on the variables: age group, race/color, sex and education .
- **Phase 3:** analysis of the occupations described in the WRMT notification forms of the Superintendence Litoral Leste/Jaguaribe (2010 to 2022).
- **Phase 4:** description and analysis of factors related to working conditions and health through the following factors: exposure time in the occupation, general conduct (avoidance of mental exhaustion, adoption of individual protection, adoption of changes in work organization, adoption of collective protection, removal from the workplace), forwarded to CAPS or another specialized service, evolution of the case, and issuance of a Work Accident Report.

RESULTS

It is concluded that the TABNET database uses the nomenclature "Macroregion" for Health Superintendence and Health Regions for DHA. For the purposes of this work, the current nomenclature (Health Superintendence and DHA) was used.

Table 1 shows, in absolute number, WRMT notifications year by year and by DHA from the Superintendency Litoral Leste/Jaguaribe (2010 to 2022).

Table 1. Notifications of Work-Related Mental Disorders year by year and by Decentralized Health Area belonging to the East Coast/Jaguaribe Superintendence (2010 to 2022).

Year of notification	Aracati DHA	Russas DHA	Limoeiro do Norte DHA	Superintendência Litoral Leste Jaguaribe
2010	2	0	0	2
2011	1	0	0	1
2012	1	0	0	1
2013	1	0	0	1
2014	2	1	0	3
2015	1	0	0	1
2016	4	0	0	4
2017	8	0	0	8
2018	5	0	0	5
2019	11	0	0	11
2020	10	0	0	10
2021	8	0	5	13
2022	8	0	9	17
Total	62	1	14	77

Source: produced by the authors.

Next, the sociodemographic profile of the WRMT of the Superintendence Litoral Leste/Jaguaribe (2010 to 2022) was analyzed, based on the variables age, race/color, sex and education, both represented in Table 2.

Table 2. Sociodemographic characteristics of Work-Related Mental Disorders at the Litoral Leste/Jaguaribe Superintendency (2010 to 2022).

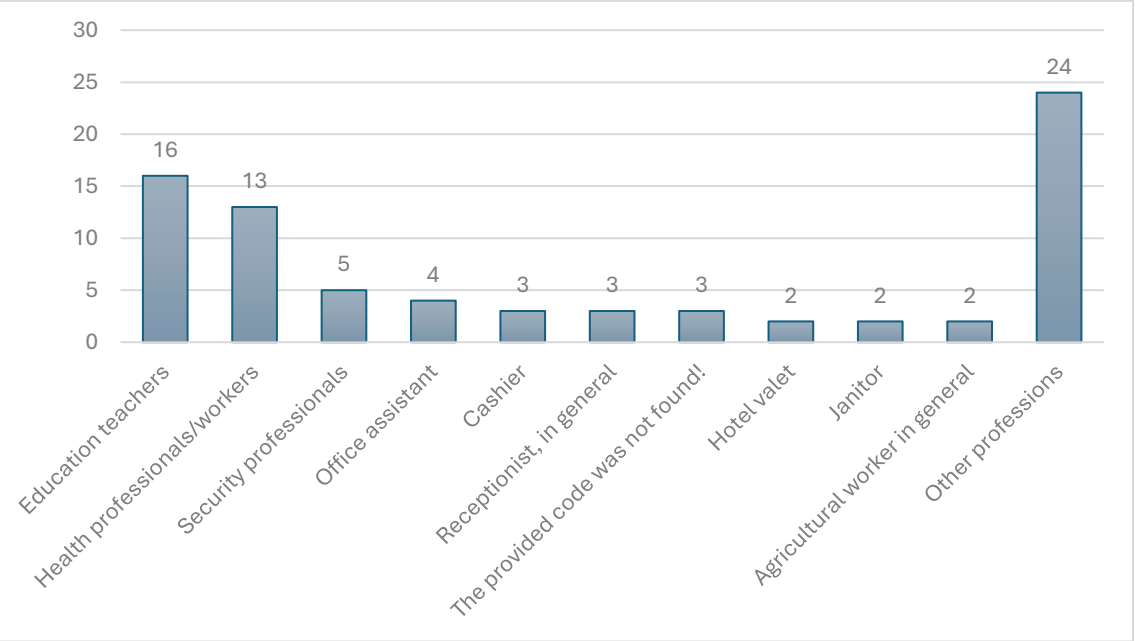
Variables	Absolute number	Proportion (%)
Age range		
< 1 ano	2	2,60
20-39	41	53,25
40-59	33	42,86
60 e +	1	1,30
Race/Color		
White	24	31,17
Black	3	3,90
Brown	50	64,94
Gender		
Masculine	19	24,68

Feminine	58	75,32
Scholarity		
1st to 4th incomplete grade of elementary school	2	2,60
Complete 4th grade of elementary school	3	3,90
5th to 8th incomplete grade of elementary school	3	3,90
Complete elementary school	3	3,90
Incomplete high school	4	5,19
Complete high school	16	20,78
Incomplete higher education	4	5,19
Complete higher education	20	25,97
not applicable	2	2,60
Ignored/blank	20	25,97

Source: produced by the authors.

Figure 1 shows the occupations that were filled in the WRMT notification forms of the Superintendency Litoral Leste/Jaguaribe (2010 to 2022).

Figure 1. Areas of occupation with reported cases of WRMT from the Superintendency Litoral Leste/Jaguaribe (2010 to 2022).



Source: produced by the authors.

Table 3 describes the factors related to working and health conditions in the WRMT notification forms of the Superintendency Litoral Leste/Jaguaribe (2010 to 2022).

Tabela 3. Factors related to the working and health conditions of cases notified with WRMT of the Superintendency Litoral Leste/Jaguaribe (2010 to 2022).

Variable	Absolute number	Proportion (%)
Exposure time:		
Hours	37	48,05
Days	5	6,49
Months	4	5,19
Years	18	23,38

Ignored/blank	13	16,88
General conduct:		
Removal from the situation of mental exhaustion		
Yes	39	50,65
No	27	35,06
Ign/blank	11	14,29
Adoption of individual protection		
Yes	26	33,77
No	36	46,75
Ign/blank	15	19,48
Adoption of changes in work organization		
Yes	21	27,27
No	41	53,25
Ign/blank	15	19,48
Adoption of collective protection		
Yes	18	23,38
No	42	54,55
Ign/blank	17	22,08
Removal from the workplace		
Yes	26	33,77
No	36	46,75
Ign/blank	15	19,48
None		
Yes	3	3,90
No	43	55,84
Ign/blank	31	40,26
Others		
Yes	2	2,60
No	39	50,65
Ign/blank	36	46,75
Referred to the Psychosocial Care Center or other specialized service:		
Yes	43	55,84
No	26	33,77
Ign/blank	8	10,39
Evolution of the case:		
Cure	9	11,69
Unconfirmed cure	6	7,79
Temporary Disability	40	51,95
Other	8	10,39
Ign/blank	14	18,18
Issuance of Work Accident Report:		
Yes	4	5,19
No	37	48,05
Ign/blank	32	41,56
Não se aplica	4	5,19

Source: produced by the authors.

DISCUSSION

According to Table 1, it is possible to identify the increasing trend in WRMT notifications in the period analyzed, with more accentuated growth from 2019 onwards. In addition, the DHA that presented the most reported cases was Aracati, totaling 62 notifications out of a total of 77 notifications.

Furthermore, the year 2022 presented the highest number of WRMT notifications. This information is also observed in the study carried out by the Health Department of the State of Ceará (2023)[6].

In 2020, the beginning of the Covid-19 pandemic, SLLJ and the Ceará State Health Department registered 10 and 33 cases of WRMT, respectively. This allows us to deduce possible underreporting of this problem, as there has been an increase in workers suffering from mental illnesses not only in Ceará, but throughout the world[6].

Underreporting becomes explicit when comparing data from NSND with the National Social Security Institute (NSSI). According to NSSI data for the year 2020, approximately seven thousand people were removed from their jobs and received sick pay due to an accident due to mental illness in Ceará. In 2021, around five thousand people were dismissed due to the same injury[7].

Therefore, it is necessary to broaden the view on WRMT, which makes its notification on NSND essential. However, it is a challenge faced by health surveillance, as many professionals have difficulty establishing the causal link between mental disorder and work.[6]

According to age group, of the total of 77 cases reported between 2010 and 2022, 53.25 and 42.86% occurred in adults aged 20-39 years and 40-59 years, respectively. This data is similar to that presented in the study by Wistuba (2019), which sought to outline the profile of cases of work-related mental disorders reported in the state of Santa Catarina, from 2009 to 2018[8].

Another factor that deserves attention in this research concerns the occurrence of two cases (2.60%) reported in people under the age of one, which implies the inattention of the professional(s) when filling out the form. Thus, the qualified completion of notifications is a challenge in the health field, as many professionals do not recognize the notification as an instrument that is part of the work process or even due to the overload of activities carried out in work routines, which can end up harming the performance of the health professional, causing them to prioritize care activities and neglect the administrative and bureaucratic aspects.

In the race/color variable in Table 2, the high number of notifications among mixed-race people (64.94%), followed by white people (31.17%) and black people (3.90%) deserves attention. much lower percentage than the others. In another study published in 2023, carried out in the territory of the Reference Center for Occupational Health, Registro, São Paulo, the predominance of the race/white color field[9] was observed, drawing attention to the lack of black workers filled in this field.

That said, it is observed that Brazil is a mixed country formed by the union of various ways of living, beliefs and cultures, as well as the predominance of white skin color is questionable in studies. The hypothesis that can be raised is that many professionals are unaware that the race/color field is self-declared, that is, the user must

be asked which race/color they declare themselves to be. Furthermore, many professionals are unaware that this field is mandatory and its completion must be qualified, as happened in the research carried out in São Paulo[9], in which around 72% of the data in this field was ignored.

Analyzing the gender variable, still in Table 2, females (75.32%) presented the highest number of notifications in the SLLJ, corroborating other studies carried out in Brazil[8,9,10].

In the historical context of the fight for rights, women have always had to fight for a space in the job market, resulting from the influence of the patriarchal model of Brazilian society[8]. When assuming the role of caregivers, imposed by social construction and neglecting self-care, they begin to experience frustration, anguish, and anxieties related to life and work, which increases the risk of developing metal disorders[11].

Table 2 shows the level of education of the WRMT notified by the SLLJ, the majority of which occurred among workers who had completed higher education (25.97%) and completed secondary education (20.78%), similar information found in the study carried out in São Paulo[9] and Santa Catarina[8], in that order. The higher proportion of WRMT in workers with greater education was possibly due to a greater perception of suffering, as they had greater access to education and thus have a greater degree of perception and understanding of the harmful nuances of work, which may have contributed to seek health services[9].

In relation to Figure 1, the three occupations that presented the most WRMT notifications were teachers, followed by health professionals and security professionals, which in percentage represents around 21 (16 reported cases), 17 (13) and 6% (05) of cases, respectively.

Within the teachers category we have: teacher of youth and adult education in primary education (first to fourth grade) (05 notifications), secondary level teacher in early childhood education (03 notifications), secondary level teacher in primary education (02 notifications), director of a public educational institution (01 notifications), arts teacher in high school (01 notification), biology teacher in high school (01 notification), teacher of pedagogical subjects in high school (01 notification), education teacher physics in high school (01 notification), high school teacher in vocational education (01 notification).

In the category of health professionals/workers: Community Health Agent - CHA with 06 notifications, followed by the nurse (03 notifications), occupational physician (01 notification), clinical psychologist (01 notification), nursing technician (01 notification) and healthcare caregiver (01 notification).

Among security workers, the following professions were notified with TMRT: Municipal civil guard (02 notifications), civil firefighter (01 notification), watchman (01 notification) and police clerk (01 notification). While in the healthcare workers/professional's category, CHA was the most affected, in addition it was the most reported profession among all mentioned in the study.

CHA act as mediators between users and Primary Health Care (PHC), which is why they are in constant contact with the population. It is known that the way APS is financed means that these professionals are constantly trying to keep user information records up

to date, which requires a lot of effort and manual work. Another factor is that the CHA resides in the territory covered by the health unit to which they are linked, considering that direct contact with the territory makes these professionals identify situations of risk and vulnerability. Factors like these can contribute to the process of mental illness among these professionals.

Table 3 describes the factors related to the working and health conditions of cases notified with WRMT from the Superintendency Litoral Leste/Jaguaribe. According to exposure time, the longest was hours (48.05%), followed by years (23.38%) and ignored/blank (16.88%). Regarding the variable general conduct due to removal from mental exhaustion, in Table 3, 50.65% of the reported cases were removed due to mental exhaustion. It is worth mentioning that of the 77 cases, 11 had this field ignored/blank (14.29%). Regarding the adoption of personal protection, 46.75% of cases did not adopt personal protection and 19.48% had this field ignored/blank.

The majority of cases, 53.25 and 54.55%, did not adopt the change in work organization and did not adopt collective protection, respectively, and 19.48 and 22.08%, in that order, did not fill in or ignored this field. In the majority of reported cases (46.75%) there was no absence from the workplace, while 19.48% had this field not filled in.

The majority, 55.48% of cases, did not have any general conduct recorded, while 40.26% had this field not filled in. 50.65% of cases had no other behaviors recorded and 46.75% of cases had this field ignored/blank.

Still in Table 3, 55.84% of notified cases were referred to CAPS or another specialized service and 10.39% had this field not filled in or ignored. Regarding the evolution of the case, in Table 3, the majority reported temporary disability (51.95%) and 18.18% had this field not informed or ignored.

Regarding the issuance of a Work Accident Report (WAR), the majority of notifications were not issued WAR (48.05%) and 41.56% had this field ignored/blank.

Given the facts presented, what draws attention is the lack of qualified completion of all the variables presented in this table. For its analysis, the same approach used in the study by Romero and Cunha (2001), entitled "Assessment of the quality of socioeconomic and demographic variables of deaths of children under one year old registered in the Brazilian Mortality Information System (1996) was applied. /2001)"[12].

In the present study, the fourth criterion was used, incompleteness, which for the construction of their concept Romero and Cunha adopted the definition of several authors, which was chosen as follows: "it is considered as the proportion of ignored information, that is, the blank fields and the codes assigned to the ignored information specified in the field filling manual". In this case, a score was established with the following evaluation levels: very bad (50% or more), bad (20% to 50%), regular (10% to 20%), good (5% to 10%) and excellent (less than 5%)[12].

Considering Table 3, it is observed that the majority of fields considered ignored/blank have a regular score (10 to 20%)[12] when they assumed the following values: 16.88% for the exposure time variable; 14.29, 19.48, 19.48 and 19.48% for the variables that were within the topic of General Conduct: "removal from a situation of mental exhaustion", "adoption of individual protection", "adoption of change in organization of work", "removal from the workplace", respectively.

Still referring to the topic General conduct, some variables had bad scores (20 to 50%)[12], by placing these fields as ignored/blank, such as: “adoption of collective protection” (22.08%), “no conduct” (40.26%) and “other conduct” (46.75%).

Still considering Table 3, in the variables “Referral to CAPS or another specialized service” and “Evolution of the case”, both had a regular score (10 to 20%)[12], when in percentage they assumed the variables of 10.00, 39.00 and 18.18%, in due order.

The last variable in Table 3 presents the “WAR Issuance” which obtained a poor score (20 to 50%)12 when presenting the ignored/blank field with the following percentage: 41.56%. The same trend is observed in Table 2, in the variable “Education”, in which 25.97% of reported cases were filled in as ignored or left blank.

In view of this, it is possible to observe that many of the fields on the WRMT notification forms in this study are frequently omitted to be filled in, which directly influences their quality.

Characteristics such as these may be present in studies that use secondary data, as verified in the present study when analyzing data from the TABNET system. However, the seriousness of ecological studies stands out, as they have the ability to raise hypotheses that deserve more detailed investigation through research with other approaches and with greater analytical capacity[13].

Furthermore, professionals' perception of occupational risks is relevant and must be considered when thinking about actions that enable improvements related to workers' health, based on collective health practices.

In this sense, thinking about collective health means thinking beyond the biomedical model, it is the theoretical-conceptual translation of health as a social practice[14]. Therefore, reflecting on improving working conditions involves analyzing interpersonal and work relationships, with the aim of eliminating and/or reducing occupational and environmental risks present in work activities.

Therefore, this work has some limitations. One of them is related to the high proportion of non-completion and unqualified completion of variables, which could, if carried out with more attention and in a more qualified way, bring a portrait that is closer to reality. Another limitation is the use of secondary data from TABNET, possibly affected by underreporting, generating incompleteness of variables that may have hindered a better characterization of the profile/sociodemographic, occupational and health characteristics of the group analyzed.

Furthermore, the present study could serve as a basis for future research with other types of approaches, as well as being able to trigger a reflective analysis among health professionals and managers who work in the SLLJ territory. In this way, the present study aims to encourage discussions regarding the dimensions of health care, especially with regard to collective health from the perspective of mental and worker health.

CONCLUSION

It was evident that the trend of increasing WRMT over the years is something concrete. Considering that the most affected variables were women, race/brown color, the profession of CHA's and, by occupation, education teachers, the majority did not issue a WAR and became temporarily disabled. In general, there is a high number of ignored or

blank information, which demonstrates the incompleteness of the data and a high degree of omission in filling out notifications.

Care must be taken to fill it out appropriately, as it makes it possible to trace the sociodemographic profile of the population, making it possible to launch health strategies and actions that consider the real demands of each race/color. Regarding the DHAs analyzed, it is possible that economic, social and population differences were factors that interfered in the variation in the number of notifications, since each DHA has a dif-ferent number of municipalities and, consequently, population differences and assistance coverage.

Therefore, intervention measures are necessary to strengthen health surveillance actions in work environments, for example, promoting workers' access to health services, including mental health services; encouraging notifications to be carried out by reference health professionals within the work environment itself and also by health professionals who are part of the Health Care Network devices, especially Primary Health Care and CAPS.

It is noteworthy that the Occupational Health Reference Centers (OHRC) are reference units in specialized health care for this public and play an important role in the process of strengthening lines of care related to workers' health, as they seek articulate and promote Occupational Health Surveillance in its area of coverage.

Furthermore, mental health and worker health policies are cross-cutting themes and must be worked on intersectoral, from the perspective of guaranteeing workers' right to mental health based on the principles of the Unified Health System.

Therefore, the present study could serve as a basis for future research with other types of approaches, as well as triggering a reflective analysis among health professionals and managers who work in the SLLJ territory. In the context of public health, the research in question allows the promotion of discussions regarding the dimensions of health care, especially with regard to collective health, mental health and worker health.

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