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WORK ENVIRONMENT AND MENTAL HEALTH CONSTRAINTS IN ADMINISTRATIVE ACTIVITIES IN A FEDERAL INSTITUTION OF HIGHER EDUCATION

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ABSTRACT

This study investigated the importance of occupational health services and public policies in the performance of technical-administrative employees in federal universities. The focus was on the analysis of leaves due to leave for health treatment by the International Classification of Diseases, 10th edition, for mental and behavioral disorders. A discussion about mental health and working conditions impacting the productivity and well-being of these technical-administrative professionals in education (TAE). A cross-sectional, documental and retrospective study was carried out using data on leaves of absence for health treatment of TAE employees of the Federal University of Viçosa (UFV), Minas Gerais, accessed through the platform of the Integrated System of Health Care for Servers. We conclude that the negative impact of the pandemic on the mental health of civil servants, with a significant increase in disorders such as anxiety and depression. The research reinforces the need to intensify mental health initiatives in the public sector, including prevention and treatment programs. Such policies are aligned with the Sustainable Development Goals, promoting well-being and quality of life.

Keywords: Occupational Health, Mental Health, Technical-Administrative in Education.

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INTRODUCTION

Occupational health services in the federal public service play a crucial role in maintaining the quality of life of civil servants. These services include periodic medical examinations, the identification and mitigation of occupational risks, and also the implementation of health promotion programs. The presence of a structured system for occupational health management contributes to the reduction of work-related diseases and to the improvement of the work environment, reflecting positively on the efficiency and well-being of employees (Melo; Almeida; Costa, 2019). In addition, the quality of life in the federal public service is directly impacted by occupational health policies. Investing in a safe and healthy work environment not only prevents diseases and accidents, but also promotes a more positive and engaged organizational climate. Programs that focus on the physical and mental well-being of civil servants help increase job satisfaction and productivity (Pereira, 2020).

An occupational physician, a federal expert, working in an Occupational Health Division at a federal university is responsible for evaluating, preventing and treating diseases related to the work environment of technical-administrative employees in education (TAE). Their duties include conducting periodic medical examinations, analyzing working conditions, investigating work accidents, and preparing expert reports. He also develops programs to promote health and safety in the university environment, ensuring the well-being of TAE employees (Souza, 2020). In addition, Normative Ordinance No. 3, of May 7, 2010, establishes basic guidelines on the Operational Norm for Civil Servant Health (NOSS) to the bodies and entities of the Civil Personnel System of the Federal Public Administration (SIPEC). The purpose of this ordinance is to define general guidelines for the implementation of surveillance actions for work environments and processes and promotion of the health of the server. This regulation is essential to guide the practices of occupational health professionals, including occupational physicians, ensuring a healthy and safe work environment for federal public servants (Brasil, 2010).

Mental health is a state of well-being in which the individual realizes their own abilities to cope with the normal stresses of life, work productively, and contribute to the community. The World Health Organization (WHO, 2004) emphasizes that mental health is fundamental to quality of life and general well-being. According to Freud (1963), mental health is defined as the ability to love and work, encompassing the individual's affective and productive functionality. The ability to establish affective bonds and engage in productive

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activities are signs of a balanced state of mind. This concept underscores the importance of healthy interpersonal relationships and a purpose at work for psychological well-being.

The mental health of federal civil servants is often challenged by the stressors of working life, such as administrative pressures, high work demands, and lack of resources. These factors can lead to burnout and compromised psychological health. It is crucial to implement supportive policies and wellness programs to mitigate these negative effects (Silva; Oliveira, 2018). The implementation of mental health policies in the public service is also aligned with the UN Sustainable Development Goals (SDGs). SDG 3 aims to ensure healthy lives and promote well-being for all at all ages, while SDG 8 promotes decent work and economic growth. Integrating these goals can help create a healthier and more productive work environment, benefiting both individuals and organizations (United Nations, 2015).

The public service plays a crucial role in building and maintaining a fair and functional society, being responsible for providing essential services such as health, education, and security. Nowadays, the efficiency and transparency of the public sector are essential to ensure the trust of the population and promote sustainable development. The importance of public service lies in its ability to respond to the needs of the community, promoting social and economic well-being (Pollitt; Bouckaert, 2017). In addition, higher education institutions are fundamental, as they train qualified professionals and produce research that drives innovation and development (Salmi, 2009). These institutions not only educate the future workforce, but also act as research and development centers that directly contribute to the economic and social progress of the communities in which they are inserted. According to Salmi (2009), universities play a crucial role in the creation of knowledge and in the promotion of innovative practices that benefit society as a whole. By developing new technologies and sustainable practices, they help solve local and global problems, fostering long-term growth and prosperity.

The Integrated System of Health Care for Employees (SIASS) is fundamental in the federal public service, as it guarantees the well-being of employees through health promotion, prevention and monitoring actions. SIASS provides medical, psychological and social support, helping to prevent occupational diseases and reduce absenteeism. Its integrated and coordinated performance improves the quality of life at work, contributing to the efficiency and productivity of the public service. In addition, SIASS promotes a healthier

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and safer work environment, being essential for the motivation and engagement of civil servants (Alves; Sampaio, 2015; Brazil, 2020).

In view of the above, we can consider the following guiding question: "How do occupational health services and mental health policies impact the quality of life and performance of TAE employees in federal institutions in Brazil?" In addition, we can identify the following points in order: a) the importance and challenges of occupational health services in the federal public sector; b) the role of health promotion and occupational disease prevention programs; c) the influence of working conditions on the mental health of civil servants; d) the contribution of mental health policies to the well-being and efficiency of civil servants; e) the relationship between occupational health and the SDGs; and f) the role of higher education institutions in the training of professionals and innovation.

METHODOLOGY

A cross-sectional, documental and retrospective study was carried out using data on leaves due to leave for health treatment of TAE employees of the Federal University of Viçosa (UFV), accessed through the SIASS platform. To collect data from SIASS, the following paths were used: consultations for sick leave and period. Due to the limitations of the platform, the maximum period for application was 12 months, covering the years 2013 to 2024.

Leaves were categorized according to the International Classification of Diseases, 10th edition (ICD-10). During stratification by disease codes, similar codes were grouped, and the two-digit ICD-10 format was used for standardization. Diagnoses were compiled by ICD-10 groups for mental and behavioral disorders (ICD-F) based on the similarity of pathologies. The data collection instrument consisted of a database developed by the researchers, containing variables of interest extracted from SIASS and sociodemographic data extracted from the Dean of People Management (UFV, 2024).

The information in the medical records was anonymized to preserve the confidentiality of the servers, without nominal identification in the tabulation process. Subsequently, the data were entered and numerically coded for analysis using the statistical software SPSS. Descriptive statistical analyses were performed.

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RESULTS AND DISCUSSION

UFV, founded in 1926 as the School of Agriculture and Veterinary Medicine, became a federal university school in 1969. With campuses in Viçosa, Florestal, Rio Paranaíba and Triângulo Mineiro, it stands out in Agricultural Sciences and in several other areas. UFV is recognized for its excellence in teaching, research and extension in the biological, exact and human sciences. UFV offers high school, technical, undergraduate and graduate education on its three campuses, serving more than 20 thousand students. He has graduated more than 60 thousand professionals and supervised more than 16 thousand dissertations and theses (UFV, 2024).

UFV has a total of 1,833 TAE servers, which are distributed as follows: Viçosa campus with 1,550 servers (84.56%); Florestal campus with 167 (9.11%); Rio Paranaíba campus with 98 (5.34%); and Triângulo Mineiro campus with 18 servers (0.98%). The distribution by age group is as follows: under 30 years old, 37 civil servants (2.01%); from 31 to 40 years old, 544 civil servants (29.67%); from 41 to 50 years old, 503 civil servants (27.44%); from 51 to 60 years old, 402 civil servants (21.93%); from 61 to 70 years old, 301 civil servants (16.42%); and from 71 to 75 years old, 46 civil servants (2.5%). Regarding marital status: 1,147 civil servants are married (62.17%); 577 are single (31.28%); and 121 are divorced, separated and/or widowed (6.56%). Regarding gender, there are 668 women (36.20%) and 1,177 men (63.80%). By salary range: 127 level A servers (6.88%); 191 level B (10.35%); 400 level C (21.68%); 780 level D (42.26%); and 347 level E (18.81%). As for ethnicity: 1,116 civil servants are white (60.49%); 31 are yellow (1.68%); 3 are indigenous (0.16%); and 695 are brown or black (37.67%). About the title: 801 civil servants have specialization (43.41%); 568 have master's and doctoral degrees (30.78%); 175 have a degree (9.49%); and 302 have high school and elementary education (16.37%). Employees with disabilities total 38 (2.06%) (UFV, 2024).

Graph 1 shows the total number of forensic examinations carried out annually at UFV during the period from 2013 to 2024. It is noted that, between the years 2014 and 2018, there was an upward trend in the number of expert examinations performed, with the percentage variation in this period being approximately 1,078%. After this period of growth, there was a first inflection, generating a drop between 2018 and 2020, which corresponds to a variation of -77.4%. It is important to note that the period of the Covid-19 pandemic, which began in 2020, seems to have caused an increase in the registration of expert opinions. This is because, in the 2020-2022 biennium, the rate of change was 179.2%.

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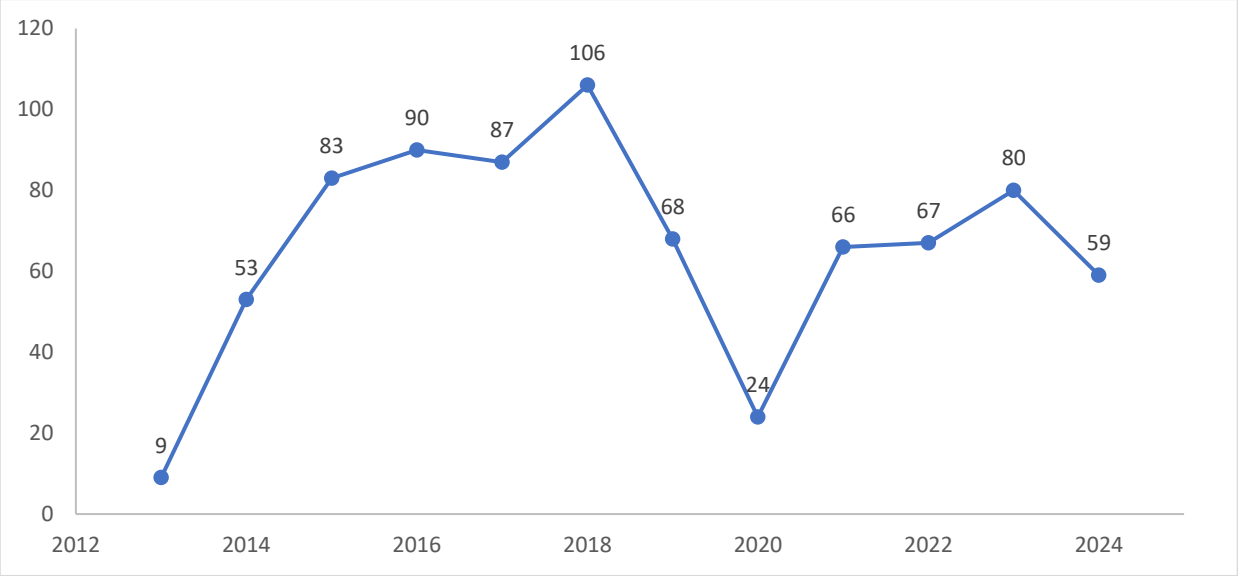
During the Covid-19 pandemic, there was a significant increase in mental disorders classified under the ICD F, such as anxiety, depression, and post-traumatic stress disorder. Prolonged studies by the Ministry of Health (2020) revealed that health professionals and the population in general face high levels of stress, aggravated by social isolation, fear of contamination, and uncertainties about the future. Disorders such as anxiety and depression are alarmingly prevalent, especially among frontline workers, with severe impacts on the mental health and quality of life of these individuals.

Graph 1: Time series of the number of expert examinations carried out in the period from 2013 to 2024.



Source: Prepared by the authors.

Graph 2 shows the total number of forensic examinations per occurrence, breaking down ICD F. It is worth noting that the descriptions of ICDs are presented as follows: Chapter V - Mental and behavioral disorders (F00-F99).

i) ICD F00-F09: Organic mental disorders, including symptomatic ones;
ii) ICD F10-F19: Mental and behavioral disorders due to the use of psychoactive substances;
iii) ICD F20-F29: Schizophrenia, schizotypal disorders, and delusional disorders;
iv) ICD F30-F39: Mood disorders (affective);
v) ICD F40-F48: Neurotic disorders, stress-related disorders, and somatoform disorders;
vi) ICD F50-F59: Behavioral syndromes associated with physiological dysfunctions and physical factors;

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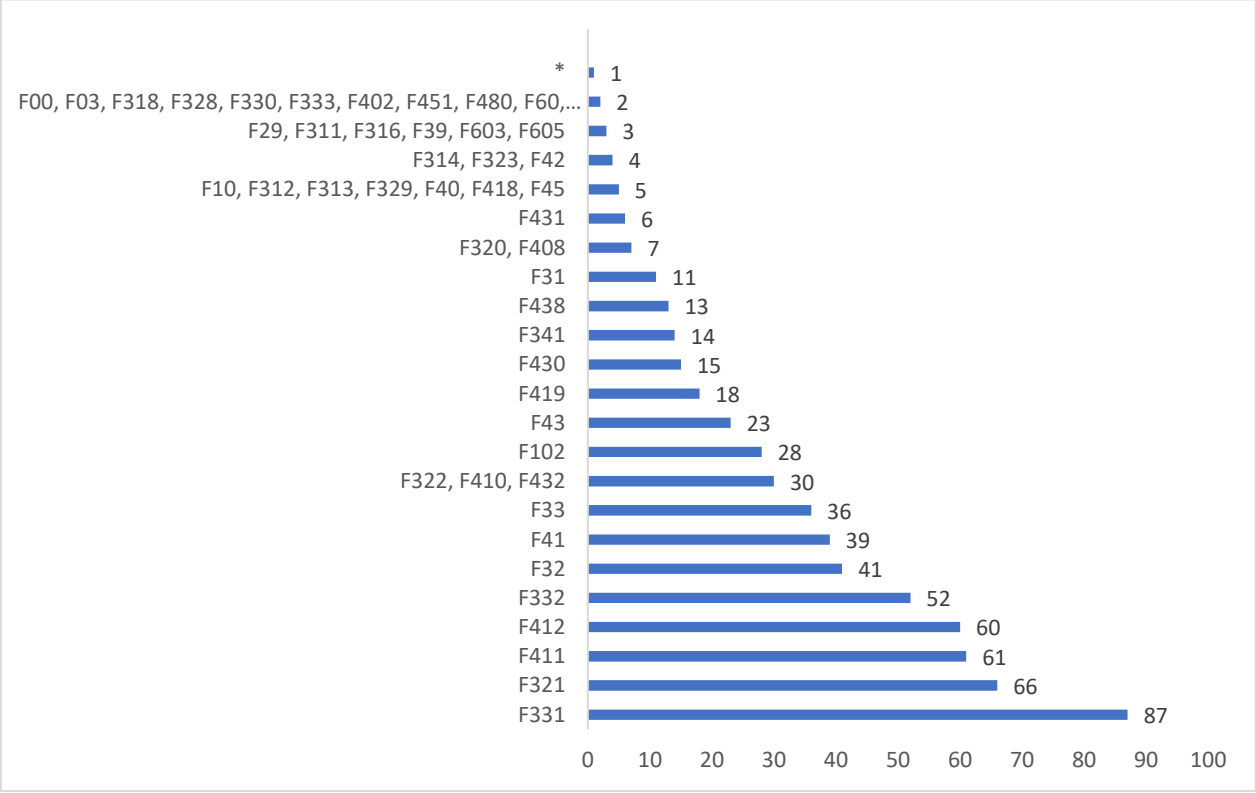
vii) ICD F60-F69: Adult personality and behavior disorders;
viii) CID F70-F79: Retardo mental;
ix) ICD F80-F89: Disorders of psychological development.

Therefore, it is noted that ICDs F32, F33.2, F41.2, F41.1, F32.1 and F33.1 were the ones that stood out for the number of cases greater than 40 during the period analyzed (2013-2024). It is appropriate to emphasize that these are F ICDs related to mental illnesses, depressions (F30-F39) and anxieties (F40-F49). In this context, the need for actions aimed at promoting mental health, including preventive and treatment measures, becomes evident. In addition, it is crucial to consider the psychosocial factors that can influence the increase in these diagnoses, both in the workplace and in personal relationships, reinforcing the importance of public and organizational policies that address these issues in an integrated manner.

Graph 2: Number of expert reports by type of ICD F in the total period analyzed (2013-2024).



Source: Prepared by the authors. Note (1): (*) corresponds to CIDFs F02, F10.3, F10.6, F15.0, F19.8, F20.0, F20.4, F22.9, F25, F28, F30, F301, F31.0, F31.5, F31.9, F34, F40.1, F42.2, F42.9, F44, F45.3, F45.4, F48.9, F50, F51.2, F52.1, F71.0, F84 and F88.

Graph 3 shows the percentage of the total number of expert reports by ICD F grouping segmented by class/position of TAE at UFV. Of the total number of expert reports

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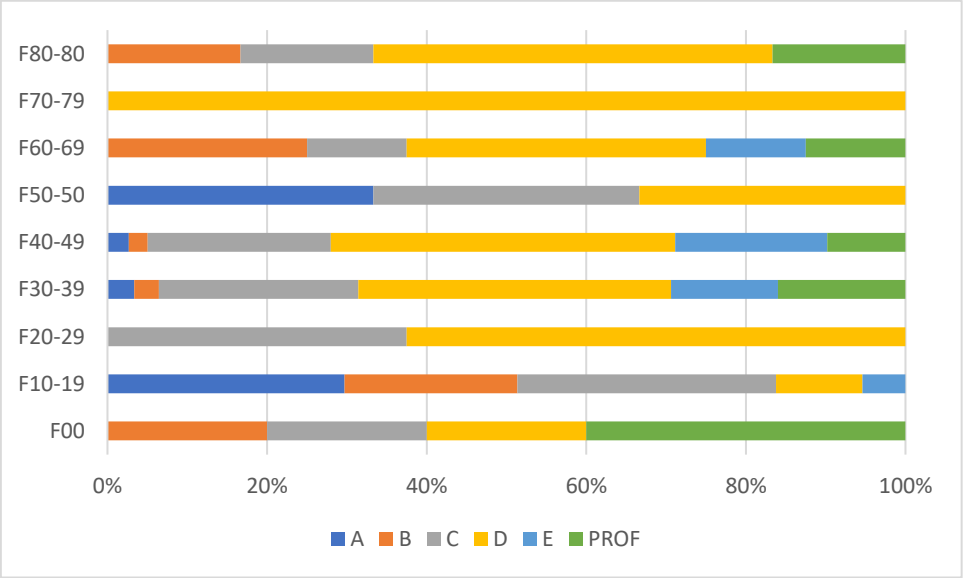
analyzed, ICD F30-F39 (depression), F40-49 (anxieties) and F10-F19 (substance abuse) were the most frequent, totaling 388, 336 and 37 records, respectively. Analyzing each ICD separately, it is possible to see that both ICD F30-F39 and ICD F40-F49 were the ones with the highest number of occurrences. In the case of ICD F10-F19, they were A, C and B, respectively.

Graph 3: Percentage representation of classes/positions by ICD F groupings.



Source: Prepared by the authors.

Graph 4 shows the distribution of the total occurrences of ICD F in the period worked (2013-2024), segmented by individuals' education. It is possible to observe that most occurrences are TAE among those with higher education specialization or improvement (249 records), high school (141 records) and higher education (133 records). This distribution suggests possible relationships between schooling and the factors associated with the occurrences found, and may reflect both on the characteristics of the functions performed at each level of education.

Studies show a significant relationship between schooling and the nature of the occurrences of adolescence or occupational accidents in Brazil. Workers with lower levels of education, often in operational roles, are more exposed to financial and environmental risks, while those with higher education more often face psychological and organizational demands. These trends reflect the division of roles and risks associated with work at different educational levels (Ministry of Labor and Social Security, 2021).

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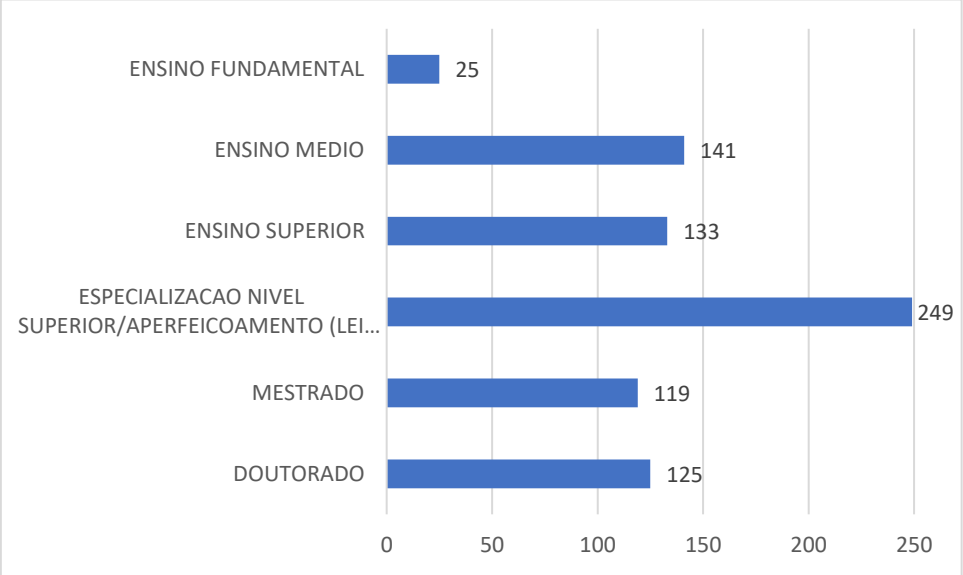
Graph 4: Total ICD F by schooling in the full period analyzed (2013-2024).



Source: Prepared by the authors.

Graph 5 presents the historical series of the total occurrences of forensic examinations segmented by age categories. It is important to highlight that, for all age categories, a similar trajectory occurred: an increase between the period 2013-2016 followed by a decrease until 2020, culminating in an inflection in the year of the beginning of the Covid-19 pandemic (2020). An important issue to be highlighted is that before the pandemic period, the age groups between 31-40 and 51-60 years old were the ones with the highest number of occurrences. At the same time, after the pandemic, the age groups with the highest number of occurrences were between 31-40 and 41-50 years old.

During the COVID-19 pandemic, a significant impact on the mental health of populations has been observed. Studies by the Ministry of Health (2020) show that a pandemic is acting as a disorder of psychological disorders, with a significant increase in symptoms of anxiety, depression, and post-traumatic stress. The resulting social and economic changes, such as social isolation, job loss, and financial insecurity, are developing into a mental health "parallel pandemic." These changes were particularly evident in different age groups, especially young and middle-aged adults who faced a sharp increase in psychological illness.

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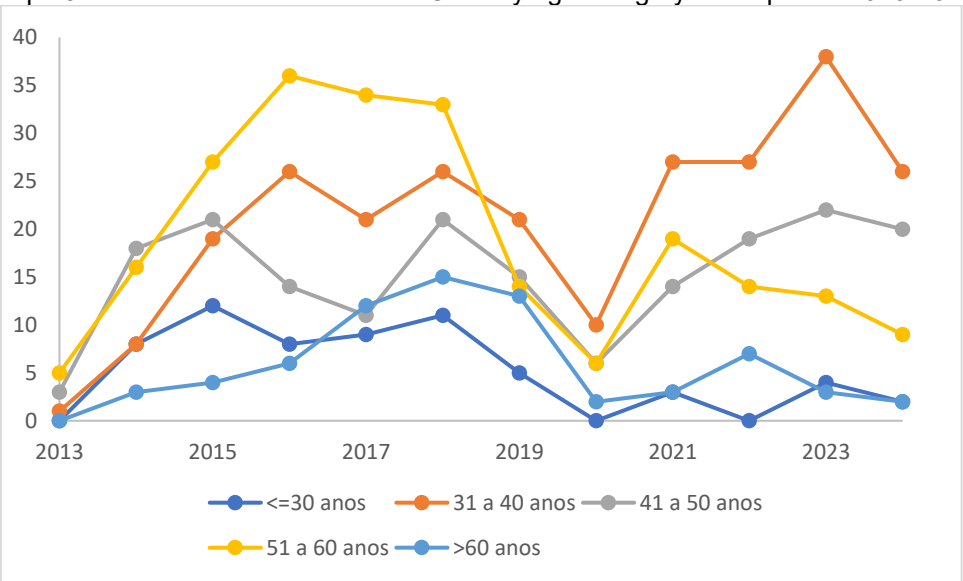
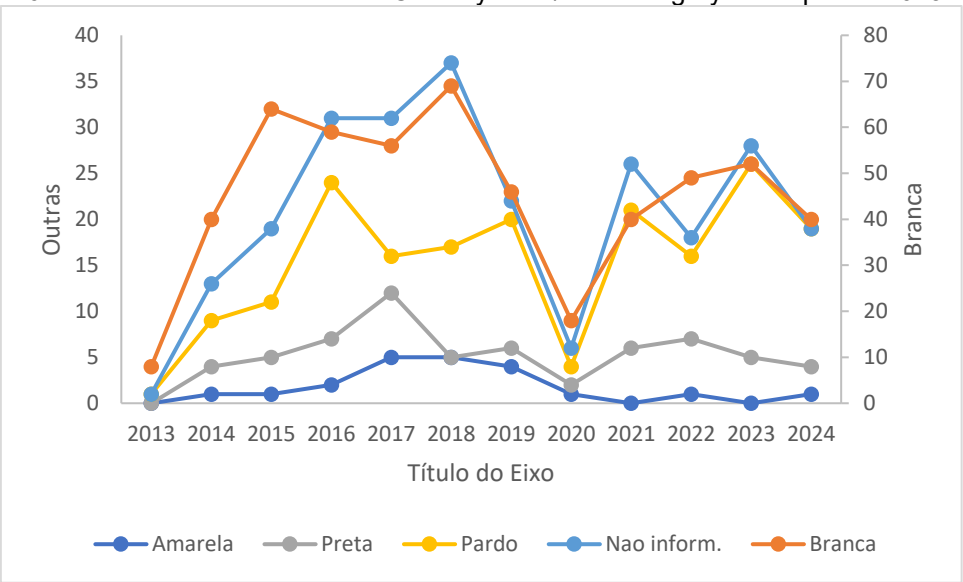
Graph 5: Historical series of the total ICD F by age category in the period 2013-2024.



Source: Prepared by the authors.

Graph 6 presents the historical series of the total ICD F by color/race category in the period analyzed. Notably, the white category (right axis) is the one with the highest number of records, something expected in view of the racial representation of the UFV staff already discussed earlier. It is noted that for the yellow and black categories there were no major variations over the period. At the same time, however, for the other categories, there was an upward trend from 2013 to 2018, followed by a decrease in the 2018-2020 period and a subsequent increase in the subsequent periods.

Graph 6: Historical series of the total ICD F by color/race category in the period 2013-2024.



Source: Prepared by the authors.

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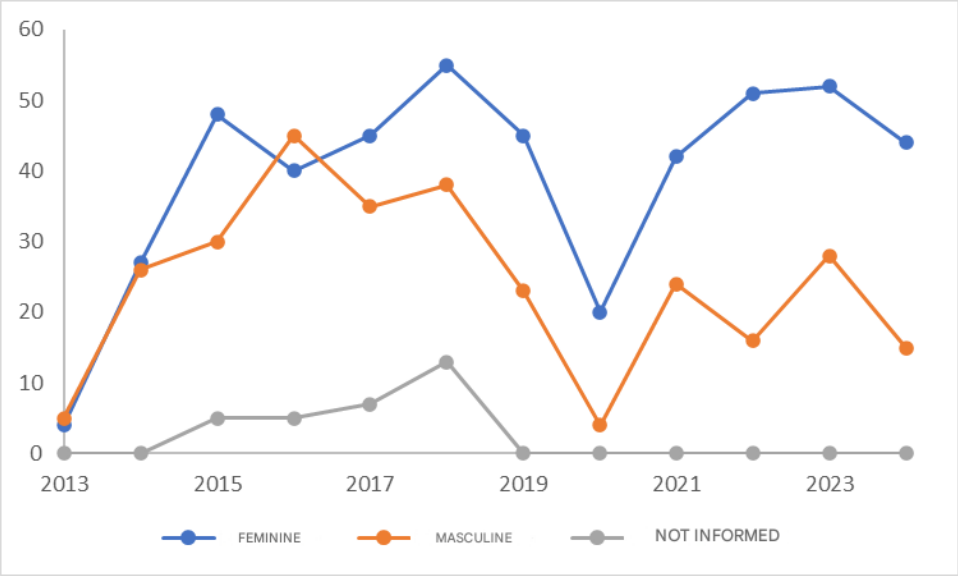
The historical series of the total ICD F by gender category is shown in Graph 7. It is noted that the male and female genders presented the same trajectory.

Graph 7: Historical series of the total ICD F by gender category in the period 2013-2024.



Source: Prepared by the authors.

Graph 8 shows the percentage distribution of age categories by ICD F groupings, and ICDs F00 are mostly between 51-60 years old and F70-79 only between 31-40 years old.

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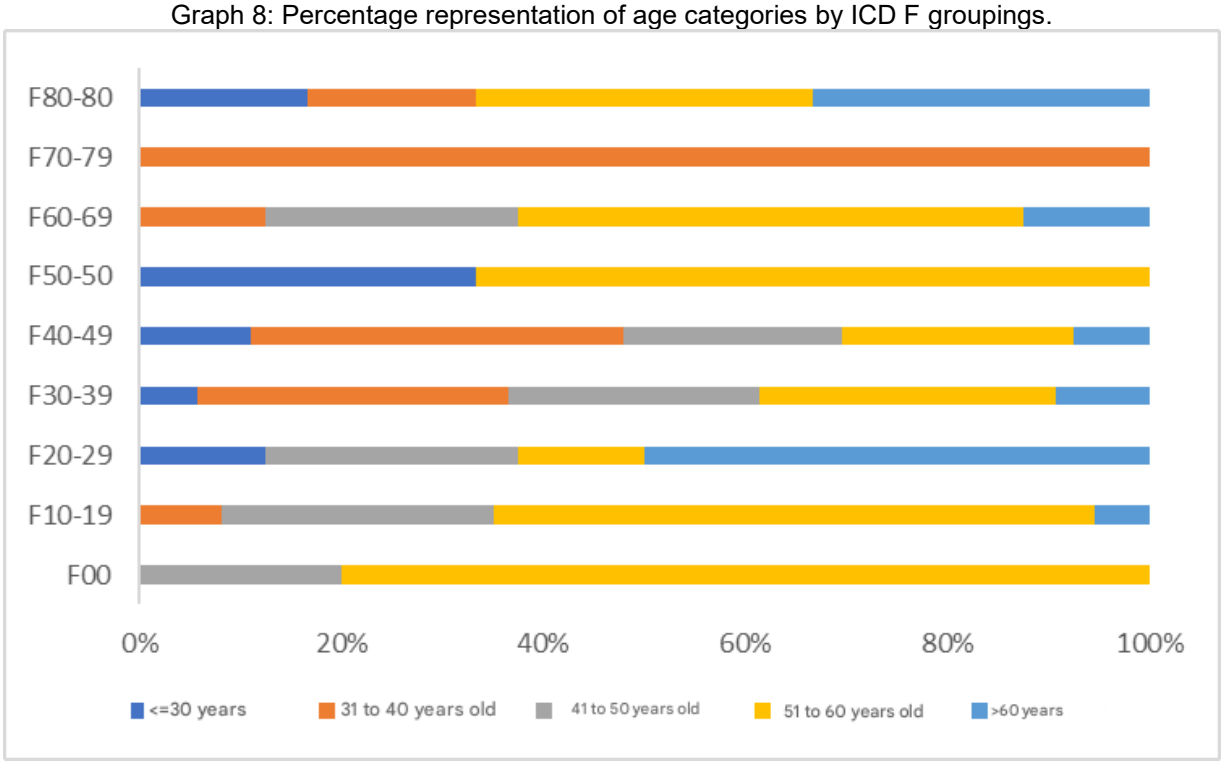
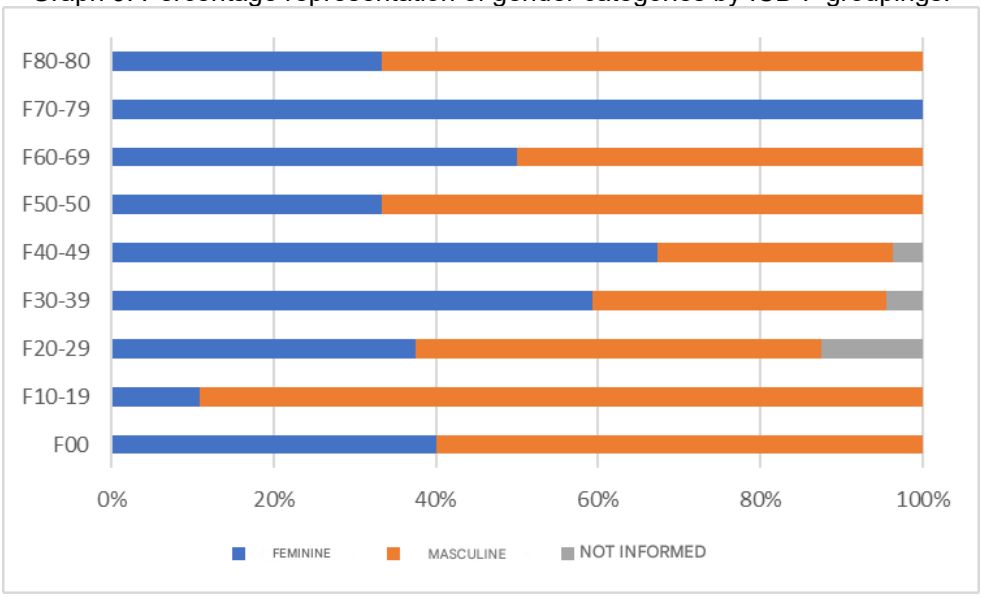
Graph 8: Percentage representation of age categories by ICD F groupings.



Source: Prepared by the authors.

Graph 9 shows the percentage distribution of gender categories by ICD F groupings, showing a higher occurrence of F30-39 and F40-49 for women and F10 for men.

Graph 9: Percentage representation of gender categories by ICD F groupings.



Source: Prepared by the authors.

Graph 10 shows the percentage distribution of the color/race categories by ICD F groupings and the predominance, notably the white category with the highest number of

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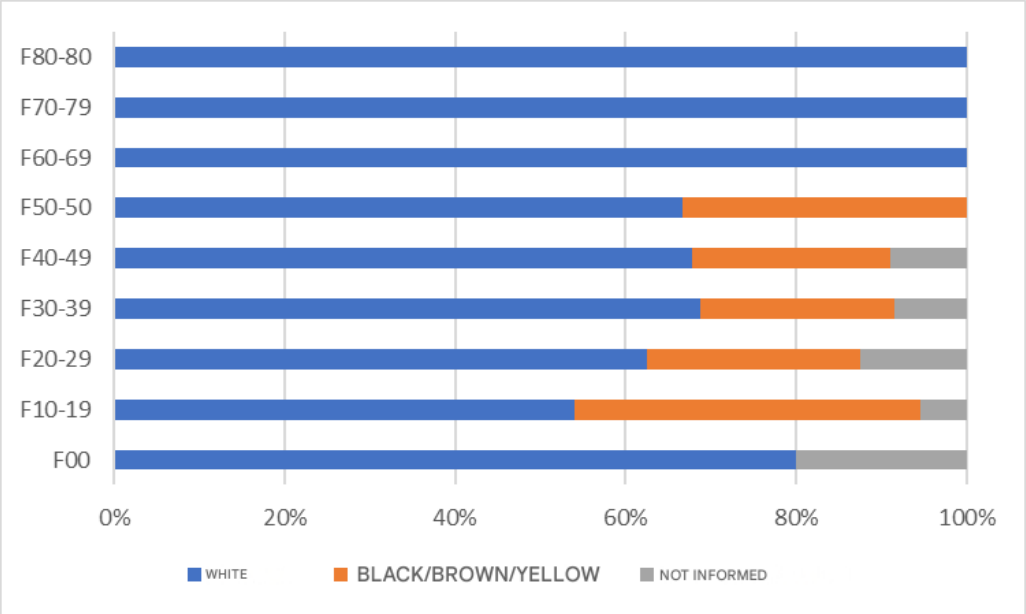
records, something expected in view of the racial representation of the UFV staff, white employees (60.49%), already discussed previously. This pattern follows the statistics of the Brazilian federal public service, where approximately 40% of the civil servants in the Federal Executive Branch are black, despite representing 56% of the national population, according to the Brazilian Institute of Geography and Statistics (Ministry of Management and Innovation, 2024).

Graph 10: Percentage representation of color/race categories by ICD F groupings.



Source: Prepared by the authors.

FINAL CONSIDERATIONS

The analysis of all data from SIASS, from the Ministry of Planning and Budget, regarding UFV's health expertise reinforces the importance of these services, especially when examining the impact of the COVID-19 pandemic on mental health. The significant increase in mental health disorders, particularly anxiety and depression, highlights the need to strengthen mental health initiatives in the public sector. The role of mental health programs, including prevention and treatment strategies, becomes indispensable in managing the stressors faced by public servants. These policies align with global efforts, such as the United Nations SDGs, aimed at well-being and quality of life.

Finally, the correlation between health outcomes and factors such as age, gender, educational level, and even racial background further emphasizes the need for targeted interventions. The data presented in this study offer valuable *insights* to refine health policies, ensuring that they meet the specific needs of various demographic groups. As the

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federal public sector continues to evolve, it is crucial to integrate these findings into comprehensive health strategies that support the well-being of all employees while fostering a resilient and efficient workforce that can better serve the public.

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