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WORK AND PROCESSES OF MENTAL ILLNESS: AN ANALYSIS OF THE ABSENCES OF PUBLIC SERVANTS IN THE CITY OF SANTA MARIA/RS

O TRABALHO E OS PROCESSOS DE ADOECIMENTO PSÍQUICO: UMA ANÁLISE DOS AFASTAMENTOS DE SERVIDORES/AS DO MUNICÍPIO DE SANTA MARIA/RS

Marcia Goularte Marques[1] e Diogo Faria Corrêa da Costa[2]

ABSTRACT

This article discusses the relationship between work and mental illness among civil servants in Santa Maria/RS. The general objective was to understand the relationships between work and mental illness based on the analysis of absences of public servants. The specific objectives were: a) to carry out a survey of absences due to mental illness; b) to analyze the data obtained to current issues in the world of work; c) to discuss proposals for the prevention of mental health. As a method, a documentary survey of sick leave was carried out, looking for the information: diagnoses, departments of employment, gender and length of leave. A narrative review of the literature was then carried out, relating the survey to current literature. As a result, between 2021 and 2022, 171 civil servants were absent from their jobs, predominantly female health professionals, with emotional issues such as overload, exhaustion and stress standing out. In conclusion, the study pointed to the importance of defensive strategies in the face of psychological distress and the need for greater knowledge about the causal link between work and psychological distress in order to establish preventive and promotional measures for workers' health.

Keywords: Work; Mental Health; Sick Leave; Government Employees.

RESUMO

Este artigo discute a relação entre trabalho e adoecimento psíquico de servidores/as públicos/as do município de Santa Maria/RS. O objetivo geral foi compreender as relações entre trabalho e adoecimento psíquico a partir da análise de afastamentos de servidores/as. Como objetivos específicos: a) realizar levantamento dos afastamentos por adoecimento psíquico; b) analisar e relacionar os dados obtidos com as questões atuais do mundo do trabalho; c) discutir propostas de prevenção e promoção de saúde mental. Como método, realizou-se pesquisa documental dos afastamentos, buscando as seguintes informações: diagnósticos, secretarias de lotação, gênero e período de afastamento. Após, realizou-se pesquisa bibliográfica, do tipo revisão narrativa, relacionando o levantamento com a literatura atual. Como resultados, entre 2021 a 2022, 171 servidores/as foram afastados/as de suas atividades, predominando profissionais mulheres da área da saúde, destacando-se questões emocionais como sobrecarga, esgotamento e estresse. Agentes comunitários de saúde foi a categoria profissional com maior número de afastamentos no período estudado. Como conclusões, o estudo apontou para a importância das estratégias defensivas frente ao sofrimento psíquico e a necessidade de maior conhecimento acerca do nexo causal entre trabalho e sofrimento psíquico para estabelecer medidas de prevenção e promoção em saúde do/a trabalhador/a.

Palavras-chave: *Trabalho; Saúde Mental; Licença Médica; Empregados do governo.*

1 Psicóloga. Secretaria Municipal de Saúde de Itaara, RS. E-mail: marciagoulartect15@gmail.com. ORCID: https://orcid.org/0000-0002-5897-6386

2 Psicólogo. Doutor em Psicologia pela Universidade Federal de Santa Maria (UFSM). Docente do Curso de Psicologia da Universidade Franciscana (UFN). E-mail: diogo.costa@ufn.edu.br. ORCID: https://orcid.org/0000-0001-7720-5993.

INTRODUCTION

Issues involving the world of work and workers' health are the subject of research, which relates mental illness processes to working conditions, sometimes mapping the categories that recorded the most absences from work (CORREA; ANDRADE, 2020; OLIVEIRA *et al.*, 2019), sometimes discussing public policies that can contribute to promoting workers' health (SOUZA; BERNARDO, 2019). For Correa and Andrade (2020), when mapping the causes of absences among public servants in Manaus, Amazonas, Brazil, they state that most of the causes of illness are related to work overload and professional devaluation, which, in turn, are linked to the forms of work organization.

The organization of work as we experience it today is a result of the productive restructuring of capitalism, based on a context of economic crisis in the last decades of the 20th century and the advancement of the technological revolution, culminating in a new capitalist model, where the subjectivity of the worker is captured by the discourse of capital (COUTINHO; CIRINO, 2019). In the public service, despite being inserted in a logic somewhat different from the private sphere, there are factors of precariousness that affect workers. For example: the vertical division of labor; the technical-bureaucratic model; the lack of autonomy; and the stigma surrounding public service linked to slowness (NUNES; LINS, 2009).

In addition to this context, problematizing the relationships between work, suffering and health has been understood as fundamental by organizations such as the *Organização Internacional do Trabalho (OIT)* and the *Organização Mundial de Saúde (OMS)* , which have been pressuring countries to adopt measures to assess and manage psychosocial risks, as clearly evidenced by the amendment to *Norma Regulamentadora nº 1*, of the *Ministério do Trabalho e Emprego*, through *Portaria nº 1.419*, of August 27, 2024.

In view of this, we asked ourselves: what are the subjective consequences of this way of working on workers? What can Psychology contribute to this issue? Thus, we defined the following research question: how can we understand the relationship between work and mental health of public servants in Santa Maria, based on their absences from work? As a general objective, we sought to understand the relationships between work and mental illness based on the analysis of absences of public servants. The specific objectives were: The specific objectives were: a) to carry out a survey of absences due to mental illness; b) to analyze the data obtained to current issues in the world of work; c) to discuss proposals for the prevention of mental health.

METODOLOGY

The research was carried out at the *Centro de Atenção Integrada à Saúde e Segurança do Servidor (CAISS)*, an agency linked to the *Secretaria Municipal de Administração e Gestão de Pessoas*,

of the *Prefeitura de Santa Maria/RS*, where the main researcher of this study carried out an extra-curricular internship from August 2021 to February 2023. This is a sector focused on mental health and is made up of a psychologist, a mental health technician and psychology interns. All municipal employees who need to be away from work for a period longer than two days must access the *CAISS*, with the period and reason for the absence recorded in their medical records.

In the mental health sector, it was necessary to survey the number of employees absent from work in each municipal department, as well as the diagnoses indicated in the medical records as the reason for absence (diagnoses according to the *Classificação Internacional de Doenças*, version 10, *CID-10*) (*OMS*, 2008). The objective of this survey was to understand the demands of each department and, based on this, guide actions to be developed by the mental health team. Our initial hypothesis, which was confirmed in 2021, was that diagnoses related to mental illness would be present in a large number of medical records, being the prevalent reason for absence.

The data used in this research, therefore, refer to absences due to mental illness, being a cross-section of other diagnoses observed during the internship period. Thus, data from employees with at least one record of absence due to Emotional and Behavioral Disorders (EBD) from January 2021 to December 2022 were evaluated. In addition, we delimited for analysis the certificates that covered the period of absence of less than 15 days, that is, those that did not enter the expert process.

Thus, the methodological construction of this article went through two stages: 1) documentary research through archives containing the surveys, seeking the following information: diagnoses, assignment secretariats, gender and period of absence; 2) carrying out bibliographic research, through narrative review, with the aim of discussing and deepening some theoretical perspectives and research results relevant to the general objective of this study.

To meet the first stage of the research, the Document Analysis approach was used (ALVES *et al.*, 2021; LIMA JUNIOR, 2021; NUNES; SIMEÃO; PEREIRA, 2020), which can be used in both quantitative and qualitative research, focusing on the search for information in documents that contribute to the researcher's interests. The documents that were part of the analysis were the files containing the aforementioned surveys, which are under the control of *CAISS*. They contain data from approximately 2,000 employees.

Concomitantly with this analysis, a narrative literature review was used to discuss the topic addressed from a theoretical point of view (ROTHER, 2007). The electronic databases used were the *Portal de Periódicos da CAPES* and *Google Acadêmico*. The inclusion criteria were articles available in full, online and free of charge; original articles, written in Portuguese, published between 2013 and 2023 that fit the research objectives. The exclusion criteria were texts from previous years and published in other languages. The research project was submitted to the *Comitê de Ética em Pesquisa* of the *Universidade Franciscana*, and approved under *CAAE n. º 72790123.7.0000.5306*.

RESULTS

In the period from 2021 to 2022, we obtained the result of 171 employees on leave, totaling 235 certificates. Of this amount, the following diagnostic groups stood out, according to *CID-10*:

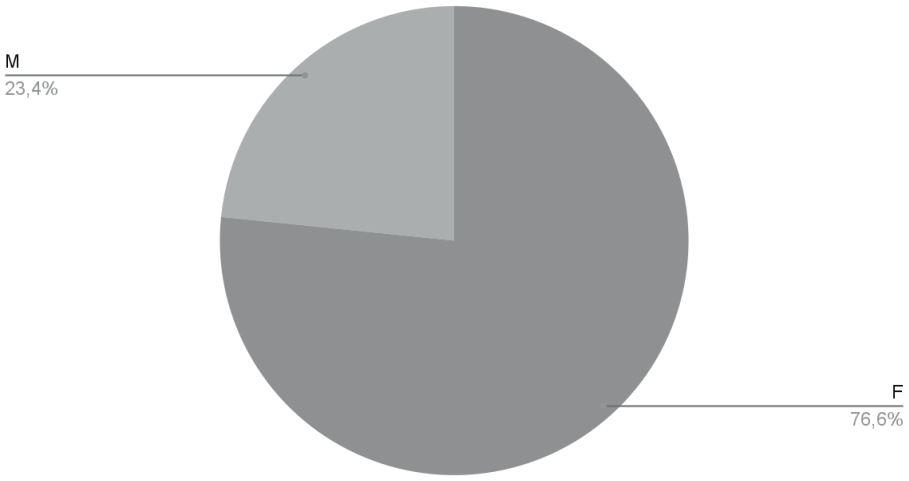
Group F: Mental and behavioral disorders (EBD);

Group R: especially diagnoses R42 - Dizziness and unsteadiness, R45 - Symptoms and signs related to emotional state and R46.6 - Excessive restlessness and worry about "stressful" events. These are classified as: "Symptoms and signs related to cognition, perception, emotional state and behavior";

Group Z: only diagnosis Z73.0 - Exhaustion.

In some cases, more than one *CID* code was assigned to the reason for the absence, with 280 codes from the groups mentioned above being counted individually, which will be presented in the following graphs. It is important to note that, in most cases, a worker needs to be absent from work more than once during the year, especially when it comes to mental health. The 235 certificates of absence due to mental illness were presented by 171 employees from different departments in the city. Of these employees, 76.6% are female (Graph 1).

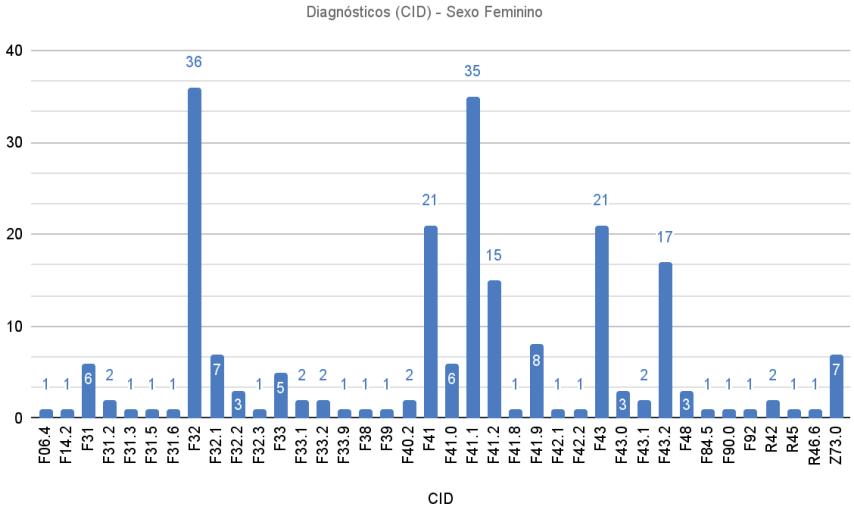
Graph 1 - Prevalence of the GENDER marker among employees on leave due to mental illness. (2021 Jan. - Dec. 2022).



Source: Prepared by the authors (2024).

Among the certificates presented by female employees (Graph 2), the most prevalent codes were: F32 (Depressive episodes) and F41.1 (Generalized anxiety), followed by F41 (Other anxiety disorders) and F43 (Reactions to severe stress and adjustment disorders). It is worth noting that the same certificate may contain more than one *CID* code as a reason for absence. In total, 222 codes were presented between January 2021 and December 2022 by 131 female employees.

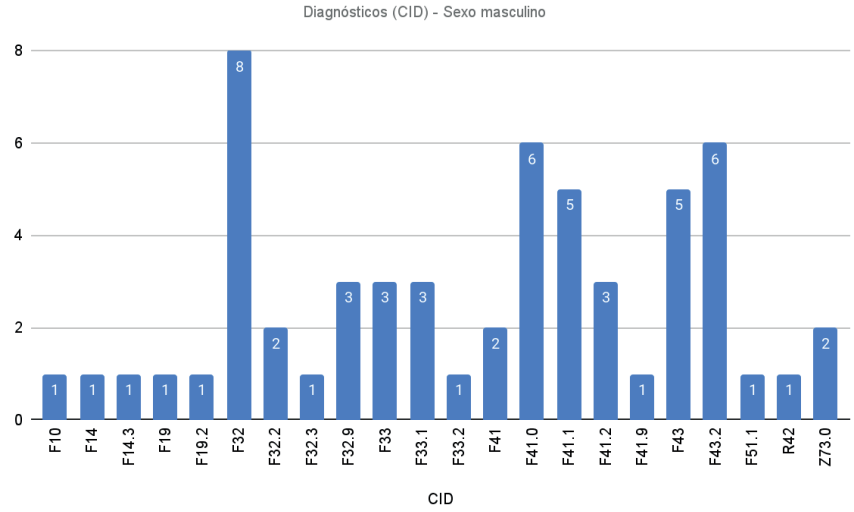
Graph 2 - Prevalence of diagnoses by gender feminine.



Source: Prepared by the authors (2024).

Among the male gender (Graph 3), code *F32* also prevailed, followed by *F43.2* (adjustment disorders) and *F41.0* (panic disorder), totaling 58 codes for 40 employees.

Graph 3 - Prevalence of diagnoses in males.



Source: Prepared by the authors (2024).

In Table 1, we can see the breakdown by departments of the municipality. Of the 171 employees who were absent from work, 83 were from the health sector and 51 from the education sector. Therefore, because these data are significant, it was decided to discuss them in more detail later in the text.

Table 1 - Division by Secretariat of the total number of employees away from work.

Secretary	Number of Servers
Secretaria Municipal de Administração e Gestão de Pessoas	3
Secretaria Municipal de Infraestrutura e Serviços Públicos	3
Casa Civil	5
Mayor's Office	5
Secretaria Municipal de Mobilidade Urbana	5
Secretaria Municipal de Desenvolvimento Social	9
Secretaria Municipal de Educação	51
Secretaria Municipal de Saúde	83
Other secretariats*	11
Total Servers	171

* Data from municipal departments with the lowest number of employees on leave were grouped together to ensure their anonymity.

Source: prepared by the authors (2024).

In relation to the total number of employees in the departments, the data represents: 6.85% of employees in the *Casa Civil*, 8.93% of employees in the Mayor's Office, 5.88% of employees in the urban mobility department, 12.33% of employees in the social development department, 2.56% of employees in the education department and 9.72% of employees in the health department.

As a high number of health workers were absent for the reasons indicated, we carried out an even more specific analysis to understand one of the categories that was most ill in the municipality. We identified Community Health Agents as the workers who faced the most situations of suffering culminating in absence from work (Table 2).

Table 2 - Number of absences in the Municipal Health Department: list by position.

Positions	Number of Servers
Community Health Agent	20
Nurse	12
Nursing Technician	8
Family Nurse	6
Administrative Agent	4
Agent in Assistance	4
Social Worker	3
General Services Assistant	3
Position not found	8
Other positions*	15
Total	83

*Data relating to employees of the Municipal Health Department occupying positions with the lowest number of employees on leave were grouped together to guarantee their anonymity.

Source: adapted from the City Hall's Transparency Portal. Prepared by the authors. (2024)

Thus, the data led us to look more closely at work relations in the health field, with discussions being presented in the following topics: a) illness processes in the work context; b) what do the absence data show us?

DISCUSSION

ILLNESS PROCESSES IN THE WORK CONTEXT

As a starting point, we will return to the introductory idea of "disease processes" with the aim of presenting the reflection we use to discuss these data. When we understand health and illness as processes, we discard the idea that illness is an isolated fact, that the definition of health or illness encompasses only the organic limits of the body. On the contrary, "The concept of health is inseparable from the concrete conditions of existence" (CZERESNIA; MACIEL; OVIEDO, 2013, p. 11). The meanings given to health and illness are the result of each person's unique experiences, of dynamic life processes, which, while being experienced one-on-one, are configured socially and culturally. Therefore, health is not limited to the absence of diseases, there is much more potential when we expand the understanding of health as "[...] the power to deal with existence" (CZERESNIA; MACIEL; OVIEDO, 2013, p. 12).

With this, we understand that there are so many different conceptions about being healthy and sick that we need to pay attention to what we mean when we use a number from the International Classification of Diseases as a marker for the health/illness process. This number tells us nothing, for example, about the attitude of power to deal with life that the authors mentioned above. It also does not put us in touch with the experience of living through the illness process of any of these people.

Therefore, considering only one *CID* code can limit the possibilities of understanding and intervening in this reality. Here we highlight our perspective as Psychology professionals, interested in this in-between process, that is, in that which is not manifest on the surface, but which continues to demand attention and care. What does this simple, but not simplistic, survey tell us about the subjectivity of these employees, especially due to the significant number of women on leave?

By choosing the *CID* code as a way of measuring the problem, we seek to analyze it more broadly and to reflect on it in a different way. Before a diagnosis, before arriving at a health service with a medical report, there is a story behind it: an entire vivid process. Furthermore, we cannot limit the understanding of the processes of illness to the reduction of some functional capacity or productivity at work.

According to the *Centro Estadual de Vigilância em Saúde (CEVS) do Rio Grande do Sul*, establishing a causal link for work-related mental disorders is an urgent demand in the area of worker health. This requires the correct reporting of this type of injury and the planning of preventive actions. This notification occurs through the *Sistema de Informação de Agravos de Notificação (SINAN)* and the *Sistema de Informação em Saúde do Trabalhador (SIST/RS)* (CEVS, 2021).

Data from SINAN, collected through the *Portal BI Público*, show that work-related mental disorders are extremely underreported in Rio Grande do Sul. In 2021, 104 cases were reported, and in

2022, 141 cases related to the mental health of workers were reported throughout the state, the majority of whom were women. This underreporting may be due precisely to the difficulty in establishing a relationship between the work environment and mental illness (SES/RS, 2023).

On this issue, Merlo, Bottega and Perez (2014) discuss the difficulty of identifying the etiology of suffering, since where work can be an aggravating factor, several other factors that refer to each person's history may also be related to the situation at the time. This distinction is a challenge, and to achieve this, health professionals must be able to identify, in workers' reports, the characteristics of the work organization that may be related to the psychological suffering of these workers.

Professionals can question, for example, how interpersonal relationships are established, hierarchical positions, how the worker perceives his/her work environment, the demands he/she has to meet, how he/she understands this health-illness process he/she is experiencing. This type of questioning opens the door for workplace illness to be discussed, often for the first time (MERLO; BOTTEGA; PEREZ, 2014). In this sense, the possibility of creating strategies to promote and care for the mental health of workers also arises. We understand that carrying out a systematic survey of this information, through the specific service of the city government, is essential. However, we suggest going further, using this data as subsidies for the elaboration of action plans to address the reality evidenced by them.

The Psychodynamics of Work understands that work always goes beyond the human dimension. Work processes are not dissociated from each other; the execution of a function (technical, practical activity, machine operation) always implies a certain conception that goes beyond the technological, since this is insufficient in itself. No matter how formal the function may be, a dose of subjective activity is always present. It is the relationship between *prescribed work* and *real work*, where the first characterizes the requested work and its rules, and the second, the subjective factor that the worker needs to invest in to perform it (LANCMAN; SZNELWAR, 2004).

In other words, the diagnosis produced by *CAISS* may provide an opening for dialogue between these two fields theorized by the Psychodynamics of Work and, in this way, create space to discuss, listen, build consensus and "adjustments" between what is prescribed and what is executed, perhaps, at least, to reduce the tensions that, possibly, are in the "etiological" bases of suffering. Understanding "etiological" in a broad and contextual sense, beyond the nosological field.

Therefore, the subjective factor cannot be excluded from work, but "[...] subjectivity is inscribed in the social, ethical and political spheres, mainly through work. Work is certainly the privileged and irreplaceable mediator between the unconscious and the social field" (LANCMAN; SZNELWAR, 2004, p. 190). Here, Christophe Dejours, a theorist who dedicated his work to studying the relationships between work and mental health, speaks of the relationships with the collective that workers establish in their daily lives. Merlo and Mendes (2009) reinforce that the Psychodynamics of Work targets the collective of work in the diagnosis of psychological suffering and focuses on interventions

aimed at analyzing the organization of work that subjects these workers, as a collective, to suffering. It also prioritizes defensive strategies to reduce suffering in order to cope with the prescribed work.

Work involves production, but it also involves dealing with the risks arising from it, and one of the ways of dealing with everyday challenges is to develop defensive strategies, which can be individual and/or collective. They function as a defense mechanism, used by workers to deal with feelings such as boredom, anguish, fear and fatigue due to their work conditions. They are mechanisms that allow them to repress thoughts that may threaten psychological cohesion, using collective efforts to protect themselves against destabilizing factors. This movement occurs as a kind of normative agreement that brings together everyone's efforts to protect themselves from the vulnerability that the real work may reveal (DEJOURS, 2022). Thus, based on this context, in the next item, we will discuss in more detail the data produced by the research.

WHAT DOES THE DATA ON ABSENCE SHOW US?

In the context of work in health, social assistance and education, the real work is, among other factors, when faced with the social needs of others, with their vulnerability. These are professions that involve care, socially and historically constructed as belonging to the feminine order. This leads us to believe that the challenge lies in meeting this demand, which comes in large numbers and in the most diverse contexts, or even in realizing that their work is sometimes insufficient. As a result, the feeling of helplessness is often present in the daily lives of workers in these areas. It is no coincidence that these municipal departments were the ones that recorded the sickest female employees.

We can think of the spaces for team discussion, whether in weekly meetings or after crisis interventions, as defense mechanisms used in the face of suffering in the work of "care professions". A less healthy strategy may be the so-called "hard shell", which represents the attempt to protect oneself, the omission of feelings in the face of what is most difficult to see in the reality of work (SARTORI; SOUZA; SIMÕES, 2023). The aforementioned authors interviewed workers who work directly in the intervention of suicide attempts and listed the exchanges between the team, whether in meetings or in informal moments, as an essential strategy for sharing the anxieties and difficulties felt in the context of work. In other words, they highlighted this defense strategy as a resource for dealing with suffering at work.

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Another important aspect to reflect on is the relationship between suffering in the work of care professionals and the gender issue, which stood out in the research. Care-related jobs are performed mostly by women: health professionals, teachers, social workers, community health agents. These and other care-related jobs are arduous, tiring, poorly paid and, to the same extent, indispensable to society. These functions, classically attributed to women, carry with them marks of gender inequality (ESTEVES; BITU; GURGEL, 2021). Women make up the majority of the workforce in the Health, Education and Social Assistance departments and also the majority in terms of absences from work.

The research by Zanello and Costa e Silva (2012) corroborates the results obtained in our study insofar as it discusses the epidemiological survey of mental disorders and their generation considering the gender of patients in medical records from two Brazilian psychiatric hospitals. The analysis of the documents shows that there is a difference in the way in which diagnoses and symptoms are attributed to men and women, highlighting the importance of qualifying gender as a fundamental bias for reviewing the field of mental health, especially with regard to this attribution.

The results of the research by Zanello and Costa e Silva (2012) show that women have higher prevalence rates of mood and anxiety disorders, while men have higher rates of disorders associated with alcohol and other drug abuse, in addition to psychosis. Among the symptoms reported in the medical records, there is a frequency of the symptom "crying" in women, which did not appear in the medical records of men.

In addition to this, anxiety, sadness, irritability, nervousness, difficulties in relationships, among others, also prevail in women. For men, symptoms such as aggressiveness, psychomotor agitation, suicidal ideation and alcoholism (ZANELLO; COSTA E SILVA, 2012).

We did not have access to data that would allow us to discuss the symptoms of the employees, but in relation to the diagnoses, the prevalence of diagnoses related to the abusive use of alcohol or other drugs (*F10*, *F14*, *F14.3*, *F19* and *F19.2*) among men is confirmed, with five men and only one woman presenting them, proportionally significant, given our sample. In addition, we note a subtle difference: one of the most prevalent diagnoses in our research, among women, is *F43* - Reactions to severe stress and adjustment disorders. Among men, it is among the three most prevalent, *F 43.2* - adjustment disorders.

However, we ask: why is a "reaction to stress" only attributed to women in their work environments? The adjectives attributed to women in the research cited above seem to be internalized in the conception of doctors even at the time of their clinical evaluation. Why is the adjective "stressed" applied more to women and less to men? When a woman is evaluated as stressed and tearful when reporting the situation that causes her suffering, almost in a pejorative way, is she really being listened to? This leads us to reclaim the basic premise of doing in Psychology and extends to all health professionals: it is necessary to listen to people before fitting them into one or another diagnostic criterion.

In this sense, the research by Oliveira, Baldaçara and Maia (2015), which mapped absences due to mental disorders among federal public servants in Tocantins, also agrees with our study,

presenting significant numbers of servants diagnosed with "Depressive episodes", the *CID* that stood out most among the servants in Santa Maria, in addition to "reactions to severe *stress* and adjustment disorders" and "Other anxiety disorders". The authors add that:

> It is possible that the diagnoses of MH/BH [Mental and Behavioral Disorders] evidenced in this research are associated with several stressors that are part of the daily work of public servants, such as: intense demand for services, precariousness of physical structures and public management, political changes in government that alter routines and work processes, among others. (OLIVEIRA; BALDAÇARA; MAIA, 2015, p. 166).

The perspective that stressors in public service are possibly associated with suffering at work among civil servants is reinforced by the research by Nunes and Lins (2009), which adds bureaucratization and verticalization of work as sources of frustration and discouragement. These forms of suffering may be common to different positions and roles in the management hierarchy of services. Regarding depression, expressed by diagnoses *F32* and *F33* and their subdivisions according to the variations and specificities of each framework, the diagnosis was also prevalent in research conducted by Cavalheiro and Tolfo (2011) and Santana *et al.* (2016). We faced difficulties in finding more research focused on the study of depression in civil servants in general, except for those that use excerpts to discuss specific positions.

We cannot fail to consider and highlight the large number of health workers who are ill, confirming one of our initial hypotheses through the survey, especially in the work context of Community Health Agents (CHAs). Possible factors that can result in suffering/illness in this work context are lack of professional recognition, excessive workloads combined with work overload, and conflicts with the community, since CHAs work directly in the territories and often have a closer relationship with the families they serve. In addition, there are feelings of non-resolution of demands brought by the community, unavailability of resources, and difficulty in accessing families and health managers (KRUG *et al.*, 2022).

The research by Krug *et al.* (2022) is close to the reality of the population studied in this article, as it mapped the work-illness relationship of CHAs in the central region of Rio Grande do Sul. For these workers, there is a significant discrepancy between the prescribed work and the real work, as they feel called upon to use knowledge developed by themselves in their daily work, which sometimes deviates from what is prescribed and can cause suffering at work. The authors reiterate what we are discussing in relation to gender in the health area, noting that the majority of CHAs are women, which, again, is consistent with our study, where seventeen of the twenty workers on leave are female. This "reinforces the growing feminization of the health workforce and affirms the caring role that women have always played in society" (KRUG *et al.*, 2022, p. 778).

Mainly in Primary Care, the processes of mental illness in workers must be seen as multifactorial, without ignoring that factors associated with work are predominant. Work overload, precariousness, lack of adequate conditions to carry out work, pressure and lack of autonomy are triggers of suffering (CARREIRO *et al.*, 2013). The absence of these workers due to mental and behavioral disorders may suggest fragility in work relationships and may be related to the organization of work and the management model (MELLO *et al.*, 2022). All of this generates physical and mental exhaustion and leads to absence from work due to diagnoses similar to those found in our research.

CONCLUSIONS

The article aimed to understand the relationships between work and psychological distress among municipal public servants, seeking to relate the research data to current literature and to the new changes in Regulatory Standard No. 1 (NR-1), of 2024.

Therefore, seeking strategies to cope with suffering at work must be a collective effort. Questioning the ways in which work is organized and enabling discussion about the subjective consequences in this context of challenging relationships and contexts are strategies for promoting health. Providing workers with spaces for reflection on gender equality, on relationships established in daily life, and on mental health prevention is to equip them with coping strategies. These strategies must be a collective struggle for the right to mental health, to remain in the workplace, to regulation of employment conditions, to fair pay, and to well-being. These issues were reinforced, fortunately, by the new changes in NR-1, highlighting psychosocial issues at work.

We used some concepts from the Psychodynamics of Work to understand how this relationship could be established, showing that suffering is experienced by workers, but their fate occurs in different ways, sometimes going through moments of separation, sometimes finding ways to actively protect themselves in their work and in their relationship with the collective.

However, our study had some limitations: 1) lack of qualitative data to highlight the perspective of civil servants regarding their suffering at work; and 2) the need to research other hypotheses associated with the problem of this study. In addition, the debate on prevention and health promotion strategies aimed at civil servants could not be carried out broadly, and are suggested as a scope for future research. Furthermore, we suggest, as future studies, the analysis and discussion of data obtained from the *SINAN* system with qualitative research in which the various facets between work and suffering in the public service can be explored in greater depth and from other perspectives, especially with regard to health work.

Still, the purpose of highlighting the need to promote the health of workers in the public service was achieved with the data presented. It is necessary to understand what causes illness in work and no longer individualize this phenomenon. If we individualize it, there is no reason to think of

prevention as a public policy! Likewise, separating mental health from the work field means disregarding the integrality of the dynamic processes between health and illness.

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