

Mental Disorders Related to Work Among Health Agents: A Descriptive Study, 2013-2022

Transtornos Mentais Relacionados ao Trabalho Entre Agentes de Saúde: Um Estudo Descritivo, 2013-2022
Trastornos Mentales Relacionados al Trabajo Entre Agentes de Salud: Un Estudio Descriptivo, 2013-2022

RESUMO

Objetivo: Descrever as notificações de transtornos mentais relacionados ao trabalho entre agentes de saúde no Brasil, no período de 2013 a 2022. **Método:** Estudo descritivo baseado nas fichas de notificação compulsória de transtornos mentais relacionados ao trabalho registradas no Sistema de Informação de Agravos de Notificação. **Resultados:** Foram registrados 14.229 casos, dos quais 435 (3%) referem-se a agentes de saúde. Observou-se predominância de mulheres (87,9%), pessoas negras (47%), na faixa etária de 30 a 39 anos (35%) e com ensino médio (52,2%). O número de notificações apresentou aumento (146%). Os diagnósticos mais frequentes foram estresse pós-traumático e episódio depressivo. **Conclusão:** As notificações de transtornos mentais relacionados ao trabalho apresentaram tendência de crescimento, ainda que provavelmente subestimadas. Os achados reforçam a necessidade de estratégias de prevenção e enfrentamento das condições laborais que impactam negativamente a saúde desses profissionais.

DESCRIPTORIOS: Trabalho; Saúde Mental; Saúde Ocupacional; Profissionais de Saúde; Epidemiologia Descritiva.

ABSTRACT

Objective: To describe the notifications of work-related mental disorders among health workers in Brazil, from 2013 to 2022. **Method:** Descriptive study based on compulsory notification forms for work-related mental disorders the Notifiable Diseases Information System. **Results:** 14,229 cases were registered, of which 435 (3%) referred to health workers. There was a predominance of women (87.9%), black people (47%), those aged 30 to 39 years (35%), and those with secondary education (52.2%). The number of notifications increased (146%). The most frequent diagnosis were post-traumatic stress and depression. **Conclusion:** Reports of work-related mental disorders showed a growing trend, although likely underestimated. The findings reinforce the need for strategies to prevent and address working conditions that negatively impact the health of these professionals.

DESCRIPTORS: Work; Mental Health; Occupational Health; Health Professionals; Descriptive Epidemiology.

RESUMEN

Objetivo: Describir las notificaciones de trastornos mentales relacionados con el trabajo entre trabajadores de la salud en Brasil entre 2013 y 2022. **Método:** Estudio descriptivo basado en los formularios de notificación obligatoria de trastornos mentales relacionados con el trabajo registrados en el Sistema de Información de Enfermedades de Notificación Obligatoria. **Resultados:** Se registraron 14.229 casos, de los cuales 435 (3%) corresponden a trabajadores de la salud. Se observó un predominio de mujeres (87,9%), personas de raza negra (47%), personas de entre 30 y 39 años (35%) y personas con educación secundaria (52,2%). El número de notificaciones aumentó un 146%. Los diagnósticos más frecuentes fueron estrés postraumático y episodio depresivo. **Conclusión:** Las notificaciones de trastornos mentales relacionados con el trabajo mostraron una tendencia creciente, aunque probablemente estén subestimadas. Los hallazgos refuerzan la necesidad de estrategias de prevención y afrontamiento en relación con las condiciones laborales que impactan negativamente la salud de estos profesionales.

DESCRIPTORIOS: Trabajo; Salud Mental; Salud Ocupacional; Profesionales de la Salud; Epidemiología Des-

RECEBIDO EM: 01/11/2025 APROVADO EM: 17/11/2025

Como citar este artigo: Heliotério GS, Moreira MAS, Freire MRS, Belo VRM, Souza AA, Heliotério MC, Aragão NSC. Mental Disorders Related to Work Among Health Agents: A Descriptive Study, 2013-2022. *Saúde Coletiva* (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];16(103):18358-18369. Disponível em: DOI: 10.36489/saudecoletiva.2025v16i103p18358-18369

ID Gilsimar dos Santos Heliotério
Specialist in Health Management from the Federal University of Recôncavo.
ORCID: <https://orcid.org/0009-0000-9992-6548>

ID Maurício Alves de Souza Moreira
Specialist in Labor Law. State University of Bahia.
ORCID: <https://orcid.org/0009-0004-1479-9682>

ID Mara Rúbia Sena Freire
Master's Degree in Public Health. State University of Feira de Santana
ORCID: <https://orcid.org/0000-0002-7405-7515>

ID Victor Rosa Monte Belo
Bachelor's Degree in Interdisciplinary Health. Federal University of Recôncavo da Bahia
ORCID: <https://orcid.org/0009-0008-7247-5730>

ID Aliana Alves de Souza
Master's Degree in Management and Applied Technologies. State University of Bahia.
ORCID: <https://orcid.org/0000-0002-2495-9916>

ID Margarete Costa Heliotério
Doctorate in Public Health. Federal University of Recôncavo da Bahia
ORCID: <https://orcid.org/0000-0001-6102-4346>

ID Núbia Samara Caribé de Aragão
PhD in Public Health, Federal University of Recôncavo da Bahia.
ORCID: <https://orcid.org/0000-0002-2308-7474>

INTRODUCTION

According to the National Registry of Health Establishments, Brazil has 402,777 health workers, including Community Health Workers (CHWs) and Endemic Disease Control Workers (EDCWs). These professionals play an essential role in primary care, acting as a strategic link between the community and health services, in line with public health policies and the principles of the Unified Health System (SUS)⁽¹⁾.

Law No. 13,595/2018 recognizes the work of ACS and ACE as essential, determining their mandatory presence in the structure of Primary Health Care (PHC) and Health Surveillance (VS), respectively⁽²⁾. The National Primary Care Policy reinforces this integration between PHC and VS, promoting coordinated action in the territory. These categories are provided for in § 5 of art. 198 of the

Federal Constitution and regulated by Law No. 11,350/2006.

The CHW is responsible for developing disease prevention and health promotion actions through home or community activities, individual or collective, in accordance with PHC guidelines. The HES, in turn, is responsible for health surveillance actions. The activities of both categories are carried out under the supervision of municipal, district, state, or federal management bodies, with the aim of strengthening territorial care, the comprehensiveness of actions, and the effectiveness of public health policies within the Unified Health System⁽³⁾.

Health agents are exposed to various psychosocial risks resulting from long working hours, moral or psychological harassment, inadequate working conditions, and weaknesses in interpersonal relationships and organizational support, among others. These factors are important determi-

nants for the development of work-related mental disorders, characterized by manifestations of emotional distress, such as anxiety, irritability, sadness, agitation, insecurity, and psychosomatic symptoms^(6,7). Work-related mental disorders are included in the National List of Notifiable Diseases and Conditions, according to Ordinance No. 5, of February 21, 2006⁽⁶⁾, which reinforces the need for continuous surveillance and monitoring of these conditions among workers.

Ordinance No. 1,823/2012 establishes principles, guidelines, and strategies for comprehensive worker health care within the SUS, aiming at the promotion, protection, and recovery of occupational health. In Brazil, mental disorders are the third leading cause of leave and incapacity for work. However, underreporting and a lack of technical support in management bodies make it difficult to recognize the causal link between mental illness

and working conditions ^(8,9).

Healthcare professionals are a group particularly susceptible to psychological distress and occupational stress^(10,11) due to the emotional and organizational demands inherent in their work. Studies conducted during the COVID-19 pandemic identified a high prevalence of mental distress among healthcare workers in the Northeast Region, affecting approximately 40% of professionals, with a higher occurrence in capital cities. Another study identified a higher probability of anxiety and depression symptoms in these professionals, with critical levels of exhaustion and low professional fulfillment:

Given the essential role of health workers in primary care and health surveillance and their status as the main link between the population and the SUS, it is essential to recognize their exposure to occupational risks that impact mental health. Adequate reporting of work-related mental disorders is essential to gauge the magnitude of this problem, inform public policies, and guide actions for surveillance, prevention, and promotion of workers' mental health. In this context, it is necessary to produce evidence that contributes to strengthening these strategies and improving working conditions. Thus, the present study aimed to describe the notifications of TMRT among CHWs and ACE through the Notifiable Diseases Information System between 2013 and 2022.

METHOD

An observational, descriptive study was conducted using secondary data from mandatory notifications of work-related mental disorders recorded in the Notifiable Diseases Information System (SINAN) from 2013 to 2022. The study covered the entire national territory.

All reported cases of community

health workers and endemic disease control agents diagnosed with WMSD were included. Records with inconsistencies or missing essential variables (gender, age, diagnosis, or occupation) were excluded to ensure data quality.

The variables analyzed included: sex (male and female), age group (18 to 29 years; 30 to 39 years; 40 to 49 years; 50 to 59 years; 60 or older), education (illiterate; incomplete and complete elementary school; incomplete and complete high school; incomplete and complete higher education), and race/color (black, brown, white, yellow, and indigenous). The occupation variable was standardized according to the Brazilian Occupation Code.

Data extraction was performed between September and October 2024. The information was organized and analyzed in spreadsheets (Microsoft Excel 2010). As this was public and

secondary data, the study did not require submission to the Research Ethics Committee.

RESULTS

There were 14,339 reports of TMRT in SINAN, of which 435 (3%) involved health workers. The peak occurred in 2019 (n=85), followed by a reduction of (81%) in 2020. Most cases occurred among women (87.3%), with a ratio of 6.9:1 in relation to men (12.7%) and among black people (47%). The age groups 30 to 39 years (35.2%) and 40 to 49 years (32.9%) accounted for 68.8% of notifications, while the lowest proportions were observed among young people aged 18 to 29 years (10.6%) and older adults aged 60 years or older (4.6%) (Table 1).

Table 1. Work-related mental disorders reported in SINAN, Brazil, 2013-2022.

Year	Total notifications	Notifications among health workers	Male	Female	White	Black	Asian	Brown
2013	723	13	2	11	5	2	0	5
2014	891	20	3	17	5	2	0	10
2015	1189	42	4	38	18	3	1	9
2016	1456	42	4	38	16	2	1	14
2017	1921	48	4	44	17	4	0	14
2018	1816	48	4	44	26	5	0	15
2019	2379	85	10	75	38	8	1	33
2020	1311	33	5	28	16	4	0	8
2021	1683	72	11	61	24	7	0	38
2022	970	32	8	24	9	3	0	19
Total	14339	435	55	380	174	40	3	165

Source: SINAN data.

Most agents with TMRT had completed high school (52.2%) and 13.6% had higher education. Regarding race/color, the white population predominated (40%), followed by

brown (37.9%), black (9.2%), and yellow (0.7%). The highest numbers of cases were recorded in Natal (RN), Porto Alegre (RS), Contagem (MG), Joinville (SC), and Camalaú (PB) (Table 2).

Table 2. Distribution of Work-Related Mental Disorders (WRMD) according to sociodemographic variables reported in SINAN, Brazil, 2013-2022.

Variables	N (%)	Male	Female
		n (%)	n (%)
Gender			
Male	55 (12,6)	55 (100)	-
Female	380 (87,4)	-	380 (100)
Age group			
18 - 29	46 (10,6)	35 (8,0)	11 (2,5)
30-39	153 (35,2)	137 (31,5)	16 (3,7)
40-49	146 (33,6)	128 (29,4)	18 (4,1)
50-59	74 (17)	70 (16,1)	4 (0,9)
60-69	9 (2,1)	8 (1,8)	1 (0,2)
70-79	1 (0,2)	0 (0,0)	1 (0,2)
Race/Skin color			
Brown	165 (37,9)	24 (5,5)	141 (32,4)
Black	40 (9,2)	3 (0,7)	37 (8,5)
White	174 (40)	24 (5,5)	150 (34,5)
Yellow	3 (0,7)	0 (0,0)	3 (0,7)
Indigenous	0	0 (0,0)	0 (0,0)
Education			
Illiterate	1 (0,2)	0 (0,0)	1 (0,2)
1st - 4th Incomplete series	2 (0,4)	0 (0,0)	2 (0,4)
2nd - 4th Complete series	0	0 (0,0)	0 (0,0)
5th - 8th Incomplete series	2 (0,4)	0 (0,0)	2 (0,4)
Complete elementary school	13 (3)	0 (0,0)	13 (3,0)
Incomplete high school education	22 (5)	2 (0,4)	20 (4,6)
High school completed	227 (52,2)	26 (6,0)	201 (46,2)
Incomplete higher education	40 (9,2)	10 (2,3)	30 (6,7)
Complete higher education	59 (13,6)	10 (2,3)	49 (11,3)
Municipalities with the most registrations			
Natal	25		
Porto Alegre	22		
Contagem	16		
Joinville	15		
Total	435	55 (12,6)	380 (87,4)

Source: SINAN data.

Post-traumatic stress disorder was the most frequent diagnosis (53 cases), predominantly in women. Among mood disorders, depression stands out, followed by mixed anxiety-depressive disorders and anxiety disorders.

Table 3. Diagnosis of the most frequent work-related mental disorders among health workers. SINAN, 2013-2022.

Mental Disorder (ICD-10)	n	Male	Female
Post-traumatic stress disorder	53	9	44
Depressive episodes	32	2	30
Mental disorder not specified elsewhere	25	1	24
Mixed anxiety and depressive disorder	23	1	22
Reactions to severe stress and adjustment disorders	22	3	19
Other anxiety disorders	20	3	17
Acute stress reaction	17	2	15
Adjustment disorders	15	4	11
Burnout	15	2	13

Source: SINAN data.

DISCUSSION

The higher incidence of work-related mental disorders among women corroborates previous findings in the literature⁽¹⁴⁾, which indicate greater female vulnerability to mental illness. Factors associated with gender inequalities, such as double shifts and the overload of domestic and family responsibilities, contribute to increased stress, fatigue, and reduced time for leisure and self-care, favoring physical and mental exhaustion.

Studies have identified a high prevalence of depressive symptoms among ACEs, exceeding 40% (three times higher than the higher education group)⁽¹⁷⁾. These workers often face precarious working conditions, exposure to different chemicals, including little training to perform their tasks, invisibility, low pay, and social devaluation, in addition to not having a specific workplace, with most of their activities carried out outdoors.

TMRTs were more frequent among black health workers, in line with evidence indicating a higher prevalence of mental disorders among black and indigenous people. Gender and racial inequalities influence working conditions and exposure to psychosocial

risks, increasing vulnerability to mental illness. Furthermore, structural barriers persist in black people's access to mental health services⁽¹⁸⁻²¹⁾.

The most frequent disorders in this study were post-traumatic stress and depression, both widely associated with the intense cognitive and emotional demands of contemporary work. Mental and behavioral disorders are among the main causes of work absenteeism in the country, reflecting the high stress and psychological distress characteristic of activities in the health sector.

The work context of healthcare workers is marked by precarious working conditions, characterized by a scarcity of resources, interpersonal conflicts, bullying, and exposure to violence. The overlap between personal and professional life, resulting from working and living in the same territory, added to the structural limitations of the health system and working in a risk area, contributes to emotional exhaustion and increased vulnerability to mental illness⁽²⁴⁾.

TMRTs are widely underreported events, as the link between illness and work is rarely investigated. Surveillance of these conditions faces methodological and operational challenges, including the complexity of

establishing a causal link and the lack of training of health professionals to identify this relationship⁽²⁴⁾.

Access to mental health services and psychosocial care remains limited, even in high-income countries. Globally, only 2% of health spending is allocated to mental health, ranging from 0.5% in low-income countries to 5.1% in high-income countries. In the Americas, this proportion ranges from 0.2% to 8.6%. The World Health Organization recommends that investments be proportional to the burden of mental illness in the population. Mental health care should be prioritized for the general population and vulnerable occupational groups, with ongoing strategies to monitor the mental health of these workers.

CONCLUSION

Reports of work-related mental disorders among health workers in Brazil showed an upward trend between 2013 and 2022, although the records available in the Notifiable Diseases Information System indicate possible underreporting. These findings highlight the need to strengthen preventive actions and address working conditions that compromise the mental health of these workers. It is important to train healthcare teams to adequately investigate the link between mental disorders and work, contributing to more reliable estimates and supporting the formulation of public policies and timely interventions. In addition, special attention is recommended for the identification and management of TMRT among more vulnerable groups, such as women and ethnic-racial minorities, ensuring them full and equitable access to mental health care from the Psychosocial Care Network, in line with the fundamental right to health and citizenship.

REFERENCES

1. Brasil. Ministério da Saúde. Brasil possui mais de 400 mil agentes de saúde em atuação [Internet]. 2024 [cited 2025 Apr 30]. Available from: <https://www.gov.br/saude/pt-br/assuntos/noticias/2024/julho/brasil-possui-mais-de-400-mil-agentes-de-saude-em-atuacao>.
2. Brasil. Lei nº 13.595, de 5 de janeiro de 2018. Altera a Lei nº 11.350, de 5 de outubro de 2006, para regulamentar as condições de trabalho dos Agentes Comunitários de Saúde (ACS) e Agentes de Combate às Endemias (ACE) [Internet]. [cited 2025 Apr 30]. Available from: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/lei/l13595.htm.
3. Brasil. Lei nº 11.350, de 5 de outubro de 2006. Regulamenta o §5º do art. 198 da Constituição Federal [Internet]. Diário Oficial da União; 2006 Oct 5 [cited 2025 Apr 30]. Available from: https://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11350.htm.
4. Pereira GA, Pícoli RP, Cazola LHO. Integração do agente de combate às endemias na Estratégia Saúde da Família, Campo Grande, MS, 2017. *Epidemiol Serv Saude*. 2021;30(1):e2019500.
5. Lima Júnior JG, Silva JLP, Souza Júnior PRB. Transtornos mentais relacionados ao trabalho: um panorama atual no Brasil. *Lumen et Virtus*. 2024;15(38):783-90. [cited 2025 May 27]. Available from: <https://periodicos.newsciencepubl.com/LEV/article/download/55/67>.
6. Brasil. Ministério da Saúde. Portaria nº 5, de 21 de fevereiro de 2006. Lista Nacional de Doenças e Agravos de Notificação Compulsória. Diário Oficial da União; 2006 Feb 22 [cited 2025 May 27]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/svs/2006/prt0005_21_02_2006_comp.html.
7. Brasil. Ministério da Saúde. Sistema de Informação de Agravos de Notificação (SINAN). DRT Transtorno Mental [Internet]. [cited 2025 Apr 30]. Available from: <https://portalsinan.saude.gov.br/drt-transtorno-mental>.
8. Brasil. Ministério da Saúde. Portaria nº 1.823, de 23 de agosto de 2012. Institui a Política Nacional de Saúde do Trabalhador e da Trabalhadora [Internet]. [cited 2025 Apr 30]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt1823_23_08_2012.html.
9. Sousa IT. O estigma do adoecimento mental no trabalho [Internet]. Boletim OSAT, Associação Nacional de Medicina do Trabalho; 2018 [cited 2025 Apr 30]. Available from: <https://www.medicina.ufmg.br/o-estigma-do-adoecimento-mental-no-trabalho>.
10. Guida HFS, Souza KR, Santos MBM, Silva SMCL, Silva VP. As relações entre saúde e trabalho dos agentes de combate às endemias da Funasa: a perspectiva dos trabalhadores. *Saúde Soc*. 2012;21(4):858-70.
11. Carvalho DB, Araújo TM, Bernardes KO. Transtornos mentais comuns em trabalhadores da Atenção Básica à Saúde. *Rev Bras Saude Ocup*. 2016;41:e7.
12. Vieira-Meyer APGF, Lima MCB, Bezerra AFB, Fernandes BDM, Oliveira SC, Almeida SCS, et al. Perspectiva dos agentes comunitários de saúde sobre o impacto da COVID-19 na atenção primária à saúde no Nordeste do Brasil. *Cad Saude Publica*. 2023;39(7):e00007223.
13. Resende MC, Azevedo EGS, Lourenço LR, Faria LS, Alves NF, Farina NP, et al. Saúde mental e ansiedade em agentes comunitários em Uberlândia. *Cienc Saude Colet*. 2011;16(4):2115-22.
14. Ansoleaga E, Vézina M, Montañó R. Síntomas depresivos y distrés laboral en trabajadores chilenos: condiciones diferenciales para hombres y mujeres. *Cad Saude Publica*. 2014;30(1):107-18.
15. Souza CC, Araújo TM. Efeitos combinados de gênero, raça e estressores ocupacionais na saúde mental. *Rev Bras Saude Ocup*. 2024;49:e15222.
16. Pinho PS, Araújo TM. Associação entre sobrecarga doméstica e transtornos mentais comuns em mulheres. *Rev Bras Epidemiol*. 2012;15(3):560-72.
17. Heliotério MC, Feijó FR, Werneck GL, Souza FO, Pinho PS, Araújo TM. Associação entre infecção pelo vírus Chikungunya e sintomas depressivos entre trabalhadores e trabalhadoras da saúde. *Rev Bras Saude Ocup*. 2023;48:e11.
18. Araújo JAP, Tomasi YT, Lima MCP, Ribeiro MC, et al. Suicide among Indigenous peoples in Brazil from 2000 to 2020: a descriptive study. *Lancet Reg Health Am*. 2023;19:100460.
19. Anselmi L, Barros FC, Minten GC, Gigante DP, Horta BL, Victora CG. Prevalence and early determinants of common mental disorders in the 1982 birth cohort, Pelotas. *Rev Saude Publica*. 2008;42(Suppl 2):25-32.
20. Smolen JR, Araújo EM, Oliveira NF, Araújo TM. Intersectionality of race, gender, and common mental disorders in northeastern Brazil. *Ethn Dis*. 2018;28(3):207-14.
21. Campos FM, Araújo TM, Viola DN, Oliveira PCS, Sousa CC. Estresse ocupacional e saúde mental no trabalho em saúde: desigualdades de gênero e raça. *Cad Saude Colet*. 2020;28(4):579-89.
22. Souza HA, Bernardo MH. Prevenção de adoecimento mental relacionado ao trabalho: a prática de profissionais do SUS comprometidos com a saúde do trabalhador. *Rev Bras Saude Ocup*. 2019;44:e26.
23. Brasil. Ministério da Previdência Social. Anuário Estatístico da Previdência Social – AEPS: 2022-2023 [Internet]. Brasília; 2023 [cited 2025 May 27]. Available from: <https://www.gov.br/previdencia/pt-br/assuntos/rpps/destaques/anuario-estatistico-da-previdencia-social-2013-2022-2023>.
24. Resende MC, Azevedo EGS, Lourenço LR, Faria LS, Alves NF, Farina NP, et al. Saúde mental e ansiedade em agentes comunitários em Uberlândia. *Cienc Saude Colet*. 2011;16(4):2115-22.
25. Organização Pan-Americana da Saúde. Folha informativa: depressão [Internet]. 2022 [cited 2024 Nov 17]. Available from: <https://www.paho.org/pt/topicos/depressao>.