2nd Annual Summit of Psychiatry and Mental Health 2020 Mental Health In Brazil and The Distress At Work

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Abstract

Objective: This work aims to understand the impact of mental health at work, based on observation of its culture, beliefs, paradigms and, finally, behaviors as determinants to face the pandemic, as well as the repercussions on the work environment.

Method: A first survey was conducted with a random audience of 53 people, with a predominance of respondents from southern Brazil, associated with empirical observations regarding the reactions of Brazilians to the pandemic and the return to work. These conclusions will lead to a new, more detailed research with a method to be defined, thus providing guidance for more effective interventions in search of better mental health codes at work.

Conclusion: In view of the results obtained so far, it is evident the urgency of companies to implement mental health management policies that support preventive actions, which stimulate the approach on aspects related to the theme, sensitizing and demystifying mental health in the culture Brazilian. Support groups should be created where new ways of relating can be encouraged and a new scale of values for the organization and for the individual, where human limitations and needs are contemplated and respected. Above all, creating a space for learning about the lessons brought by the pandemic, so that they build a new healthier normal.

Keywords: Mental Health • Stress • Work

Brazil was appointed by WHO as the most anxious population in the world (9.3% of the population has symptoms of anxiety), and with little access to public health for treatment. At work, this represents the third cause of absence (ILO). Since the beginning of the pandemic, cases of stress and depression have doubled, while cases of anxiety have tripled, leading the country to spend about 200 million reais in benefits and indemnities. Suicide statistics are the third leading cause of death for young people between 15 and 29 [1]. The observed causes are feelings of helplessness, hopelessness, and despair. In 2019 there were 12,000 cases, equivalent to 1 suicide every 35 minutes [2].

Brazilian culture does not privilege mental health and Brazilians are reluctant to address this issue, resisting to know it and denying its real needs. Mental health is still experienced as a taboo and people prefer to believe that they do not need care, only looking for treatments for the body, while they should be treating their mental problems. Even in the workplace, many companies do not understand the importance of time off in order to take care of mental health. They delegate health decisions and management to doctors and do not understand the need for a psychologist who could support emotional demands.

Mental health difficulties are not a novelty in our culture, from the understanding of the values that govern the behavior of Brazilian people: for example, the workaholic type is still in trend. Brazilian population is aging, and there are still those who favor long working hours to the detriment of their quality of life. Still because of their culture, Brazilians value social status, appearance and aesthetics as something that can guarantee their self-esteem, insertion and acceptance in society. People with such a lifestyle, remain alert for a long period, eat poorly, do not set aside time for physical exercise and work ends up being their total priority.

Faced with a scenario that is really worrying about the health and safety of Brazilians, the Ministry of Health determines that people who work in confined spaces are evaluated in a way that identifies the psychosocial risks that may be compromising their health, and consequently, their safety at work. Based on that, mental health gains space and is thus recognized as an important factor in preventing accidents and reducing costs.

Brazilians had already been experiencing a scenario of psychosocial risks affecting family life and work through pressure, demands and burden associated with the risk of unemployment, family conflicts and low quality of life, damaging their mental health and generating psychological disorders.

On that given occasion, since there is no methodology for assessing mental health at work, a research project with electricians began in the city of São Paulo / SP which allowed the validation of a pioneering methodology, and then went on to be implemented in companies throughout Brazil. This method aims to assess 4 areas in order to understand mental health conditions: culture, emotions, cognition and health. In each area, aspects such as coping strategies, locus of control, self-esteem, stress, reality perception, risk homeostasis, fear and emotional intelligence are assessed through anamnesis questionnaire, individual interview and a focus group [3]. This initiative, which came through a protocol issued by the Ministry of Labor, brought mental health as a topic of discussion within companies in order to promote safety at work.

The psychosocial context being currently experienced brings the COVID-19 pandemic as its main scenario, which turns effective and preventive measures into an urgent means of survival for organizations and working life. Research carried out between April and May 2020, with professionals from different segments working in home office, points out that the main discomfort was anxiety due to uncertainty regarding their future (60%) and financial conditions in the near future (35.8%). Nonetheless, essential service professionals who remained active reveal that the element that generated stress was their fear of contagion (76%) [4].

Since COVID-19, case rates of anxiety tripled, adding to cases of depression and stress. It should be noted that an event of such magnitude is unprecedented in Brazilian history, and therefore, there is no response pattern, thus requiring greater adaptive efforts and a significant emotional cost. This pandemic is being experienced as a war: “just as we do not have antibodies to the virus, we were also not prepared for this threat,” comments an expert from WHO Brazil, also stating that Brazilians unconsciously experience this event as being a war. According to FIOCRUZ (Osvaldo Cruz Foundation, which aims to research tropical diseases), the most frequently observed emotional responses are the symptoms of anxiety (insomnia, panic, palpitation, shortness of breath and aggression) and depression (deep sadness, discouragement, pessimism, fear of the future, abandonment and helplessness) in which the individual puts himself in a constant state of alertness, absorbs all types of information (including fake news), feels confusion, insecurity, lack of emotional control and stress [5].
Currently, June 2020, Brazil, which is the 6th most populous country in the world, is in 2nd place in cases of contamination, second only to the USA (Health Minister Of Brazil). The ILO emphasizes the urgency of companies to prioritize health and safety policies by stating the increasing poverty (34.5%) and extreme poverty (13%) totaling more than 300 million people worldwide. ECLAC (United Nations Economic Commission for Latin America and the Caribbean) predicts about 11.5 million unemployed [6].

It is worth noting that, because of its culture, Brazilian people have an affectionate attitude and highly value human contact and touch, making social isolation a generator of great emotional cost. Other aspects related to our culture that contribute to mental illness refer to the Brazilians' difficulty in trusting public management. In recent years, we have been experiencing a crisis of confidence driven by numerous corruption scandals among political figures of all ranks. This corroborates with an old addiction of the Brazilian behavior of circumventing rules and not respecting norms leading each Brazilian to build his own rules to deal with his health and the population.

Currently, in view of the beginning of the resumption of activities and the reduction of restrictions, companies are becoming interested in mental health as part of their strategies and survival conditions. Some innovative measures are now being implemented; new relationship models supported by a scale of values- taking human limitations into account- are being structured. However, this process still suffers resistance, due to a culture that has not yet learned about mental health management.

**Conclusion**

Finally, talking about mental health means recognizing our history of psychosocial risks and inserting it in the pandemic scenario, understanding its functioning dynamics and the consequences for mental health. Developing new methods of assessing mental health at work, mental health management policies, campaigns that raise awareness of the importance and need to pay attention to this theme will be conditions for survival to build a new, more humane, more respectful and more sustainable 'normal'.

**References**

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