

Prevalence of minor psychiatric disorders in socio-educational agents in the state of Rio Grande do Sul

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ABSTRACT

Objective: to determine the prevalence and factors associated with minor psychiatric disorders (MPD) in socio-educational agents. **Method:** it is a cross-sectional study with 381 socio-educational agents the Centers for Socio-Educational Services in the State of Rio Grande do Sul, Brazil. The Brazilian versions of the Scale of Demand-control-social support at work and the Self Reporting Questionnaire-20 have been applied. **Results:** the results showed a prevalence of suspicion MPD of 50.1%. They showed to be related to suspicion of MPD : being female (55.7%), having age up to 44 years old (58.5%), no physical activity (57.4%), do not have time for leisure (75%), make use of medication (61.4%), require medical attention (56.9%) and psychological counseling (72.7%), not being satisfied with the workplace (61.7%) and need for time off from work (65.6%). **Conclusion:** the study provides important data about the mental health of agents, showing the need for the involvement of managers and of the health service of worker's health in planning actions to promote health of these workers.

Key words: Nursing; Working Conditions; Mental Disorders; Occupational Health.

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INTRODUCTION

Work is an integrating part of human life. The production of psychic meanings and construction of social relations happen at work, with mediation between psychic and social. In this relationship, depending on how work is organized and carried out, it may or may not be harmful to the mental health of workers. In Rio Grande do Sul (RS), mental disorders are the second leading cause of occupational disease notification⁽¹⁾. Thus, it is important to make efforts in order to establish connections between work and mental illnesses.

Among mental illnesses, the Minor Psychiatric Disorders (MPD) include symptoms such as fatigue, forgetfulness, irritability, insomnia, difficulty concentrating and complaints of somatic order. These manifestations are a rupture in the 'normal' functioning of the individual, but do not constitute a disease in the International Classification of Diseases (ICD-10) nor in the Diagnostic and Statistical Manual (DSM)⁽²⁾.

In Brazil, studies have shown a high prevalence of MPD in nursing workers⁽³⁾, physicians⁽⁴⁾, teachers⁽⁵⁾, detention officers⁽⁶⁾, and workers in the urban area⁽⁷⁾. However, in a search in the databases of LILACS, MEDLINE, and SCIELO using the descriptor *mental disorders*, no studies on MPD with socio-educational agents were found.

In Rio Grande do Sul, this group of workers is linked to the Socio-Educational Foundation of Rio Grande do Sul (FASE – Fundação de Atendimento Socioeducativo), and they carry out their activities in the Socio-Educational Service Centers (CASEs - Centros de Atendimento Socioeducativo) located in the capital and in the countryside. Educational measures issued by the judiciary for teenagers who committed offenses are carried out in the CASEs⁽⁸⁾. The role of agents is to monitor and accompany teenagers in all daily activities. Considering they monitor the adolescents closely, these workers are likely to be targets of threats, assaults, intimidation, and of becoming hostages in cases of riot.

In this sense, the work process of socio-educator agents is permeated by a fast-paced environment in constant state of alert, unpredictability, time pressure, task overload, risks of physical and verbal aggression and threats. Some of these features were identified in a study⁽⁹⁾ on workloads in CASEs. The psychic load stood out, due to the constant state of alert, as well as the physiological load identified in the immobilization of teenagers, lack of chairs to rest and long working hours⁽⁹⁾. In this same study, the agents mentioned anxiety for vacation and reported that the idea of returning to work generates anxiety and discomfort, showing signs of psychological distress in the workplace⁽⁹⁾.

Given the above, and considering that nursing has an important role in epidemiological surveillance activities, particularly in identifying the links between work and the illnesses of workers in general, this study aimed to identify the prevalence and associated factors to minor psychiatric disorders (MPD) in socio-educational agents of Socio-Educational Services Centers (CASEs) in Rio Grande do Sul.

METHOD

This is an epidemiological study conducted in CASEs/RS. The CASEs are located in the capital of the state of RS (six units inside the complex of Socio-Educational Foundation of Rio Grande do Sul) and in seven municipalities in the interior of state.

The study population was composed of 819 socio-educational agents of the CASEs/RS. The sample consisted of 381 socio-educational agents, considering a sampling error of 3.68%, estimated proportion of 50% and 5% significance level. The sample selection was random by CASE unit.

Socio-educational agents of both genders who work in CASEs units were included in the study. The agents returning from vacation or on any other leave were included after 30 days of return to work, given the criterion of the Self-Reporting Questionnaire-20 (SRQ-20). Socio-educational agents who were on leave for healthcare or any other reason during the data collection period were excluded. The recruitment of research participants was carried out individually in the workplace, by providing information on the objectives, purpose, risks and benefits of the study. After agreeing and signing the Informed Consent Form (CIF), they received the survey questionnaire to fill out.

Certified research assistants were responsible for the data collection that took place from March to August 2011. The instruments used were the following: a questionnaire with questions related to sociodemographic characteristics (gender, age, race, education, marital status, number of children), labor (time working in the institution and as an agent, work shift, working time in the shift, weekly hours, another job, work scale, satisfaction with the workplace, training), habits (tobacco use, suspicion for alcoholism/CAGE questionnaire⁽¹⁰⁾, physical activity practice, leisure time) and health status (medication use, need for medical and psychological care, work leave); the short version of the Job Content Questionnaire, the Job Stress Scale - JSS⁽¹¹⁾ and the SRQ-20⁽¹²⁾, validated in Brazil for investigation of occupational stress and MPDs respectively.

The Job Stress Scale⁽¹¹⁾, also known as Swedish Scale for Demand-Control- Social Support (DCS), contains 17 questions; five evaluate the psychological demand, six the control demand, and six the social support. The JSS translation guidelines were followed to obtain the total scores of each of these variables (demand, control and social support)⁽¹⁰⁾. For the dichotomy of psychological and control demands, the average was used as cutoff point. From these two dimensions dichotomized into 'high' and 'low', were established four categories: low strain (high control and low demand - reference category), active work (high control and high demand), passive work (low control and low demand) and high strain (low control and high demand - highest exposure category). Social support was also dichotomized in high and low social support by the average of points.

The MPDs were evaluated according to scores on the SRQ-20 validated in Brazil in the 1980s⁽¹²⁾. The cutoff point used for MPD suspicion had seven or more positive answers for both men and women. The SRQ-20 questions were grouped by

group of symptoms: Depressed-anxious mood, Somatic symptoms, Decreased vital energy and Depressive thoughts⁽¹³⁾.

The Epi-info[®], version 6.4, was used in entering data (double entered independently). After checking for errors and inconsistencies, the PASW Statistics[®] (Predictive Analytics Software, SPSS Inc., Chicago, USA) 18.0 for Windows was used for data analysis.

The internal consistency of the JSS and the SRQ-20 was assessed by Cronbach's Alpha coefficient. The chi-square test or Fisher's exact test was used to check whether the associations showed statistical significance ($p < 0.05$).

The study was approved by FASE/RS and the Research Ethics Committee (REC) of the Universidade Federal de Santa Maria, under number 23081.019161/2010-08, and Presentation Certificate for Ethical Assessment (CAAE) number 0333.0.243.000-10, on 14 December, 2010. The study is in agreement with Resolution 196/96 of the National Health Council (current resolution at the time of the study).

RESULTS

The value of general internal consistency of the JSS and SRQ-20 items was 0.62 and 0.86, respectively. The prevalence of suspicion for MPD in socio-educational agents of CASEs/RS was 50.1%.

The SRQ-20 questions with a higher proportion of affirmative responses were: feels nervous, tense or worried (68.5%), of the Depressive-anxious mood symptoms group; sleeps badly (55.6%) of the Somatic symptoms group; gets tired easily (51.4%) and finds it difficult to perform daily activities with satisfaction (50.4%), of the Decreased vital energy symptoms group. The average of affirmative responses to the SRQ-20 was 6.86 (± 4.28).

Table 2 shows significantly higher frequencies of suspicion for MPD among female socio-educational agents (55.7%) and those aged up to 44 years (58.5%). For the other variables, no significant differences were observed between the evaluated groups and suspicion for MPD ($p > 0.05$).

Table 1 – Distribution of socio-educational agents in Rio Grande do Sul, according to the group of symptoms and affirmative answers to the Self-Reporting Questionnaire-20 (SRQ-20), RS, 2011 (n = 381)

Group of symptoms	Questions SRQ-20*	YES	
			%
Depressive-anxious mood	Do you feel nervous, tense or worried?	261	68.5
	Are you easily frightened?	114	29.9
	Have you felt sad lately?	169	44.4
	Have you cried more than usual?	80	21.0
Somatic symptoms	Do you have frequent headaches?	182	47.8
	Do you sleep badly?	250	55.6
	Do you have uncomfortable feelings in the stomach?	170	44.6
	Is your digestion poor?	166	43.6
	Is your appetite poor?	54	14.2
	Do your hands shake?	65	17.1
Decreased vital energy	Do you get tired easily?	196	51.4
	Do you find it difficult to make decisions?	82	21.5
	Do you find it difficult to enjoy your daily activities?	192	50.4
	Do you have difficulties at work (your job is painful, causes suffering)?	170	44.6
	Do you feel tired all the time?	169	44.4
	Do you have trouble thinking clearly?	101	26.5
Depressive thoughts	Are you unable to play a useful part in your life?	33	8.7
	Have you lost interest in things?	115	30.2
	Have you had the thought of ending your life?	25	6.6
	Do you feel that you are a useless, worthless person?	21	5.5

* Mean = 6.86 (± 4.28) and Median = 7

Table 2 – Prevalence of Minor Psychiatric Disorders (MPD) in socio-educational agents according to sociodemographic variables, RS, 2011

Sociodemographic variables	DPM				p*
	No		Yes		
	n	%	n	%	
Gender (N = 380)					
Male	95	56.5	73	43.5	0.018
Female	94	44.3	118	55.7	
Age group (N = 372)					
Up to 44 years	80	41.5	113	58.5	0.001
≥ 45 years	105	58.7	74	41.3	
Race (N = 380)					
White	136	47.6	150	52.4	0.137
Others	53	56.4	41	43.6	
Education (N = 363)					
Secondary school	86	51.8	80	48.2	0.558
Tertiary education	75	48.4	80	51.6	
Post-graduation	18	42.9	24	57.1	
Marital status (N = 379)					
Married/with partner	122	50.0	122	50.0	0.945
Single/no partner	67	49.6	68	50.4	
Number of children (N = 380)					
No child	40	52.6	36	47.4	0.900
1 child	62	50.8	60	49.2	
2 children	55	47.8	60	52.2	
3 or more children	32	47.8	35	52.2	

* Chi-square test

Regarding habits and health, there was a statistically significant difference of suspicion for MPD among socio-educational agents who did not practice physical activity (57.4%), those who did not have time for leisure (75%), those using medication (61.4%) and those who needed medical care (56.9%) or psychological counseling (72.7%). There was also a tendency to present suspicion for MPD (63.9%; p = 0.053) among agents who used alcoholic beverages. The other variables did not differ significantly between the evaluated groups and MPD.

Table 4 shows a statistically significant difference of suspicion for MPD among socio-educational agents who were not satisfied with the workplace (61.7%) and those who required between 25 and 99 days of work leave for health problems (65.6%). There was also a tendency to present suspicion for MPD (53.3%; p = 0.051) among agents with up to 12 years in the position. The other variables did not differ significantly between the evaluated groups and MPD (p > 0.05).

Table 5 shows that despite the higher percentages of suspicion for MPD among socio-educational agents classified in high

Table 3 – Prevalence of Minor Psychiatric Disorders (MPD) in socio-educational agents according to variables of habits and health, RS, 2011

Variables: habits and health	DPM				p*
	No		Yes		
	n	%	n	%	
Smoking (N = 379)					
Never smoked	102	46.4	118	53.6	0.180
Smoked, but quit	50	58.1	36	41.9	
Yes, I smoke	36	50.0	36	50.0	
Suspicion for alcoholism (CAGE)(N = 337)					
No	160	53.2	141	46.8	0.053
Yes	13	36.1	23	63.9	
Sleep hours					
0 to 4 hours	5	31.3	11	68.8	0.311
5 to 8 hours	173	50.6	169	49.4	
9 to 12 hours	12	52.2	11	47.8	
Physical activity					
No	109	42.6	147	57.4	<0.0001
Yes	81	64.8	44	35.2	
Leisure time (N = 378)					
No	21	25.0	63	75.0	<0.0001
Yes	78	75.0	26	25.0	
Sometimes	90	47.4	100	52.6	

To be continued

Table 3 (cont.)

Variáveis Hábitos e Saúde	DPM				p*
	Não		Sim		
	n	%	n	%	
Medication use (N = 376)					< 0.0001
No	97	69.3	43	30.7	
Yes	91	38.6	145	61.4	
Need for medical care (N = 373)					< 0.0001
No	57	75.0	19	25.0	
Yes	128	43.1	169	56.9	
Psychological counseling (N = 372)					< 0.0001
No	150	62.5	90	37.5	
Yes	36	27.3	96	72.7	

*Teste Qui-quadrado

Table 4 – Prevalence of Minor Psychiatric Disorders (MPD) in socio-educational agents according to labor variables, RS, 2011

Labor variables	DPM				p*
	No		Yes		
	N	%	N	%	
Working time in the institution					
Up to 10 years	96	45.7	114	54.3	0.072
More than 10 years	94	55.0	77	45.0	
Working time as an agent					
Up to 12 years	126	46.7	144	53.3	0.051
More than 12 years	64	57.7	47	42.3	
Work shift					
Day	89	46.1	104	53.9	0.137
Night	101	53.7	87	46.3	
Working time in the shift (N = 380)					
Up to 8 years	102	50.0	102	50.0	> 0.999
More than 8 years	88	50.0	88	50.0	
Weekly working hours					
Up to 40 hours	125	48.6	132	51.4	0.489
More than 40 hours	65	52.4	59	47.6	
Other employment					
No	173	50.0	173	50.0	0.872
Yes	17	48.6	18	51.4	
Work hours in the other job (N = 35)					
Up to 20 hours	13	52.0	12	48.0	0.521†
More than 20 hours	4	40.0	6	60.0	
Working time in the other job (N = 35)					
Up to 6 years	11	57.9	8	42.1	0.229
More than 6 years	6	37.5	10	62.5	
Workers in the work schedule (N = 366)					
Sufficient	41	56.9	31	43.1	0.156
Insufficient	140	47.6	154	52.4	
Satisfaction with the workplace (N = 369)					
No	74	38.3	119	61.7	< 0.0001
Yes	112	63.6	64	36.4	

To be continued

Table 4 (cont.)

Labor variables	DPM				p*
	No		Yes		
	N	%	N	%	
Receive training (N = 362)					
No	101	50.8	98	49.2	0.204
Yes	9	69.2	4	30.8	
Sometimes	68	45.3	82	54.7	
Days on leave (N = 374)					
None	74	61.7	46	38.3	0.011
Up to 9 days	67	49.6	68	50.4	
10 to 24 days	25	40.3	37	59.7	
25 to 99 days	11	34.4	21	65.6	
100 to 365 days	10	40.0	15	60.0	

*Chi-square test; †Fisher's exact test.

Table 5 – Distribution of socio-educational agents according to social support, quadrants of the Control-Demand Model (CDM) and suspicion for Minor Psychiatric Disorders (MPD). RS. 2011

Social Support	CDM	DPM		p*
		No	Yes	
		n(%)	n(%)	
Low social support CDM	Low strain	16 (53.3)	14(46.7)	0.145
	Passive work	16(40.0)	24(60.0)	
	Active work	20(31.7)	43(68.3)	
	High strain	15(30.0)	35(70.0)	
	Total	67(36.6)	116(63.4)	
High social support CDM	Low strain	60(70.6)	25(29.4)	0.079
	Passive work	25(62.5)	15(37.5)	
	Active work	28(56.0)	22(44.0)	
	High strain	10(43.5)	13(56.5)	
	Total	123(62.1)	75(37.9)	

* Chi-square test

strain quadrant and with low social support, there was no significant statistical difference when compared to the group of workers with high social support ($p > 0.05$).

DISCUSSION

The overall prevalence of MPD among socio-educational agents was 50.1%. It was higher than the prevalence found in a study with correctional officers (30.7%)⁽⁷⁾, with network health workers of Botucatu/SP (42.6%)⁽¹⁴⁾, and with workers in the urban area of Feira de Santana/BA (25.2%)⁽⁷⁾.

However, a study with teachers in the municipal network of Vitória da Conquista⁽⁶⁾ showed higher prevalence of MPD among them (55.9%) than among socio-educational agents. The similarity of percentages in these two studies may be

related with the actions of agents and teachers with the adolescent population, and also with the fact that socio-educational agents have pedagogical⁽⁸⁾ and reference roles for the adolescents in the institution.

According to the Program for Execution of Socio-Educational Measures (PEMSEIS - Programa de Execução de Medidas Socio-educativas), the agents participate in pedagogical and therapeutic actions through suggestions and actions aimed at their effectiveness⁽⁸⁾. In this sense, these workers are committed to protect adolescents, ensure their safety and participate in their educational process, providing opportunities for their life in society.

When assessed individually, the following SRQ-20 questions presented higher frequency of affirmative responses: “feels nervous, tense or worried”; “sleeps badly”; “gets tired easily”; “finds it difficult to enjoy daily activities”. These are

also noteworthy: “has felt sad lately”, “has had difficulties at work (the job is painful, causes suffering)”, “has lost interest in things”, “feels tired all the time” and “has uncomfortable feelings in the stomach”. These issues were presented similarly in a study with teachers in the city of Vitória da Conquista⁽⁶⁾.

Workers can suffer the impact of work (work overload, long working hours, changes of work organization process) in their health, which in turn, favors the emergence of various diseases, including mental disorders ranging from mild to disabling disorders, depending on how the individual reacts to situations experienced at work⁽⁷⁾. The work can either strengthen mental health, as lead to disorders that can be expressed individually and collectively through psychosomatic or psychiatric manifestations⁽¹⁵⁾.

Therefore, it is important to consider the percentage of 6.6% (n = 25) of agents who answered affirmatively to the SRQ-20 question “Have you had the thought of ending your life?”. This data shows the degree of suffering of these workers and especially the reflection on the urgency to think of strategies to minimize this suffering. To identify signs of possible suicide attempts and promote the maintenance of agents’ lives, the institution must propose moments of sensitive listening, in which agents can express their feelings, needs and desires. Thus, in addition to minimize suffering, the space can provide welfare, and help with workers’ conflict resolution.

In Brazil, few studies on work-related suicides have been published, although they are present in our society. Preventive measures are urgently needed to overcome perverse forms of management, which are revealed as the main responsible for fatal events⁽¹⁵⁾.

Features such as being *female* (55.7%) and in the *age group* of up to 44 years (58.5%) appeared as significant for suspicion for MPD among socio-educational agents. The higher prevalence of suspicion for MPD in women is also observed in studies with employees in nursing (33.3%)⁽⁴⁾ and the emergency department (27.5%)⁽¹⁶⁾.

In the present study, was observed a higher percentage of women developing the role of socio-educational agents in CASEs/RS. A study⁽⁷⁾ highlights that for cultural reasons, women are more vulnerable to job stress in prison, which reflects a lesser capacity to respond to this tension. In addition, is reported the imperative need of maintaining the authority, which can be highly stressful for them⁽⁷⁾. Such type of stress occurs in prisons, but the CASEs maintain a very similar structure to a prison. Women who work there need to impose authority and often physical strength, too. All the addressed situations indicate the different aspects of women’s work in CASEs that may or may not favor the development of psychic disorders.

The suspicion for MPD was associated with lack of *physical activity* and *leisure time*. Regarding not practicing physical activity, the results corroborate other studies^(5,7). The association between MPD, unavailability of leisure time, and lack of physical activity practice can reveal the importance of these activities in reducing tensions arising from the work environment⁽⁷⁾. Or the contrary, those who do not engage in leisure activities have MPD, which leads to isolation, symptoms of depression, anxiety and sadness.

The agents who used *medication*, required *medical care* and *psychological counseling* last year, showed statistically significant difference in the occurrence of MPD, compared with those who did not need any of these resources. As the most used drugs by agents were antidepressants (n = 63) and anxiolytics (n = 29), their use is related to MPD and the need to restore individuals’ mental conditions.

Psychological care may result from the need for a space where workers can express their anguish, fears and anxieties related both to work and their private lives. For this reason, they seek support in a psychologist to minimize the potential triggers of these symptoms.

Moreover, the need for medication use and medical and psychological care may be related to workloads and high level of psychological distress in the workplace. This occurs due to perceiving the institution undervalues the development of health policies at work, the working conditions are poor and there are lacks of infrastructure, which were aspects identified in a study with socio-educational agents on the mental burden⁽⁹⁾.

Satisfaction with the workplace showed significant relationship with suspicion for MPD. Socio-educational agents unsatisfied with their workplace showed a higher percentage of MPD (61.7%). The job dissatisfaction can lead to consequences such as absenteeism, reduced income and complaints, besides having a negative effect on the mental and physical health of workers.

With regard to absenteeism, *work leave* due to health problems was associated with suspicion for MPD. In this sense, the World Health Organization warns that mental illnesses account for five of the ten leading causes of absence from work in Brazil, the first of which is depression. Work-related musculoskeletal disorders and mental disorders are among the most frequent causes of work absenteeism among Brazilians⁽²⁾, just as occurs with the number of notifications of work-related diseases in Rio Grande do Sul⁽¹⁾.

Importantly, in this study, the agents with *suspicion for alcoholism (CAGE)* had the highest percentage (63.9%; p = 0.053) of MPD. The abuse of alcohol and drugs is a serious public health problem, and directly related to production of accidents and violence. The interaction alcohol/work has raised concerns due to the direct effect on the central and peripheral nervous systems, producing alterations of important cognition functions, particularly in activities requiring a high degree of attention, concentration and reasoning for its good performance⁽¹⁷⁾, as is the case of socio-educational agents.

The presence of *social support* has been linked to improved health, because high levels of support act as a protective factor against the risks of diseases caused by stress, for example⁽¹⁸⁾. Hence, the fact of workers having social support in the workplace becomes a protective factor for the physical and mental health of individuals, including MPDs. Supportive relationships at work, both by colleagues and bosses favor problem resolution, contribute to the reduction of stress and favor the workers’ well-being and health. Thus, it is a mutually beneficial relationship of support.

In this study, the largest share of socio-educational agents was classified in the group with *low social support* (63.4%).

It was found that 70% of agents classified in the *high strain* quadrant and with *low social support* had suspicion for MPD. On the other hand, another important finding from this study was that 56.5% of agents classified in high strain showed suspicion for MPD, even though they referred *high social support*.

A study with socio-educational agents found that interpersonal relationships among these workers were problematic. The agents revealed difficulties in teamwork, in addition to the human resources deficit⁽⁹⁾. These conflicting interpersonal relationships hinder supportive relationships at work, and consequently favor the disease.

CONCLUSIONS

The prevalence of suspicion for DPM in socio-educational agents in CASEs of Rio Grande do Sul was 50.1%. Among participants, 55.6% slept badly, 68.5% felt nervous, tense or worried, 50.4% found difficulty in performing daily activities with satisfaction and 51.4% got tired easily. The aspects associated with suspicion for MPD were: female gender, age up to 44 years, no practice of physical activity, no time for leisure,

makes use of medication, needs medical care and psychological counseling, unsatisfied with the workplace and need for 25-99 days off work.

The work environment can be considered a privileged space for workers and managers planning and putting into practice actions aimed at promoting and protecting health. This initiative provides shared accountability among coordinators, managers and employees.

Health promotion should be articulated within the security and health worker services in order to provide the treatment of diseases arising from work and actions to promote the biopsychosocial well-being of workers. The Occupational Health Service should have multidisciplinary activities, and the nursing plays a major role in promoting the health and welfare of these workers. Nurses involved in this area, should maintain continuous and systematic surveillance in order to detect, understand, research and analyze the determinant and conditioning factors of workers' health problems. They also have to be alert and vigilant to the conditions and environment of work, to carry out interventions that provide the health, well-being and quality of life of workers.

REFERENCES

- Nussbaumer L, Dapper V, Kalil F. Agravos relacionados ao trabalho notificados no Sistema de Informações em Saúde do Trabalhador no Rio Grande do Sul. *Bol Epidemiol* [Internet]. 2010 [acesso em 20 de maio de 2014];11(1):1-8. Disponível em: <http://www1.saude.rs.gov.br/dados/1326723037366v.%2011,%20n.%201,%20ed.%20especial,%202009.pdf>
- Goldberg D, Huxley P. *Common mental disorders: a bio-social model*. London (UK): Tavistock/Routledge; 1993.
- Araújo TM, Aquino E, Menezes G, Santos CO, Aguiar L. Aspectos psicossociais do trabalho e distúrbios psíquicos entre trabalhadoras de enfermagem. *Rev Saúde Pública*. 2003;37(4):424-33.
- Nascimento Sobrinho CL, Carvalho FM, Bonfim TAS, Cirino CAS, Ferreira IS. Work conditions and mental health among doctors from Salvador, Bahia, Brazil. *Cad Saúde Pública*. 2006;22(1):131-40.
- Reis EJFB, Carvalho FM, Araújo TM, Porto LA, Neto AMS. Trabalho e distúrbios psíquicos em professores da rede municipal de Vitória da Conquista, Bahia, Brasil. *Cad Saúde Pública*. 2005;2(5):1480-90.
- Fernandes RCP, Silvany Neto AM, Sena GM, Leal AS, Carneiro CAP, Costa FPM. Trabalho e cárcere: um estudo com agentes penitenciários da Região Metropolitana de Salvador, Brasil. *Cad Saúde Pública*. 2002;8(3):807-16.
- Farias MD, Araújo TM. Transtornos mentais comuns entre trabalhadores da zona urbana de Feira de Santana-BA. *Rev Bras Saúde Ocup* [Internet]. 2011 [acesso em 20 de maio de 2014];36(123):25-39. Disponível em: <http://www.scielo.br/pdf/rbso/v36n123/a04v36n123.pdf>
- Rio Grande do Sul (BR). Programa de execução de medidas socioeducativas de internação e de semiliberdade do Rio Grande do Sul (PEMSEIS) [Internet]. Porto Alegre; Secretaria da justiça e do Desenvolvimento Social; 2010 [acesso em 05 de fevereiro de 2010]. Disponível em: http://www.mprs.mp.br/areas/infancia/arquivos/minuta_pemseis_2010.pdf
- Grando MK, Kirchhof ALC, Beck CLC, Trindade LL. As cargas de trabalho em um Centro de Apoio Sócio- Educativo. *Online Braz J Nurs* [Internet]. 2006 [acesso em 05 de fevereiro de 2010];5(1)101. Disponível em: <http://www.objnursing.uff.br/index.php/nursing/article/view/198/47>
- Castells MA, Furlanetto LM. Validity of the CAGE questionnaire for screening alcohol-dependent inpatients on hospital wards. *Rev Bras Psiquiatri* [Internet]. 2005 [cited 2010 February 05];27(1):54-7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15867984>
- Mari JJ, Williams P. A validity study of a psychiatric screening questionnaire (SQR-20) in primary care in the city of São Paulo. *Br J Psychol*. 1986;148:23-6.
- Alves MGM, Chor D, Faerstein E, Lopes CS, Werneck GL. Short version of the "job stress scale": a portuguese-language adaptation. *Rev Saúde Pública*. 2004;38(2):164-71.
- Santos KOB, Araújo TM, Oliveira NF. Estrutura fatorial e consistência interna do Self-Reporting Questionnaire (SRQ-20) em população urbana. *Cad Saúde Pública*. 2009;25(1):214-22.
- Braga LC, Carvalho LR, Binder MCP. Working conditions and common mental disorder among primary health care workers from Botucatu, São Paulo State. *Ciênc Saúde Coletiva*. 2010;15(Suppl. 1):1585-96.
- Seligmann-Silva E. *Trabalho e desgaste mental: o direito de ser dono de si mesmo*. Rio de Janeiro: Editora Cortez; 2011.
- Pinho OS, Araújo TM. Trabalho de enfermagem em uma unidade de emergência hospitalar e transtornos mentais.

- Rev Enferm UERJ [Internet]. 2007 [acesso em 20 de maio de 2014];15(3):329-36. Disponível em: <http://www.facenf.uerj.br/v15n3/v15n3a02.pdf>
17. Lacerda ACF. Vulnerabilidades, consumo de álcool e crime em policiais condenados no Rio de Janeiro. 2011. In: Anais do Congresso Internacional da ISMA-BR; 2011; Porto Alegre, RS. Porto Alegre; ISMA; 2011. CD-ROM.
18. Fonseca ISS, Moura SB. Apoio social, saúde e trabalho: uma breve REVIEW. Rev Eletrónica Internacional La Unión Latinoamericana Entidades Psicología [Internet]. 2008 [acesso em 20 de maio de 2014];(15). Disponível em: <http://psicolatina.org/15/apoio.html>
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