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RESEARCH

Transtornos mentais em professores universitários: estudo em um serviço de perícia médica

Mental disorders in university teachers: study in a service of medical investigation

Trastornos mentales en docentes universitarios: un estudio en experiencia servicio médico

Jaqueline Brito Vidal Batista ¹, Mary Sandra Carlotto ², Malu Nunes de Oliveira ³, Ana Aline Lacet Zaccara ⁴, Eveline de Oliveira Barros ⁵, Marcella Costa Souto Duarte ⁶

ABSTRACT

Objective: To verify the types of mental disorders that affects more teachers treated in a service of medical investigation. **Method:** Retrospective study of documental nature, with quantitative approach, developed in a Higher Education Institution of João Pessoa city - PB. It was composed of 254 records of teachers treated in a service of medical investigation of the institution selected for the study, in the period from January to 1999 to March 2011. Data obtained were analyzed through frequency and percentage. **Results:** Almost all the sample was composed of female teachers, aged between 40 and 49 years old, and depression was responsible for 52% absenteeism of teachers, followed by schizophrenia (12%), bipolar disorder (10%), acute reaction to stress (8%), anxiety (7%), delusional disorder (4%), and others (8%). **Conclusion:** The mental disorder that affects more the searched teacher category is depression. Therefore, further investigations are needed to analyze the gravity of this problematic pathology in academic area. **Descriptors:** Mental health, Teacher, Professional diseases.

RESUMO

Objetivo: Identificar os transtornos mentais que mais provocam afastamento de docentes em uma instituição de ensino superior. **Método:** Estudo retrospectivo, de natureza documental, desenvolvido em instituição de ensino superior do município de João Pessoa-PB. Amostra constituída por 254 fichas de docentes atendidos em um serviço de perícia médica da instituição selecionada. Os dados obtidos foram analisados quantitativamente por frequência e percentual. **Resultados:** Quase toda a amostra foi composta por docentes do sexo feminino, com faixa etária entre 40 e 49 anos. A depressão foi responsável por 53% dos afastamentos de professores, a esquizofrenia (12%), o transtorno bipolar (10%), a reação aguda ao estresse (8%), a ansiedade (7%), os transtornos delirantes (4%) e outros (8%). **Conclusão:** O transtorno mental que mais acomete a categoria docente pesquisada é a depressão. Portanto, são necessárias novas investigações que possam analisar a gravidade dessa problemática. **Descritores:** Saúde mental, Docentes, Doenças profissionais.

RESUMEN

Objetivos: Determinar los tipos de trastornos mentales que más involucran a profesores en una institución de enseñanza superior. **Método:** Estudio retrospectivo de carácter documental con un enfoque cuantitativo, desarrollado en la institución de educación superior de la ciudad de João Pessoa - PB. La muestra estuvo constituida por 254 fichas de profesores en un departamento de personal médico de la institución seleccionada para el estudio entre enero de 1999 marzo de 2011. Los datos se analizaron por frecuencia y porcentaje. **Resultados:** Casi la totalidad de la muestra consistió de de edades comprendidas entre los 40 y los 49 años, y la depresión representó el 52% del absentismo de los docentes, seguido por la esquizofrenia (12%), trastorno bipolar (10%), reacción aguda al estrés (8%), ansiedad (7%), trastornos delirantes (4%) y otros (8%). **Conclusión:** El trastorno mental que más afecta a la categoría investigada es la depresión. Por lo tanto, se necesitan más investigaciones que puedan analizar la gravedad de este problema en el ámbito académico de esse problema. **Descritores:** Salud mental, Profesor, Enfermedades profesionales.

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INTRODUCTION

S The health of teachers has been a source of concern to various segments of society. This concern is because the worker of the Education area is experiencing a great moment of social pressure, which causes the need to show a good development in their work. In this context, the teacher is wearing psychologically, physically and emotionally, which can cause stress, depression and feelings of job dissatisfaction, due to the effort to be a good teacher.

Thus, the mental wear is inevitable and can be viewed as a product of an unequal balance of powers imposed on labor and the worker, triggering forces on the biopsychosocial health-disease process, or a balance of powers and forces in which the work performer becomes the loser and the work becomes an activity whose exhaustive component is greater than the reposition and the development of their capabilities.¹

With regard to mental disorders related to work in Brazil, they are the fourth leading cause of removal and less only to injuries, poisonings, muscle diseases and neurological diseases. In 1999, the Ministry of Social Security (DOU 12/05/1999 - No. 89) presented the new list of occupational diseases and work-related, which contains a set of twelve diagnostic categories of mental disorders. Several of these disorders include symptoms related to depression. Therefore, to discern in such a context the ways in which the work operates in the genesis and evolution of depressive episodes increases the diagnostic challenge, which always requires a proper study of the history of life and work so that the correlations are identified. Investigations regarding the mental health of teacher workers highlighted a progressive deterioration of picture conditions and work organization of that category in Brazil.

The consequences arising from such disorders can be witnessed in the academic environment., Despite the efforts of teachers, in public universities there is a chronic state of difficulties to manage work processes, either through intensification of precarious working conditions, the inability to transform vindicate actions effectively in awareness processes society about the risks in this relationship.^{2,3}

In a reality in which the teacher of higher education is increasingly committed to mental health, the importance of this study lies in getting an overview of the main psychiatric diseases that affect this category. Based on the foregoing, the research aims to identify mental disorders that cause more removal of teachers in a higher education institution.

METHOD

This is a retrospective study of documentary nature, with a quantitative approach, developed in the medical expertise of sector of a higher education institution, located in João Pessoa-PB.

The total study population consisted of 476 records assisted on the medical school board selected institution. To select the sample, the following criteria was considered: behold records information such as date of service with notified diagnosis, teacher's age range and number of the International Statistical Classification of Diseases and Related Health Problems - ICD-10 - corresponding to the disease presented by the professional. There were 476 records analyzed, of which 254 (diagnoses of mental disorders) composed the sample.

Data collection occurred from January to December 2012, in that sector. The data collection covered the period from January 1999 to January 2012. The data were properly recorded in a pre-encoded form, covering issues related to the study objectives; then they were entered into the database created in the Statistical Package for Social Sciences (SPSS), version 17.0. For the analysis, we proceeded to the distribution of the frequency of the collected variables.

For realization of the research, the ethical observances were followed, established in Resolution No. 466/2012 of the National Council of Health, which regulates research with human beings in the country. The research project was approved with CAAE No. 0573.0.126.000-12

RESULTS AND DISCUSSION

Out of 254 records containing diagnoses of mental disorders by ICD-10, there were disorders identified related to depression (responsible for the majority of sick leave for a total of 52%); schizophrenia (ranked second, with a percentage of 11.8% of sick leave), bipolar disorder (with a percentage of 10.2%, ranking third), acute stress reaction (fourth place as a cause of absence from work, with 8.7% of them), anxiety (accounting 6.3% of sick leave), delusional disorder (3.1% of sick leave), dissociative disorder (1.6% of workers left due to this disorder), alcoholism (1.2% of leaves), phobias (responsible for 1.2% of sick leave), somatization disorder (similar to alcoholism and phobias, with 1.2% of absences), drugs

multiuse and other substances (0.8% of workers); mood disorder (0.8% of workers), manic episodes, psychosis and personality disorder (0.4% of sick leave each one), as shown in Table I:

Table I - Frequency and percentage distribution of diagnosis of mental disorders in teachers of a higher education institution. João Pessoa-PB, 2012.

Mental disorders	Frequency (n)	Percentage (%)
Alcoholism	3	1,2
Anxiety	16	6,3
Depression	132	52,0
Drugs multiuse and other substances	2	0,8
Maniac episodes	1	0,4
Schizophrenia	30	11,8
Phobias	3	1,2
Psychosis	1	0,4
Acute stress reaction	22	8,7
Bipolar disorder	26	10,2
Delusional disorder	8	3,1
Dissociative disorder	4	1,6
Mood disorder	2	0,8
Personality disorder	1	0,4
Somatization disorder	3	1,2
Total	254	100

Source: Medical expertise service of a higher education institution.

To investigate the mental disorders that affect workers, affecting not only his personal life, but also his performance and his relationship to the work, it has been studied in several segments. The results achieved in this study support a research that present a similar picture, especially investigating the health of teachers,^{2,4} as an investigation done in a medical report from a public institution of higher education conducting a research of mental disorders that more remove employees (including teachers) from work. In this study, the results are similar to those studied here, particularly with regard to the prevalence of depression.⁵

In mental disorders identified in this study, depression was also considered responsible for the largest number of removals. However, this situation is not restricted to higher education reality. A study similar to this one, performed in a medical expertise of municipal schools in the same city, between 1999 and 2006, covering elementary school teachers, found that depression accounted for 51% of sick leave due to mental disorders. Thus, it is observed that the teacher is placed in situations that favor the formation of psychic symptoms corresponding to any level of education in acting, and this is no coincidence.³

The psychological symptoms formation, like depression, is not something random, especially when these symptoms are linked to work and its organization. Every situation, coping, demand and need at work is related to the formation of certain symptoms. Another aspect to consider is that the complex and subjective nature of teaching causes certain negative health interventions of the teacher. Excessive workload, relationship issues and discipline with the students, the need to update and complement the training and internal and external collections at work are examples. These interventions favor the emergence of

diseases that endanger the health and consequently the teaching profession. They are as the only solution in certain situations, and illness is inevitable.⁶

As the depression is the most common mental disorder to the cause of absence from work in the teaching category, it is important to highlight that it is a disorder developed from the difficulties related to work. When the conditions and the organization of work become precarious, relations with students, parents of students and/or managers are unfeasible and the feeling of exhaustion and depersonalization settle, work will no longer being seen as way of life, suffering changes with time and perceived only as an economically useful activity, and in some cases not at all. Thus, the work also ceases to be the main factor of socialization and loses the main occupation status.⁷

In higher education teachers, there are also other implications. In addition to the common factors with other teachers realities (teachers of elementary, high school and technical),⁸ the professor of higher education is faced with higher qualification requirements, productivity collections and expansion of research and guidance activities, all accommodated in a very short time limit, and in some cases, space for the development of all these activities. The result is the transformation of work into something that causes a great psychological distress and consequently of illness.⁹

Besides, there are other risk factors associated with teachers' working conditions of higher education contributing to this disease and to the deterioration of a picture that makes labor impediment of the subject. Study that addresses quality of life in higher education teachers, points to the relationship between the level of demand and collection associated with the titration of the teacher and the quality of life perceived by him. However, experts whose demand and collection are lower due to titration showed a better perception of quality of life than to teachers and doctors colleagues.¹⁰

This entire context reveals a social work precariousness and its impact on health teacher. A process that includes a rigorous working increase from multiplication tasks; the difficulty of raising funds for research; the contradictions between education and the demands of the university system and degradation of academic sociability.¹¹

Another important factor to consider, causing the removal of teachers is related to the working week and commitment to personal fulfillment with the profession. Thus, the work ceases to be exciting, becomes meaningless, since the professional wears, and even gives up their assignments.⁵ In this sense, the worker is a subject to immerse in a depression characterized by loss of meaning of work. This causes considerable damage to the mind of the individual and it reaches his social identity and destroy his interest in the work, becoming extinct pleasure. There is confusion between working life and the affective, so that the employee cannot separate from the job or in his family and/or leisure time, and the work activity is present even during sleep and dreaming. Therefore, it is clear that there is a dissociation between the emotional world and the conscious mental life, which compromises the emotional balance and discernment.¹²

In higher education teachers, this commitment situation with regard to personal fulfillment with the profession appears in a study that discussed the intensification of work and its implications for the way of life and health of those teachers.¹³ Again, teachers complained about their health (including cases of depression in these complaints), being

predominant those of psycho-emotional and/or psychosomatic order. In this study, it is also noted that most cases of illness was unknown by the university administration.

The genesis of depressive episodes in their relation to work, takes place usually hinged to a significant loss or a succession of frustrations checked in context. The depressive episode development increase with the lack of social support and the absence of concrete alternatives to overcome the incident.¹⁴ It is important that through the identification of symptoms such as apathy, irritability, loss of interest, sadness, motor delay, insomnia and fatigue and a good knowledge of pathology, the diagnosis of depression can be facilitated and initiate treatment as fast as possible.⁹ In addition, studies show that the higher the weekly frequency of physical activity, the less likely presentation of work-related diseases.¹⁵

Other authors report that although some teachers seem to enjoy positive affect and life satisfaction, they state depression and general well-being, confirming a fact that points to the fragility of the mental health category whose depressive disorders related to work are increasingly present, demanding attitudes facing this most possible urgent condition.¹⁶

Therefore, there is still much to research about the worker exploited in his intellect. This exploitation is so subtle that it is not clearly understand. Various social issues are involved in this trajectory, such as gender and other derived from the groups to which they are attached, suggesting a further deepening of the studies. That is, burnout, sadness, depression and psychosis are placed in the same category, and disease processes are confused, often with character flaws. It is emphasized in the literature¹⁷ that depression is a serious disorder that can affect the entire family and social life of the patient, because it destroys families, careers and relationships.

The burnout syndrome did not appear as a diagnosis in any medical records investigated. However, it is known that it is an occupational disease covered by the Ministry of Health since 1999 and it is a condition that affects the teaching category in general, considered one risk category to the grievance. When affected by this syndrome, the worker feels exhausted, being ill frequently; with headaches, insomnia, ulcers; may also have muscle tension, chronic fatigue, headaches, cardio-muscles problems, anxiety and depression, and possible psychiatric disorders. Being a professional teacher, there may be radical change in normal habits, decreased creativity and enthusiasm for the work, difficulty concentrating, loss of self-respect and self-control in the classroom and overreactions in an attempt to reduce stress, and the development in long-term diseases such as ulcers, hypertension, depression and alcoholism.^{15,18-9}

The fact that the burnout syndrome was not diagnosed, does not mean that this disease exists among teachers of the institution investigated. Considering the importance of identification and correct diagnosis of this syndrome, one study¹⁸ investigated the knowledge of medical expertise of the Municipal Medical Board of the city of João Pessoa-PB about burnout. The results showed the lack of legislation and burnout syndrome and the need for an intervention of public policies that provide greater preparation of medical experts and a better mental health care for the teacher. Therefore, there is a possible relationship between some cases of depression among the institution's teachers studied and Burnout Syndrome, since depression can develop from this syndrome.

The results also showed to schizophrenia and bipolar disorder as second and third causes of absence from work, respectively. Even with frequencies lower than the depression,

both are disorders that are characterized by seriousness and commitment, and that directly affect not only the recovery of the teacher, but also a possible return to work activities.²⁰ In this sense, prejudice and stigmas about the fact of having a mental illness are seen as causes of absenteeism and removal of teachers, which can only be overcome with the knowledge and information to the patient, family and the society. Additionally, the absenteeism rate found in the survey also points out the use of alcohol and psychotropic drugs like disorders that cause departure from the workplace. According to the medical consultancy IMS Health, Brazil leads the world market in use of antidepressants and anxiolytics.²¹

Associated with this reality, suicide is presented as one of the major consequences related to intoxication of these drugs and psychoactive drugs. According to the Map of Violence in Brazil²², João Pessoa presented a “big step” of the twenty to the thirteenth position among the capitals with the highest suicide rate. This is an extremely worrying given little attention. The identification of alcohol consumption profile can be very useful for understanding the distribution of various aspects related to this habit. A better understanding of the socio-demographic characteristics linked to groups with higher exposure to risk factors and behaviors contribute to the development of more effective and equitable health policies and programs.²³

The manifestation of mental disorders by categories of age was also identified. In this sense, it is observed that there was a higher incidence of these disorders in the category between 40 and 49 years old, according to Table II:

Table II - Frequency and percentage distribution of diagnosis of mental disorders in teachers of a higher education institution according to age group. João Pessoa-PB, 2012.

Mental disorders	30 to	40 to	50 to	60 to	TOTAL	
	39 years old	49 years old	59 years old	69 years old	n	%
Alcoolismo	0	1	2	0	3	1,2
Alcoholism	5	7	4	0	16	6,3
Anxiety	21	64	30	17	132	52,0
Depression	0	1	1	0	2	0,8
Drugs multiuse and other substances	1	0	0	0	1	0,4
Maniac episodes	5	14	10	1	30	1,8
Schizophrenia	0	2	1	0	3	1,2
Phobias	0	0	1	0	1	0,4
Psychosis	5	11	5	1	22	8,7
Acute stress reaction	9	7	9	1	26	10,2
Bipolar disorder	1	4	2	1	8	3,1
Delusional disorder	0	2	1	1	4	1,6
Dissociative disorder	0	1	0	1	2	0,8
Mood disorder	0	0	0	1	1	0,4
Personality disorder	1	1	1	0	3	1,2
Somatization disorder					254	100

Source: Medical expertise service of a higher education institution.

It is observed that in all age groups, depression appears first as a cause of absence from work, with higher frequency between 40 and 49 years old. That is when the professor of higher education has reached a more mature at work and increased the demand to responsibilities and commitments, especially to factors related to production and the

development of research projects. Schizophrenia ranks second among 40 and 59 years old, followed by bipolar disorder. However, between 30 and 39 years old, the situation is reversed, in the second place as a cause of absence from work is bipolar disorder - the onset of this disorder in this age group is consistent with its characteristics - being followed by schizophrenia.²⁴

Another important aspect is the appearance of a higher frequency of acute stress reaction between 40 and 49 years old. In teachers, it is possible that acute stress reaction is actually the burnout syndrome, as it has already been noted the lack of this syndrome and the difficulty of their diagnosis by medical experts.¹⁸ As this syndrome has a cumulative character, its appearance is common after 40 years old, mainly teachers who began their career early and develop activities that involve more closely contact with students, such as the orientation of work dissertations and theses.²⁵

Other disorders (alcoholism, anxiety, drugs multiuse and other substances, manic episodes, phobias, psychosis, delusional, dissociative, mood, personality and somatization disorders) have a lower frequency. However, the simple fact appear as causes of absence from work is worrisome, since some of these disorders are serious and can have a direct relationship with teacher labor activity.⁵ At the end of this work, it is realized that a simple teacher attitude, the look of the layman, it may seem dismal, ill will, lack of motivation, irresponsibility and related feelings, may be taking a pathological dimension, which requires managers, institutions and the worker of a greater insight of this situation.

The results also provoke questions about the process of diagnosis of these disorders and the context in which the teacher develops such symptoms. There must be a structure and management to support the teaching. If the teacher develops a mental disorder as to be absence from the work, we cannot help but reflect on the involvement and possible determinants of the working environment and the teacher's relationship with it.

CONCLUSION

Studies on different aspects of mental disorders represent an expanding thematic of special interest to professionals, students and researchers, particularly those in the health area. In this research, it was possible to identify mental disorders that cause more removal of teachers in a higher education institution. This contributed to further analysis factors related to these types of disorder.

Nevertheless, particularly in the local scene, it is necessary to conduct studies to understand far more factors involved in the occurrence of this type of disorder. Thus, it is noted that this study has limitations, since there is still much to be explored within this topic. However, these gaps can be filled by other research, with results that could be associated with this. Therefore, it is necessary to give special attention to the mental health of teachers in higher education, especially with regard to the incidence of depression. It is known that having depressed teachers in the classroom can jeopardize their relationship with the students, with the managers and the very educational institution.

From this perspective, the findings also point to a need for interventions that consider mental disorders as work conditions and potential existing in the teaching category of higher education. These interventions should include managers, teachers and those responsible for the work quality of life in the institution.

Finally, it is known that for a proper intervention and consequent improvement of the organization of teaching in higher education, with regard to mental health as a cause of removal, it is necessary to have effective knowledge not only of the incidence of these disorders, but also the specific types. This study is also relevant for providing this information. Therefore, it is expected that this research will support new research about the mental disorder, especially in the area of teaching, so that professionals, students and society understand much this topic.

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