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COMMUNITY VIOLENCE, SOCIODEMOGRAPHIC ASPECTS AND COMMON MENTAL DISORDERS AMONG STUDENTS AND HEALTH PROFESSIONALS

VIOLÊNCIA COMUNITÁRIA, ASPECTOS SOCIODEMOGRÁFICOS E TRANSTORNOS MENTAIS COMUNS ENTRE ESTUDANTES E PROFISSIONAIS DE SAÚDE

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Abstract: Objective: To analyze whether there is an association between exposure to community violence, sociodemographic factors, and the prevalence of common mental disorders among students and professionals of the Family Health Strategy (ESF). **Methodology:** Epidemiological, cross-sectional study, with a simple random sample, carried out with 66 students and workers of an ESF, based on a sociodemographic and community violence questionnaire and the Self-Reporting Questionnaire SRQ-20. Descriptive statistics, bivariate and multivariate logistic regression models were performed, adopting $p<0.05$ as a significance level. **Results:** The prevalence of common mental disorders was 60.60% and the respondents most likely to have these problems, at statistically significant levels, after the final adjustment model were black (OR=1.52;CI 95%= 1.04-2.24), reside in the FHS area (OR=2.14;CI 95%= 1.40-3.27), work in the FHS as health professionals (OR=1.46;CI 95%=1.08-1.97), having suffered indirect (OR=2.23;CI 95%=1.55-3.39) and direct (OR=2.95;CI 95%= 1.78-4.88) to community violence.

Conclusion: Given the high prevalence of CMD among those surveyed, and exposure to community violence being the factors that most impacted this outcome, it is suggested that these individuals be embraced in an attempt to reduce damage caused by violence in the ESF and implement actions to promote mental health and CMD prevention in the workplace.

Keywords: Mental Health; Word's Health; Violence.

INTRODUCTION

Common mental disorder (CMD), is an expression created by Goldberg and Huxley in 1992[1], refers to the health situation that does not meet sufficient official criteria for diagnoses of depression and/or anxiety according to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the 11th revision of the International Classification of Diseases (ICD-11). However, symptoms such as insomnia, fatigue, somatic complaints, forgetfulness, irritability, difficulty concentrating, among others, inserted in the condition of CMD, can cause significant functional disability, causing psychosocial damage to individuals affected by these disorders, in addition to causing social and economic cost[2].

Studies carried out with health professionals from the basic health network, such as in the Family Health Strategy (FHS), found different prevalences of CMD in Brazil, which ranged from 16.0% to 42.6%[3,4]. It is suggested that these disorders in this work sector occur as a result of aspects related to the work environment itself, the context and the general conditions in which the services are offered and the management of work in health establishments4. Reality that can also explain when it comes to health students, such as interns/trainees and residents who work in this health sector.

Given that, sectors in which very high psychosocial demands are experienced due to the stressful characteristics of the type of work performed, such as in the FHS, can increase the prevalence of CMD among individuals who work in this type of work environment[5].

Other aspects that may be related to the occurrence of CMD in workers/students who work in the FHS are the sociodemographic aspects such as sex, race/color, education[6,7], time of practice[3], residing in the same area covered by the family clinic8, in addition to exposure to violence in its various types and forms of victimization, such as community violence[9].

Work environment with the high occurrence of stressful events such as violence, as well as excessive work demands without the corresponding possibility of recovery or relaxation, which would favor the return of the body to the situation of calm, maintain the high production of catecholamines

(adrenaline, noradrenaline and cortisol), producing intense physical and mental wear[10], which can justify the mechanism by which it can increase the occurrence of CMD in health workers and students working in FHS.

CMDs can cause negative impacts on health professionals affected by these disorders, such as absence from work at some point, because the symptomatology tends to worsen, affecting teammates, who start to have work overload. For the worker affected by the disorder, getting sick and/or moving away can mean a limitation as a professional capable of promoting care to users, which results in a reduction in their professional effectiveness, in addition to distrust, disrespect and contempt on the part of other team members[11].

In this sense, it is relevant to build studies that can investigate the prevalence of CMD and associated factors among students and health workers working in FHS. This is because, from these investigations, it will be possible to identify specific demands of this target audience, in particular, and thus create and implement health actions that can contribute to the promotion of mental health and prevention of CMD in the workplace.

In addition, it is justifiable to carry out research like this, since it is essential to expand scientific knowledge on the proposed theme, since there are still few results of studies, especially epidemiological, carried out with the same public of this research.

Given the above, this study aimed to analyze whether there is an associativa between exposure to community violence, sociodemographic factors, and the prevalence of common mental disorders among students and health workers who work in a Family Health Strategy (FHS).

METHOD

Epidemiological, cross-sectional study, whose study population consisted of 18 health students and 48 health professionals who work in a Family Health Strategy located in a peripheral region of the city of Rio de Janeiro-RJ.

The selection was made by simple random sampling. The sample size was calculated considering a prevalence of 21.04% of CMD found in a study conducted with workers working in FHS[12], adopting the accuracy of 5%, power of 80% and confidence level of 95%, totaling a sample of 66 participants in this study, for a population of 84.

The inclusion criteria adopted were: workers of the Family Health Strategy who were hired from a public tender or temporary selection; and, students from the health area with active enrollment in their educational institution. As for the exclusion criteria, they were: participants who had some cognitive deficit that made it impossible for them to answer the questionnaire; participants who after

three attempts to search for the application of the instruments were not found; and participants who answered the questionnaire incompletely or incorrectly.

A sociodemographic questionnaire developed by the authors of this research was applied to identify characteristics of the participants, including: age, sex, self-declared race/skin color, type and time of performance in the clinic, health problems prior to performance in the FHS.

Subsequently, two of the four dimensions of the questionnaire of community violence related to community violence in the last year preceding the interview were applied, namely: 1) direct exposure to community violence and 2) indirect exposure to community violence. Instrument built in Brazil by the research group on population studies in human development and mental health of the Institute of Collective Health of the Federal University of Bahia (ISC/UFBA). For direct or indirect exposure, the categories were adopted: he was never a victim or was a victim of at least one act of violence[13].

To evaluate mental health, specifically the presence of CMD, the Self-report Questionnaire - SRQ-20 instrument was used, consisting of 20 questions with answers on a comparative scale of the yes or no type, which indicate the probability of the presence of CMD, ranging from 0 (no probability) to 20 (extreme probability)[14].

SRQ-20 is divided into four groups of symptoms: depressive-anxious mood (do you feel nervous, tense or worried? Do you get scared easily? Do you feel sad lately? Do you cry more than usual?) ; Somatic symptoms (do you have headaches often? Do you sleep badly? Do you feel stomach discomfort? Do you have poor digestion? Do you have a lack of appetite? Do you have tremors in your hands?) ; Decrease in vital energy (Do you get tired easily? Do you have difficulty making a decision? Do you have difficulty having satisfaction in your tasks? Does your work bring suffering? Do you feel tired all the time? Do you have difficulty thinking clearly?) ; Depressive thoughts (Do you feel unable to play a useful role in your life? Have you lost interest in things? Have you been thinking about ending your life? Do you feel useless in your life?)[15].

To confirm the suspicion of CMD, the cutoff point used in this study for the SRQ-20 General score was ≥ 7 points of the 20 possible points[14].

The data were collected in two moments, from the application of a printed questionnaire made available at the ESF team meetings that was the scenario for this investigation.

The outcome analyzed was: Common mental disorders (CMD) (0= no) and (1= yes). The main exposures were the sociodemographic factors and exposures to community violence: sex (0=male and 1=female); age group (0=less than 37 years and 1= 37 years or more); self-declared race/color (0= Non-black (White/Yellow/indigenous and 1= black/brown); level of education (0= incomplete higher education above and 1= Until high school); performance in the ESF (0= health students: interns

in medicine, Resident Physicians, Resident Nurses and 1= health professionals: Doctors, Dental Surgeons, Nurses, Nursing Technician and community health agent); time of work in the ESF (0= Up to 3 years and 1= 4 years or more); problem of Previous health (0= no and 1= yes); resides in the area of activity (0= no and 1= yes); exposure to indirect community violence (0=no and 1=yes); exposure to direct community violence (0=no and 1= yes); and the types of direct violence suffered: physical (0=no and 1= yes), psychological (0=no and 1= yes), moral (0=no and 1= yes), sexual (0=no and 1= yes), patrimonial (0=no and 1= yes), economic (0=no and 1= yes), social (0=no and 1= yes), social (0=no and 1= yes).

The analysis plan initially adopted was the descriptive statistical analysis to characterize the population from absolute numbers and percentages. Next, to verify associations between exposure variables and the outcome, bivariate logistic regression with odds ratio (OR) and respective 95% confidence intervals (95%CI) was used.

Finally, multivariate logistic regression was performed to analyze the adjusted association between the exposure variables that associated at levels of statistical significance in the bivariate analysis with the prevalence of CMD, adopting the backward procedure. In the final model, the theoretically important variables were maintained and had a value of $p < 0.05$.

The umbrella research project of this study, entitled "Factors associated with health conditions and quality of life of workers in different contexts" was approved by the Research Ethics Committee (CEP), under protocol 333.535 and CAEE 16513213.3.0000.0055, in compliance with Resolution 466/2012, of the National Health Council (CNS).

RESULTS

Of the 66 surveyed, there was a predominance of those of females (84.85%), age group under 37 years (56.06%), self-declared black color race (black or brown) (69.70%), level of higher education (63.64%), who work in the FHS as health professionals (72.73%), time of work in the FHS of up to 3 years (59.09%), without a previous health problem (77.27%) and who resides in the area of activity (51.52) (table 1).

Table 1 – Sociodemographic characteristics of students and health professionals of the ESF. Rio de Janeiro-RJ, Brazil. 2023.

Variables	N	(%)
Sex		
Male	10	15,15
Female	56	84,85
Age group		

Under 37 years old	37	56,06
37 years or older	29	43,94
Race/color		
Non-black (white/yellow/indigenous)	20	30,30
Negra (black/brown)	46	69,70
Education level		
Above incomplete higher education	42	63,64
Until high school	24	36,36
Work at the ESF		
Health students	18	27,27
Health professionals	48	72,73
Time working at the ESF		
Up to 3 years	39	59,09
4 years or more	27	40,91
Previous health problem		
No	51	77,27
Yes	15	22,73
Lives in the area of activity		
No	32	48,48
Yes	34	51,52

N: number; (%): percentage.

In relation to community violence, all participants suffered indirect exposure to this type of violence (100%) and most direct exposure (56.06%). As for the types of direct violence suffered, in order of greatest predominance it was found: moral (43.94%), psychological (33.33%), Patrimonial (7.58%), physical (6.06%), economic (3.03%), social (3.03%), sexual (3.03%) (table 2).

Table 2 – Exposure to community violence and types of direct violence suffered by students and health professionals of the FHS. Rio de Janeiro-RJ, Brazil. 2023.

Variables	N	%
Indirect exposure to community violence		
No	-	-
Yes	66	100
Direct exposure to community violence		
No	29	43,94
Yes	37	56,06
Moral Violence		
No	37	56,06
Yes	29	43,94
Psychological Violence		
No	44	66,67
Yes	22	33,33
Patrimonial Violence		
No	61	92,32
Yes	5	7,58
Physical violence		

No	62	93,94
Yes	4	6,06
Economic Violence		
No	64	96,97
Yes	2	3,03
Social Violence		
No	64	96,97
Yes	2	3,03
Sexual Violence		
No	65	98,98
Yes	1	1,52

N: number; (%): percentage.

The prevalence of CMD among students and health professionals working in the FHS was 60.60%. According to the bivariate analysis, the respondents of black race/color (black/brown) had greater chances of having these disorders, at levels of statistical significance, compared to those of non-black race/color that were used as a reference (OR= 3.42;p=0.02). This same propensity was found for those whose level of education was up to high school when compared to those who have incomplete higher education above (OR= 3.08;p=0.01), to be health professionals in relation to health students (OR= 4.85;p= 0.005), with 4 years or more of experience in the FHS when confronted with those who are up to 3 years old (OR= 3.08;p=0.01), and for those who reside in the area of expertise compared to those who do not reside (OR= 4.17;p= 0.004) (table 3).

Table 3 – Bivariate analysis of the prevalence of common mental disorders (CMD) in relation to the sociodemographic characteristics of students and health professionals of the FHS. Rio de Janeiro-RJ, Brazil. 2023.

Variables	No N(%)	Yes N(%)	OR	Valor de p
Sex				
Male	4(40,00)	6 (60,00)	1	
Female	22(39,24)	34(60,71)	1,03	0,96
Age group				
Under 37 years old	18(48,65)	19(51,35)	1	
37 years or older	8(27,59)	21(72,41)	2,48	0,07
Race/color				
Not black (white/yellow/India)	12(60,00)	8 (40,00)	1	
Black (black/brown)	14(30,43)	32(69,57)	3,42	0,02*
Education level				
Education incomplete upper above	21(50,00)	21(50,00)	1	
Until high school	5(20,83)	19(79,17)	3,8	0,01*
Work at the ESF				
Health students	12(66,67)	6(33,33)	1	
Health professionals	14(29,17)	34(70,83)	4,85	0,005**

Time working at the ESF				
Up to 3 years	20(51,28)	19(48,72)	1	
4 years or more	6(22,22%)	21(77,78)	3,68	0,01*
Previous health problem				
No	21(41,18)	30(58,82)	1	
Yes	5(33,33)	10(66,67)	1,4	0,58
Lives in the area of activity				
No	18(56,25)	14(43,75)	1	
Yes	8(23,53)	26(76,47)	4,17	0,004**

N: number; (%): percentage; OR: odds ratio; *p<0.05; **p<0.01.

Also according to a bivariate analysis, when analyzing the association between CMD with the variables related to community violence, it was found at levels of statistical significance that those surveyed with indirect and direct exposure to this type of violence had greater chances of having these disorders compared to those who were not exposed, respectively (OR= 1.00;p= 0.000) and (OR= 5.93;p= 0.000), as well as for those who suffered direct violence of the psychological and moral types in relation to those who did not suffer any of these types, in the order (OR= 4.5;p= 0.009) and (OR= 3.31;p= 0.02). For the types of physical, sexual, patrimoniald, economic and social violence it was not possible to analyze such associations due to insufficient number of exposures (table4).

Table 4 – Bivariate analysis of the prevalence of common mental disorders (CMD) in relation to exposure to community violence and types of direct violence suffered by students and health professionals of the FHS. Rio de Janeiro-RJ, Brazil. 2023.

Common Mental Disorders				
Variables	**No N(%)**	**Yes N(%)**	**OR**	**p-Value**
Indirect exposure to community violence				
No	-	-	1	
Yes	26(39,39)	40(60,61)	1,00	0,000**
Direct exposure to community violence				
No	18(62,07)	11(37,93)	1	
Yes	8(21,62)	29(78,38)	5,93	0,000**
Psychological Violence				
No	22(50,00)	22(50,00)	1	
Yes	4(18,18)	18(81,82)	4,5	0,009**
Moral Violence				
No	19(51,31)	18(48,65)	1	
Yes	7(24,14)	22(75,86)	3,31	0,02*

N: number; (%): percentage; OR: odds ratio; *p<0.05; **p<0.01.

In the final model of the multivariate analysis, the exposures that remained strongly associated

in a positive way and at levels of statistical significance with the occurrence of CMD were: acting in the FHS as health professionals (OR=1.46;95% CI=1.08-1.97), indirect (OR=2.23; 95%CI=1.55-3.39) and direct exposure (OR=2.95; 95%CI= 1.78-4.88) to community violence. In this same direction it was found with less force in relation to the other vaiables the black breed/color (OR=1.52;CI 95%= 1.04-2.24), as well as residing in the ESF area (OR=2.14;95% CI= 1.40-3.27) (table 5).

Table 5 – Multivariate analysis of exposure variables in relation to mental disorders common among students and health professionals of the FHS. Rio de Janeiro-RJ, Brazil. 2023.

Externalizing behavioral problems	
Variables	**OR[b] (IC 95%)[c,d]**
Race/ color	
Non-black (white/yellow/Indian)	1
Black (black/brown)	1,52 (1,04-2,24)*
Work at the ESF	
Health students	1
Health professionals	1,46 (1,08-1,97) **
Lives in the ESF area	
No	1
Yes	2,14(1,40- 3,27)*
Indirect exposure to community violence	
No	1
Yes	2,23 (1,55-3,39)**
Direct exposure to community violence	
No	1
Yes	2,95 (1,78-4,88)**

a) More parsimonious model, after adjustment including the variables, one by one (race/color, level of education, performance in the ESF, time of work in the ESF, resides in the area of activity, indirect exposure to community violence, direct exposure to community violence, psychological violence and moral violence; b) OR: adjusted odds ratio; c) 95% CI: 95% confidence interval; d) Wald test; *p<0.05; **p<0.01.

DISCUSSION

In this study, a high prevalence of CMD was found among students and health professionals working in the FHS (60.60%), being higher than that found in other national studies, also carried out in the FHS, as seen in a study carried out in the South and Northeast regions of the country (16.0%)[3], another carried out in the municipality of Rio Grande do Sul-RS (21.04%)[12] and in Botucatu (42.6%)[4].

The high prevalence of CMD found in this research is worrying, because these disorders can trigger several negative impacts on the lives of people who have the role of taking care of others, but

who also need care. Among these impacts, it was identified in an investigation carried out with workers of Primary Health Care (PHC) in Porto Alegre-RS, that the presence of CMD was one of the predictors for the development of Burnout Syndrome among the respondents, pointing to a compromise of the health of these professionals[11].

In the case of the associations found at levels of statistical significance in this study, between the sociodemographic characteristics evaluated and the prevalence of CMD, in the bivariate analysis, the surveyed of race/black color, with a level of education of up to high school, being health professionals, having 4 years or more of experience in the FHS and residing in the area of expertise showed greater chances of developing these disorders. Since of these variables, black race/color remained in the final model of the multivariate analysis, acting in the FHS as health professionals and residing in the FHS area.

The association between black race and the prevalence of CMD found in this study is similar to that of another carried out with community health agents (ACS) who work in FHS also in Rio de Janeiro6. It is suggested that this group in particular may have greater susceptibility to the development of psychological stress and low self-esteem, which can be predicted by the greater difficulty of access to education, health, quality housing, in addition to the effects of possible ethnic/racial prejudice[7]. All these factors added to the risks of the work environment can potentiate the increase in CMD in the black population.

As for the health professionals of this investigation having greater chances of having CMD compared to students in the health area, this fact may be related to the longer time of performance of these professionals in the FHS in relation to the students. Evidence that can be reinforced from a previous study with professionals working in the basic health unit (UBS), which identified that the longer the time of action, the higher the prevalence of CMD. This indicates that, the longer the exposure time in a similar context, the greater the chances of increasing the physical and emotional wear of the professional, which may result in mental illness[3].

Another factor related to the higher prevalence of CMD in this research was to reside in the area of coverage of the FHS in which it operates, which was an exclusive finding for the ACS, since the students in the health area and the other health professionals surveyed reside outside the territory assisted by the FHS.

The findings can be justified by the attributions of the ACS that make constant displacements on foot, are exposed to the weather and the precarious hygiene conditions of the areas and households. In addition, these professionals develop tasks primarily in those households in areas of greatest social risk, in certain cases characterized by situations of misery, inequities in health, drug use and trafficking and violence[8].

It should be noted that even if they do not reside in the same area covered by the FHS in which they work, health students and other health professionals are also exposed to the vulnerability that permeates the territory, and among these, indirect and direct exposures to community violence can be raised, which can be perpetrated according to its various types.

Community violence is a stressful event characterized by deliberate acts with the intention of causing physical harm against one or more people in the community. It occurs in an interpersonal way being committed by people strangers to family relationships. Such episodes involve violence in the environmental context of insertion of the individual, including physical, psychological, moral aggressions, rapes, robberies, robberies, homicides, presence of weapons and drug trafficking, etc[16].

The forms of community violence are described according to the victimization suffered. Direct exposure is understood as that experience in which the person himself suffers violence and indirect exposure, when the person has heard or witnessed violence involving third parties[16].

In this study, it was noted that indirect and direct exposures to community violence, both in the bivariate and multivariate analysis, after the final adjustment, remained strongly associated at levels of statistical significance with the prevalence of CMD, presenting higher odds ratios compared to the other exposure variables studied. It should be noted that, even though they did not remain in the final model, the respondents who suffered psychological and moral violence were more likely to present CMD. This is because these types of violence have been significantly associated with these disorders.

The relationship found in this study between indirect and direct exposure to community violence, either from psychological and moral violence, with the increase in the prevalence of CMD among the respondents, can be explained in parts, by the theory of stress. This is because violence is a stressful event[12]. And, it is known that experimenting with events of this type can cause neurobiological changes in the individual. Because, stress can promote from its mechanism of action the activation of the autonomic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis, producing a cascade of neurobiological and neurochemical events, such as the increased release of adrenaline and cortisol, two substrates that can present themselves at high levels in people with mental alterations, such as those with TMC[17,18].

The different forms of violence are accentuated in the FHS, which, in its implementation, privileged areas of greater social risk, created strategies that provide for a close contact between the health team and the population served and care, normally, in open environments or in the users' own residence, factors that increase the vulnerability of the worker. Thus, regions of greatest social risk are also those that generate intensification of violence, which in turn can increase the occurrence of mental health problems among those who work in ESF[9].

It is noteworthy that, because scientific articles were not found in researched databases that

evaluated the association between indirect and direct exposures to community violence and CMD between students and health professionals who work in FHS, or at least who worked in other health institutions, it was not possible to compare the results of these variables with results of other previous epidemiological studies. In view of this, theoretical assumptions have been described above that can explain the relationship between these exposures and the outcome evaluated, considering that these are factors that can trigger the mental illness of the individuals in question, such as the occurrence of CMD.

Adding to the discussion, it is worth mentioning that in view of the predictors of the physical and mental illness of workers in Brazil, the National Policy of Occupational Health was elaborated, which among its objectives is the strengthening and articulation of health surveillance actions, identifying the environmental risk factors, with interventions, both in the environments and processes of work, and in the surroundings, in view of the quality of life of the workers and the surrounding population[19].

Also in the case of Public Policies in Mental Health and Work, a study identified that a policy is necessary that in fact includes the principles of universalization, equity and integrality, and, therefore, that issues related to Mental Health should pay attention to the contemporary configurations of work, including those who work in ESF[20].

In view of what is described, it is understood that improving the health and working conditions of health workers can provide a positive impact on the actions performed by the entire Primary Care team, with the potential to improve the health care of assisted populations[21].

It is emphasized that the need to promote actions aimed at improving the mental health of health professionals needs to extend to students in the health area, who also work and share in the same work environment, in this case in the ESF, being also susceptible to the occurrence of CMD, as well as workers.

CONCLUSION

It was evidenced in this study a high prevalence of CMD among the respondents, being associated with sociodemographic factors, as well as exposures to community violence in the coverage area where they work as students or health professionals.

Exposures to indirect and direct community violence showed greater impacts on the occurrence of these disorders, in relation to the other variables evaluated, because they remained strongly associated, even after the adjustment of the final analysis model. Deserved then, that students and health professionals working in FHS, especially in areas of coverage with high occurrences of

community violence, be inserted in singular therapeutic projects, as an attempt to reduce damage and mental suffering to these individuals.

In addition, it is suggested the implementation of actions to promote mental health and prevent disorders such as TMC in the work environment, from the offer of collective and individual support and reception of the demands in mental d so that these actions are fundamental to at least reduce the occurrence of these outcomes in this specific population.

REFERENCES

1. Goldberg DP, Huxley P. Common mental disorders: a bio-social model. New York: Tavistock/Routledge; 1992. 224 p.

2. Stansfeld SA, Fuhrer R, Head J. Impact of common mental disorders on sickness absence in an occupational cohort study. Occup Environ Med. 2011 [acesso em: 01 jan 2023]; 68(6):408-13. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3095482/.

3. Dilelio AS, Faachini LA, Tomasi E, Silva SM, Thumé E, Piccini RX, et al. Prevalência de transtornos psiquiátricos menores em trabalhadores da atenção primária à saúde das regiões Sul e Nordeste do Brasil. Cad Saúde Pública. 2012 [acesso em: 01 jan 2023];28(3):503-14. Disponível em: https://www.scielo.br/j/csp/a/R3zxzJJYQ9pCKvppxzZ7Lwr/?lang=pt.

4. Braga LC, Carvalho LR, Binder MCP. Condições de trabalho e transtornos mentais comuns em trabalhadores da rede básica de saúde de Botucatu (SP). Ciênc Saúde Coletiva. 2010 [acesso em: 03 jan 2023];15(Supl 1):1585-96. Disponível em: https://www.scielo.br/j/csc/a/h7LRRgffDcCmDmQxn6YsQcv/?lang=pt.

5. Carvalho DB, Araújo TM, Bernardes KO. Transtornos mentais comuns em trabalhadores da Atenção Básica à Saúde. Rev Bras Saúde Ocup. 2016 [acesso em: 03 jan 2023];41:e17. Disponível em: https://www.scielo.br/j/rbso/a/5xtwTHrPRxzysVTsfsCQ3Tp/abstract/?lang=pt.

6. Santos AMVS, Lima CA, Messias RB, Costa FM, Brito MFSF. Transtornos mentais comuns: prevalência e fatores associados entre agentes comunitários de saúde. Cad. Saúde Colet. 2017 [acesso em: 05 jan 2023];25(2):160-168. Disponível em: https://www.scielo.br/j/cadsc/a/c3xCrwr3ZsrLMCr7HJvPGKQ/?lang=pt.

7. Crispin N, Wamae A, Ndirangu M, Wamalwa D, Wamalwa G, Watako P, et al. Effects of selected sociodemographic characteristics of community health workers on performance of home visits during pregnancy: a crosssectional study in Busia District, Kenya. Glob J Health Sci. 2012 [acesso em: 08 jan 2023];4(5):78-90. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4776911/pdf/GJHS-4-78.pdf.

8. Alcântara MA, Assunção AA. Influence of work organization on the prevalence of common mental disorders among community health workers in the city of Belo Horizonte, Brazil. Rev Bras Saúde Ocup. 2016 [acesso em: 04 jan 2023];41:e2. Disponível em: https://www.scielo.br/j/rbso/a/psC38GZs8n8g3ZQRMYRG8Bv/?lang=en&format=pdf.

9. Lancman S, Ghirardi MIG, Castro ED, Tuacek TA. Repercussões da violência na saúde mental de trabalhadores do Programa Saúde da Família. Rev Saúde Pública 2009 [acesso em: 09 jan 2023];43(4):682-8. Disponível em: https://www.scielo.br/j/rsp/a/MDJrcyDxwV6Z7ndxGDL7mHt/?lang=pt.

10. Karasek R, Theörell T. Healthy work-stress, productivity, and the reconstruction of working life. New York: Basic Books; 1990.

11. Silveira SLM, Câmara SG, Amazarray MR. Preditores da Síndrome de Burnout em profissionais da saúde na atenção básica de Porto Alegre/RS. Cad Saúde Colet. 2014 [acesso em: 11 jan 2023];22(4):386-92. Disponível em: https://www.scielo.br/j/cadsc/a/BHvgGGpCXRCGbpYtHKMG7qH/?lang=pt&format=pdf.

12. Moreira IJB, Horta JA, Duro LN, Borges DT, Cristofari AB, Chaves J, et al. Perfil sociodemográfico, ocupacional e avaliação das condições de saúde mental dos trabalhadores da Estratégia Saúde da Família em um município do Rio Grande do Sul, RS. Rev Bras Med Fam Comunidade. 2016 [acesso em: 13 jan 2023];11(38):1-12. Disponível em: https://rbmfc.org.br/rbmfc/article/view/967.

13. Alves GC, Santos DN, Feitosa CA, Barreto ML. Community violence and childhood asthma prevalence in peripheral neighborhoods in Salvador, Bahia State, Brazil. Cad. Saúde Pública. 2012 [acesso em: 15 jan 2023];28(1):86-94. Disponível em: https://www.scielo.br/j/csp/a/q8RPgtMhw5nsDV88X5KvPwv/?lang=en.

14. Gonçalves DM, Stein AT, Kapczinski F. Avaliação de desempenho do Self-Reporting Questionnaire como instrumento de rastreamento psiquiátrico: um estudo comparativo com o Structured Clinical Interview for DSM-IV-TR. Cad Saúde Publica. 2008 [acesso em: 14 jan 2023];24(2):380-90. Disponível em: https://www.scielo.br/j/csp/a/7dgFYgCkbXw9BgwY7dY94Nb/?lang=pt.

15. Santos KOB, Araújo TM, Oliveira NF. Estrutura fatorial e consistência interna do Self-Reporting Questionnaire (SRQ-20) em população urbana. Cad Saúde Pública. 2009 [acesso em: 02 jan 2023];25(1):214-22. Disponível em: https://www.scielo.br/j/csp/a/t3wtqWdVhH5ty7kfbwwNQ6s/?lang=pt&format=pdf.

16. World Health Organization. Version of Introduction to the World Report on Violence and Health. Geneva, 2002.

17. Graeff FG. Ansiedade, pânico e o eixo hipotálamo-pituitária-adrenal. Rev Bras Psiquiatr. 2007 [acesso em: 17 jan 2023];29(Supl.1):3-6. Disponível em: https://www.scielo.br/j/rbp/a/BVdhVdfwm7zhxbLmhbjs8Vv/?lang=pt.

18. McEwen BS. Central effects of stress hormones in health and disease: understanding the protective and damaging effects of stress and stress mediators. Eur J Pharmacol. 2008 [acesso em: 20 jan 2023]; 583(2-3):174-85. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2474765/.

19. Ministério da Saúde (Brasil). Portaria nº 1.823, de 23 de agosto de 2012. Institui a Política Nacional de Saúde do Trabalhador e da Trabalhadora. Brasília: Ministério da Saúde; 2012.

20. Nardi HC, Ramminger T. Políticas Públicas em Saúde Mental e Trabalho: Desafios Políticos e Epistemológicos. Psicol cienc prof [Internet]. 2012 [acesso em: 22 jan 2023];32(2):374-87.

Disponível em: https://www.scielo.br/j/pcp/a/5cyd9MwX54BVRjFc3Z3CCqf/abstract/?lang=pt.

21. Kluthcovsky ACGC, Takayanagui AMM, Santos CB, Kluthcovsky FA. Avaliação da qualidade de vida geral de agentes comunitários de saúde: a contribuição relativa das variáveis sociodemográficas e dos domínios da qualidade de vida. Rev psiquiatria Rio Gd Sul. 2007 [acesso em: 23 jan 2023];29(2):176-83. Disponível em: https://www.scielo.br/j/rprs/a/RXrHg36qF8rHgcPfNRRJQ3K/?format=pdf&lang=pt.