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DETERMINANTS RELATED TO MENTAL HEALTH AND PREVENTIVE STRATEGIES: A STUDY IN FEDERAL HIGHER EDUCATION INSTITUTIONS

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ABSTRACT

The study investigated determinant factors related to mental health in Federal Institutions of Higher Education and proposed a preventive model. A quantitative, descriptive-analytical methodology was used, through questionnaires applied to technical-administrative professionals in education in the area of occupational safety. The objective is to evaluate the impact of working conditions on the mental health of federal employees, and administrative technicians in education and propose preventive actions. The results pointed to a high incidence, in certain categories, of mental and emotional disorders, evidencing the need for effective public health policies. The implementation of an institutional informative website was well evaluated, demonstrating its potential as a preventive tool. It is concluded that the use of strategies with digital tools and multidisciplinary approaches is essential to promote mental health and improve the quality of life of civil servants, suggesting the expansion of initiatives to other institutions.

Keywords: Mental health. Preventive strategies. Public policies.

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INTRODUCTION

In contemporary debates on social well-being, health has been recognized as a complex and multifaceted construction, crossed by social, cultural, economic and environmental factors. In the midst of a global scenario marked by major transformations such as the advance of urbanization, the growth of inequalities, the intensification of working hours and the impacts of climate change, the need for a broad, cross-cutting and integrated approach to health is becoming increasingly evident. The precariousness of labor relations and the persistent effects of health crises, such as the COVID-19 pandemic, impose new urgencies on the field of public health. In light of this, mental health has emerged as one of the most pressing issues on the public agenda, requiring coordinated strategies between governments, universities, the productive sector and civil society to promote care, prevention and strengthen collective resilience.

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being and not just the absence of diseases and illnesses. In this way, health is a social right, inherent to the condition of citizenship, which must be guaranteed without distinction of race, religion, political ideology or socio-economic condition. The United Nations (UN) reinforces this concept by pointing out four minimum conditions for a state to ensure the right to health for its citizens: availability of resources, accessibility, acceptability and quality of the country's public health service (Duarte, 2018).

According to Dolabella et al. (2011), despite efforts to characterize the concept of health, there are no universal definitions. The presence or absence of illness can be considered a personal and social problem, considering, respectively, factors related to physical and mental health and the individual's interaction with the environment in which they live, especially when it comes to mental health. In addition to individual aspects, mental health is also determined by social, environmental and economic aspects (Brasil, 2024), which are permeated by processes intrinsically related to historical, cultural, political, economic, technical and scientific processes (Gimenes Amaro, 2019).

In Brazil, the rights and protection of people with mental disorders are protected by Law No. 10.216/2001, which provides for the protection and rights of people with mental disorders and redirects the mental health care model. This law represents a major change in the paradigm of mental health care in Brazil, as it promotes the humanization and liberation of people with mental disorders from the hospital and prison

system, in line with international principles of respect for human rights, such as those defined by the WHO and the UN.

As one of today's great challenges, health has been highlighted in the Sustainable Development Goals (SDGs), where one of the goals is directly linked to health and well-being, with the aim of ensuring a healthy life and promoting well-being for all, at all ages. However, in order to understand these challenges and complex processes, according to Gimenes Amaro (2019), it is necessary to reframe the concepts of health and illness and the perception of human beings in their multidimensionality. Therefore, progress towards effectively promoting people's health and well-being presupposes combating the hierarchization of knowledge and establishing a dialectical relationship between the different ways of living, perceiving, meaning and acting in the world.

The expanded concept of health, defended by various collective health thinkers, emphasizes the active participation of individuals in the construction of public policies, as well as the valuing of local knowledge and community care practices. Currently, the role of universities in combating the mental health crisis stands out, with the establishment of a permanent commission to address the issue. In this way, occupational health and quality of life services in the federal public service play a crucial role in maintaining the well-being, health promotion and quality of life of civil servants.

These services not only aim to prevent illnesses and accidents at work, but also to promote a healthy and productive environment, which is essential for employee satisfaction and performance. Promoting quality of life at work is an important component of these good practices, contributing to the physical, psychological and social balance of employees. Investing in occupational health and well-being programs has shown benefits not only for civil servants, but also for the efficiency and performance of public institutions, reflecting in more effective public management (Silva, 2020).

The WHO has highlighted a significant increase in the incidence of anxiety and depression disorders in recent years. This data reflects social, economic and environmental changes that have had an impact on global mental health. Prevention, psychological support and care measures have been recommended to tackle this crisis in people's health. According to the WHO (2022), the COVID-19 pandemic has exacerbated the risk factors associated with mental health, contributing to a 25%

increase in cases of anxiety and depression worldwide. This analysis reinforces the need for integrated public policies to promote the psychological well-being and resilience of working populations.

According to the Pan American Health Organization (2023), the increase in the search for diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) reflects both greater awareness among families and growing social pressure for early identification of behavioral and academic difficulties. The Organization reinforces the importance of evidence-based protocols to guarantee the quality of diagnoses and interventions. The implementation of specific public policies is fundamental to meeting this challenge. According to Polanczyk et al. (2014), policies that promote early detection, multidisciplinary intervention and family support are essential to guarantee the quality of life of people with ADHD. In addition, investments in specialized education and training of health professionals are crucial for an effective approach.

The Brazilian Society of Psychiatry reported a significant increase in diagnoses of disorders such as mild, moderate and severe depression, as well as generalized anxiety. Similarly, the Psychiatry Department of the Federal University of Viçosa and the Official Health Medical Board highlight an increase in the identification of ADHD and Autism Spectrum Disorder (ASD). In addition, there has been an increase in records of Burnout Syndrome, also known as Professional Exhaustion Syndrome, and clinical conditions such as loss of smell, taste, hearing, vision, reduced strength in limbs, as well as cardiac and orthopedic pathologies. This data reinforces the need for multidisciplinary interventions for diagnosis and treatment. According to the Brazilian Society of Psychiatry (2023), the growing prevalence of these disorders and clinical conditions reflects changes in modern lifestyles and in work and education contexts, requiring an integrated approach that considers psychological, social, environmental and biological aspects to promote mental health.

The Brazilian Medical Association warns of premature aging of up to 20 years in patients who have recovered from COVID-19. There is evidence of a reduction in intelligence quotient, with a drop of up to 10 points. Even patients who have not shown serious clinical manifestations during COVID-19 infection show impairment in short-term memory. In addition, recent studies indicate that the neurological consequences of COVID-19 can persist for months after recovery, affecting not only memory, but also cognition and executive function. Research suggests that the impact on cognitive

functions is related to neurobiological changes, such as brain intensity and reduced cerebral blood flow, which can be exacerbated by the severity of the infection (Silva et al. 2022).

Evaluating the data on leave of absence for civil servants at the Federal University of Viçosa, it was observed that the class with the highest number of proportional leaves of absence is level D civil servants. These civil servants are characterized by a high school or technical level of education for the purposes of public examination requirements, but the reality shows us a significant number of civil servants with undergraduate and postgraduate degrees in the most diverse areas, a question of the job market and the opportunity for success in their professional lives. The need for public policies aimed at civil servants is evident. According to Mendes and Moura (2019), investments in occupational health and professional development programs are fundamental to reducing sick leave and improving quality of life at work.

In view of the above, we can consider the following guiding question: “How do occupational health services and mental health policies impact on the quality of life and performance of Administrative Technicians in Education in federal higher education institutions in Brazil?” In addition, we can identify the following points in order: a) the importance and challenges of occupational health services in the federal public sector; b) the role of health promotion and occupational disease prevention programs; c) the influence of working conditions on the mental health of civil servants; d) the contribution of mental health policies to the well-being and efficiency of civil servants; e) the relationship between occupational health and the Sustainable Development Goals; and f) the role of higher education institutions in training professionals and innovation.

STUDY DESIGN METHODOLOGY

This research is a cross-sectional, descriptive-analytical, quantitative study. The cross-sectional study portrays the moment or a short period and the evaluation of exposure to the factor and the outcome is punctual.

PLACE OF STUDY

The research will be carried out in the occupational safety services of the Federal Institutions of Higher Education (IFES).

POPULATION AND SAMPLE

The sample will be composed of occupational safety technicians, occupational safety engineers, social workers, and psychologists. They are professionals who work in the occupational health and safety services of the IFES. All servers working in these sectors of the IFES will be invited to participate in the survey.

SAMPLE CALCULATION

The population consists of 170 professionals in the area of occupational health and safety and quality of life and the sample with 95% confidence and 5% maximum error of the estimate was 118 professionals, this calculation is based on the formula for determining the size of a sample (Levin, 1987; Triola, 2014; Levine et. al, 2000).

DATA COLLECTION

Data collection is scheduled for November 2024 to February 2025. The collection will be done virtually, through the free application Google Forms (*Google Forms*). Two questionnaires will be applied. The first, addressing issues related to the health and illness process of civil servants. Afterward, a website will be created with guidance on mental health, addressing issues of illness, quality of life, socio-environmental stressors, and the care support network. Afterward, a new questionnaire will be applied to assess how the site can impact promoting health for employees. The first part of the questionnaire comprises the guidelines and objectives of the study, the invitation letter, and the informed consent form (ICF).

STATISTICAL ANALYSIS

The data will be collected through the application of a structured questionnaire prepared by the researchers. After that, the data will be entered into a Microsoft Excel spreadsheet (version 2016) and analyzed using the *Statistical Package for Social Science* (SPSS) version 22. Descriptive Statistics will be used through position measures and dispersion measures, graphs, and tables.

ETHICAL ASPECTS

The present study was approved by the Human Research Ethics Committee of the Carlos Chagas Higher Institute of Health Sciences, under opinion 6.859.320.

All participants who agree to participate in the research will sign the Informed Consent Form (ICF). The anonymity of the participants will be preserved at all stages of the research, using the identification of the participants by the number corresponding to the order of response of the questionnaires. At no time during the study will they be exposed to the information reported during data collection? As for the risks, some discomfort and/or embarrassment may occur when answering the questionnaires. To minimize these risks, respect will be maintained, especially regarding verbal communication and body language, and sufficient and easy-to-understand explanations will be provided.

Participants will be free to ask questions and have their doubts clarified. They will be free to discontinue the interview and to withdraw from participating in the research, and may withdraw their consent, at any stage of the research, without penalty.

The right to information throughout the research process and access to the results will be preserved. The interview will be conducted by researchers previously trained and qualified for this act.

The risk of identification will be minimized by identifying the participants, by numbers. Participants will not have any cost to participate in the research, and there is no provision for any financial compensation to the study participants. All data will be analyzed in clusters and not individually.

RESULTS AND DISCUSSION

The discussion of the results will be carried out based on the analysis of two questionnaires. The analysis of the first questionnaire, containing 13 questions, answered by 120 administrative technicians in Education (TAEs), from an audience of 170 participants, working in the area of health, occupational safety, and quality of life, will be divided into two topics.

In the first topic, item 3.1, entitled "Characterization of the interviewees", the data on the profile of the interviewees will be addressed, while in the second, item 3.1.1, called "Diseases and health conditions", the issues that deal with the health and disease process of the civil servants will be analyzed, especially in the context of the post-COVID-19 pandemic period.

In the second topic (3.2), with the theme "Dissemination and evaluation of the site", which refers to the second questionnaire, the answers to twelve questions applied

after the presentation of the site to the interviewees will be discussed. The objective of this analysis is to evaluate the impact of the guidelines provided on the website and to verify whether the content contributed to the promotion of the health, quality of life, and well-being of the employees.

CHARACTERIZATION OF THE PROFILE OF THE INTERVIEWEES

The survey outlined a detailed profile of the participants, and Chart 1 presents the results of five of the thirteen questions of a questionnaire addressing aspects such as age group, gender, ethnicity, education, and level of functional framework.

Chart 1: Profile of the interviewees

Variables					
1. Age group	< 30 years	31 to 40 Years	41 to 50 Years	51 to 60 years old	> 60 years old
	9	31	36	29	15
	7,5%	25,8%	30%	24,2%	12,5%
2. Gender	Male		Female		Other
	70		50		0
	58,3%		41,7%		0%
3. Ethnicity	White	Brown or black	Yellow	Indigenous	
	84	36	0	0	
	70%	30%	0%	0%	
4. Schooling	Elementary/Secondar	Technicia	Superior	Specialization	Master's/Doctorate
	3	4	8	56	49
	2,57%	3,33%	6,6%	46,7%	40,8%
5. Level TAEs	The	B	C	D	And
	9	6	11	36	58
	7,5%	5%	9,2%	30%	48,3%

Source: prepared by the authors (February 2025).

Initially, a general analysis of the data contained in Chart 1 will be presented. This analysis will allow a panoramic view of the characteristics of the group studied, contextualizing the data collected. Then, each variable will be discussed individually, based on the results obtained, and presented through graphs.

The predominant age group among the interviewees is between 31 and 50 years old, representing 55.8% of the sample, which indicates a group with consolidated professional experience. Professionals under 30 years old correspond to only 7.5%, while those over 60 years old add up to 12.5%.

About gender, there is a predominance of males (58.3%), while females represent 41.7%, resulting in a difference of 16.6 percentage points. None of the interviewees identified with another gender.

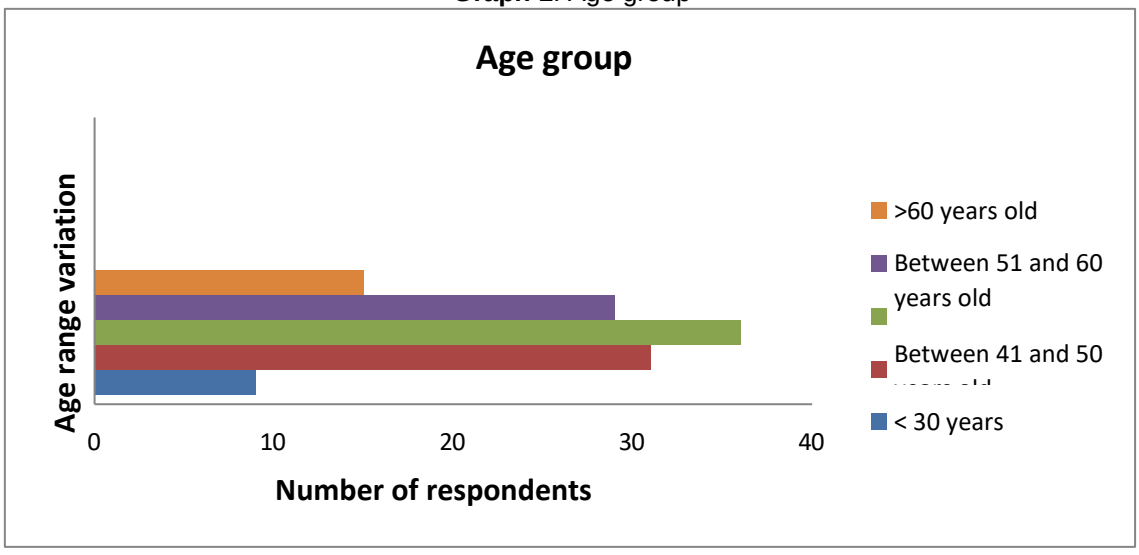
The analysis of ethnicity reveals that 70% of TAEs identify themselves as white, while 30% declare themselves brown or black.

Regarding education, the data indicate a high level of qualification among the participants. The majority (87.5%) have higher education, including specializations, master's and doctorates. Only 6.6% have an undergraduate degree, while 2.57% have elementary or secondary education. This academic profile reflects the requirement of technical and scientific qualifications to work in the areas of health, occupational safety, and quality of life.

Regarding the functional framework, most of the TAEs (48.3%) interviewed belong to level E, which covers positions that require higher education, such as doctors, psychologists, nurses, labor engineers, and social workers. Level D corresponds to 30% of the participants, while levels A, B, and C, which include positions of less complexity, add up to 21.7% of the sample. This distribution is in line with the nature of the interviewees' performance.

Graph 1 shows the distribution of participants by age group, showing the predominance of professionals between 31 and 50 years of age.

Graph 1: Age group



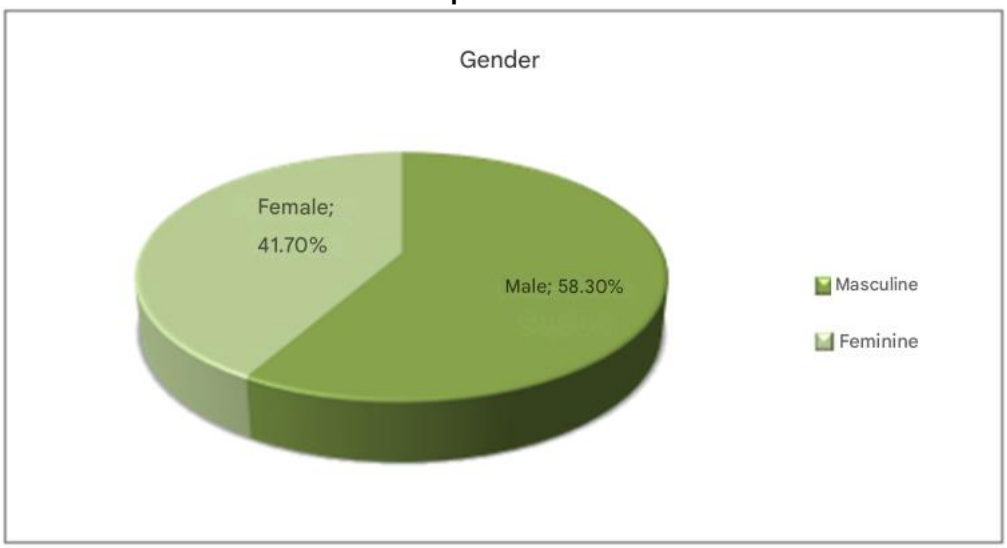
Source: prepared by the authors (February, 2025)

This analysis allows the visualization of the age profile of the group, facilitating the interpretation of the experience and generational diversity of the TAEs interviewed.

Among the participants, the distribution by age group reveals a profile predominantly composed of middle-aged people. Most of the interviewees, representing

30% of the sample, are in the 41 to 50 age group, with a total of 36 people. Next, the 31 to 40 age group appears as the second most representative, with 31 participants, corresponding to 25.80% of the total. Participants over 60 years old add up to 15 people, or 12.50% of the sample, while those between 51 and 60 years old represent 24.20%, with 29 interviewees. Finally, the youngest age group, composed of people under 30 years old, with only 9 participants, is equivalent to 7.5% of the sample.

Graph 2: Gender

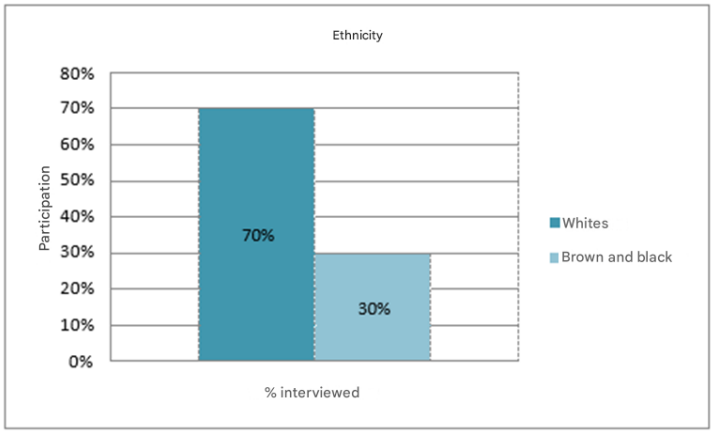


Source: prepared by the authors (February, 2025)

Graph 2 illustrates the gender distribution among the study participants. Men were predominant (58.3%), while women represented 41.7% of the sample.

Although there is a difference of 16.6 percentage points, female participation can be considered expressive.

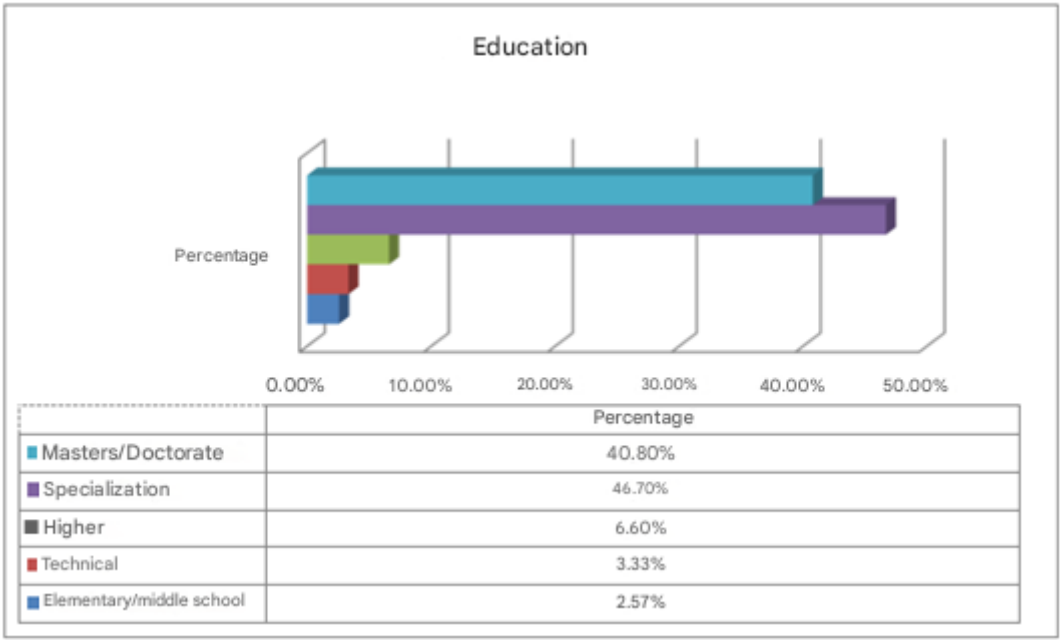
Graph 3: Ethnicity



Source: prepared by the authors (February, 2025)

Regarding the ethnicity of the TAEs interviewed, the distribution of the data shows that most of the participants, 84 in total, correspond to 70% of the sample, and declare themselves white. On the other hand, 36 respondents, representing 30% of the sample, identify themselves as brown or black. This distribution indicates a predominance of white participants, with a ratio of 7 for every 10 people. The representation of browns and blacks, although significant, is smaller, corresponding to 3 out of 10 interviewees.

Graph 4: Schooling



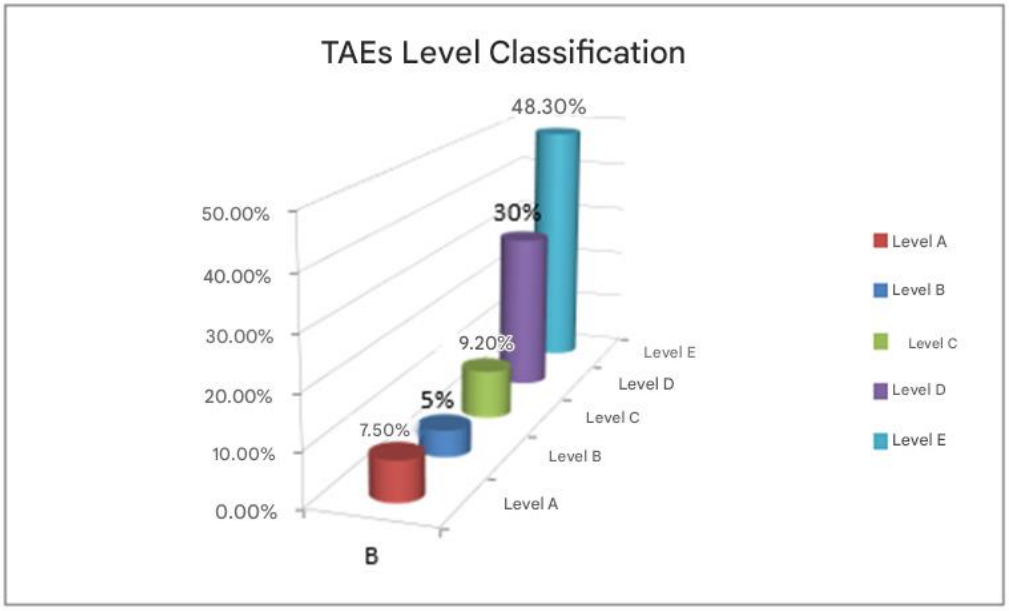
	Percentage
Masters/Doctorate	40.80%
Specialization	46.70%
Higher	6.60%
Technical	3.33%
Elementary/middle school	2.57%

Source: prepared by the authors (February, 2025)

Graph 4 shows the distribution of the interviewees' schooling, showing a high level of qualification among the professionals. Of the total number of participants, 40.8% (49 civil servants) have a master's or doctoral degree, while 46.7% (56 civil servants) have a specialization degree. In addition, 6.6% (8 civil servants) have only an undergraduate degree, 3.33% (4 civil servants) have a technical course, and the remaining 2.57% (3 civil servants) have only elementary or secondary education.

These data reflect the high level of education of the interviewees, a factor that is directly related to the functions and positions they occupy. In addition, this qualification is also aligned with the career plan of TAEs, which encourages the training and academic improvement of civil servants.

Graph 5: TAEs level classification



Source: prepared by the authors (February, 2025)

The positions and functions of TAEs are classified into levels A, B, C, D, and E, according to the required education. Levels A, B, and C correspond to elementary education positions, while level D positions require high school education, and level E is for those with higher education.

Despite this formal classification, many civil servants occupy positions at the elementary or secondary levels but have higher education, which is also common among higher education employees. The career plan of TAEs encourages continuous qualification, which directly reflects on the remuneration of these civil servants. As a result, most TAEs have a high level of education.

In addition, the distribution of functions by level of education was as follows: 48.30% occupy level E positions, 30% level D, 9.20% level C, 5% level B, and 7.5% level A. It is important to note that, although level E positions have a greater representation in the sample, all education categories were represented in the responses.

The higher participation of civil servants with E-level positions can be attributed to the specialization required by areas such as health, occupational safety, and quality of life, which demand specific qualifications.

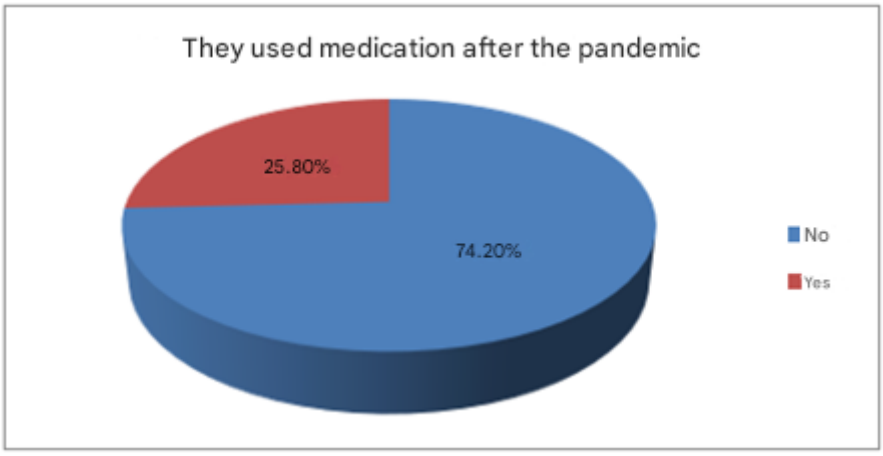
Diseases and health conditions

After characterizing the profile of the interviewees, we will now address the other

questions of the questionnaire applied, specifically those related to mental health. Questions 6 to 13 deal with the following topics: the sixth question asks whether the interviewee started using antidepressant or anxiolytic medication after the COVID-19 pandemic and, if the answer is yes, the seventh question requests information about the use of medication before the pandemic. Next, the eighth question addresses whether there were changes in the individual's memory, such as forgetfulness, after the COVID-19 pandemic. If the answer is yes, the ninth question asks for specifications on the type of memory affected and the level of this alteration. In the tenth question, it is asked if the interviewee had the feeling of having a diagnosis of ADHD and, if so, the eleventh question investigates whether he was referred to a professional to treat these symptoms after the pandemic. The twelfth question addresses whether the interviewee had a prolonged absence (more than 180 days) from work after the COVID-19 pandemic. Finally, the thirteenth asks whether the interviewee was hospitalized due to COVID-19 during the period.

When asked if they started using any antidepressant/anxiolytic medication after the COVID-19 pandemic, 25.8%, which is equivalent to 31 people, answered yes, while 74.2%, which corresponds to 89 individuals, said no, as shown in Graph 6.

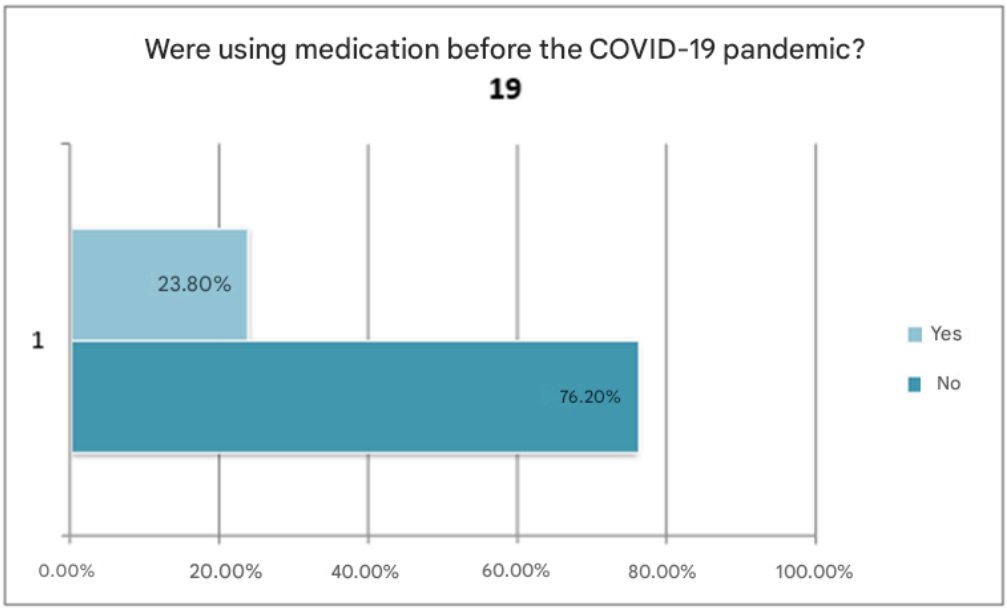
Graph 6: Did you use antidepressant/anxiolytic medication after the COVID-19 pandemic?



Source: prepared by the authors (February, 2025)

When asking these respondents whether the use of medication had already occurred before the pandemic, we observed that 76.2% of the interviewees stated that they had not used these substances before, while 23.8% indicated that they had already used them, as shown in Graph 7.

Graph 7: In case of an affirmative answer in the use of medication after the COVID-19 pandemic, inform if you used it before the pandemic.



Source: prepared by the authors (February, 2025)

Chart 2 compares the responses on medication use before and after the COVID-19 pandemic.

Chart 2: Comparison of medication use before and after the COVID-19 pandemic

Did use drugs Post-pandemic COVID-19		**Of those who have used it, which ones already use it before the COVID-19 pandemic**	
No	**Yes**	**No**	**Yes**
89	31	27	4
74,2%	25,8%	76,2%	23,8%

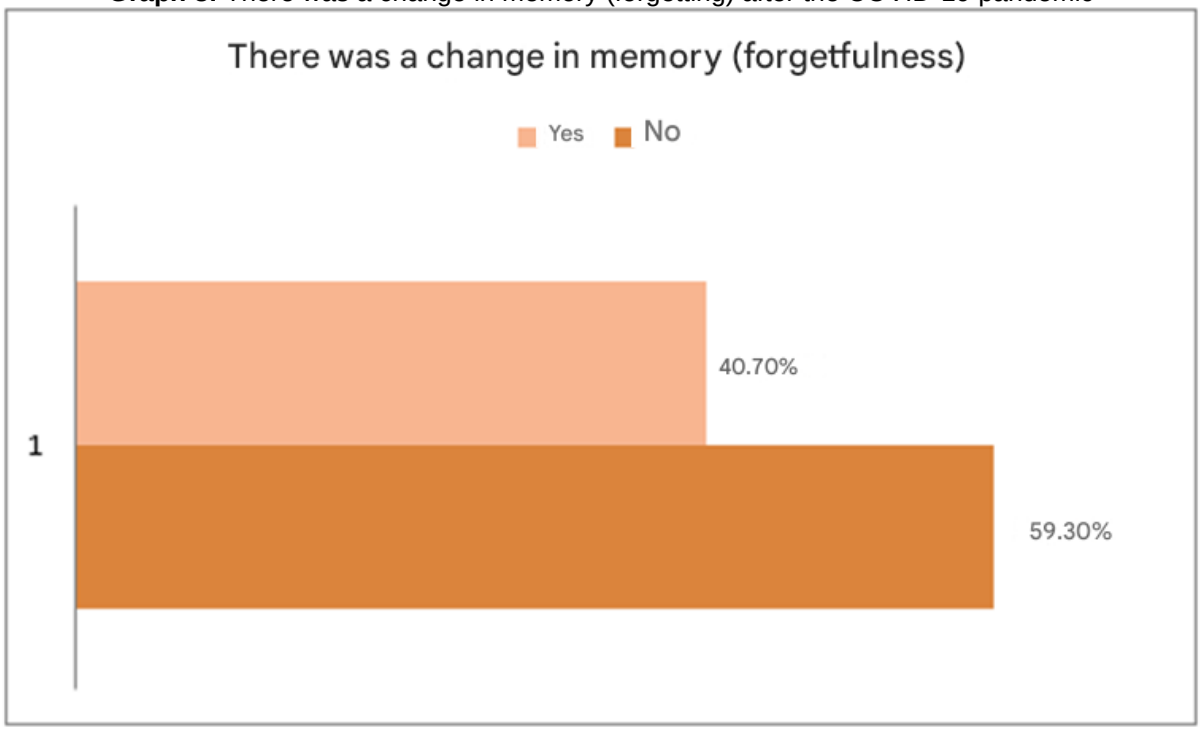
Source: prepared by the authors (February, 2025)

Among the 31 respondents who started using medication after the pandemic, 27 of them, or 76.2%, had not used these medications before. This group represents 22.5% of the total sample of respondents, indicating that a significant portion of the participants started to resort to these treatments as a response to the psychological effects of the pandemic. The remaining 4 respondents (23.8%) reported that they were already using these drugs before the pandemic period. This may indicate that, for this small portion, the pandemic may have intensified a pre-existing condition, requiring the maintenance or adjustment of treatment.

Next, the participants were asked about possible changes in memory after the pandemic. As shown in Graph 8, 40.7% (49 people) reported having noticed changes,

while 59.3% (71 people) stated that they had not noticed changes.

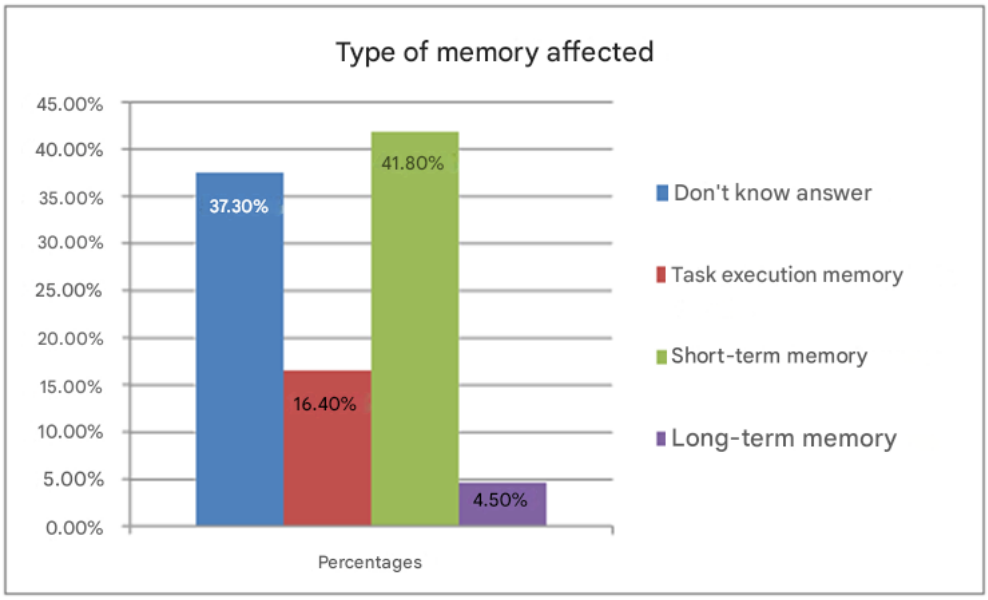
Graph 8: There was a change in memory (forgetting) after the COVID-19 pandemic



Source: prepared by the authors (February, 2025)

Among those who reported changes in memory (40.7% or 49 people), they were asked to indicate the type of perceived loss. Graph 9 shows the distribution of this classification made by the respondents.

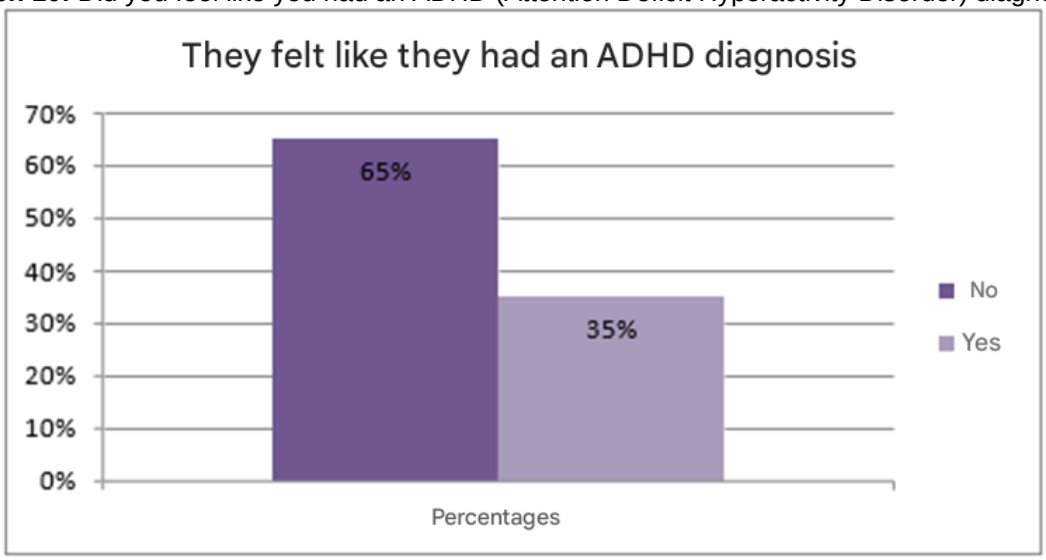
Graph 9: What type of memory was affected? At what level?



Source: prepared by the authors (February, 2025)

According to the data, 41.8% (51 people) said they had their short-term memory affected, which is the most frequent problem. Next, 16.4% (19 people) highlighted memory difficulties related to the execution of tasks, while 4.5% (5 people) reported effects on long-term memory. In addition, a considerable portion, 37.3% (45 people), did not know how to answer or did not identify specific impacts on memory. These results may indicate that COVID-19 has left cognitive sequelae.

Graph 10: Did you feel like you had an ADHD (Attention Deficit Hyperactivity Disorder) diagnosis?



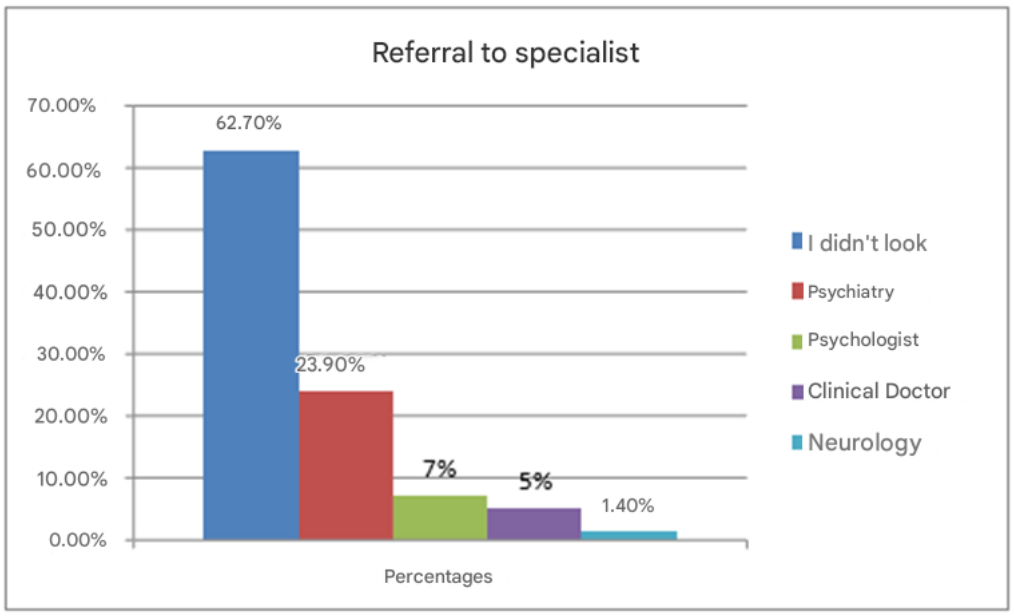
Source: prepared by the authors (February, 2025)

When asked about the feeling of having a diagnosis of ADHD (Attention Deficit Hyperactivity Disorder) after the pandemic, 35% of the participants (42 people) answered positively, while 65% (78 people) said they did not have this perception.

This feeling may be related to the loss of short-term memory reported by 41.8% of the interviewees (51 people) since difficulties in attention and retention of information are common symptoms both in ADHD and in cases of cognitive impairment resulting from stress and changes in mental functioning.

Among the 35% of participants (42 people) who reported a feeling of having an ADHD diagnosis after the pandemic, it was investigated whether they sought or were referred to professional care. In addition, for those who sought specialized help, the specialties were consulted were analyzed.

Graph 11: If you felt you had a diagnosis of ADHD, were you referred to a specialist?

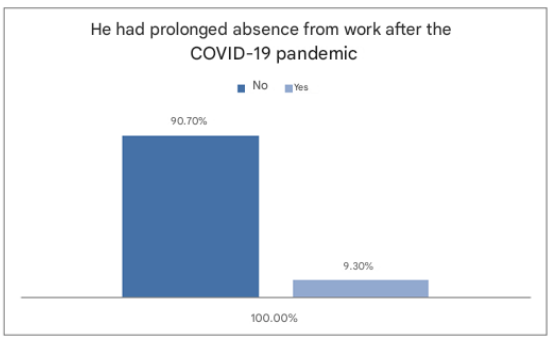


Source: prepared by the authors (February, 2025)

Among the 42 participants who reported a feeling of having been diagnosed with ADHD, the majority (62.7%) did not seek professional care. On the other hand, 37.3% sought specialized help, 23.9% were referred to psychiatrists, 7% resorted to psychologists, 5% sought care in clinical medicine and 1.4% consulted a neurologist.

Although a portion of the interviewees identified symptoms compatible with the disorder, most did not seek professional evaluation. This may be related to factors such as lack of information, difficulty in accessing health services, or even the perception that the symptoms were not severe enough to warrant a consultation. Among those who sought medical help, the predominance of referral to psychiatrists and psychologists reinforces the importance of specialized evaluation for an accurate diagnosis and possible appropriate follow-up.

Graph 12: Did you have a prolonged absence (more than 180 days) from work after the COVID-19 pandemic?



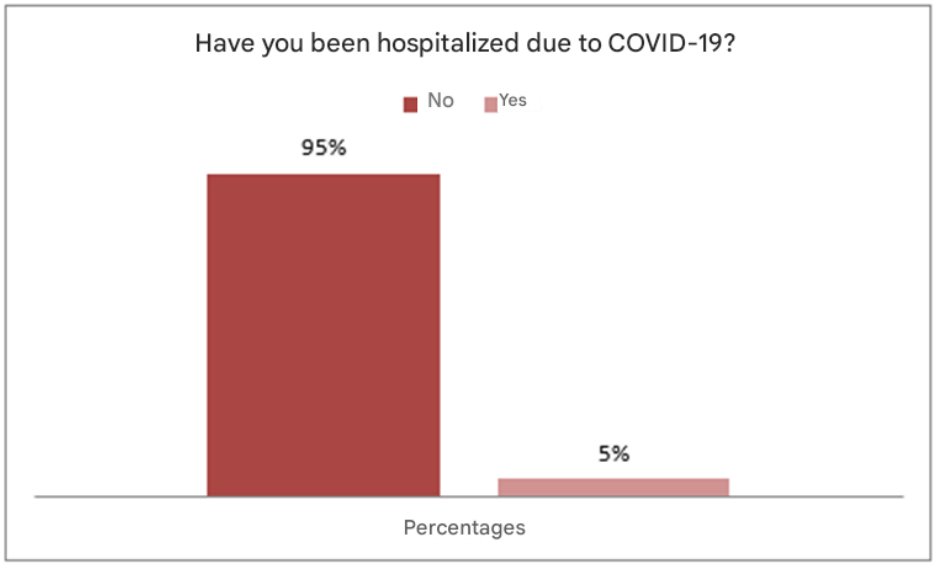
Source: prepared by the authors (February, 2025)

Regarding prolonged leave from work for more than 180 days after the COVID-19 pandemic, only 9.3% of the participants (11 persons) had to take leave, while the majority, 90.7% (109 persons), maintained their work activities without the need for extended leave.

Given this, we observed that, although the number of participants who started using medications after the pandemic period or reported memory loss and other health problems is significant, for most of them, the symptoms were not severe enough to justify a prolonged absence.

Finally, the interviewees reported whether they were hospitalized due to COVID-19, and 95%, 114 people, said no, while 5%, 6 people, said yes, as shown in Graph 13. This corroborates the idea that, for most of the interviewees, the symptoms of the reported diseases were not severe.

Chart 13: You have been hospitalized due to COVID-19.



Source: prepared by the authors (February, 2025)

DISCLOSURE AND EVALUATION OF THE WEBSITE

After the application of the first questionnaire, the website link (https://www.saudementalequalidadedevida.com/) with guidance on mental health, addressing topics such as illness, quality of life, socio-environmental stressors, and the care support network. Then, an audience of 170 participating TAE employees, working in the area of health, occupational safety, and quality of life, were invited to fill out the second questionnaire, whose objective was to evaluate the impact of the site on the promotion of the health of the servers and collect feedback to improve both the content

and functionality of the site. In the end, 102 responses were collected, forming the analyzed sample.

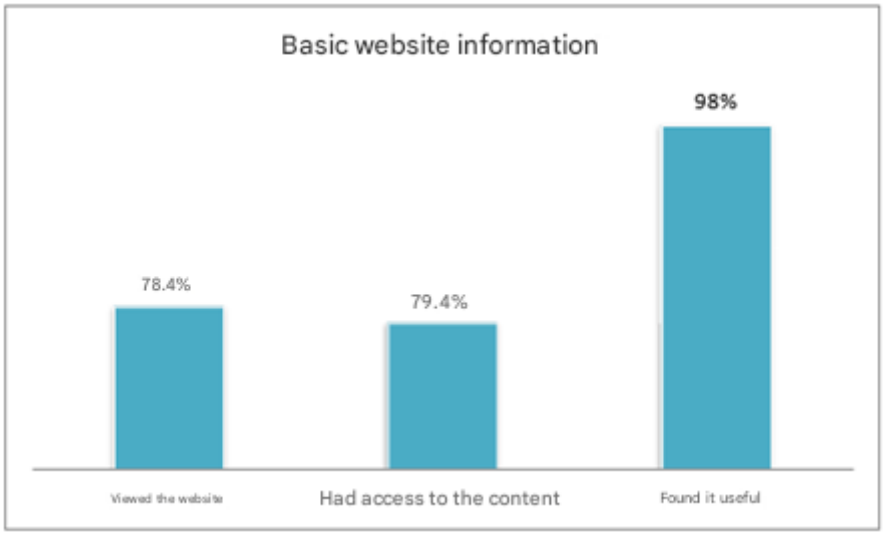
The second questionnaire applied had twelve questions, the first five of which focused on gathering information about the profile of the respondents, such as age group, gender, ethnicity, education, and TAE level. Initially, we will present the profile of the interviewees, followed by the analysis of the answers related to the site.

Most of the interviewees belong to the age group of 41 to 50 years, representing 32.4% (33 participants) of the sample. Next, 27.5% (28) are in the age group of 31 to 40 years, 21.6% (22) are between 51 and 60 years old, 10.8% (11) are over 60 years old and 7.8% (8) are under 30 years old. Regarding gender, 50% (51) of the participants are male and 50% (51) female. Regarding ethnicity, 66.7% (68) identified themselves as white, while 31.4% (32) considered themselves brown or black.

In terms of education, most participants have a high level of academic qualification, with 47.1% (48) having a specialization and 41.2% (42) with a master's or doctorate. Another 11.7% (12) have higher education, elementary or secondary education, and/or technical training. Regarding the positions held, 56.9% (58) are at level E, followed by 27.5% (28) at level D, 10.8% (11) at level C, 1.9% (2) at level B and 2.9% (3) at level A.

Participants were asked the following questions related to the website: Were you aware of the website about mental health and quality of life? Were you aware of the content of this site's topic about mental health and quality of life? Emotional disorder/illnesses? Do you think that the information on this Site would help you or anyone else, with more clarification, about your disease, and your symptoms? Do you think that after having access to the content of the site you would have a better referral of your pathology? Do you think this information, specifically, about illness/emotional disorders on a website, or an institutional app, is important? Do you think this form of methodology is as important as dissemination? Institutional? Website/app?

Graph 14: Site information



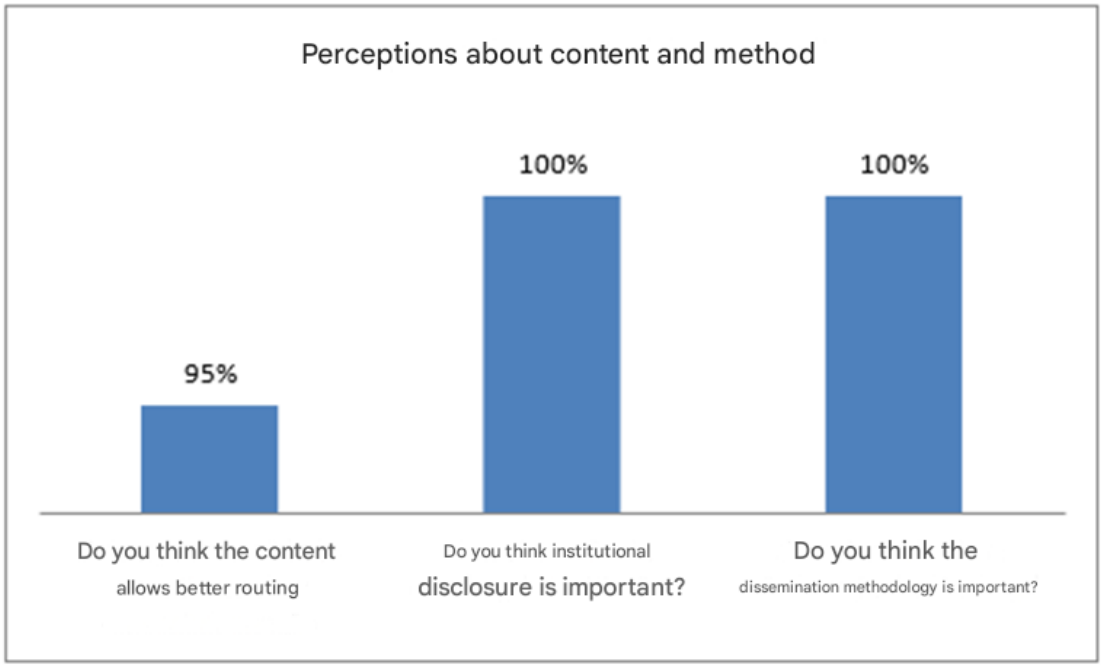
Source: prepared by the authors (February, 2025)

According to the data represented in Graph 14, the majority of respondents, 78.4% (80 participants), stated that they had accessed the site. Of these, 79.4% (81) already had prior knowledge about the content made available. Among those who accessed the site, 98

% (100 participants) found the information useful. On the other hand, 21.6% (22) of the interviewees did not access the site, and 20.6% (21) who visited the site were not yet aware of the content offered. Only a small portion, 2.0% (2), answered that they did not find the content useful.

These results show that the vast majority of participants who accessed the site were already familiar with the topic, which can be attributed to the profile of the interviewees, who work in areas such as health, occupational safety, and quality of life, in addition to having high professional qualifications, as demonstrated by the profile data. The fact that almost all users (98%) consider the information useful reinforces the relevance and quality of the content made available.

Graph 15: Perceptions of content and method



Source: prepared by the authors (February, 2025)

The answers to the other questions reinforce the positive perception of the participants about the content made available. So let's see, 95% of respondents believe that the content of the site can help users to have a better referral for the treatment of their pathologies. In addition, there is a unanimous recognition (100%) of the responses reinforce the importance of disseminating information about emotional disorders and illnesses through institutional websites or applications.

The participants also unanimously highlighted (100% of the responses) the relevance of using information vehicles, such as institutional websites, to disseminate knowledge about mental and emotional health.

FINAL CONSIDERATIONS

The research demonstrated that the implementation of digital strategies, such as the developed website, can be an effective tool for disseminating information and guidance on mental health care. The potential impact of this tool is evidenced by the positive feedback obtained through the application of the questionnaire, which indicated the need for the product and its usefulness perceived by the servers. The creation of the website was a direct response to the needs identified in the initial stages of the study, proving to be relevant for the promotion of psychological and emotional well-being, in the face of the challenges imposed by the pandemic.

The analysis of the data revealed that the impact of existing policies, combined with educational and informative practices, can positively influence the performance and mental health of workers. Although the implementation of occupational health programs in academic environments is still a challenge, universities have made progress in creating spaces dedicated to the mental health and well-being of civil servants, offering not only care but also prevention and guidance actions, as exemplified by the website created in this study. The research reinforces the importance of integrating multidisciplinary approaches, involving both clinical and social aspects, in health promotion.

The integration of information and communication technologies, such as guidance and support sites, is a strategy that can be adapted to other institutions and contexts, contributing to the improvement of the quality of life of their employees. The continuation of evaluations on the impact of such tools, as well as the implementation of new occupational health practices and policies, show fundamentals for the construction of a healthier and more sustainable work environment, which promotes not only efficiency but also the integral well-being of public servants.

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