



RESEARCH ARTICLE

Mental Disorders at Work: A Portrait of the Labor Court in the State of São Paulo

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OPEN ACCESS

PUBLISHED

31 January 2025

CITATION

Cintra Rodrigues, TML, and Barcellos Dalri, RCM., 2025. Mental Disorders at Work: A Portrait of the Labor Court in the State of São Paulo. Medical Research Archives, [online] 13(1).

<https://doi.org/10.18103/mra.v13i1.6042>

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DOI

<https://doi.org/10.18103/mra.v13i1.6042>

ISSN

2375-1924

ABSTRACT

In the current context, psychological pressures and psychosomatic symptoms are increasingly recurrent in the workplace. Labor lawsuits seek to regulate employment relationships and safeguard workers' physical and mental health. This exploratory and descriptive study uses a quantitative approach and resulted in the analysis of 269 judgments from the Regional Labor Courts of the 2nd and 15th Regions in 2019 and 2020. Sociodemographic and occupational data, mental health disorders, and related symptoms were scientifically investigated. The results indicated that 66% of workers were between 30 and 49 years old. Women represented 52% of the cases. The length of the worker's contract was 9.5 years, with a monthly salary of R\$3,313.96. Technical and operational positions prevailed, such as assistants, auxiliaries, and helpers. Private companies accounted for 88.1% of employers, and 74.3% had share capital above R\$50,000,000.00. The study found an association between illness and symptoms; the most common were related to mental disorders, followed by neurological symptoms. Among women, 62.5% experienced depressive episodes. Cardiovascular, gastrointestinal, and neurological symptoms were prevalent, representing 69.6%, 81.8%, and 58.5% of cases, respectively. The judicial route is an important access instrument that proposes to specifically meet the right to the mental health of workers, the purpose of which includes intervention in the event of evidence of a causal link between mental illness and work.

Keywords: work; mental disorders; labor legislation; occupational health; judicialization of health.

Introduction

In today's society, especially in the post-COVID-19 period, significant changes have occurred in the world of work, resulting in increasing statistics regarding mental disorders such as depression, anxiety disorders, suicidal behavior, burnout syndrome, psychotic episodes, alcohol and other drug addiction, severe stress, physical and mental exhaustion, and somatic symptom disorder, among others. These conditions lead to a process of suffering, which is often silent and can trigger mental illness¹⁻³.

The evident risk of an increase in work-related mental health problems after the COVID-19 pandemic highlights the need for deeper reflections on work and its importance for human development^{4,5}. Current facts, through disturbing indicators, reveal the critical role work plays in shaping individuals, communities, organizations, and society. In the psychic field, there are signs of increasing pathogenic suffering linked to individualizing ways of performance evaluations and to the structure of work, according to occupational factors⁶.

On the global scenario, the Comprehensive Mental Health Action Plan 2013-2030, published by the World Health Organization (WHO), sets out goals to transform mental health. According to the WHO, in 2019, nearly one billion people - including 14% of the world's adolescents - lived with a mental disorder. Suicide accounted for more than one in every 100 deaths, with 58% of them occurring in individuals under 50. Mental disorders are the leading cause of disability, responsible for one in every six years lived with disability⁵.

In Brazil, between 2012 and 2021, accident-related sickness benefits totaled R\$23.4 billion, while disability pensions and death benefits due to work accidents amounted to R\$43.1 billion and R\$20.6 billion, respectively⁷.

In 2022, 148,400 sickness benefits were granted due to work accidents. Regarding absences according to the types of diseases by International Classification of Diseases (ICD), from 2012 to 2022, mental and behavioral disorders ranked third among causes of absences, accounting for 10% (2,233,721) of benefits granted due to general diseases. Regarding benefits related to absences due to occupational mental disorders, 5% of them represented 110,079 grants⁷.

From 2012 to 2022, anxiety disorders accounted for 426,822 sickness benefits for general diseases (31), of which 28,308 were accident-related sickness benefits (91). Depressive disorders accounted for 582,579 absences under code 31 and 28,308 under code 91. Stress, adjustment disorders, and other mental disorders totaled 468,261 cases of absences from general and accident-related sickness benefits. Between 2007 and 2022, 17,681 notifications were reported about mental disorders at work, of which 2,424 cases were in 2022 alone⁷. The right to physical and mental health is an inseparable part of labor rights. The context of confronting an "epidemic" of mental disorders is a challenge for the field of workers' health (WH) in terms

of its compliance with and observance of the current legal system^{8,9}.

It is worth noting that the definition of Workers' Health (WH) is provided for in Article 6, Paragraph 3, of Law 8.080 of 1990, whose concept consists of the set of activities that aim, through epidemiological and health surveillance actions, to promote and protect the health of workers, as well as to recover and rehabilitate the health of workers subjected to risks and harm arising from working conditions¹⁰.

Workers' health and safety are regulated by the Federal Constitution in its Article 7. The constitutional protection of a healthy and safe work environment is provided for in Article 7, Section XXII, which emphasizes "the reduction of risks inherent to work through health, hygiene, and safety standards"¹¹, reinforcing the guarantee of human dignity and the social appreciation of work, as highlighted in Articles 1, Sections III and IV, and 170 of the Constitution¹¹.

Furthermore, the protection of the environment is highlighted by the Article 225, which states that "everyone has the right to an ecologically balanced environment, a common good for the people and essential to a healthy quality of life, imposing on the Public Authorities and the community the duty to defend and preserve it for present and future generations"¹¹.

The Consolidation of Labor Laws (CLT) expressly protects the health of workers in Chapter V, when describing preventive measures against agents that are harmful to health related to the work environment, including having a preventive legal provision, also incumbent upon the competent body to create technical standards concerning occupational health and safety, namely, Regulatory Standards, established by Ordinance 3,214 of 1978, provided for in article 200 of the CLT^{12,13}.

Law 11,430 of November 20, 2006¹⁴, establishes the epidemiological link between work and health issues arising from job-related functions and the pathologies leading to the incapacities and listed in the International Classification of Diseases (ICD) that affect workers' health and their physical and mental integrity. Additionally, Ordinance No. 1,823 of August 23, 2012, establishes the National Policy on Workers' Health, aiming at defining the principles, guidelines, and strategies within the Unified Health System (SUS) at federal, state, and municipal levels, in order to develop comprehensive care actions for Workers' Health, with an emphasis on surveillance, aiming at the promotion and protection of workers' health and the reduction of morbidity and mortality resulting from development models and production processes¹⁵.

Consequently, Decree 9,571 of 2018, which establishes National Guidelines on Companies and Human Rights, provides for rules that grant the State and companies responsibility for the human rights of workers, to guarantee development, better working conditions, as well as the promotion and defense of rights, in order to resolve social and environmental impacts and damages caused when human rights violations occur^{16,17}.

Therefore, a descriptive, exploratory, and retrospective analytical study of the jurisprudence of the Regional Labor Courts of the State of São Paulo was carried out between 2019 and 2020 to answer the question: What are the risk factors that cause occupational mental disorders identified in labor lawsuits in the state of São Paulo?

The quantitative jurisprudence research analyzed 269 (two hundred and sixty-nine) labor lawsuits. The study goals were: (i) characterize the profile of workers and employers; (ii) identify the ICD and symptoms related to mental disorders; and (iii) associate sociodemographic and work data with symptoms and mental disorders (ICD).

Ethical Aspects

This study was submitted to the Research Ethics Committee of the Ribeirão Preto School of Nursing - EERP/USP, to waive the requirement for the Informed Consent Form, as it involved judicial decisions that do not involve research with human beings, only analysis and collection of secondary and public data, extracted from the website of the Superior Labor Court. Although the personal identification of the parties is public, confidentiality was maintained regarding the names of the individuals, judges, and Court staff involved in the case.

The Consolidated Opinion of the Research Ethics Committee - CEP No. 4,859,650, was approved on July 21, 2021, to ratify the lack of need for the evaluation of the research project by the National Research Ethics Commission - CONEP.

Materials and Methods

This is a retrospective and descriptive study with a quantitative approach. Research was conducted through the analysis of official written documents issued by the Labor Judiciary, using jurisprudence of the Regional Labor Courts of the state of São Paulo. Such documents are available for public access on the websites of the Regional Labor Courts of the 2nd and 15th Regions.

This is also a scientific investigation, structured with a methodology designed to address questions that can be answered by analyzing judicial data. The work was focused on answering the question and the results directly dialogue with it, providing clear scope and coherence. The particularity of jurisprudence research is the fact that the variables are answered through the analysis of procedural data and judgments, guided by an investigation methodology¹⁸.

Quantitative jurisprudence research, in addition to allowing the objectification of data from the reality with which the researcher works, leads to the development of legal scientific knowledge by bringing it closer to other social sciences. The quantitative method is characterized by quantifying the information collected to describe a phenomenon rather than verifying its causes (although it can also indicate possible causes), specifying the degree of correlation between the selected variables. There is also a division in the quantification applied, where the analyzed objects are separated into mathematically measurable phenomena, such as sociodemographic and

labor data. The representativeness of the sample is related to the selected cut of the universe analyzed, where the frequency of the occurrence or not of a fact is determined. The statistical method is applied in quantifying data from social reality, as well as in its interpretation and analysis, perfectly adjustable to the objectives. Statistics provide rigor in the data collection and analysis process, making the hypotheses raised verifiable¹⁹.

Data analysis was performed using the SPSS® software, employing univariate descriptive statistics, including frequency distribution for nominal variables and position measures (mean and median) and dispersion (standard deviation, maximum and minimum values) for the ordinal variables. To investigate the association between sociodemographic and work-related variables and mental symptoms and disorders (ICD), data were analyzed using Fisher's exact test. This test assesses the significance ($p < 0.05$) of the association between two categorical variables when the expected frequencies are less than 5²⁰.

1- Population and sample/ Data collection period/ Selection criteria

Based on the objective analysis of the facts and data for each decision, judgments published in 2019 and 2020 concerning occupational mental disorders were studied. The judgments were sourced from the websites of the Regional Labor Courts of the State of São Paulo of the 2nd Region (<https://juris.trt2.jus.br/jurisprudencia/>) in the field "Sistema de Jurisprudência" (Jurisprudence System), using the keywords "doença mental" (mental illness) or "transtorno mental" (mental disorder) or "psicopatologia" (psychopathology) being entered in "Pesquisa Livre" (Free Search). Likewise, the search procedure for the decisions took place in the 15th Region (<https://trt15.jus.br/jurisprudencia/consulta-de-jurisprudencia>) in the field "Consulta de Jurisprudência" (Jurisprudence Consultation).

The inclusion criteria for the selected lawsuits focused on work-related mental disorders in which a causal link was debated in court. Lawsuits involving pre-existing mental disorders, non-work-related mental disorders, and mental disorders due to chemical dependency were excluded. Sample selection of labor lawsuits was based on matters discussed in court regarding occupational mental disorders, considering the initial claims of the plaintiffs, regarding the mental illness process. Using the keywords "doença mental" or "transtorno mental" or "psicopatologia", 230 (two hundred and thirty) judgments and decisions published in 2019 and 2020 were identified in the Regional Labor Court of the 2nd Region, of which 122 (one hundred and twenty-two) were selected for analysis, as they were lawsuits related to the discussion of occupational mental disorders.

In the Regional Labor Court of the 15th Region, 228 (two hundred and twenty-eight) decisions were identified with the keywords "doença mental" or "transtorno mental" or "psicopatologia", of which 147 (one hundred and forty-seven) were the subject of analysis in this study, totaling 269 (two hundred and sixty-nine) labor lawsuits to be investigated.

The procedural documents that responded to the variables were: initial petition; response; hearing minutes; medical expert report; sentence; judgment, and the documents analyzed to respond to sociodemographic and labor data were workers' personal documents, professional work cards; articles of association and corporate documents; payment receipts; admission forms; Employment Contract Termination Document; medical reports and examinations.

2- Data collection instruments/Organization and analysis of data

After selecting the decisions from the Regional Labor Courts of São Paulo, data extracted from the Labor Lawsuits were collected. A form was developed in Microsoft Excel® to store the data, covering the following variables: age, gender, period of employment contract, monthly salary, occupation, outsourced activity, company share capital, economic activity of the company, company, public/private company, medical specialty of the expert, ICD/Mental Disorder, symptoms.

To organize the data, a database was created in Microsoft Excel® with the data entered twice. Data were grouped into tables for better visualization, according to the results found.

Results

The quantitative analyses were organized to describe the data according to the characteristics of the sociodemographic and labor profiles of the workers and the economic profile of the companies. The ICD, symptoms and their association with the descriptive variables were identified.

1. Sample Characteristics

Data related to the analyzed sample of 269 lawsuits were collected between 2019 (47.2%) and 2020 (52.8%) from the database of two Regional Labor Courts in the state of São Paulo: 2nd Regional (45.4%) and 15th Regional (54.6%), as shown in Table 1.

Table 1. Frequency distribution of the characteristics of labor lawsuits, by the Regional Courts of the State of São Paulo and the year of publication of the judgments, 2019-2020. N=269

Variables		N	%
Year	2019	127	47.2
	2020	142	52.8
	Total	269	100.0
Regional Labor Courts	2	122	45.4
	15	147	54.6
	Total	269	100.0

Source: The Authors

2. Characterization of workers according to sociodemographic and work variables

Table 2 shows that the average age of the workers was 41 years (SD = 9.5 years), with ages ranging from 21 to 64 years old. Over 66% of workers were between 30 and 49 years old. Regarding the length of the contract, the average was 9.5 years (SD = 8.7 years), with the

shortest contract being 0.25 years (i.e., 3 months), and the longest nearly 38 years. Despite this, most contracts were under five years. Regarding average monthly salary, the workers received R\$3,313.96 (SD = R\$3,167.77), with salaries ranging from R\$600.00 to R\$23,729.98.

Table 2. Frequency distribution and descriptive analysis of ordinal variables related to sociodemographic and employment data of the plaintiffs in lawsuits, 2019-2020. N=269

Variables	N	%	Mean	Median	Standard Deviation	Minimum	Maximum
Age			(in years)				
From 20 to 29	34	12.6					
From 30 to 39	91	33.8					
From 40 to 49	86	32.0					
From 50 to 59	52	19.3	40.8	41.0	9.5	21.0	64.0
From 60 to 69	5	1.9					
No Information	1	0.4					
Total	269	100.0					
Contract Length			(in years)				
Less than 5 years	110	40.9					
From 5 to 9 years	71	26.4					
From 10 to 14 years	26	9.7	9.5	6.3	8.7	0.25	37.7
From 15 to 19 years	20	7.4					
From 20 to 24 years	18	6.7					
From 25 to 29 years	15	5.6					

Variables	N	%	Mean	Median	Standard Deviation	Minimum	Maximum
Over 29 years	9	3.3					
Total	269	100.0					
Monthly Salary			(in R\$)				
Less than R\$1,000.00	15	5.6					
Between R\$1,000.00 and R\$1,999.00	98	36.4					
Between R\$2,000.00 and R\$4,999.00	111	41.3					
Between R\$5,000.00 and R\$9,000.00	33	12.3	3,313.96	2,332.30	3,167.77	600.00	23,729.98
Over R\$10,000.00	10	3.7					
No Information	2	0.7					
Total	267	100.0					

Source: The Authors

Regarding nominal variables, Table 3 shows that the gender distribution of the sample participants was quite balanced, with 52% of cases being women and 48% men. Concerning occupation, that is, the position held by the worker, the largest concentration was in category 4 (27.5%), which included operational support positions,

such as assistants, auxiliaries, helpers and other specific positions. For the type of activity performed, only 12.3% were outsourced service providers, that is, they were hired by an intermediary company between the client and the labor force.

Table 3. Frequency distribution of nominal variables of sociodemographic and labor data of the plaintiffs of the lawsuits, 2019-2020. N=269

Variables	N	%
Gender		
Female	140	52.0
Male	129	48.0
Total	269	100.0
Occupation		
1: Manager, Coordinator, Leader and Supervisor	37	13.8
2: Teacher, Analyst, Nurse, Lawyer, Dentist, Process Engineer and Journalist	19	7.1
3: Agent, Technician, Telemarketing Agent, Inspector, Commissioner and Bank Employee	50	18.6
4: Consultant, Assistant, Receptionist, Helper, Pharmacist, Psychologist, Laboratory Technician, Systems and Production Specialist, Electrician, Radio Operator, Quality Inspector, Maintenance Engineer, IT Specialist, Conductor, Receptionist, Postman, Checking Clerk and Secretary	74	27.5
5: Cashier, IT Support, Butcher, Salesperson and Security Guard	33	12.3
6: Rural Worker	1	0.4
7: Carpenter, Tire Fitter, Metalworker, Mechanic and Assembler	9	3.3
8: Other Operators, Driver and Machine Operator	43	16.0
9: Cook, Doorman and Washer	3	1.1
Total	269	100.0
Outsourced Activity?		
No	236	87.7
Yes	33	12.3
Total	269	100.0

Source: The Authors

3. Characterization of Companies

Regarding the profile of the employer companies in the cases analyzed, almost $\frac{3}{4}$ of them (74.3%) had share capital above R\$50,000,000.00, which corresponds to

the total amount of resources that the partners contribute to start the business activities. Furthermore, most of the companies were private (88.1%) and their main objective was profitability. This information is detailed in Table 4.

Table 4. Frequency distribution of the characteristics of the employer defendants in the lawsuits, 2019-2020.

Variables	N	%
Share Capital		
Up to R\$ 1,000,000.00	22	8.2
From R\$ 1,000,000.00 to R\$ 50,000,000.00	20	7.4
Over R\$ 50,000,000.00	200	74.3
There is no share capital	27	10.0
Total	269	100.0
Legal Nature of the Company		
Private	237	88.1
Public	31	11.5
Public/Private	1	0.4
Total	269	100.0

Source: The Authors

4. Medical specialty of the expert

Most experts were specialists in Occupational Medicine (35.3%), followed by Psychiatry (29%), as shown in Table 5.

Table 5. Frequency distribution of medical specialties of the experts appointed to produce evidence in legal proceedings, 2019-2020.

Medical Specialty of the Experts	N	%
1: Legal Medicine and Medical Expert Examinations	31	11.5
2: Occupational Medicine	95	35.3
3: Occupational Medicine and Legal Medicine and Medical Expert Examinations	8	2.9
4: Occupational Medicine, Legal Medicine and Medical Expert Examinations, and Psychiatric Medicine	1	0.4
5: Occupational Medicine and Psychiatric Medicine	8	2.9
6: Occupational Medicine and Medical Expert Examinations	1	0.4
7: Occupational Medicine, Medical Expert Examinations, and Psychiatric Medicine	1	0.4
8: Orthopedic Medicine	4	1.5
9: Psychiatric Medicine	78	29.0
11: Psychiatric Medicine and Legal Medicine and Medical Expert Examinations	1	0.4
12: There was no medical examination	4	1.5
99: No Information	37	13.8
Total	269	100.0

Source: The Authors

6. Identification of the International Classification of Diseases (ICD) and symptoms related to mental disorders

6.1 INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)

The same individual may have been assigned the same ICD more than once. However, for the purposes of

analysis, an ICD was counted only once for each individual. Since a person may present more than one ICD, the proportion relative to the total was not calculated. Table 6 below presents, progressively, the frequency of each ICD. The dotted line indicates the ICDs that were analyzed in association with sociodemographic and work variables based on their frequency.

Table 6. Frequency distribution of mental disorders (ICD) in legal claims, 2019-2020. N=337

ICD	Definition	Total N
F32	Unspecified depressive episode	80
F41	Unspecified anxiety disorder	76
F43	Post-traumatic stress disorder	58
F33	Mood disorder	39
F31	Bipolar disorder	12
F20	Schizophrenia	11
Z56	Employment-related problems	6
F06	Unspecified mental disorder due to brain injury and/or dysfunction	7
F60	Emotionally unstable personality disorder	7

Source: The Authors

6.2 SYMPTOMS

On average, the same person presented five symptoms, with the mode - representing the most common value -

being three symptoms (15.2%). Table 7 shows that the minimum number of symptoms presented is "None" and the maximum, 15.

Table 7. Frequency distribution by number of main symptoms per individual in legal claims, 2019-2020. N=269

Number of Symptoms	N	%
None	8	3.0
1	31	11.5
2	35	13.0
3	41	15.2
4	38	14.1
5	34	12.6
6	23	8.6
7	16	5.9
8	15	5.6
9	8	3.0
10	7	2.6
11	5	1.9
12	3	1.1
13	1	0.4
14	3	1.1
15	1	0.4
Total	269	100.0

Source: The Authors

6.3. ASSOCIATION OF SOCIODEMOGRAPHIC AND WORK DATA WITH SYMPTOMS AND MENTAL DISORDERS (ICD)

Symptoms were categorized and grouped by systems. Since individuals may present more than one symptom from the same system, the percentage was not calculated,

only the number of times a symptom related to its respective category was mentioned. Table 8 shows that the most common symptoms are those related to mental disorders (N=242), followed by symptoms related to the neurological system (N=135).

Table 8. Description and frequency of symptoms categorized by human body systems in lawsuits, 2019-2020.

SYMPTOM	Category	Description	N
1	Musculoskeletal system	Fatigue, Physical pain, Cramps, Adynamia	45
2	Respiratory system	Shortness of breath	24
3	Cardiovascular system	Tachycardia, Blood pressure changes, palpitations, chest pain, Paleness	46
4	Gastrointestinal system	Vomiting, nausea, digestive problems	22
5	Neurological system	Insomnia, Headache, Seizures, Paralysis, Dizziness, Malaise, Fainting, Tremors, Numbness, Nightmares, Excessive Sleep	135
7	Endocrine system	Weight Change, Appetite Disorders	24
10	Mental disorder	Discouragement, Demotivation, Nightmares, Apathy, Psychological Pressure, Depressive and Anxious Symptoms, Aggressiveness, Mood Disorder, Hallucinations, Anguish, Slow Reasoning, Forgetfulness, Transient Dementia Symptoms, Sadness, Bruxism, Sweating, Crying, Embarrassment, Dissatisfaction, Worry, Panic, Irritation, Nervousness, Suicidal Thoughts, Stress, Phobia, Emotional Disorder, Disorientation, Despair, Insecurity, Discomfort, Drunkenness, Isolation, Fear, Outbursts, Delusions, Crises	242
13	Reproductive system	Frustration, Low Self-Esteem, Impotence, Humiliation, Feeling of Inferiority, Compulsion	36

Source: The Authors

6.4. ASSOCIATIONS BETWEEN ICD AND SOCIODEMOGRAPHIC AND WORK VARIABLES

After described, the associations between the variables were tested using Fisher's Exact Test. Associations with $p < 0.05$ were considered significant. As highlighted in Table 9, the relationships should be analyzed in terms of their categorizations, which are detailed in Table 10.

The results indicated that there were significant associations between sociodemographic and/or work variables only for ICD F32 (Unspecified depressive episode) and F43 (Post-traumatic stress disorder). The variables associated with ICD F32 were Gender and Medical Specialty of the Expert and for ICD F43, Monthly Salary, Legal Nature of the Company and Medical Specialty of the Expert (Table 9).

Table 9. Results of Fisher's Exact Test for associations between ICD and sociodemographic and work variables in legal claims, 2019-2020.

Variables	F32	F41	F43	F33	F06	F31	Z56	F60	F20
Age	0.836	0.909	0.321	0.228	0.431	0.620	0.471	0.554	0.242
Gender	0.026*	0.881	0.066	0.808	0.713	0.885	0.686	0.713	0.125
Period of Employment Contract	0.132	0.918	0.269	0.109	0.501	0.917	0.662	0.688	0.425
Monthly Salary	0.458	0.055	0.014*	0.285	0.651	0.954	0.215	0.651	0.681
Occupation	0.657	0.766	0.095	0.421	0.614	0.773	0.252	0.923	0.820
Outsourced Activity	0.741	0.585	0.063	0.189	0.050	0.171	0.999	0.603	0.370
Share Capital	0.706	0.384	0.391	0.068	0.080	0.164	0.391	0.776	0.484
Company's Economic Activity	0.775	0.881	0.010*	0.649	1.000	0.399	1.000	0.592	0.157
Medical Specialty of the Expert	0.004*	0.394	0.009*	0.252	0.346	0.703	0.196	0.601	0.457

Note. F32: Unspecified depressive episode; F41: Unspecified anxiety disorder; F43: Post-traumatic stress state; F33: Mood disorder; F06: Unspecified mental disorder due to brain injury and/or dysfunction; F31: Bipolar disorder; Z56: Employment-related problems; F60: Emotionally unstable personality disorder; F20: Schizophrenia; *p<0.05, Fisher's exact test.

Source: The Authors

To understand the differences between the categories of each variable in relation to ICDs significant associations, the frequency distributions were analyzed. Table 10 shows that, of the 80 cases diagnosed with ICD F32, women (62.5%) tended to be diagnosed more with unspecified depressive episodes than men (37.5%). There was also an association between ICD F32 diagnoses and the medical specialty of the expert. In this case, doctors specialized in "Occupational Medicine" made more diagnoses of unspecified depressive episodes (F32) than other specialists (46.3%).

Likewise, the interpretation of significant associations of the variables (monthly salary, legal nature of the

company and medical specialty of the expert) and ICD F43 follows the same logic. Of the 58 cases diagnosed with post-traumatic stress disorder (F43), the salary range of R\$1,000.00 to R\$4,999.00 (65.6%) was more representative than the others.

This ICD was also more prevalent among workers from private companies (77.6%) than from public or public/private companies. Once again, ICD F43 diagnoses were identified more by Occupational Physicians (41.4%) than by any other specialists.

Table 10. Categorized frequencies for significant associations between ICD and sociodemographic and labor variables in lawsuits, 2019-2020. N=80

Variables	F32		F43	
Gender	N (%)	p	N (%)	p
Female	50 (62.5)	0.026 *		
Male	30 (37.5)			
Total	80 (100)			
Monthly Salary				
Less than R\$1,000.00			2 (3.4)	
Between R\$1,000.00 and R\$1,999.00			19 (32.8)	
Between R\$2,000.00 and R\$4,999.00			19 (32.8)	0.014 *
Between R\$5,000.00 and R\$9,000.00			13 (22.4)	
Over R\$10,000.00			5 (8.6)	
Total			58 (100)	
Company's Economic Activity				
Private			45 (77.6)	
Public			13 (22.4)	0.010 *
Private/Public			0	
Total			58 (100)	
Medical Specialty of the Expert				
1: Legal Medicine and Medical Forensics	11 (13.8)	0.004 *	12 (20.7)	0.009 *
2: Occupational Medicine	37 (46.3)		24 (41.4)	
3: Occupational Medicine and Legal Medicine and Medical Forensics	3 (3.8)		2 (3.4)	

4: Occupational Medicine, Legal Medicine and Medical Forensics, and Psychiatric Medicine	0	1 (1.7)
5: Occupational Medicine and Psychiatric Medicine	1 (1.3)	4 (6.9)
6: Occupational Medicine and Medical Forensics	0	0
7: Occupational Medicine, Medical Forensics, and Psychiatric Medicine	1 (1.3)	0
8: Orthopedic Medicine	2 (2.5)	1 (1.7)
9: Psychiatric Medicine	11 (13.8)	9 (15.5)
11: Psychiatric Medicine and Legal Medicine and Medical Forensics	0	0
12: There was no medical examination	0	1 (1.7)
99: No Information	14 (17.5)	4 (6.9)
Total	80 (100)	58 (100)

Note: F32: Unspecified depressive episode; F43: Post-traumatic stress disorder; * $p < 0.05$, Fisher's Exact Test.
Source: The Authors

6.3 SYMPTOMS

Regarding symptoms, categorized into human body systems, an association was found between gender and symptoms of the cardiovascular (3), gastrointestinal (4), and neurological (5) systems, between the period of

employment and symptoms of the musculoskeletal system (1), between occupation and the neurological system (5) and between outsourced activity and mental disorders (10), as shown in Table 11.

Table 11. Results of Fisher's Exact Test for associations between symptoms and sociodemographic and labor variables in lawsuits, 2019-2020.

Variables	1	2	3	4	5	7	10	13
Age	0.473	0.639	0.896	0.077	0.235	0.862	0.526	0.968
Gender	0.850	0.054	0.009*	0.004*	0.033*	0.054	0.983	0.925
Period of Employment Contract	0.014*	0.640	0.506	0.616	0.169	0.717	0.574	0.384
Monthly Salary	0.783	0.792	0.649	0.846	0.668	0.556	0.147	0.070
Occupation	0.639	0.087	0.314	0.778	0.024*	0.861	0.716	0.349
Outsourced Activity	0.620	0.999	0.621	0.740	0.870	0.329	0.023*	0.096
Share Capital	0.124	0.699	0.631	0.324	0.394	0.398	0.054	0.172
Company's Economic Activity	0.534	0.389	0.276	0.107	1.000	0.769	0.775	1.000
Medical Specialty of the Expert	0.050	0.796	0.573	0.991	0.818	0.693	0.846	0.939

Note: 1=Musculoskeletal system; 2=Respiratory system; 3=Cardiovascular system; 4=Gastrointestinal system; 5=Neurological system; 7=Endocrine system; 10=Mental disorder; 13=Reproductive system; * $p < 0.05$, Fisher's Exact Test.

Source: The Authors

For the gender variable, among individuals who had symptoms related to the cardiovascular (N=46), gastrointestinal (N=22), and neurological (N=135) systems, women were the majority in all three cases, representing 69.6%, 81.8%, and 58.5%, respectively. Concerning symptoms related to the neurological system (5), occupations related to operational support positions, such as assistants, helpers, and other specific technical roles were the most representative regarding these symptoms (31.1%).

Concerning the musculoskeletal system (N=45), which includes symptoms associated with physical pain, individuals with shorter employment contracts were those who presented more symptoms related to this category (28.9%). Finally, regarding the only variable that had a significant association with mental disorders (N=242), individuals engaged in non-outsourced activities demonstrated more symptoms of mental disorders (89.3%) than those working as service providers (10.7%). Detailed information is presented in Table 12.

Table 12. Cross-frequencies for significant associations between symptoms and sociodemographic and labor variables in legal claims, 2019-2020.

Variables	1		3		4		5		10	
	N (%)	p	N (%)	p	N (%)	p	N (%)	p	N (%)	p
Gender										
Female			32 (69.6%)	0.009 *	18 (81.8%)	0.004 *	79 (58.5%)	0.033 *		
Male			14 (30.4%)		4 (18.2%)		56 (41.5%)			
Total			46 (100%)		22 (100%)		135 (100%)			
Contract Length										
Less than 5 years	13 (28.9%)	0.014 *								
From 5 to 9 years	9 (20%)									
From 10 to 14 years	8 (17.8%)									
From 15 to 19 years	4 (8.9%)									
From 20 to 24 years	7 (15.6%)									
From 25 to 29 years	1 (2.2%)									
More than 29 years	3 (6.7%)									
Total	45 (100%)									
Occupation										
1							26 (19.3%)	0.024 *		
2							12 (8.9%)			
3							22 (16.3%)			
4							42 (31.1%)			
5							11 (8.1%)			
6							0 (0%)			
7							4 (3%)			
8							17 (12.6%)			
9							1 (0.7%)			
Total							135 (100%)			
Outsourced Activity?										
No									216 (89.3%)	0.023 *
Yes									26 (10.7%)	
Total									242 (100%)	

Note: 1=Musculoskeletal system; 3=Cardiovascular system; 4=Gastrointestinal system; 5=Neurological system; 10=Mental disorder; * $p < 0.05$, Fisher's exact test.

Source: The Authors

Discussion

It was observed that labor judicialization extends into the field of Workers' Health (WH) in various dimensions, encompassing not only individual rights to protect the life, health, and integrity of the workers, but also collective rights - social and human. Due to its nature, WH necessarily intersects with actions in health, labor, social security, and justice sectors²¹.

According to data from the sample analyzed (269 lawsuits), over 66% of workers aged 30 to 49 used the judiciary to guarantee their rights, indicating that they were more aware of the non-compliance with labor rights by employers.

Regarding the length of the employment contract, although the average is 9.5 years, most contracts lasted

less than five years. In recent years, people have assumed increased responsibility for their professional choices, highlighting the importance of the concept of professional fulfillment, growth prospects, sense of belonging, recognition, among other factors that may influence the continuation of the employment contract^{22,23}.

As for salary, the average worker received R\$3,313.96 (three thousand, three hundred and three reais and ninety-six cents). In recent years, monetary remuneration has become less of a priority, highlighting that the meaning and purpose of work influences the forms of work activity, flexibility, and productivity, as it affects beliefs about what is legitimate and acceptable in workplace, going beyond merely economic boundaries^{24,25}.

Regarding gender distribution, 52% were women and 48% were men. The largest concentration of roles were operational support positions, such as assistants and support workers (27.5%), followed by technicians and bank employees (18.6%). Bank employees are potentially affected by mental disorders, due to the activities that demand psychological pressure to meet goals and results, with evidence of moral harassment in some cases²⁶.

Regarding the profile of employers, 88.1% were private companies, 74.3% of these having share capital above R\$50,000,000.00 (fifty million reais). According to the TST ranking, companies in the banking, telecommunications, postal and telegraph, and public security represented most labor lawsuits, ranking among the largest national litigants²⁷. Likewise, in progress at the TRT of the 2nd and 15th Regions, the banks, oil companies, and postal and telecommunications companies prevailed as the largest defendants. This data shows that most employers are large companies, with capital exceeding R\$50,000,000.00 (fifty million reais), which would reinforce the hypothesis of greater awareness of the observance of rights to occupational mental health, which did not occur in the decisions analyzed²⁷.

As for the prevalence of the experts' specialty, most of them are specialists in Occupational Medicine (35.3%), followed by Psychiatry (29%). Notably, ICD F43 diagnoses were more frequently made by occupational physicians (41.4%) than by any other specialist. A correlation was also observed between the ICD F32 diagnosis and the expert's specialization. Physicians specialized in Occupational Medicine tend to make more diagnoses of unspecified depressive episodes (F32) than other specialists (46.3%). This may occur because the Judiciary finds it difficult to appoint experts in certain areas, and thus requires other experts to take on the responsibility of producing expert evidence. The implications and limitations related to the professional role of psychologists in labor expert reports are further discussed²⁸.

Regarding the association directed at doctors specialized in Occupational Medicine, these doctors made more diagnoses of unspecified depressive episodes (F32) than other specialists (46.3%). In this context, one factor to consider is that, due to the lack of doctors specialized in psychiatry, labor judges are dissatisfied with the quality of psychological expert reports, as they consider the reports to be deficient, unsupported, conditional, and inconclusive. Psychological expert reports are produced by doctors in a sort of production line, through a single meeting with the claimant. On the other hand, the experts revealed that their work is essentially focused on a diagnostic analysis, that is, on determining whether the worker has a mental disorder, without an in-depth investigation of the working conditions and their relationship with the individual's subjectivity²⁹.

There are initiatives by the Judiciary to establish a cadre of psychiatrists who would contribute to expert evidence aimed at determining the link between occupational factors and mental illnesses. However, the Courts' Administrative Departments must commit to training and monitoring these professionals. In the absence of psychiatrists, it is necessary to improve, qualify, and train

occupational physicians with the technical skills to assess working conditions, the psychosocial risks involved, the worker's medical history to improve the diagnosis of mental disorders²⁹.

The results showed associations between sociodemographic and/or work variables only with ICD F32 (unspecified depressive episode) and F43 (post-traumatic stress disorder). Of the 80 cases with ICD F32 diagnoses, women (62.5%) were more often diagnosed with unspecified depressive episodes than men (37.5%). Among individuals aged 14 to 25, women are two to three times more likely to be diagnosed with depression than men. This indicator reinforces that mental disorders are more prevalent in females, as evidenced by scientific studies. Several significant risk factors were identified, including family history, childhood adversities, personality traits, social isolation, and exposure to stressful life experiences^{30,31}.

Concerning gender differences, among individuals with symptoms related to the cardiovascular (N=46), gastrointestinal (N=22), and neurological (N=135) systems, women were the majority in all three cases, representing 69.6%, 81.8%, and 58.5%, respectively. Deaths and estimates of cardiovascular diseases are higher among women, combined with depressive symptoms that significantly increase the risk of cardiovascular death and mortality from all causes. The prevalence of self-reported hypertension in Brazil was 23.9%, with higher rates among women. Furthermore, studies have shown that gastrointestinal diseases associated with obesity and abdominal fat accumulation have increased mainly in women, and it is believed that among the factors are the recent changes related to diet and lifestyle habits, indicating an increasingly intense exposure to cardiovascular risks^{32,33,34}.

Regarding neurological symptoms, positions related to operational support such as assistants, helpers, and other specific technical positions, were the most representative regarding these symptoms (31.1%). For the musculoskeletal system (N=45), which includes symptoms like physical pain, workers whose employment contracts were shorter presented more symptoms related to this category (28.9%). A study indicated certain work-related factors associated with neurological and non-neurological conditions, such as postural fatigue, cognitive changes, anxiety, and dizziness, exacerbating environmental and ergonomic aspects, such as hot environments, standing still for long hours, repetitive efforts, frequent posture changes, and characteristics of operational and technical activities³⁵.

In this context, the Public Authorities, represented by the judges of the Labor Court, play an essential role in resolving conflicts through their decisions. Based on documents, testimonials, and especially expert evidence, these decisions focus on protecting the life, health, dignity, and physical and mental integrity of affected workers. The investigation into the prevalence of occupational mental disorders with the aim of covering the sociodemographic and work-related data of workers, reveals the portrait of the Labor Court as the guarantor of the law in the specific case, acting as a generator of the behavior of the agents directly involved in their decisions^{36,37}.

Likewise, the Labor Court's role includes intervening in labor relations to mitigate potential suffering and mental illness related to work activities, especially when employers fail to comply with the constitutional mandate to protect workers' health. In 2022, 307,000 labor complaints were filed in the Labor Court, focusing on issues related to health and safety conditions in work environments, moral harassment, occupational disease, work accidents, degrading conditions, and sexual harassment²⁷.

These indicators demonstrate the relevance of the jurisdictional approach that upholds the worker's right to mental health, while showing that compensatory and coercive protection has prevailed over the concept of promoting worker health and preventing risks. Such progress in Law requires suitable procedural instruments and a commitment from all parties (employees x employers x society), health professionals and members of the Judiciary and Public Prosecutor's Office to ensure that workers' health rights are effectively met in a comprehensive and humane manner^{9,38,39}.

It is worth noting that this study has limitations regarding the lack of studies specifically related to the judicialization of workers' mental health. Additional limitations related to the questions that arose during the study, such as the lack of rationalization and standardization of expert reports by the experts in the production of technical evidence, the subjectivity often externalized in the grounds of the judges' decisions, as well as a considerable number of lawsuits dismissed, restricted solely to the lack of evidence produced by the workers, the plaintiffs in the lawsuit. Although some questions raised during the research remain unanswered, this opens opportunities for future studies to explore the topic further.

Conclusion

The results indicate that non-compliance with Occupational Health standards is recurrent among

employers and the State, which establishes inefficient public policies. Therefore, the Labor Judiciary plays a crucial role in enforcing laws and resolving conflicts through decisions concerning the protection of the life, health, dignity, and physical and psychological integrity of the worker.

Investing in research on judicialization, which highlights the new labor relations and work models that emerged after the COVID-19 pandemic, aligned with employers' practices and actions, as well as the regulation of labor social policies, aims to address the new challenge of the world of work and foster dialogues between areas of knowledge, emphasizing the awareness of those involved (workers, employers, State, and society).

It is important to reinforce the role of the Judiciary as a guarantor of fundamental rights, including the right to health, safety, integrity, and decent work. By fostering deeper collaboration across multidisciplinary fields, the Judiciary can contribute to solutions that align the right to health—as a working-class struggle—with constitutional and infra-constitutional principles.

Funding Statement

I would like to thank the National Council for Scientific and Technological Development CNPQ, Brazil for the scholarship granted during Post-Doctoral.

Conflicts of Interest

The authors declare no conflicts of interest.

Acknowledgements

I would like to thank the co-authors who present themselves here, who contributed substantially to the conception or design of the study, analysis and interpretation of data collected in the study, reviewed the text of the manuscript and approved the final version to be published.

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