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**Organizational Mental Health Practices in Brazilian universities: advances and gaps in
actions aimed at women, analysis of prominent institutions**

**Uberlândia
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Trabalho de conclusão de curso apresentado ao Instituto de Psicologia da Universidade Federal de Uberlândia, como requisito parcial à obtenção do Título de Bacharel em Psicologia.
Orientadora: Prof. Dra. Heila Magali da Silva Veiga

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Uberlândia, 15 de abril de 2024

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**Uberlândia
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RESUMO

Os professores de universidades públicas brasileiras têm enfrentado uma realidade de trabalho cada vez mais desafiadora, tendo que manejar demandas de ensino, pesquisa, extensão, questões administrativas e burocráticas. Essa crescente demanda repercute de maneira negativa na qualidade de vida desses profissionais, sendo relacionada com o adoecimento mental. Nesse sentido, a realidade das mulheres é ainda mais preocupante, visto as desigualdades enfrentadas no trabalho, e os desafios de maneja-lo com as domésticas, intensificando a frequência de adoecimento mental. Assim, o principal objetivo deste trabalho foi analisar as Políticas Institucionais (ou Públicas) relacionadas à saúde mental e ao bem-estar nas melhores e médias universidades públicas no Brasil, observando como elas estão direcionadas para as mulheres. Foram selecionadas as 8 melhores universidades do país, e mais 5 de rendimento médio, com base no “*QS University Ranking 2023*”. Inicialmente foram analisados os Projetos de Desenvolvimento Institucional (PIDE) de cada universidade para a análise da existência de metas e/ou ações que fossem destinadas as mulheres. Posteriormente, buscou-se ações em saúde do trabalhador desenvolvida pelas instituições, categorizando-as de acordo com seus objetivos. Os resultados apontaram para uma grande preocupação com bem-estar e equidade entre alunos, mas que não se reflete entre professores. As ações em promoção da saúde desenvolvidas são supérfluas e não diretamente relacionada ao trabalho. Ademais, foi constatada uma lacuna de ações destinadas a saúde mental das acadêmicas, reforçando a existência das desigualdades de gênero no trabalho, bem como a necessidade de mais ações que promovam a equidade.

Palavras-chave: Mulheres. Saúde Mental. Ações.

ABSTRACT

Professors at Brazilian public universities are facing an increasingly challenging work reality, having to manage demands related to teaching, research, extension, administrative, and bureaucratic issues. This growing demand has a negative impact on the quality of life of these professionals, being associated with mental illness. In this sense, the reality of women is even more concerning, given the inequalities faced in the workplace and the challenges of managing it along with domestic responsibilities, intensifying the frequency of mental illness. Thus, the main objective of this study was to analyze Institutional (or Public) Policies related to mental health and well-being in the top and mid-level public universities in Brazil, focusing on how they are directed towards women. The top 8 universities in the country were selected, along with 5 mid-level universities, based on the "QS University Ranking 2023." Initially, the Institutional Development Projects (IDPs) of each university were analyzed to assess the existence of goals and/or actions specifically aimed at women. Subsequently, worker health initiatives developed by the institutions were sought, categorizing them according to their objectives. The results indicated a significant concern for well-being and equity among students, but this does not reflect among professors. The health promotion actions developed are superficial and not directly related to work. Furthermore, a gap in actions aimed at the mental health of female academics was identified, reinforcing the existence of gender inequalities in the workplace, as well as the need for more actions that promote equity.

Keywords: Women. Mental Health. Actions

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Introduction

There is a growing requirement for a skilled workforce, therefore more people are looking for higher education. In Brazil the number of people enrolled in college grew 43% from 2009 to 2019 (INEP, 2020). This demand for higher education increased the competition among universities, and the workload to workers which has placed more pressure on academics (Campos, Vêras & Araújo, 2020; Urbina-Garcia, 2020). These professionals led with all demands of being a teacher, such as teaching, creating lesson plans, drafting of minutes, product documentation, furthermore they are pressured to publish all the time in papers with high level of impact (Araujo, Vieira, & Manfro, 2023; Pace, D'Urso, Zappulla, & Pace, 2019).

In Brazil, this work context is specially challenging in public institutions because the ideology of academic productivism prevails, the working conditions are precarious, there is an increase in working hours, work overload, lack of financing, excess control, and lack of infrastructure, and increased of bureaucratic due to digital portals. These workers need to carry out teaching, research and extension, but do not have the necessary conditions (Sguissardi, Silva Júnior, 2018; Stort, Sticca & Pérez-Nebra, 2023, Campos et al., 2020), and there is increasing pressure for a higher academic production. Beside this, public institutions are highly regarded, being in the top of the better universities in Brazil (QS top universities, 2023). While the private institutions are focus on the market, forming workers to work, the public ones are in the read of research production, having this as a part of the education (Araujo et al. 2023). Additionally, 99% of Brazilian research is produced by public universities.

Researchers pointed out that this environment impacts physical and mental health of academics, problems such as burnout, high level of stress, high job dissatisfaction, heigh work-life conflict, poor physical health and low productivity are being reported (Urbina-Garcia, 2020, Huang, Chen, Cai, Yin, & Zhou, 2022, Ohadomere & Ogamba, 2021; Pace, D'Urso, Zappulla, & Pace, 2019). Those consequences emphasizes the importance of promote worker well-being and good work conditions, which can not only decrease mental illness, but also promote quality of life, increase job satisfaction, and reduce absenteeism (Araujo et al. 2023; Borges et al., 2023; Ohadomere & Ogamba, 2021). Those issues should be considered on the policies in mental health aiming to assist and support the workers. However, there is a gap of studies about the projects target to higher education workers, which are scanty.

Some institutions have already adopted initiatives for health promotion and support by their selves, some of them aim to improve workplace communication and collaboration, others focus on coaching, mentoring, health lifestyle programs and fitness initiatives. The challenge is that most of those interventions are focused on reducing the impact of stress and its

symptoms, addressing to the worker the responsibility to cope with the job demands, and there is also a gap about the effectiveness of those interventions (Borges, Motta, Garcia-Primo, Barros & Heleno, 2023; Campos, et al. 2020; Stort et al, 2023; Urbina-Garcia 2020). Guthrie (2022) highlighted that few studies try to recognize the issues that need to be changed, affecting the effectiveness of the interventions. To promote mental health, it is important change the working condition, not only the individual (Borges et al. 2023; Araujo et al. 2022)

Guthrie (2022) bring evidence that gender is an important key to mental health, once that women experience more work-related stress and work life conflict. The study also pointed out that some factors can be associated with stress, such as lower work enjoyment, and an unsupportive environment to career development. Some of this can be considered as part of the “leaky pipeline” phenomenon, this metaphor is about how women tend to opt-out of an academic career due the barriers. Those barriers happen in a veiled manner, making women progress difficult, doubting about their abilities and providing less opportunities. These gender-based challenges phenomenon is named “glass ceiling” (Ysseldyk, et al., 2019). In academic word it is possible to see some researchers that shows academic women report receiving less support from their dean, less promotion, more microaggressions and work life conflict (Elliot & Blithe, 2021; Pereira, 2020; Ysseldyk, et al., 2019). These obstacles faced by women in academia, such as inequal carrier chances, inequal wages, chilly climate, microaggression, bias as sexism, make this workplace a context of gender inequality cooperating to women opt out academia.

The issues related to gender inequality in academia can be seen in other workplaces. Cazeri et al. (2021) showed up that in IBOVESPA (some of most important companies in Brazil) are big gaps of gender equality: women receive less to the same jobs and are rare in leadership positions. But not only that, there is a gap about this information, most of the companies don't present complete report's, reinforcing how this issue still marginalized. Another research show that women in Industry fill about 30% of the management positions, although this number came out as a progress, women still less in high positions (Portal da Indústria,” 2023). In agreement with that in Brazil women are less in academia, while in the basic school they are major (Ministério da Educação, 2023).

Likewise, it is important to consider the Influence of gender at work, once that some studies and/or researchers may focus on individuals of only one gender identity, while others may approach gender through an intersectional lens. Regardless of the specific approach taken, the belief that organizations will miss out on committed employees, innovative ideas, and attractive opportunities if they do not adopt inclusive hiring practices and offer workplace

cultures, career paths and benefits that are attractive to all employees, regardless of gender identity.

The point is that women still need to be seen, and carried out, once that these obstacles doesn't impact only carrier, but also their mental health. Some initiatives to support and empower women, should be taken, to hold up these women in their carrier and health, but also because that their productivity impact on world economy.

Some initiatives can be seen in some countries, where there are some centers which are specialized in mental health at work, as for example, The Centre for Research on Inclusion at Work (CRIW, 2023) at Carleton University in Canada, that investigate and share experiences in diversity, equity, and inclusion at work. In the other side, in Brazil we seem to have solid politics to protect the worker rights, but few implementations to prevent mental illness.

As can be seen in the literature, college professors are working more than they was supposed to do, abdicating their personal lives to fulfill all the working demands, that situation causes an imbalance between work and family live, with affect the mental health (Araujo et al. 2023; Borges et al. 2023; Caldas et al. 2022; Campos, et al., 2020). This situation is even worst in women's case, once, they lead with more gender challenges, and are responsible for (most of) the house care, rising the work live imbalance (Pereira, 2020). Considering that, the main goal of this paper is analyze the Institutional and Public Politics related to mental health and wellbeing at the bests and mid-level public universities in Brazil, looking to how they are focusing on women.

Work and mental health: impacts of teaching

Mental health can be understood as a state of well-being where the individual can cope with normal stress of work and life, being productive, and contributing with own life and the community (World Health Organization, 2022). Mental health is seen as a fundamental right, and an important part of general health. The point is that mental health services are a source of concern for potentially perpetuating existing inequalities in society, marked by insufficient resources and unequal access across different regions.

Looking to reduce the inequalities, the World Health Organization (WHO) defined well-being as one of the Sustainable Development Goals. In agreement, the Pan American Health Organization (PAHO) put "mental health and non-communicable diseases" as one of the 11 goals to achieve health and well-being.

Is already known that mental health is multifactorial, and can be affected by environment elements, thus work is an important factor in mental health. However, it is not

stipulated what elements can impact on mental health, turning difficult to analyze the correlation of work and mental health. The International Labor Organization (ILO) defines in the n°155 convention that “health” in desktops is associated with the elements of security and hygiene that can affect the mental and physical health of the worker (ILO, 1981). Although, this definition is embracing, don’t stipulate the elements that can impact on mental health. Health and Safety Executive (HSE) identify demands, control, peer support, managerial support, bad work relationships, role and change as the main occupational hazards (HSE, 2017).

Some of those hazards can be identified at the public professors in Brazil, lot of demands can be seen as the mainly problem, once professors have to assume activities they don’t want to and work more hours than they were supposed to do. In public institutions the attributions of professors are disturbed, they have to assume administrative-bureaucratic processes, carry on researches and extension projects, in the same time they lead with precariousness and insufficient institutional support (Borges et al. 2023).

In academic world the workload of work came out with growing reports of burnout, psychological stress, high levels of dissatisfaction, cognition problems (attention, concentration, memory...) and low-quality life, beyond physical problems. Seeing the effects of occupational hazards organizations can cope with them, in order to bring benefit to their on, and the workers, becoming possible to increase satisfaction, productivity and job satisfaction (Araujo, Vieira & Manfro, 2023; Boas & Morin, 2023; Borges et al., 2023; Guthrie et al. 2022; Huang, et al.2022; Ohadomere & Ogamba, 2021; Pace, et al. 2019). Besides that, the prevention of mental illness can reduce disease burdens and save health system resources. This context has increasingly demanded strategies to promote the mental health of university professor and improve working conditions, increasing, once more time, the importance to assist these group.

The situation is even more important, once we compare to others countries. Brazil, an is emerging country, however, in an comparison to an developed county (Canada), was not found significant differences in the quality of life, and working conditions (Boas & Morin, 2023). This study bring evidence to how college professors are overloaded, not only in Brazil. Beside this, looking to literature is possible to see a concern about the mental health of students, but the professors and college workers are not seeing.

College public politics in mental health

With mental health being brought into focus by major institutions, it also started to be part of the government's concerns, became important to enable people to have mental health assistance, as well as articulate the assistance service, and make access accessible. In

workplaces the actions aimed to improve and monitor working conditions, as well as preventing harm.

Although the labor regulation initiated about 1940, the first health politic and job security date 2009. In 2007 the “Política de Atenção à Saúde e Segurança do Trabalho do Servidor Público Federal (PASS)” was established, it was created as result of the necessity to have an integrated network of information and resources to assist public worker. The politic coordinates health care and currently has 5 guiding axes: promotion of employee health, prevention of harm or injuries to employee health, employee health surveillance, employee health care, and official health expertise. Still in 2009, the decree nº 6.833 of April 29 institute “Subsistema Integrado de Atenção à Saúde do Servidor Público Federal (SIASS)” a subsystem of PASS, which aims to provide health care, official expertise, promotion, prevention, and health monitoring.

Such ordinance establishes rules and guidelines for monitoring overall health. Only in 2010, through Ordinance nº 1,261 of May 5, 2010, were guidelines established regarding mental health. This ordinance is established in accordance with the sustainable goals of the WHO and PAHO mentioned above, which aim to improve mental health and propose an 'integrated system of reference and counter-reference for psychosocial care that enables the expansion of mental health actions and services and enhances outcomes in the areas of prevention of harm, health promotion, therapeutic assistance, and rehabilitation”. This document has a conception biopsychosocial of the health and illness process at work, with a reference health care aimed at the integrality of the human being, based on management epidemiological data, organization and intervention in healthcare environments work and investment in training multidisciplinary teams to approach to problems. The normative is be based on humanitarian and ethical principles of equality, equity and non-discrimination, the right to privacy and autonomy individual, the abolition of inhuman and degrading treatment, ensuring appropriate treatment (Portaria SRH nº 1.261, 2010).

Despite these policies representing progress, they face implementation and realization challenges, including a poor financial resource and a shortage of health professionals qualified to work with the policy, as well as a lack of government support. Mendonça et al. (2021) also relate the absence of actions aimed at health promotion, making the approach more of a model for expertise and control. In line with this, the literature shows that academic interventions attempt to teach stress management, placing the responsibility on the individual to use and collaborate with such strategies, in such a way that the actions do not aim at health promotion but rather harm reduction.

Ferreira (2011) discusses precisely this difference in focus that actions aimed at well-being in the workplace can have, differentiating between hegemonic and counter-hegemonic. Hegemonic quality of life at work is based on the need to generate well-being to increase productivity, placing the responsibility on the individual to seek quality of life. On the other hand, counter-hegemonic quality of life aims to produce well-being by listening to the worker, to understand their activity and needs. In the first one responsibilities of mental health are on the worker, who needs to learn how to manage stressors and still productive. In these side institutions may have some programs to global health and mental health, but is on the individual the responsibility to take care of this own, interventions like yoga, gym, and speeches are some examples, it can be seen as actions to cure. By the other side, the workplace assume responsibility for mental health, looking to stressors with the workers, and come up with the changes need. Here it is important be ready to change structure and improve communication with leadership, there is an effort to improve workplace and those actions can be seen as preventive.

The second axle of the politic is health monitoring and promotion, and propose mapping the factors involved in mental health issues, as well as intervention measures to reduce suffering and value the employee these efforts cannot be seen, however, studies like Mendonça, et al. (2021) already point out the difficulty of putting the health promotion requirements of the policy into practice, demonstrating that the actions are much more curative than preventive. Besides that, it is important to recognize that the “health assessment” axle is strong and well established, workers can bet on social security by the licenses and retirement. Thus, this study also aims to observe, based on the mapping of policies in educational institutions, their perspective on health.

The present study also aims to analyses if and how women are being included at these policies. As already exposed women go throw a lot of obstacles that impact on their mental health, and the policies should put this in focus. In addition, there are some perspectives of gender identification and race that may be considered as well. Wong (2022) observed that women of different color have different perceptions of interventions needed, reinforcing the importance to look at diversity and each group needs.

Materials and Methods

This study used the “QS University Ranking 2023” picking by convenience 8 of the best universities, and also 5 mid-level universities in Brazil, and considering only public universities, totalizing 13 universities. The information’s was retrieved from World University Rankings, (2022), can be seen on Table 1.

Table 1

Description of the universities

Name	Ranking on QS	Nº Of Students Per Staff	Year of Foundation	Number of Graduation Curses
USP	115	15,9	1934	183
UFRJ	333	18,7	1920	176
UNIFESP	441	10,3	1933	150
UFMG	701-750	12,9	1927	91
UFRS	751-800	14,1	1934	100
UnB	800-1000	15,2	1962	138
UFSC	800-1000	16,1	1960	100
UFPE	1001-1200	14,2	1946	100
UFBA	1201-1400	17,4	1808	112
UFPB	1201-1400	14,3	1955	130
UFRN	1201-1400	14,7	1958	84
UFPA	1201-1400	16,3	1957	60
UFU	1201-1400	13,6	1969	67

As can be seen in Table 1, universities are long-lived, being the most ancient of 1808 (UFBA) and the most recent of 1969 (UFU). Beside this, all of them have a long list of courses, ranging from 183 to 60, and an optimal student-teacher ratio, ranging to 10,3 to 18,7. Those information’s showed that universities are somehow homogenous, having as the most evident variation the number of courses, with can be related with the age of the institution. At the same time, these data confirm the QS Ranking, showing that those institutions are traditional and well conceited in Brazil.

So, looking to compare how universities are aiming policies to professors and to women was compared the “Plano de Desenvolvimento Institucional, PIDE” of each intuition, which is a strategic plan, searching to words: mental health; diversity; inclusion and equity. The words should to refer to action or an aim to be developed by the institution. To be considered actions linked to professors, the key words should refer directly to these group. The results can be seen on table 2.

Table 2
PIDE

NAME	Year of PIDE	Mental Health	Diversity	Inclusion	Equality
USP	2012-2017	0	0	1*	0
UFRJ	2020-2024	2*°	2*°	4*°	0
UNIFESP	2021-2025	1**	7*°	7*°	1*
UFMG	2018-2023	10*	15**	19 *	2*
UFRGS	2016-2026	0	5*	6*	0
UnB	2023- 2028	1*	6**	8*	1 *
UFSC	2020- 2024	1 *	8*	6*	3*
UFPE	2019-2023	1*	0	5*	0
UFBA	2018- 2022	0	1*	4*	0
UFPB	2019-2023	0	0	1*	0
UFRN	2020-2029	1*	3*	7*	0
UFPA	2016-2025	0	2*°	7 *°	1*°
UFU	2022- 2027	0	1*	6*	1*
TOTAL		17	50	74	9

* Action nonrelated to professor

** Action related to professor

° Action related to more than one category

The analyzes of the PIDEs was made on November and December of 2023, showing that some PIDEs are no updated. Table 2 also shows that universities prioritize actions related to inclusion (n= 74) and diversity (n=50), whereas those addressing equality (n=9) are the least frequent. In addition, is possible to observe that the words rarely refer to workers, bringing evidence that they are not a priority. Beside this, was remarkable that the words do not refer to actions related to women. So, in an attempt to identify actions related to women, another analysis was conducted using words more directly associated with women, namely: female, gender, and women. As can be seen in Table 3, the actions or plans aimed to “gender, women or female”, both words were accounted together, once that they refer to the same group. Although was used 3 key words together, is possible to analyze that most of the institution’s doesn’t have any program, or even a plan tagged to women. Beside this, was notably that the word “gender” was more frequently find at the PIDE’s, while female and women aren’t in focus.

Table 3*PIDE related to women*

UNIVERSITY	Female; gender or women
USP	0
UFRJ	2
UNIFESP	4°
UFMG	0
UFRGS	4°
UnB	3°
UFSC	5
UFPE	0
UFBA	0
UFPB	0
UFRN	1
UFPA	0
UFU	1

° more than one category

In order to investigate what each university are developing to improve worker health this study searched in the universities websites about projects or actions developed, this study as made on January of 2024. To find the actions the official website of each university was visited, the rectory responsible of worker health was found. After that, was searched on the rectory site by the actions. In order to systematize the way to find those projects was built the Appendix 1. In a first look is possible to see somethings about the structure of the universities, all of them have an sector to take care about worker health. The number of actions is heterogeneous, and the actions aimed to diversity, equality and equity seems to be rare. To understand each action of the universities was created the Table 4, where was identified the aim of the action, and it's relations in health care.

In order to analyze the different actions offered by the universities were considered the categories are described follow :

- Health promotion (HP): look to contribute and keep well-being, mental health and social contact in order to avoid any disease;
- Human development (HD): look to promote personal and occupational development;
- Leisure and social activities (LS): look to promote social, cultural, relax and playful experiences;

- Mental health (MH): look to promote and cure issues related to mental well-being;
- Physical health (PH): look to promote and cure issues related to physical well-being;
- Curative and harm reduction (CR): look to reduce the impact of the stress and disease that the worker already has;
- Medical expertise (M): look to monitor overall health.

Table 4*Description of actions*

UNIVERSITY	ACT	HP	HD	LS	PH	MH	CR	M
USP	Licensees (motherhood; reinternment; disease)							x
	Dental service						x	
	Doctor servisses						x	
	Job Security	x						
UFRJ	Vaccination	x			x			
	Psychosocial attention to work-related issues					x	x	
	Health promotion planning	x			x	x		
UNIFESP	Medical expertise services						x	x
	Health services						x	
UFMG	Mindfulness	x				x		
	Health promotion	x	x					
	Retirement preparation	x	x					
	Physical activity	x			x			
	Sports practice	x			x			
	Sports practice	x			x			
	Pilates	x			x	x		
	Cross-functional support adaptation at work						x	x
UFRS	Mental health guidance services					x	x	
	Support group to mothers	x	x		x	x		
	Health promotion actions	x	x		x	x		
	Retirement preparation	x	x		x	x		
	Health texts	x						
UNB	Health expertise						x	x
	Job evaluations							x
UFSC	Health Plan Management						x	

	Health at work management					X
	Medical expertise					X
UFPE	Quality of life services					X
	Self-care and well-being				X	X
	Outpatient medical and mental health care			X	X	X
UFBA	Welcome of new servers			X		X
	Actions to improve worker quality of life	X		X	X	X
	Retirement preparation		X	X		
UFBA	Psychological support to workers				X	X
	Welcome of new workers	X			X	
	Monitoring of furloughed workers	X			X	X
	Retirement preparation	X	X		X	
UFRN	Psychological support group	X	X		X	
	Pregnance and motherhood informations	X	X		X	X
	Service improvement process	X				
	Prevent Hypertension and Diabetes Melitus	X	X		X	
	Vaccination	X			X	
	Combat obesity and its comorbidities				X	X
	Promotion of healthy eating	X	X		X	
	Oral health guidance	X	X		X	
	Prevention, assistance and reintegration of those affected by chemical dependency	X				X
	Integration of artisan servers	X				
	Manuals for participatory management	X				
	Online publications for publicizing and recording actions	X				
	Attention and promotion of comprehensive assistance to women's health	X			X	
	Actions linked to the UN sustainable development goals	X				
	Project takes health promotion actions to work sectors	X			X	
	Retirement Preparation	X	X		X	X
UFPA	Assessment and expert procedures					X
	Promotion of actions aimed at health and quality of life at work	X		X	X	X
	Support expertise and guidance for servers					X
	Guidance on benefit granting procedures					
	Guidance on benefit granting procedures					X
UFU	Assistance in times of crisis				X	X
	Course to provide information to the new worker	X			X	
	Prevention of injuries and support for people with chronic diseases	X				
	Outpatient care (general for disorders related to the use of psychoactive substances, for smokers and for family members)				X	X

Aims to provide knowledge of tools for self-management of financial life		x						
Health surveillance and promotion actions	x			x		x		
Preparing for retirement		x						
Multidisciplinary care for employees with psychological distress						x		x
Total = 65	37	16	5	24	26	21	10	

Notes. HP- Health promotion; HD- Human development; LS- Leisure and social activities; MH- Mental health; PH- Physical health; CR- Curative and harm reduction; M- Medical expertise.

As can be seen in Table 4, the range of actions provided is diverse, encompassing various types of initiatives. The most prevalent actions observed are related to Health Promotion (n=37), followed by those targeting Mental Health (n=26). HP initiatives address both general health and psychological well-being, often focusing on disease prevention. MH programs encompass psychological support services as well as measures aimed at preventing mental health disorders. A significant portion of MH preventive actions focuses on retirement planning, supporting newly hired employees, and assisting workers on leave. Additionally, some MH programs include preventive and remedial measures for chemical dependency.

Discussion

The first analyzes of Table 1, show up that universities are long-lived, being the most ancient of 1808 (UFBA) and the most recent of 1969 (UFU). Beside this, all of them have a long list of courses, ranging from 183 to 60, and an optimal student-teacher ratio, ranging to 10,3 to 18,7. Those information's showed that universities are somehow homogenous, having as the most evident variation the number of courses, with can be related with the age of the institution. The "Qs ranking" evaluate universities in a multidimensional way, and is one of the most known ranking (Kayyali, 2023), confirming that those institutions are traditional and well conceited in Brazil. These academic rankings help promote the concept of a global excellence university, which are internationally renowned research organizations with highly talented faculty and students, substantial resources, and an adaptable governance structure (Barreyro et al., 2021).

Looking to each university strategic plan was possible to observe how they are covering themes like mental health, diversity, inclusion and equity. What came up reading each document is that the universities may be more warned to carry out student than professors, once that the key words were more frequently related to students and others publics than to professors, as can be seen in Table 2. Education is a fundamental right, yet in 2007, it was recognized that higher education in Brazil had become elitized. Consequently, the government initiated a movement to ensure access to college for all. In this context, public colleges have undertaken the crucial role of democratizing education for historically marginalized groups, granting them access to this fundamental right (Bittencourt & Pereira, 2022; Silva, 2022)

Looking to reduce the social inequalities Brazil public universities have reserved spots specifically for groups like: person with disability, low income persons, persons that studied in public schools and black persons. In the year of 2012 was sanctioned the law nº 12.711, known as "Lei de Cotas", this law seeks to democratize the access to universities to the groups named above. Historically, these groups have faced obstacles to access the university, and this law guarantees that 50% of the vacancies are destined for them, ensuring access to university education. This law as updated in 2023 by the Law 14.793, of 13 November, where is specified the groups assisted by the law, in Article 5 "In each federal institution of technical education at the high school level, the vacancies referred to in article 4 of this Law shall be filled, by course and shift, by self-declared black, brown, indigenous, and quilombola individuals, as well as by persons with disabilities, in accordance with the legislation, in a proportion to the total number of vacancies at least equal to the respective proportion of black, brown, indigenous, and

quilombola individuals and persons with disabilities in the population of the Federation unit where the institution is located, according to the latest census of IBGE” (Lei Nº 14.723, 2023).

The Lei de Cotas has more than 10 year and still been discussed, Silva (2022) defends that the implementation has been done in a structured way and with a friendly vision by the institution. Barros e Peixoto (2023) in review of studies about cotas shows that a lot of studies been done in this area, showing the obstacles faced, but advances that the law represents in the democratization of the education. Those literature presents that Brazil has been moving efforts to guarantee the access to education to all population.

These politic also include the importance of change structure to attempt the necessity of those students by the “retention politics” (Silva, 2022). Lot of the students face financial problems during college, being dependent of scholarship and some other financial help. Moreover, get into the college doesn’t mean that they will be included by the other students. Barros e Peixoto (2023) provide evidence that issues like these are common among students admitted to universities through quotas. Furthermore, it was also demonstrated that these students are more prone to mental illnesses, such as anxiety and depression.

So, in agreement with those issues, PIDEs make clear that universities are making efforts attend to law, and to keep those groups on college focus in the retention politics. Analyzing the observed words, “inclusion” is often associated with programs to include people with disabilities. These programs aim to improve the physical structure of institutions to adapt them to the needs of people with disabilities. In agreement with this concern, a study made on UFRS contacted that only 5,7% of the students that accessed college by the cota to person with low income and disability frequented the college during the four years, considering the years 2018 to 2022 (Arieoli & Kraemer, 2022). The study in UFPA had also shown that students with disability highlighted the necessity to improve the physical structure in order to attend to their special conditions. This study also shown that although the university offer some financial support to those students, most of them do not know about it (Pereira, et al. 2020).

Another inclusion program often observed was aimed to “digital inclusion”, specially PIDEs that was built after the pandemic of COVID-19. There is a concern about including people that do not have access to technologic, those actions aim to find ways to make technology available to them. To illustrate this concern, UNB was example in digital inclusion during the pandemic of COVID, once that they notice that 6% of their students had no access to a notebook or tablet, and about 30% needed to improve their internet in order to study by home during the pandemic, was created financial support to those students so they could keep on college (Lima, 2021).

About the key word diversity was observed actions aimed to include all the different cultures, considering that Brazil is a big country with a lot of different manners. The diversity was also related to the instruction, the universities highlighted the effort to provide a diversity curriculum to the students, reinforcing the importance of teaching, research and extension programs. This data complements the discussed overload of the professors, illustrating the pressure they suffer to be productive and provide opportunities and projects to students, in order to improve their formation (Campos, et al., 2020, Caldas et al. 2022).

While was observed actions to provide material and physiological resources to students during and after the pandemic, these efforts were not observed addressed to professors. Which do not mean that they haven't faced obstacles, professors were not ready to change to online format. Some of them, did not had a place in home to work, or technology and internet that support the online teaching. They had to learn how to teach in this scenario and in a remote way. Those challenges are related by literature to anxiety, depression and stress. Even worst, women had no more separation to work and home, increasing the demands, such as the work family conflict (Baptista, Martins, & Fonseca., 2023; Casacchia, et al., 2021; Hernandez & Rozário, 2021).

The gender inequalities are present in all steps of academia, women are majority in post-graduation, master's, and doctoral programs ("Mulheres são maioria na pós-graduação brasileira," 2024), and also receive the majority of CAPES scholarships (CAPES, 2024). However, it wasn't until 2017, with the approval of Law No. 13.536, that maternity leave to women with scholarships was established. Prior to this, women faced challenges in balancing their academic pursuits with childcare responsibilities. Furthermore, it wasn't until 2021 that women were able to include maternity leave in their academic resumes (CNPQ, 2021). Those datas illustrate some of the obstacles faced by women, harming women mental health and carrer.

To carry on women, Alsulami, Mabrouk, e Bousrih (2023) suggests that flexible working arrangements and social sustainability can be adopted to empower women working, without impact the productive. Practices of flexible work help women to cope with gender-based issues, contributing to equity. In this sense, equity was the least observed, missing in 7 of the 13 universities, even the ones that present some concern related to equality, only had about 1 to 3 actions. The word is often related to guarantee human rights to the minority's groups, but never related directly to women.

The analyzes allowed us to see that government is making efforts to heal the social disparities, not only by guarantying the vacancies to minorities groups, but also, changing

structures to receive and keep those groups on the university. By the other side, professors are being setting aside, doesn't having been put in focus in the PIDEs with any action to ensure equity to professors.

This issue is not being addressed solely by the institutions, but also by politics. While the quota law is already well established, Law No. 12.990/2014 does not seem to be effective. This law establishes that 20% of public job vacancies should be reserved for black people; however, it does not appear to be sufficient to address disparities. Authors like Ferreira, Maria, e Aurelio. (2022) and Mello e Resende (2019) pointed out that this law is not being enforced, once that the contests offer less vacancies that is provided by the law, and the professors profile still being white men. Mello e Resende (2019) also bring evidence that from 18.132 vacancies opened to work in public universities, only 964 was reserved to black people, being only 5,3%, and less than established by law.

In 2020 the Instituto de Pesquisa Aplicada (IPEA) had shown that about the workers started in public service 76,5% was white and only 16,8 was black. The same document highlighted that only 7% of the public workers are black women. Calls attention not only the inefficacy of the law, but also, the necessity to develop intersectionality projects, once that black women are minority, and have they're on necessities, as pointed out by Wong et al. (2022). In order to fulfill this gap, it is important to develop retention programs, trying to improve their network, breaking the bias, and also contribute to work life balance, improving so the equity.

As women face a lot of challenges, it is important to take care about the interventions that may be proposed. Often only the experience of the dominant group is considered, the with, middle-class and straight, however, it is important to consider the experience of black women, gender diverse people and working- class women (Ryan, 2022). In that sense, Wong et al. (2022) studied white, black and Asian women's, and demonstrated that each groups of women perceive different needs. This study shown that black women perceive the necessity to improving work-life balance and networking, while Asian and white women assumed that the insufficient agency was the most concern issue. So, it is important to understand the women's diversity, and came up with actions to each group's necessities.

Moreover, was observed by the additional analyses a lack of actions or plans target to women, gender and female. As shown above women still less in academia, and although some universities like UNFESP, UFRGS, UNB, UFSC, UFRN and UFU have plans or actions related to the key words, draws attention that most universities do not have even an strategic plan to hold on women, not even target to students (like the other themes), leading to believe that this theme is overlooked.

This scenario is warning, as related by Baptistista, Martins and Escalda (2023) and Monteiro and Souza (2020), the gender inequalities still present on the Brazilian universities, showing difficulties related to lead with the overload of work and the house care. In agreement, Caldas et al. (2022) and Souza et al. (2021) also pointed out that women are more frequently related to mental illness due the work family conflict and the carrier obstacles already discussed. Both national literature (cited above), and international literature (Elliot & Blithe, 2021; Ysseldy, et al., 2019) call attention to women's mental health, reinforcing the necessity of politics to ensure their wellbeing, by coping with bias, microaggression, and inequalities opportunities. However, in our PIDE's analyzes best and mid-sized universities had a lack of actions target to women, dleading to infer that is a general gap.

So, to investigate worker well-being, such as what is being done to women, was analyzed each health program of the universities. Appendix 1 shown a pattern, that in all of them the 'human resource' was the section responsible to carrying on with that. But, some institutions there are another section to take care only about health, which apparently doesn't impact on the actions promoted by the sections. Beside this, with Table 3, it was already possible to conduct a quantitative analyze that shows that the ranking of the university doesn't impact the amount of actions to worker health. In that sense, number of actions per university range to 2 to 13, demonstrating that worker health is addressed in different ways, although all universities are public.

Consistent with this information, Table 4 showed that actions are diverse, and range from preventive to curative perspectives. Summing the actions of all universities was fund the number of 65 actions, with the average is 5 actions per university, however, this average doesn't represent the reality. Looking to the actions is possible to see that UFRN has a more interventions, summing 15, followed by UFMG and UFU, with 8 actions each one.

By the other side, is observed that USP only has 2 actions, which calls attentions once that this is the first Brazilian university in the Qs Ranking. Being the top of this ranking represent the result of workers efforts, and in that sense, the lack of actions to health and well-being represent a gap that needs to be fulfill. This gap is felt by workers and students, Melo, Lisbôa, Silva, Mazota, and Bleicher (2021) related the experience in develop a project target to physiological help named "Apoia USP" in one of the unities of the university. This project was created due the necessity to support both students and works, and was an initiative of one of the USP institutes. The reports that both students and works fell helpless by the university. So, the lack of actions to support academic community is notable and felt by them.

The lack of actions in some universities can be associated to the missing politics to institute actions target to promote well-being. By the other side, it is clear that most of universities have at least one actions aimed to medical expertise and medical assistance, once that this is provided by law. About all the 65 actions developed by the universities, 20 was medical or psychological assistance, and 9 was medical expertise, adding bough they represent about 44% of the total. Was identified that 12 of the 13 universities have some project to take care of those issues. The only exception was UFBA, having only health promotion programs, however, was identified a separated department named “Serviço Médico Universitário Rubens Brasil Soares” responsible to take care on medical expertise.

Those actions are part of the SIASS politics, and it aims, which are: provide health care, official expertise, promotion, prevention, and health monitoring. Based on that, it is possible to observe that actions aimed to official expertise and health monitoring are being developed by the institutions. Those actions guarantee the workers benefits, such as sick leave, maternity leave, medical assistance, and retirement guaranteed by law, ensuring social security. However, in a qualitative study developed by Torres and Silva (2022) the participants highlighted that the services provided by SIASS involve most medical expertise, leaving aside the health promotion. Moreover, these services are related as precarious and inefficient.

So, SIASS is present on the institutions providing health expertise (although the quality can be doubt), but health promotion and prevention doesn't seem to work, putting on the institutions the responsibility to develop those actions, what can be related to the heterogony of actions by the universities studied. Araujo et al. (2023) had already bring evidence that most of Brazilian studies focus on diagnosing the diseases instead of look to ways to promote worker well-being, reinforcing the curative care, and indicates a gap in the literature about how to promote academic well-being, which can also be associated to the inefficacy of the promoting plans.

The tendency to look to diseases instead of to the promotion is not a seem only at university. Barone and Andrade (2021) had already pointed out that the Brazilian politics in mental health are focused at stop the illness process instead of look for promotion politics. Moreover, the authors cited above, such as Nardi and Rammingner (2012) had shown in their articles that both public politics and worker health politics put mental health in a secondary way, leading with mental health as an individual problem, without consider the multifactorial feature, and the impact of culture, community and the own promoted politics.

In our analyzes, the actions target to quality life and work, are present in 9 of the 13 universities, and 8 of those 9 universities have a program to promote mental health in any level,

about the 25 programs related to mental health 16 are promotion programs. The actions aimed at mental health involve awareness-raising, planning retirement, and less frequent mindfulness and support groups. Those actions are important to manage the work-related stress, but they aren't directly related to the work or the academic context, becoming difficult to measure if they have an impact on the quality of life in the work (Guthrie, 2022; Ohadomere e Ogamba, 2021; Storti et al., 2023).

In addition, Table 4 demonstrated awareness projects are frequent, with 26 projects (was considered awareness any program aimed to talk, instruct and discuss subjects related to mental or physical health), which cannot be effective to promote mental health. As discussed by Guthrie (2022) awareness interventions aren't enough to promote mental health and support stress, once that they put on the individual the responsibility to cope with those issues, it is important to develop policies and rebuild structures. In agreement, Storti et al. (2023) highlighted the importance of hear the employees in order to align the practices to their needs. Even with those data, the literature about interventions is scarce.

A review of interventions to school teacher's well-being, bring evidence that most of the articles do not came up with a significant result, reinforcing the gap about effective interventions (Dreer & Gouasé, 2021). This review bring evidence that "positive psychological interventions" was the most effectiveness (about the interventions studied) to manage stress. This intervention work by brief activities aimed to change the mindset about everyday occurrences, trying to encourage a positive outcome. Although those intervention are related as the most efficient, it is important to see that they also put the responsibility to feel "positive" on the individual.

By the other side, Ohadomere and Ogamba (2021) related that management led interventions can help to manage job stress, and work life conflict, by changing culture and values of the institution. Actions like training exercises, mindfulness, structured workload allocation are examples of those interventions. In addition, they highlighted that vocational counselling, leadership training and improve communication are the key to manage stress and improve job satisfaction. In our analyzes, those kinds of programs were not frequent in the universities.

The scenario is warning, productivism and excessive demands emerge with poor resources, contributing to the growing cases of mental illness (Caldas et al. 2021, Campos et al 2020, Franco, Murgo and Filho 2022). In agreement, Gonçalves and Zanatti (2022) and Souza and Lima (2022) bring evidence that mental illness was the most common licenses cause in universities. So, better promotion health politics must be created in order to attend the real

demands of the workers, coping with administrative issues, and decreasing demands and pressure.

In that sense, only one project aimed at listening to the workers and improving the services offered was identified. The action is developed by UFRN, and is named “Ideas office”. This action aim to register the workers ideas and suggestions about how to improve the health service. Although it does not get to hard in the work structure, is already a way to take a look in the worker’s needs. This kind of actions worth a note, once that is nearly we have to management leads projects.

About women, was identified actions in only 2 universities: UFRN and UFRS. Both of them have a program related to maternity, but, only UFRN have an action to promote women’s health. The actions can be seen as progress (especially considering the context), beside this, literature already show’s that maternity impact on women’s carriers, so these actions can be seen as a first step to hold on women though motherhood.

Another important observation is that in the Appendix 1 we also looked in universities websites to actions aimed to diversity and inclusion, in order to see if they have anything related to women, was find actions only in 5 of the 13 universities. It is important to highlight that was only considered permanent actions or programs, speeches and discussion circles was not included in that analyses. However, records and invitation to actions like talk moments, and speeches were common on the websites. By this analyzes is possible to see that there is a concern about women, but, there are not structured actions to carry on them. These can be related to the gab about effective actions in literature.

This gap exists even in public policies. The 'Política Nacional de Atenção Integral à Saúde da Mulher' (PNAISM) was intended to go beyond policies focused solely on maternity and contraception. This policy aligned with the feminist movement and advocated for equality (Souto & Moreira, 2021). However, it is still perceived primarily as maternal care by some authors. Machado & Penna (2022) describe the policy as primarily addressing issues related to the uterus and breasts, arguing that there is a fragmentation of women's health based on their reproductive roles. Conceição, et al. (2023) point out a weakness in addressing women's mental health in this policy, as well as in recognizing the role of work in modern women's lives. From this perspective, the institutional projects observed appear to mirror the shortcomings of public policies.

In general, our analyzes shown a lack of effective actions to promote worker well-being, even worrisome scenario for women that is often overlooked by universities and politics. Caldas et al. 2022 and Souza et al. 2021 in had already pointed out that public politics related to female

academics must be created, the present analyze reinforced the this need. However, as already evidenced the academia still men's place, being they whom make the rules, without understand women's needs. Then, considering that women faced a lot of challenges in academia actions and policies target women must be created.

Conclusion

The Brazilian universities have been going through an expansion process, with a growing number of students. However, this growing, had not come with better work conditions to professors. Instead of that, studies point out that professors of public universities had to lead with the growing demand, administrative and bureaucratic questions, and poor budget, what have been related with burnout, work related stress, anxiety and depression by several of the studies (Araújo et al., 2023; Borges et al., 2023; Campos et al. 2020; Caldas et al. 2022).

The present study had shown that the public policies to promote the worker health are inefficient, leaving the responsibility to promote worker health to the institutions (Mendonça et al. 2019; Torres & Silva, 2022). Based on that, our analyzes shown that the actions promoted by the universities was hegemonic, focusing at diagnosing and cure the worker. Besides that, was observed an huge difference between the actions promoted by each university, what can be related to the lack of public policies to guide the institutions. In that sense, the present study analyzed only the information's available in the websites, however, those information's can be outdated, so, future researches can contact the institutions in order to get deeper in the analyzes.

About the mental health, the analyzed actions are superficial, focusing in warning, what, as previous literature, can be not sufficient to promote cope with the working pressure (Storti, 2023; Guthrie, 2022). Moreover, national literature haven't investigate mental health interventions, so, further studies can look for effective actions to support Brazilian professors with these demands.

About women, was observed a huge gap about public policies and actions to support them. The analyzed institutions shows that there isn't an organizational culture that endorse equality in universities, so is mandatory policies for women.

Limitations and research agenda

Our analysis of institutional policies was restricted to documents that are easily accessible online, so the information found may be incomplete or outdated, which provide a partial picture of what occurs at Brazilian universities. Future studies can get deeper on that analyses, by contacting the institutions and seeking for recent information, so it will be possible to analyze what is actually made by them. Moreover, there is a huge gap about effective interventions, in that sense, future researcher can also focus in propose interventions and investigate the effectiveness.

The present analyses also shown a gap on the public policies aimed to the women academic professors, highlighting the importance of more researches. Brazilian qualitative

studies with academic women professors was not found, limiting the analyzes to foreign studies, what can not reflect the Brazilian reality. So, further studies could investigate the women's perceptions and needs.

The quantitative studies in Brazilian literature also focus on workers in general, so, as women face diverse obstacles, future analyses can investigate the levels of stress, burnout and anxiety in academic women, and its correlations.

Practical implications

The current study contributes to gender equality in academia by highlighting the absence of targeted actions to support women. Gender inequality in academia is a well-documented issue, evidenced by the challenge's women encounter in entering and sustaining academic careers (Elliot & Blithe, 2021; Pereira, 2020; Ysseldyk et al., 2019). Both public policies and institutions should be making concerted efforts to address this issue. However, our analysis did not observe such efforts, highlighting that Brazilian women's still underseen and unsupported.

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Appendix 1

Univer sidades	Responsible of worker health	Site	Actions	Diversity or equity
USP	Superintenden cia de saúde	https://sau.usp.br/	Occupational Health Division; Dental Clinic; Epidemiological Surveillance	No
UFRJ	Pró reitoria de pessoal- PR4	https://pessoal.ufrj.br/promocao-de-saude/	Adult Vaccination Center; Psychosocial Care Section; Worker Health Promotion and Prevention Section;	No
UNIFE SP	Pró-Reitoria De Gestão Com Pessoas	https://www.unifesp.br/reitoria/propessoas/departamentos/saude-deptos	Worker Health Care Center; Worker Health Assistance Center	No
UFMG	Pró-Reitoria de Recursos Humanos	https://www.ufmg.br/prorh/programas-prorh/	Units Approach - TH References; Staff Development; Mindfulness; Worker Health Permanent Education Nucleus; Program for Supporting Server Organizational Socialization; Retirement Education Program; Institutional Development Program for UFMG Servers; Active Aging Program; Formal Education Incentive Program at Undergraduate and Graduate Levels; Gymnastics Project at the University Center; Pilates Project; Functional Rehabilitation; Biosafety Training; Fire Prevention and Combat Training; Accident Prevention Training; First Aid Training	Yes, NAI - Accessibili ty and Inclusion Unit Yes (Inclusion and Accessibili ty Departmen t)
UFRS	Superintenden cia de gestão de pessoas	https://www.ufrgs.br/progesp/	Psychosocial Care; Support for Pregnant, Breastfeeding, and Adoptive Women; Health Education; Health Sense; Retirement Education; DPS Health Information	
UnB	DSQVT - Diretoria de Saúde, Segurança e Qualidade de Vida no Trabalho Pró Reitoria de	https://dgp.unb.br/dsqvt	Administrative Secretariat; Official Health Expertise Coordination; Occupational Health Coordination; Labor Engineering and Safety Coordination;	No
UFSC	desenvolvime nto e gestão de pessoas	https://prodegesp.ufsc.br/saude-do-servidor/	Health Plan; Official Medical Board; Work Safety and Social Service	No

UFPE	Pró reitoria de gestão de pessoas e qualidade de vida	https://www.ufpe.br/progepe/diretorias	Quality of Life Support Division; Mental Health Prevention and Promotion Division; Worker Health Care Nucleus; Health and Safety at Work Service;	No
UFBA	Pró-Reitoria de Desenvolvimento de Pessoas	https://qualivida.ufba.br/projetos	UFBA Employee Reception and Monitoring Program (PAAS); 2017 Work Quality of Life Program (composed of: Well Living Projects; Planning Your Future Project)	No
UFPB	Pró reitoria de gestão de pessoas	https://progep.ufpb.br/progep/contatos/menu/Institucional/cqvss	Psychosocial Emergency Service; New Employee Welcome; Program for Monitoring Employees on Long-term Leave, Removal, and/or Readaptation for Health Reasons; Retirement Preparation Program;	No
UFRN	Pró reitoria de gestão de pessoas	https://progesp.ufrn.br/secao/qualidade-vida	Social Anxiety; Pregnancy Course; Office of Ideas; HIPERBETE; Imuniza; WEIGHT; PRONUTRI; PROSAB; For the Love of LIFE; Pro Talents; People Magazine; Publications; Women's Health; Sustainability; Social Tent; Life with Maturity	Yes (Diversity-focused Section)
UFPR	Pró reitoria de gestão de pessoas e qualidade de vida	http://progepe.ufpr.br/progepe/caixa/	Health Evaluation and Health Expertise Section; Worker Health Promotion Section; Health Social Service Section; Supplementary Health and Agreement Unit; Worker Occupational Health Unit; Occupational Safety Unit	No
UFU	Pró reitoria de gestão de pessoas e qualidade de vida	https://progep.ufu.br/programa	Psychosocial Reception; Preparation for Quality of Life at Work; Self-Care Program; Chemical Dependency Care Program; Personal Financial Management Education Program; Action Quality of Life Program; Reconstruction of a Vivier Program; Mental Health Program	Yes, Diversity Support