

GENDER AND MENTAL HEALTH IN BRAZILIAN PUBLIC UNIVERSITIES: INSTITUTIONAL POLICIES, GAPS, AND CHALLENGES

GÊNERO E SAÚDE MENTAL NAS UNIVERSIDADES PÚBLICAS BRASILEIRAS: POLÍTICAS INSTITUCIONAIS, LACUNAS E DESAFIOS

GÉNERO Y SALUD MENTAL EN LAS UNIVERSIDADES PÚBLICAS BRASILEÑAS: POLÍTICAS INSTITUCIONALES, BRECHAS Y DESAFÍOS



10.56238/revgeov17n2-038

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ABSTRACT

This study investigated how Brazilian public universities address faculty mental health, with a particular focus on gender-sensitive approaches. We analyzed strategic plans and institutional programs from 13 universities and showed that mental health and diversity initiatives are predominantly student-oriented, with limited attention to faculty well-being. Actions remain mostly curative and individualized, lacking structural or preventive strategies. Gender-specific policies are scarce and largely restricted to maternity-related support. These findings highlight significant institutional gaps and reinforce the need for comprehensive, equity-driven policies to promote a healthier and more inclusive work environment for academic women.

Keywords: Mental Health. Organization. Universities. Brazil.

RESUMO

Este estudo investigou como as universidades públicas brasileiras abordam a saúde mental do corpo docente, com foco particular em abordagens sensíveis às questões de gênero. Analisamos planos estratégicos e programas institucionais de 13 universidades e demonstramos que as iniciativas de saúde mental e diversidade são predominantemente voltadas aos estudantes, com atenção limitada ao bem-estar docente. As ações permanecem majoritariamente curativas e individualizadas, carecendo de estratégias estruturais ou preventivas. As políticas específicas de gênero são escassas e, em grande parte, restritas ao apoio relacionado à maternidade. Esses achados evidenciam lacunas institucionais significativas e reforçam a necessidade de políticas abrangentes, orientadas pela equidade, para promover um ambiente de trabalho mais saudável e inclusivo para as

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mulheres acadêmicas.

Palavras-chave: Saúde Mental. Organização. Universidades. Brasil.

RESUMEN

Este estudio investigó cómo las universidades públicas brasileñas abordan la salud mental del profesorado, con un enfoque particular en perspectivas sensibles al género. Analizamos planes estratégicos y programas institucionales de 13 universidades y demostramos que las iniciativas de salud mental y diversidad están predominantemente orientadas a los estudiantes, con atención limitada al bienestar del personal docente. Las acciones siguen siendo en su mayoría curativas e individualizadas, careciendo de estrategias estructurales o preventivas. Las políticas específicas de género son escasas y se restringen, en gran medida, al apoyo relacionado con la maternidad. Estos hallazgos ponen de manifiesto importantes brechas institucionales y refuerzan la necesidad de políticas integrales, impulsadas por la equidad, para promover un entorno laboral más saludable e inclusivo para las mujeres académicas.

Palabras clave: Salud Mental. Organización. Universidades. Brasil.



1 BACKGROUND

Brazil is the largest country in South America and a leading emerging economy, but it remains marked by deep social inequalities, particularly regarding access to education. These structural challenges shape the academic landscape and provide a critical context for understanding the pressures within higher education. Public policies in Brazil have expanded access to higher education, with college enrollments increasing by 43% from 2009 to 2019 (INEP, 2020). This growth has intensified competition between universities and increased pressures on faculty, who must balance teaching, lesson planning, and extensive publication in high-impact journals (Araujo et al., 2023; Pace et al., 2019).

While private universities focus on workforce preparation, public universities concentrate most research production, contributing to the majority of Brazil's scientific output and consistently ranking among the best institutions in the country (QS Top Universities, 2023). However, faculty at public universities face significant challenges, struggling with increased workloads, insufficient funding, and inadequate infrastructure. These issues are also intensified by the publish or perish culture and bureaucratic demands (Sguissardi & Silva Júnior, 2018; Storti et al., 2023; Campos et al., 2020).

This challenging academic environment has a pronounced impact on faculty mental health, contributing to burnout, high stress levels, and intense work-life conflict (Araujo et al., 2022; Borges et al., 2023). According to Gonçalves and Zanatti (2022), mental illness is the primary cause of medical leave within universities, indicating a persistent and systemic issue. The effects of this scenario extend far beyond the individual level. Over the past five years, Brazil has spent approximately six million reais on hospitalizations related to mental health disorders, highlighting not only the scale of the problem but also its economic weight (Estado Conteúdo, 2025). Then, reducing mental illness can reduce disease burdens and also save health system resources.

This reality is not unique to Brazil. In several countries, faculty continue to face growing pressure to increase productivity, publish more, secure grants, and advance their careers, while also contributing to their institution's reputation and competitiveness. These expectations, often tied to institutional rankings and performance metrics, create a high-pressure environment that prioritizes output over well-being, further worsening mental health challenges within academia (Urbina-Garcia, 2020; Huang et al., 2022; Ohadomere & Ogamba, 2021; Pace et al., 2019).

This scenario highlights the critical need to prioritize faculty well-being and enhance working conditions. These efforts can alleviate mental health concerns, enhance overall quality of life, increase job satisfaction, and reduce absenteeism (Araujo et al., 2023; Borges



et al., 2023; Ohadomere & Ogamba, 2021). Therefore, there is a notable gap in studies on initiatives tailored to faculty needs, indicating that this group is neglected and making it difficult to propose supportive policies.

All specific needs of this group must be considered when addressing mental health. In this sense, the gender dimension consistently emerges in research as a factor that increases vulnerability to psychological distress (Elliott & Blithe, 2021; Franco et al., 2022; Pereira, 2020). This is not incidental, since women are disproportionately affected by work-related stress and work-life conflict, often due to structural barriers in the workplace. These barriers include limited opportunities for career progression, lack of institutional support, and subtle forms of discrimination. They contribute to mental health challenges and, in more serious cases, to opting out of academia (Huang et al., 2022; Gutrie et al., 2022; Ysseldyk et al., 2019; Ryan, 2022; Souza et al., 2021). Additionally, the pandemic intensified all these barriers (Sharma & Vaish, 2020).

Given the current academic context, policies that promote a better work environment, such as equality, should be strengthened, as these needs align with Sustainable Development Goal 5 (SDG 5), which reinforces the importance of gender equality. This paper analyzed the institutional and public policies related to mental health and well-being at the best and mid-level public universities in Brazil to understand how they focus on women. We selected public universities because they account for the majority of research, over 95%, as well as innovation and technology produced in Brazil (Clarivate, 2024).

More specifically, this study addressed the following research questions: (1) To what extent do public universities' strategic planning documents incorporate topics related to mental health, diversity, inclusion, and equity, and are these documents gender-sensitive?; (2) What types of initiatives have Brazilian public universities implemented to promote mental health among faculty, including actions related to health promotion, human development, leisure, and medical support?; (3) Do these initiatives reflect a structural and institutional approach to mental health, or do they primarily emphasize individual responsibility?; (4) Finally, are there actions specifically targeted at academic women, and how do these initiatives address the particular challenges faced by academic women?

2 THE ROLE OF POLICIES IN MENTAL HEALTH FOR PUBLIC SERVANTS

The Consolidation of Labor Laws (CLT), enacted in 1943, regulates the Brazilian labor law. From its inception, this legal framework included standards related to occupational health and safety. After the Federal Constitution was enacted in 1988, health was recognized



as a fundamental right of all citizens, and all workers were granted the right to a work environment that does not endanger their health.

However, due to the vast geographic and social diversity in Brazil, access to public health services remains unequal and insufficient, particularly in underserved regions. In 2007, the government established the Occupational Safety and Health Policy for Federal Public Servants (*Política de Atenção à Saúde e Segurança do Trabalhador do Servidor Público Federal*, PASS), creating an integrated network of information and supporting resources for public servants. This policy coordinates health initiatives for federal public servants. It is guided by five pillars: employee health promotion, harm or injury prevention, health surveillance, employee health care, and occupational health assessments. As part of the broader PASS framework, Decree no. 6,833/2009 created the Integrated Health Care Subsystem for Federal Public Servants (*Subsistema Integrado de Atenção à Saúde do Servidor Público Federal*, SIASS). SIASS coordinates actions in health care, medical expertise, health prevention, health promotion, and health condition monitoring for federal public servants.

By 2010, public servants started to demand better working conditions more actively since the number of sick leave requests—particularly due to mental health issues—had significantly increased. In response, the government issued Ordinance no. 1,261 of May 5, 2010, which introduced the first official guidelines aimed at improving the quality of life and mental health of employees within the federal public administration. This ordinance aligns with the Sustainable Development Goals of the World Health Organization (WHO) and the Pan American Health Organization (PAHO), which emphasize the importance of mental health and call for the development of integrated psychosocial care systems. These systems are expected to expand access to mental health services and enhance outcomes in the areas of health prevention, health promotion, therapeutic care, and rehabilitation.

However, implementing these policies poses several challenges, including limited funding, insufficient qualified health professionals, and inadequate government support. Mendonça et al. (2021) highlighted the difficulty in translating the policy's health promotion requirements into practice, noting that the actions tend to be more curative than preventive. Nonetheless, the “occupational health assessment” pillar is well established, ensuring that workers have access to social security benefits through sick leave and retirement provisions (although the medical expertise may seem, in some respects, like a control over bodies).

Ferreira (2011) discussed the differences between the two types of workplace well-being initiatives, hegemonic and counter-hegemonic approaches. Hegemonic approaches focus on generating well-being primarily to boost productivity, placing the onus on individuals



to manage their own quality of life and stress. In contrast, counter-hegemonic approaches prioritize listening to workers and understanding their specific activities and needs, thereby fostering well-being through systemic support rather than individual responsibility.

The perspective underlying health promotion is crucial since individual-centered practices (such as those focused on self-care and exercise) often shift the responsibility for health outcomes onto the individual. In this framework, failure to cope with stressors is interpreted as a personal shortcoming (Gutrie, 2022; Palecka, 2023). In the academic environment, this logic suggests that mental illness among faculty and staff increased due to their inability to manage demands rather than harmful working conditions. This perspective overlooks the structural and organizational factors that contribute to psychological distress, such as excessive workloads, constant productivity pressure, and a competitive environment. These conditions are even more detrimental for women, who face additional gender-based barriers.

Recognizing and addressing these gender-specific challenges is essential for developing effective and equitable mental health policies. This approach is consistent with the principles outlined in Ordinance no. 1,261/2010, which emphasizes comprehensive, ethical, and equitable care in the workplace, including the importance of non-discrimination and respect for individual differences. Therefore, mental health promotion strategies must extend beyond individual coping mechanisms to actively address the systemic and gendered nature of academic stressors.

3 METHODS

This study analyzed 13 public universities in Brazil. The universities were selected based on the QS University Ranking 2023, considering eight of the best universities and five mid-level universities in Brazil. We selected public universities because they are expected to adhere to the same mental health promotion policies for federal public servants, as previously described. Only one state university was selected due to its status as a model institution and its long-standing reputation as the best university in the country. The names of the universities were coded to ensure ethical standards and protect their identities. This approach ensures confidentiality, avoids reputational risks, and allows us to focus on structural and policy-related patterns rather than individual institutions.

Table 1 presents the coded universities and their basic information. These data were retrieved from the World University Rankings (2022) and QS University Ranking (2023) in November 2023. The QS University Ranking evaluates universities in a multidimensional way, and it is one of the most well-known rankings (Kayyali, 2023). This study also relied on



an academic ranking since it promotes the concept of a world-class university. They are internationally recognized research organizations with highly qualified faculty and students, supported by substantial resources and adaptable governance structures (Barreyro et al., 2021). Additionally, belonging to these universities can be challenging due to the pressure to maintain their quality, which directly affects mental health and well-being.

Table 1

Universities description

| University Code | QS University Ranking | Number of Undergraduation and Graduation Courses |
|-----------------|-----------------------|--------------------------------------------------|
| 1 | 100-200 | 183 |
| 2 | 300-400 | 176 |
| 3 | 400-500 | 150 |
| 4 | 701-750 | 91 |
| 5 | 751-800 | 100 |
| 6 | 800-1000 | 138 |
| 7 | 800-1000 | 100 |
| 8 | 1001-1200 | 100 |
| 9 | 1201-1400 | 112 |
| 10 | 1201-1400 | 130 |
| 11 | 1201-1400 | 84 |
| 12 | 1201-1400 | 60 |
| 13 | 1201-1400 | 67 |

Source: Created by the authors.

Table 1 reinforce that universities are long-lived, and the number of courses ranges from 60 to 183. This information suggests that universities are expected to be mostly homogeneous, varying in the number of courses, which may depend on the age of the institution. At the same time, these data confirm the QS University Ranking by showing that these universities are traditional and well-established in Brazil.

This study was conducted through a systematic document analysis (Bowen, 2009) carried out in two stages. In the first stage, we examined the Institutional Development Plan (Plano de Desenvolvimento Institucional, PDI) of the selected universities. In the document analysis, the following keywords were searched: “mental health,” “diversity,” “inclusion,”



“equity,” “women,” “gender,” and “female.” We recorded their frequency and identified whether the references were related to faculty.

In the second stage, we mapped institutional actions aimed at faculty mental health and well-being based on the official websites of the human resources department. Each identified action was categorized into health promotion, mental health, physical health, human development, leisure and social activities, curative and harm reduction, and medical expertise. Frequency counts and thematic analysis were combined to identify institutional gaps, trends, and patterns.

The policies were analyzed in two steps. In the first step, we analyzed how universities design and plan policies targeting faculty and academic women using the PDI of each university. These documents serve as strategic plans, outlining the objectives for the next five years and the methods to achieve them. To identify actions specifically targeting women’s mental health in academia, the following keywords were considered: “mental health,” “diversity,” “inclusion,” and “equity.” An action was relevant to a faculty member if it made explicit reference to a policy or initiative directed at them, particularly targeting women. The PDI documents were analyzed between November and December 2023, which indicates that some of these documents had not been recently updated.

In the second step, we analyzed the initiatives universities have implemented to improve faculty well-being, considering their official websites for relevant projects and programs. The actions were identified by locating the human resources department of each university and analyzing the programs designed to support or enhance faculty mental health. This research was conducted in January 2024.

4 RESULTS

4.1 INSTITUTIONAL DEVELOPMENT PLAN (PDI) AND WOMEN

To address the first research question, we analyzed the PDI to record the frequency of the terms and compare them with cases directly referring to academic women. Table 2 presents these results.

Table 2

Institutional Development Plan (PDI)

| University Code | PDI period | Mental Health | Diversity | Inclusion | Equality |
|-----------------|------------|---------------|-----------|-----------|----------|
| 1 | 2012-2017 | 0 | 0 | 1* | 0 |
| 2 | 2020-2024 | 2*° | 2*° | 4*° | 0 |



| | | | | | |
|-------|-----------|-----|------|------|-----|
| 3 | 2021-2025 | 1** | 7*° | 7*° | 1* |
| 4 | 2018-2023 | 10* | 15** | 19 * | 2* |
| 5 | 2016-2026 | 0 | 5* | 6* | 0 |
| 6 | 2023-2028 | 1* | 6** | 8* | 1* |
| 7 | 2020-2024 | 1* | 8* | 6* | 3* |
| 8 | 2019-2023 | 1* | 0 | 5* | 0 |
| 9 | 2018-2022 | 0 | 1* | 4* | 0 |
| 10 | 2019-2023 | 0 | 0 | 1* | 0 |
| 11 | 2020-2029 | 1* | 3* | 7* | 0 |
| 12 | 2016-2025 | 0 | 2*° | 7*° | 1*° |
| 13 | 2022-2027 | 0 | 1* | 6* | 1* |
| TOTAL | | 17 | 50 | 74 | 9 |

Source: Created by the authors.

Notes: *Action non-related to faculty; **Action related to faculty; °Action related to more than one category

We observed that universities prioritize actions related to inclusion (n=74) and diversity (n=50), whereas those addressing equality (n=9) are less frequent. However, these terms rarely referred to faculty, highlighting that they are not a priority. Additionally, this research did not allow us to analyze whether PDI includes gender issues. Then, we conducted another search using terms more directly associated with women, namely: “female,” “gender,” and “women.” Table 3 presents these results.

Table 3

Institutional Development Plan (PDI) related to women

| University Code | Female, gender, or women |
|-----------------|--------------------------|
| 1 | 0 |
| 2 | 2 |
| 3 | 4° |
| 4 | 0 |
| 5 | 4° |
| 6 | 3° |
| 7 | 5 |
| 8 | 0 |
| 9 | 0 |
| 10 | 0 |
| 11 | 1 |
| 12 | 0 |
| 13 | 1 |

Source: Created by the authors.

Notes: °More than one category



We counted together the terms “gender,” “women,” or “female” on the PDI documents, since they refer to the same group. However, most universities do not have specific programs or strategic plans targeted women. Additionally, the term “gender” was more frequent in the PDI, whereas “female” and “women” were less common.

This initial phase demonstrated that universities are incorporating mental health, diversity, and inclusion into their strategic plans. However, most initiatives focus on improving and supporting students’ well-being, suggesting that faculty are not recognized as individuals who require care. Additionally, faculty are not considered essential for institutional progress since they are largely excluded from these policies. Furthermore, gender-related issues are absent in most universities, reinforcing the invisibility of the topic.

4.2 ACTIONS TARGETING WELL-BEING

To address the second research question, we evaluated the action taken by each university, focusing on faculty well-being. We visited the official website of each university to gather information about these actions. We identified the office responsible for occupational health and searched their website to catalog these projects. We also obtained some information about the university’s structure. All of them have a department responsible for occupational health. The number of actions is heterogeneous, and actions aimed at diversity, equality, and equity may be rare.

We created seven categories to better understand the actions undertaken by each university, and we evaluated each action based on its purpose. Health promotion aims to contribute to and maintain well-being, mental health, and social contact to prevent illness. Human development aims to promote personal and occupational development. Leisure and social activities aim to promote social, cultural, relaxing, and playful experiences. Mental health aims to promote and treat mental well-being. Physical health aims to promote and treat physical well-being. Curative and harm reduction aims to reduce the impact of stress and disease that the worker has already experienced. Medical expertise aims to monitor overall health. Table 4 presents these actions and their respective categories and purposes.



Table 4
Description of actions

| | PURPOSE OF THE ACTION | N |
|-------------------|----------------------------------------------------------------------------------------------|----|
| Health promotion | 1. Job security (1); | 19 |
| | 2. Vaccination (2; 11); | |
| | 3. Health promotion (2; 4; 5; 12); | |
| | 4. Active aging program (4); | |
| | 5. Support group for mothers (5); | |
| | 6. Health information (5); | |
| | 7. Pregnancy and motherhood information (11); | |
| | 8. Service improvement process (11); | |
| | 9. Prevention of hypertension and diabetes mellitus (11); | |
| | 10. Promotion of healthy eating (11); | |
| | 11. Oral health guidance (11); | |
| | 12. Prevention, assistance, and reintegration of those affected by chemical dependency (11); | |
| | 13. Manuals for participatory management (11); | |
| | 14. Online publications for publicizing and recording actions (11); | |
| | 15. Attention and promotion of comprehensive assistance to women's health (11); | |
| | 16. Actions linked to the United Nations Sustainable Development Goals (11); | |
| | 17. Project to bring health promotion actions to the workplace (11); | |
| | 18. Prevention of injuries and support for people with chronic diseases (13); | |
| | 19. Actions for health surveillance and promotion (13); | |
| Human development | 20. Retirement preparation (4; 5; 9; 11; 13); | 6 |
| | 21. Welcome to the new servers (9); | |
| | 22. Actions to improve workers' quality of life (9); | |
| | 23. Monitoring of unpaid leave workers (9); | |
| | 24. Provide knowledge about tools for self-management of financial life (13); | |
| Mental health | 25. Course to provide information to the new worker (13) | 8 |
| | 26. Psychosocial attention to work-related issues (2); | |
| | 27. Mindfulness (4); | |
| | 28. Mental health guidance services (4); | |
| | 29. Mental health care (8); | |
| | 30. Psychological support for workers (9); | |
| | 31. Psychological support group (11); | |
| | 32. Crisis support (13); | |
| | 33. Multidisciplinary care for workers with psychological distress (13); | |



| | PURPOSE OF THE ACTION | N |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|
| Physical health | 34. Sport program for workers on the “health campus” (4); | 5 |
| | 35. Gymnastics project (4); | |
| | 36. Pilates (4); | |
| | 37. Cross-functional support for workplace adaptation (4); | |
| | 38. Outpatient medical (8); | |
| Curative and harm reduction | 39. Dental services (1); | 9 |
| | 40. Medical services (1); | |
| | 41. Health services (3); | |
| | 42. Health plan management (7); | |
| | 43. Health at the workplace management (7); | |
| | 44. Quality of life services (8); | |
| | 45. Self-care and well-being (8); | |
| Medical expertise | 46. Prevention of obesity and its comorbidities (11); | 6 |
| | 47. Outpatient care (general for disorders related to the use of psychoactive substances, for smokers, and for family members) (13); | |
| | 48. Medical Leave (maternity; reinternment; health) (1); | |
| | 49. Medical expertise services (3; 6; 7); | |
| | 50. Job evaluations (6); | |
| | 51. Assessment and expert procedures (12); | |
| | 52. Support expertise and guidance for servers (12); | |
| | 53. Guidance on benefit-granting procedures (12); | |
| Total | | 53 |

Source: Created by the authors.

Table 4 shows a diverse range of actions encompassing various types of initiatives. Health promotion was the most prevalent action (n=19), followed by curative and harm reduction (n=9) and mental health (n=8). The health promotion actions primarily focused on providing health information rather than practical health care measures. The curative and harm reduction actions focused on health, while mental health actions included some psychological assistance and support.

5 DISCUSSION

We used the strategic plan to evaluate which universities plan to implement faculty mental health policies within the next few years. To answer the first research question, we analyzed these documents to understand how they cover mental health, diversity, inclusion, and equity. Universities appear to focus more on students than faculty since the terms are more commonly associated with students than faculty. These can be explained by the fact



that higher education in Brazil has started to be seen as elitist, yet in 2007. The government initiated a movement to ensure access to college for all. Thus, public universities have undertaken the crucial role of democratizing higher education for historically marginalized groups, granting them access to this fundamental right (Bittencourt & Pereira, 2022; Oliveira-Silva, 2022).

The first analysis of the PDI suggested limited relevance for our aims and stronger alignment with educational assistance. The term “mental health” often appears in programs to provide psychological support to students, especially in post-pandemic PDI documents. “Inclusion” is associated with programs to include people with disabilities, aiming to improve the physical structure of institutions and adapt them to the needs of people with disabilities. “Diversity” is linked to actions to include all the different cultures, given Brazil’s size and cultural diversity. These terms are also related to teaching. The universities highlighted their efforts in providing a diverse curriculum to the students, reinforcing the importance of teaching, research, and extension programs. “Equity” is often associated with ensuring human rights for minority groups, but it is never linked to women. Additionally, it was absent in seven out of the 13 universities. The second analysis provided even fewer promising results. The terms “female,” “gender,” or “women” showed a lack of attention to gender-related issues, even when it came to students.

These data suggested that universities and governments are implementing measures to address social disparities by modifying institutional structures to attract and retain minority groups in universities. This information aligns with the increase in college enrollment, particularly in public universities. According to the National Institute for Educational Studies and Research [*Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira*, INEP] (2021), the number of students has increased by approximately 60% over the past ten years.

Although this expansion represents significant progress in promoting higher education, the number of faculty to support this student population growth did not expand proportionally. In contrast, there is a growing deficit in faculty, affecting not only classroom instruction but also laboratory activities and library services. This shortage is largely due to continuous budget cuts, which have severely affected public universities.

The current situation does not meet the high expectations placed on faculty to maintain the quality of academic programs. Data related to “diversity” showed that faculty are expected to conduct research and extension programs while managing an increasing workload. This study demonstrated that the intense pressure on faculty to remain productive and provide diverse educational opportunities while maintaining the principles of public



universities (teaching, extension, and research), despite facing growing demands, rising student numbers, budget cuts, salary delays, and insufficient academic staff. Campos et al. (2020) and Caldas et al. (2022) also highlighted the overload faced by faculty due to high demands, long working hours, and budget cuts.

Araújo et al. (2023) and Franco et al. (2022) reported that this affects faculty mental health, contributing to the development of symptoms of anxiety, depression, burnout, and stress. Then, in the second phase of this study, we analyzed university policies and projects related to occupational mental health to understand how they support faculty. We identified a total of 65 actions. Most actions focused on health promotion and mental health, while human development was less predominant.

Table 4 showed that many universities implemented at least one action focused on medical expertise and health monitoring. Medical expertise involves health assessments to identify health care needs, assess disability levels, and, if necessary, authorize medical leave. This process plays a key role in granting benefits, such as sick leave, maternity leave, medical assistance, and retirement, ensuring compliance with social security regulations.

These initiatives may appear as genuine efforts to ensure faculty well-being. However, many of these services do not function as intended. Torres and Silva (2022) highlighted that SIASS was originally designed to ensure workplace safety and health through both preventive and responsive measures. However, aligning with our findings, their study showed that SIASS services are primarily focused on medical evaluations aimed at regulating workers' leave, rather than actively promoting health and well-being. Additionally, participants in their study reported that these services are precarious and inefficient, naming staff shortages, budget constraints, and communication difficulties within the broader system. Thus, these measures could be strengthened to better monitor workers' health, particularly in tracking medical leaves and retirements.

This perspective aligns with Ferreira's (2011) concept of a hegemonic approach to health, which prioritizes control and medicalization over genuine well-being. In this context, health interventions are often aimed at ensuring the worker's recovery solely to restore productivity. However, these efforts rarely address the root causes of distress in the work environment, maintaining the same harmful conditions rather than improving job security and health. Araujo et al. (2023) reported that most Brazilian studies on academic health primarily focus on diagnosing illnesses rather than exploring proactive strategies to change the system and promote well-being. However, this curative care model does not appear limited to this group. Covan and Fugate-Whitlock (2025) indicated the importance of focusing on biopsychosocial predictive factors to understand mental health. This reinforces



a curative care model and a persistent gap in the literature and policies for effective approaches.

Similarly, Torres and Silva (2022) and Mendonça et al. (2021) found that the health promotion and prevention components of institutional policies fail to achieve their desired impact. The absence of standardized guidelines significantly contributes to this ineffectiveness since each university is responsible for designing its initiatives. This leads to heterogeneous actions, without a pattern. In this study, we identified initiatives focused on health promotion in nine out of the 13 universities analyzed. Among these, eight universities have some mental health promotion programs.

These numbers may suggest progress, as most universities offer mental health promotion. However, a deeper analysis of the proposed actions showed that they largely focus on awareness campaigns and retirement planning, while mindfulness sessions and support groups remain scarce. These initiatives can manage work-related stress, but they do not directly address the academic work environment or the structural factors that contribute to mental health challenges (Guthrie, 2022; Ohadomere & Ogamba, 2021; Storti et al., 2023). This analysis supports the second and third research questions, indicating that health promotion and mental health actions remain superficial, fail to lead to systemic change, and place the responsibility on individuals.

This pattern reflects a hegemonic approach to health since it places the responsibility for well-being on individual workers rather than fostering institutional or policy-level changes. Guthrie (2022) argues that awareness-based interventions are insufficient for effectively promoting mental health because they often overlook the need for broader structural changes. Similarly, Storti et al. (2023) emphasize the importance of listening to employees and aligning institutional practices with their actual needs to foster meaningful support.

According to Ohadomere and Ogamba (2021), management-led interventions can significantly reduce job stress and work-life conflict by changing institutional culture and values. They emphasized that vocational counseling, leadership training, and improved communication are essential strategies for managing stress and enhancing job satisfaction. However, in our analysis, these types of initiatives were notably rare. We identified only one program aimed at actively listening to workers and improving services. University 11, which has an “Ideas Office,” collects workers' suggestions on how to enhance the university's health services. Although this initiative does not directly change work structures, it represents a step toward considering workers' perspectives. Its presence is particularly noteworthy given the overall scarcity of management-led interventions focused on systemic change.



The situation becomes even more concerning when analyzing gender-specific support. Only two universities (11 and 5) have actions explicitly targeting women. Both universities offer programs related to maternity, while University 11 also implements an initiative targeted at feminine and reproductive care. These actions may be a progress because they, at least, reflect some institutional concern for supporting women.

Motherhood remains a critical issue in academic settings. Many women feel pressured to choose between advancing their careers and becoming mothers. In addition to the emotional and physical demands of motherhood, women face practical challenges such as balancing time between work and family responsibilities, while dealing with colleagues who may question their professional commitment (Panofsky, 2003). A clear example of these institutional barriers is maternity leave for scholarship holders, which was officially established only in 2017 by Law no. 13,536. Before that, many women had to handle academic expectations without formal support for childcare. Furthermore, maternity leave periods could be officially included in their curriculum only in 2021 (CNPq, 2021), marking a long-overdue step toward recognizing the impact of motherhood on academic careers.

At University 11, the women's health initiative is notable but still reflects a limited view of women's needs. The program offers lectures for university workers on breast and cervical cancer prevention, periodic gynecological exams and mammograms, prenatal care, and STDs/AIDS prevention. Despite the wide range of challenges women face in academia, this specific area of intimate health primarily focuses on a gender-targeted program. This emphasis reflects the national public health policy. The National Policy for Comprehensive Women's Health Care extends beyond maternity and contraception, aligning with feminist initiatives for broader gender equality (Souto & Moreira, 2021). However, several authors argue that, in practice, it continues to emphasize maternal health. Machado and Penna (2022) describe the policy as narrowly focused on the uterus and breasts, reinforcing a fragmented view of women's health defined by reproductive roles. Conceição et al. (2023) also highlight a lack of attention to women's mental health and an insufficient recognition of the role of work in the lives of modern women. From this perspective, our analysis suggests that institutional projects appear to mirror the same limitations present in national public policies.

Considering the last research question, we observed only two actions related to women's mental health. These initiatives may represent progress, especially considering the broader institutional context, but they remain insufficient under the significant structural challenges women continue to face in academia. We analyzed only permanent programs and structured actions. Although discussion circles, lectures, and awareness campaigns are



frequently promoted on university websites, which may indicate a level of concern, they are typically informal and short-term, lacking the institutional basis for long-term impact.

Although these actions can be seen as achievements, they are unable to promote true gender equality. Given the numerous career barriers faced by women in academia, more comprehensive initiatives should be implemented. To develop policies that genuinely support women's mental health, universities must address the current challenges women encounter, such as intense work-family conflict, gender-based harassment, and exclusionary or hostile work environments (Elliott & Blithe, 2021; Pereira, 2020; Ysseldyk et al., 2019; Souza et al., 2021).

There are some initiatives to assist women. Alsulami et al. (2023) suggested that implementing flexible working arrangements and promoting social sustainability are effective strategies for empowering women in the workplace. These measures help women manage both professional and personal life demands without compromising productivity. The Centre for Research on Inclusion at Work (2023), at Carleton University in Canada, investigates and shares experiences in diversity, equity, and inclusion at the workplace. The EU Gender Equality Strategy (2023) seeks to improve equality in academia by outlining expected actions for both the public and private sectors. Ultimately, promoting gender equality in academia requires more than isolated actions. It demands structural changes that foster inclusive, safe, and supportive environments where all individuals can thrive, and Brazilian universities are not adopting this position.

6 CONCLUSION

Public universities represent the most significant resource in our national science and technology system. Due to the lack of initiatives aimed at promoting women's mental health, making progress in this direction is essential (Ministério da Ciência, Tecnologia e Inovação, 2024). This study showed that Brazilian public universities face numerous challenges related to faculty mental health and institutional support. The higher education system has significantly expanded, particularly in terms of student enrollment, but improvements in faculty working conditions have not kept pace with this growth. This imbalance leads to the prevalence of mental health-related leave among academic staff.

The analysis of PDI documents showed a predominant concern in providing social and psychological support to students. Although this support is crucial, similar attention should be extended to faculty, whose well-being is equally essential to maintaining a healthy academic environment. We identified actions across universities that reflect the absence of a national policy standard, indicating heterogeneity and limited effectiveness. Some steps



are implemented, particularly through social security mechanisms, but most policies remain predominantly curative rather than preventive in nature. Thus, developing comprehensive and proactive mental health strategies is imperative, strategies that address academic work demands, reduce bureaucratic burdens, and mitigate institutional pressures. This study analyzed data publicly available on university websites. These documents may be outdated or incomplete, limiting the current analysis. Future research should consider direct engagement with universities to obtain updated and in-depth information on mental health interventions and support programs.

The review of mental health-related actions showed that most initiatives are superficial, focused largely on raising awareness. Previous studies also highlighted that awareness itself is insufficient to address the complex stressors associated with academic work. Moreover, there is a lack of national studies on the implementation and effectiveness of mental health programs focused on faculty. Future research should investigate these initiatives more deeply and evaluate interventions capable of fostering systemic change, reducing pressure, and creating sustainable academic environments. However, overload and excessive demands are closely tied to structural limitations, such as staffing shortages and limited budgets.

We identified a few policies that promote gender equity in academia. These policies, limited in scope, primarily focused on maternity. These initiatives reflect a broader societal view that often reduces women to reproductive roles, neglecting the complexity of their experiences and the multifaceted support needed to ensure their full participation and well-being in academic life. The lack of Brazilian qualitative studies on the experiences of academic women also limited the analysis, forcing reliance on international literature that may not fully reflect the local context. This gap highlights the need for future studies on the perceptions, needs, and stress levels of academic women in Brazil, particularly regarding burnout, anxiety, and effective gender equity policies in higher education.

Thus, this study contributed to the discourse on mental health and gender equity in academia by exposing the lack of institutional support for faculty, especially academic women. Gender inequality remains a persistent and well-documented issue, reflected in barriers to career advancement, unequal treatment, and limited institutional responses (Elliott & Blithe, 2021; Pereira, 2020; Ysseldyk et al., 2019). Public policies and academic institutions must take more deliberate and coordinated action to support faculty well-being and promote effective gender integration. This study showed the absence of these efforts, underscoring how Brazilian academic women remain unseen and underserved.



Disclosure statement: There is no potential conflict of interest reported by the authors.

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