







# Psychosocial risks of working in Psychosocial Care Centers for children and adolescents in the COVID-19 pandemic

Riscos psicossociais do trabalho em Centros de Atenção Psicossocial infantojuvenil na pandemia da COVID-19

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## ABSTRACT

**Objective:** to identify the psychosocial risks faced by professionals at child and adolescent psychosocial care centers in the context of the COVID-19 pandemic. **Methods:** a cross-sectional quantitative study was carried out at three psychosocial care centers for children and adolescents, with a sample of 23 professionals. Data were collected using a self-completion instrument consisting of sociodemographic variables, health conditions, work characteristics, and the Protocol for the Assessment of Psychosocial Risks at Work. Descriptive statistics were analyzed. **Results:** psychosocial risks were classified as low, medium, and high for the Prescribed Work Organization, Management Style, and Pathogenic Suffering at Work scales. It was identified that the psychosocial risk of working in the Child and Youth Psychosocial Care Centers during the pandemic was medium for the forms of work organization, the indignity factor, and physical harm. **Conclusion:** the psychosocial risk in this study was classified as medium, especially in the areas of work organization, pathogenic suffering in the indignity factor, and physical harm. **Contributions to practice:** identification of scales to understand psychosocial risks in the Psychosocial Care Network workers and aspects relevant to constructing action plans and mental health care in the workplace.

**Descriptors:** Mental Health Services; Pandemics; Occupational Health; Health Personnel; COVID-19.

## RESUMO

**Objetivo:** identificar os riscos psicossociais dos profissionais dos Centros de Atenção Psicossocial infantojuvenil no contexto da pandemia da COVID-19. **Métodos:** pesquisa-quantitativa, do tipo transversal, realizada nos três Centros de Atenção Psicossocial voltados a crianças e adolescentes, com uma amostra de 23 profissionais. Os dados foram coletados por meio de um instrumento de autopreenchimento composto por variáveis sociodemográficas, condições de saúde, características do trabalho e pelo Protocolo de Avaliação dos Riscos Psicossociais do Trabalho. Realizou-se análise estatística descritiva. **Resultados:** os riscos psicossociais foram classificados em baixo, médio e alto para as Escalas de Organização Prescrita do Trabalho, Estilo de Gestão e Sofrimento Patogênico no Trabalho. Identificou-se que o risco psicossocial do trabalho nos Centros de Atenção Psicossocial Infantojuvenil durante a pandemia foi médio para as formas de organização do trabalho, para o fator indignidade e para os danos físicos. **Conclusão:** o risco psicossocial nesta pesquisa foi classificado como médio, destacando-se nas áreas de organização do trabalho, sofrimento patogênico no fator indignidade e danos físicos. **Contribuições para a prática:** identificação de escalas para compreender os riscos psicossociais nos trabalhadores que atuam na Rede de Atenção Psicossocial e aspectos relevantes à construção de planos de ação e cuidado em saúde mental no ambiente laboral.

**Descritores:** Serviços de Saúde Mental; Pandemias; Saúde Ocupacional; Pessoal de Saúde; COVID-19.

## Introduction

Work is significant in people's lives since it guarantees subsistence, allows socialization and personal satisfaction, and contributes meaning to life. However, the work environment can be a source of exposure to occupational problems, including psychosocial risks<sup>(1)</sup>.

Psychosocial risks can be understood as the adverse effects of the structural and organizational characteristics of work, management styles, suffering, and physical, psychological, and social damage, which affect "dignity, safety, health and well-being," making workers ill and compromising the quality of their work. They can be understood from various theoretical models that help to identify and analyze the factors that affect workers' mental and physical health. The main theoretical models are the Psychosocial Environment at Work Model, Occupational Stress Theory, and effort-reward, among others, with the former used in this study<sup>(1-2)</sup>.

Global estimates indicate that around 264 million people are affected every year for reasons related to the workplace. In many countries, sick leave due to psychological causes has surpassed leave due to physical illnesses. In Brazil, for example, mental disorders accounted for around 9% of all sick leave among workers in 2020, with depression, anxiety, and post-traumatic stress being the most common<sup>(3)</sup>. It is known that cases of mental suffering caused by work are often underreported, which reveals the seriousness and urgency of investing in actions to promote workers' mental health and prevent injuries<sup>(1,3)</sup>.

Exposure to psychosocial risks can trigger not only mental health problems but also physical and social consequences. For this reason, it is considered that every work context triggers suffering<sup>(4)</sup>, and in the field of mental health, recognizing psychosocial risks is a challenge. It is assumed that workers in specialized mental health services, such as Psychosocial Care Centers (*Centros de Atenção Psicossocial* – CAPS), have the knowledge and tools to deal with the suffering arising from their work activities.

Therefore, it is essential to evaluate the intensity of interaction between care practices and the ma-

nagement strategies of health professionals to gain a deeper understanding and analysis of the dynamics that influence professionals in the health production process<sup>(5)</sup>.

In the Brazilian Unified Health System, the Child and adolescents Psychosocial Care Centers (CAPSi, in portuguese, *Centros de Atenção Psicossocial Infantojuvenil*), stand out, which are aimed at serving children and adolescents. This approach has particularities that mobilize health professionals to develop care practices adapted to the specific needs of this public. CAPSi workers are exposed to a work process that can be stressful, as it involves dealing with a complex object of care that requires considering the biological, social, cultural, and political dimensions of both service users and professionals. When caring for people from this perspective, feelings such as frustration, fear, insecurity, and impotence can be identified as generating psychological distress<sup>(6)</sup>.

In addition, it should be noted that work in mental health is permeated by difficulties related to structure, lack of human resources, precariousness, and the dismantling of the psychosocial care network, which the COVID-19 pandemic has aggravated. This situation may signal the naturalization of suffering at work in the mental health field, which calls for studies that give visibility to CAPSi professionals in this scenario.

It should be noted that COVID-19 is an infectious disease first identified in December 2019. It spread rapidly worldwide and was declared a pandemic by the World Health Organization (WHO) in March 2020. This scenario has had a direct impact on the mental health of the entire population, including health professionals, who were already under tremendous pressure to provide quality care to users. Faced with a pandemic, the impacts have increased proportionally due to the uncertain context regarding vaccines and treatment, work overload, discrimination and stigma from society for being able to spread the disease, isolation from their families and support networks, their mental health has been impacted in different ways<sup>(7)</sup>.

COVID-19 has also affected children's and adolescents' access to health and education services. It is

noteworthy that care at CAPSi during this period involved suicidal behavior, anxiety, hetero and self-aggression, family conflicts, and learning difficulties<sup>(8)</sup>. Similarly, the number of situations involving disorganization and crises was inversely proportional to the number of services available to receive, treat, and monitor children and adolescents during the pandemic<sup>(9-10)</sup>.

The place that CAPSi occupied, when encounters between people were avoided, put the existence and maintenance of these services and their teams at risk of being discontinued and closed. The primary task of the CAPSi, caring for the mental health of children and adolescents, was limited and corresponded to the opposite of the needs of the population, which was under continuous stress, insecurity, and fear<sup>(11)</sup>.

This study arose from the need to understand the psychosocial risks of working at CAPSi in the face of the COVID-19 pandemic to support strategies for coping with suffering at work. In addition, the research is relevant as there is still a need for studies on psychosocial risks in mental health work. This study aimed to identify the psychosocial risks faced by professionals at child and adolescent psychosocial care centers in the context of the COVID-19 pandemic.

## Methods

This is a quantitative, cross-sectional survey carried out in the Psychosocial Care Centers in the municipality of Porto Alegre, Rio Grande do Sul, with the professionals of these services from October 2021 to May 2022. Initially, contact was made with the CAPSi coordinator to present the research and then with the team at a meeting. The professionals interested in participating in the study provided their e-mail addresses so we could send them the survey instruments via Google Forms.

For this study, we analyzed quantitative data from all the CAPSi in the municipality. These services are a reference in the Psychosocial Care Network for children and adolescents with severe and persistent mental disorders, including the use of alcohol and

other drugs<sup>(12)</sup>. Referrals are made through regulation by the Gercon system, based on the Matrix of Problems versus Levels of Care<sup>(13)</sup>. It should be noted that in Porto Alegre, there are only three CAPSi in modality II, in which management is linked to three different institutions (Municipal Health Department, Conceição Hospital Group, and Clinical Hospital of Porto Alegre), which were configured as co-participating institutions in this research.

During the research, CAPSi had 38 professionals, all of whom were invited to take part. Members of the multi-professional team were included, excluding those on vacation, leave, temporary staff, security, general services, interns, and residents. The sample, defined by convenience, included 23 participants. Although this sample selects more available participants, it is important to consider limitations such as the influence of factors like location, interest in participating, and access to technology. Data was collected using a self-completion instrument via Google Forms. A printed questionnaire was made available for professionals with limitations, such as internet access to the platform.

The instrument was composed of sociodemographic variables (age, gender, race/color, marital status, schooling); health conditions (health problems, absences due to health problems, physical activity); work characteristics (shift, position, time working at CAPSi, type of employment contract and coordination position); and the Psychosocial Risk Assessment Protocol at Work (PROART), validated for Brazil<sup>(2)</sup>.

PROART is a tool for assessing psychosocial risks at work. It comprises four Likert-type scales, with answers ranging from 1 to 5, where 1 is never, and 5 is always. The Prescribed Work Organization Scale (EOPT) assesses standards, communication, autonomy, and the participation of professionals in the work process, with 19 items; the Management Styles Scale (MSS) is organized into Collectivist, Individualist, Achiever and Normative factors, defines how work relationships take place, the possibilities that professionals have in their work environment and the relationships established between the sub-

ject and their institution, with 26 items; the Scale of Pathogenic Suffering at Work (ESPT) assesses ways of feeling, thinking and acting at work and is made up of the factors Unprofitability, Unworthiness and Disqualification, with 28 items. The Scale for the Assessment of Work-related Harm (EADRT) refers to the physical, psychological, and social problems caused by work, with 23 items<sup>(2)</sup>.

The interpretation of the PROART results varies for each scale. It classifies psychosocial risks by the average obtained in the overall *score* of the scale or by its factors, between low, medium, and high. The theoretical model, the EOPT scale, predicts the others, following a cascade effect; that is, the EOPT scale predicts the EEG followed by the ESPT, generating the EADRT results. The parameters for evaluating the means and frequencies of the factors in the EEG, ESPT, and EADRT scales are a) values between 1.00 and 2.29 - High Risk: represents high psychosocial risks. b) values between 2.30 and 3.69 - Medium Risk: represents a state of alert for psychosocial risks. c) values between 3.70 and 5.00 - Low Risk: represents low psychosocial risks. The EOPT scale has an inversely proportional relationship. In other words, the higher the average, the lower the psychosocial risk<sup>(2)</sup>.

This inverse relationship exists compared to the others because, in this instrument, higher scores indicate better work organization conditions. In contrast, in the other scales, higher scores are associated with higher levels of risk or negative impact.

The data were analyzed using the SPSS statistical program and descriptive statistics. Absolute and relative frequencies were calculated for the sociodemographic, health, and work characteristics variables. The PROART scales were analyzed by calculating the mean, median, standard deviation (SD), minimum, and maximum using a 95% confidence interval (CI).

This study was approved by the Research Ethics Committees and their respective Certificates of Presentation for Ethical Appraisal (CPEA) of the Federal University of Rio Grande do Sul, under opinion number 4.319.731/2020 (CPEA: 37595020.9.0000.5347) and the institutions: The Municipal Health Department of Porto Alegre 4.348.670/2020 (CPEA:

37595020.9.3002.5338), Hospital Conceição Group 4.948.003/2021 (CPEA: 37595020.9.3001.5530) and the Clinical Hospital of Porto Alegre 5.283.228/2022 (CPEA:37595020.9.3003.5327). All participants signed an informed consent form.

## Results

The profile of the professionals working in the CAPSi multi-professional team, shown in Table 1, was white (82.6%), female (78.3%), aged 38 or over (95.6%), married/stable union (78.3%), with complete higher education (87%) and of these, 95% with postgraduate degrees. Most reported participating in physical activity during the pandemic (60.8%). More than 50% of the professionals have had one or two health problems since the pandemic's beginning (March 2020), and 43.6% had been absent from work due to health problems during the study period.

**Table 1** – Sociodemographic variables and health conditions of workers at the Child and Adolescent Psychosocial Care Centers (n=23). Porto Alegre, RS, Brazil, 2022

Variables	n (%)
Age group (years)	
28 a 38	1 (4.4)
> 39	22 (95.6)
Gender	
Female	18 (78.3)
Male	5 (21.7)
Skin color	
White	19 (82.6)
Non-white	4 (17.4)
Marital status	
Single	3 (13.0)
Married/stable union	18 (78.3)
Separated/Divorced	2 (8.7)
Education	
High School	3 (13.0)
Higher	20 (87.0)
Physical activity	
Yes	14 (60.8)
No	4 (17.4)
No answer	5 (27.7)
Health problems in the pandemic	
None	8 (34.7)
1 or 2	13 (56.5)
> 3	2 (8.7)
Absences during the pandemic	
Between 1 and 3	10 (43.6)
None	12 (52.1)
No answer	1 (4.3)

Regarding the work characteristics identified among the professionals, 14 (60.9%) had worked at CAPSi for over 10 years and had a Consolidation of Labor Laws type employment contract. As for the work shift, 13 (56.5%) worked the morning and afternoon shifts.

In the analysis of psychosocial risks using the PROART scales, the EOPT showed an overall score of 3.4 (SD = 0.47, Maximum = 4.68, and Minimum = 2.74), which showed a medium psychosocial risk related to

the prescribed work organization during the pandemic. In addition, the items are detailed (Table 2) with the respective interpretation of the psychosocial risk. Of the 19 items, 16 showed a medium risk and three a low risk. The variety of tasks performed in the service, the participation of workers in decision-making, and the quality of communication between workers, as they have low-risk scores, represent aspects of being maintained, consolidated, and enhanced in the organization of work.

**Table 2** – Scale of Prescribed Work Organization in Child and Adolescent Psychosocial Care Centers during the pandemic (n=23). Porto Alegre, RS, 2022

Item	Average	Standard deviation	Risk
The number of workers is sufficient to carry out the tasks.	3	1.414	Medium
The number of work resources is sufficient to carry out the tasks.	2.5	0.707	Medium
The physical space available to carry out the work is adequate.	3	0	Medium
The equipment is suitable for carrying out the tasks.	3.5	0.707	Medium
Tasks are clearly defined.	3.5	0.707	Medium
There is fairness in the distribution of tasks.	3	1.414	Medium
Employees participate in decisions about their work.	4	1.414	Low
Communication between manager and subordinate is adequate.	3.5	0.707	Medium
I have the autonomy to carry out tasks as I see fit.	3.5	0.707	Medium
There is quality communication between employees.	4	0	Low
The information I need to carry out my tasks is evident.	3.5	0.707	Medium
The pace of work is appropriate.	3	0	Medium
The deadlines for completing tasks are flexible.	3	0	Medium
The evaluation of my work includes aspects beyond my output.	3.5	0.707	Medium
There is flexibility in the rules for carrying out tasks.	3.5	0.707	Medium
The guidelines I am given for carrying out tasks are consistent.	3.5	0.707	Medium
The tasks I perform in my job are varied.	4.5	0.707	Low
I am free to give my opinion on my work.	3.5	0.707	Medium
I have the right conditions to achieve the expected results of my work.	3.5	0.707	Medium

When analyzing the factors of the EEG scale (Table 3), two management styles predominated for CAPSi workers during the COVID-19 pandemic: the

collectivist style (3.56) and the fulfilling style (3.29). The standard deviation of less than one is noteworthy, meaning the average was representative.

**Table 3** – Factors and parameters of the Management Styles Scale, Pathogenic Suffering at Work Scale, and Work-Related Injury Assessment Scale in child and adolescent psychosocial care centers during the pandemic (n=23). Porto Alegre, RS, 2022

Scale factors	Parameters			
	Average	SD*	Minimum	Maximum
Management Styles Scale				
Collectivist	3.5	0.4	2.6	4.5
Individualist	1.9	0.7	1.0	4.5
Achiever	3.2	0.7	2.3	4.8
Normative	3.0	0.5	2.0	4.3
Pathogenic Suffering at Work Scale				
Uselessness	1.5	0.6	0.0	2.8
Indignity	2.4	0.8	0.0	3.5
Disqualification	1.6	0.6	0.0	2.6
Work-Related Injury Assessment Scale				
Psychological	1.9	0.8	0.0	3.2
Social	2.2	0.6	0.0	3.3
Physical	2.6	0.9	0.0	4.1

\*SD: Standard deviation

In evaluating the Pathogenic Suffering at Work Scale, the Uselessness and Disqualification factors showed low risk (less than 2.3), and the Indignity factor showed medium risk (2.46). The items “Subjecting my work to political decisions are a source of revolt” (3.26), “My work is stressful” (3.21), and “My work is tiring” (2.95) had the highest means in the total analysis of the scale (Table 3).

As for the assessment of psychosocial risks using the EADRT scale, the Physical Damage factor had the highest mean, making it a medium psychosocial risk for developing work-related injuries (2.6). The psychological and social factors showed low psychosocial risk (less than 2.3). The items “Back pain” (3.17), “Body pain” (3.04), “Headaches” (2.95), and “Changes in sleep” (2.95) had the highest means on the overall scale. The items “Sadness” (2.26) and “Willingness to be alone” (2.17) had the highest means in the psychological and social factors (Table 3).

## Discussion

The profile of CAPSi professionals in Porto Alegre during the COVID-19 pandemic confirms findings

from other contexts, including different types of CAPS, in which most of the workforce comprises women<sup>(14)</sup>. This female predominance highlights the persistence of a historical and social tendency to associate women with the role of caring, especially in mental health services<sup>(15)</sup>.

In addition, characteristics such as age, skin color, and level of education of the professionals analyzed in this study were like those observed in CAPS of different modalities and states. Generally, the workers’ ages ranged between 30 and 60<sup>(16-18)</sup>.

Following on from the discussion of the results related to PROART in the CAPSi in Porto Alegre during the pandemic, it should be emphasized that psychosocial risks cannot be understood in a fragmented way. Actions based on a narrow focus on interpersonal relationships and individual factors are limited, as they tend not to modify technical aspects directly affecting workers’ health<sup>(19)</sup>.

The average psychosocial risk related to the prescribed organization of work (EOPT) represents a warning. It requires medium- and long-term intervention plans to prevent and mitigate impacts<sup>(2)</sup>, which, in this study, were generated by the COVID-19 pandemic, in services and, above all, in workers’ health conditions.

Faced with this, workers are actors who adjust and rearrange to make work viable daily. These adaptations correspond to workload, which deals with the distinctions and similarities between the work that is prescribed (what is instituted) and the actual work (what is achieved)<sup>(4)</sup>. The existence of a work overload and feelings of frustration and sadness can be warning signs that indicate the worker’s psychological distress as an emotional consequence of having a prescribed job that is different and/or utopian from the actual job<sup>(20)</sup>.

In the context of COVID-19, CAPSi workers faced the challenge of reconfiguring their prescribed work daily. The real work began to be carried out by reducing the flow of people in the services, suspending face-to-face consultations, and maintaining the

therapeutic bond tool in the form of telecare. Some child and adolescent mental health services were closed to make way for COVID-19 screening and treatment services<sup>(7,11)</sup>.

In this way, the average psychosocial risk may be due to changes in the service's restructuring, the merging or reduction of teams, work overload, or being overwhelmed by the feeling of insecurity at work. In addition, new arrangements and adjustments were needed in child and adolescent mental health care. This, combined with the parameters of the national mental health policy in force in the Unified Health System, has challenged workers to reinvent care and defend the paradigm of psychosocial care during the COVID-19 pandemic.

The most highly rated items in the EOPT relate to workers' participation in decision-making, the quality of communication between workers, and the execution of differentiated tasks at work. Similarly, in an epidemiological study carried out with nursing professionals in 11 outpatient units in Rio de Janeiro, the quality of communication between workers and performing differentiated tasks at work were also assessed as low psychosocial risk<sup>(21)</sup>.

From the workers' perspective, tasks perceived as essential or necessary can help maintain a sense of pleasure in the work environment and at work, favoring mental health and minimizing exposure to psychosocial risks<sup>(4)</sup>. Therefore, these items can point to essential characteristics for managing services and developing strategies to alleviate suffering at work.

Regarding the MSS Sale, the management forms at CAPSi during the COVID-19 pandemic were dominated by collectivist and fulfilling styles. The collectivist style is characterized by management based on idealization, cohesion, and team unity, contributing to commitment and a sense of security at work. As for the achiever style, management stands out for its competence and innovation, strengthened by worker relationships<sup>(2)</sup>.

Therefore, a management style composed of collectivist and fulfilling characteristics can provide

flexibility in producing mental health care. At the same time, it also contributes to creating spaces and actions to value collective work, in which the teams were able to reorganize and reinvent their work at CAPSi during the COVID-19 pandemic.

Management's appreciation and recognition of work in psychosocial care tends to corroborate the existence of a good relationship and integration between team professionals by showing sensitivity to the challenges and problems faced by peers<sup>(6)</sup>. In addition to enabling the production of collective work, they identify aspects that generate pleasure at work and, therefore, help to protect workers' health and well-being<sup>(4)</sup>.

Considering this, the management style identified is a possible protective factor against psychosocial risks insofar as its opposite, the bureaucratic and normative styles, are characterized by plastered prescribed work. In this sense, the latter offers little space for workers to give new meaning to their tasks and suffering. These characteristics could aggravate psychosocial risks and contribute to pathogenic suffering in workers<sup>(2)</sup>.

When analyzing each of the factors on the ESPT scale, low risk was identified in the Uselessness and Disqualification factors, while the Indignity factor showed medium psychosocial risk. These findings show that CAPSi workers felt helpful and qualified to work during the COVID-19 pandemic. At the same time, they showed feelings of injustice, discouragement, dissatisfaction, and exhaustion, which may be related to the absence of meaning and depersonalization of the care provided up to that point.

It is worth noting that the government policies drawn up during the COVID-19 pandemic opted to protect the economy due to the neglect of expanding social protection for workers, which can contribute to pathogenic suffering concerning its indignity factor. Nonetheless, the precariousness of work and its impact on workers' right to health were already observed in the pre-pandemic period. They contributed to physical and mental illness due to the fragility of

working conditions and the prevention of diseases and accidents<sup>(22)</sup>.

Based on this, work can become more robotic and depersonalized. When deprived of their creativity and autonomy, workers generate feelings of unworthiness and uselessness, contributing to the lack of meaning of work and leading to physical and mental fatigue<sup>(4)</sup>.

Regarding the EADRT scale, the findings on average psychosocial risk and values were equivalent to those identified for physical harm in the hospital context<sup>(23)</sup>. Social harm showed similar averages, but psychological harm during the pandemic was higher for hospital workers than those in this study.

Body aches, headaches, back pain, and changes in sleep appeared as the main risks for physical harm, as found in other national and international studies by health professionals<sup>(24-25)</sup>. Thus, there is already evidence of a correlation between these manifestations, and they can be understood as consequences of greater exposure of professionals to physical and mental demands during the COVID-19 pandemic, as identified by an analysis conducted in Brazil<sup>(26)</sup>.

Among health professionals, being female is related to more significant ergonomic wear and tear and working hours, which may be related to intensified pain or physical exertion but also to increased stress and emotional overload<sup>(27)</sup>. It was observed that 34.3% of female workers perceived an increase in physical load, and 45.8% reported pain in the neck and back, which they had not previously experienced<sup>(28)</sup>.

In addition, sleep changes during the pandemic were identified in 40% of healthcare workers and 15.8%, directly impacting their work and physical and emotional strain<sup>(25)</sup>. Sleep problems among nursing workers are frequent; however, there was a significant worsening of all the variables analyzed, regardless of sociodemographic and professional characteristics, during the COVID-19 pandemic<sup>(28)</sup>.

The lack of human and material resources in health work, common in the context of CAPS, can lead to increased body and headaches, feelings of frustra-

tion, and greater cognitive demands on professionals to reformulate their practices<sup>(29)</sup>. These data represent the inversely proportional relationship between the EOPT and EADRT scales.

It can also be seen that more than 50% of CAPSi professionals reported one or two health problems during the pandemic that may have influenced the results of the EADRT scale. At the same time, a participatory evaluation carried out in four CAPSi in the southeast region showed that the increase in absenteeism due to medical certificates had already been increasing in the pre-pandemic years and could be an expression, or an analyzer, of the institutional suffering that was exacerbated in this period<sup>(6)</sup>.

To understand the damage more broadly, it is necessary to consider the interaction between physical, psychological, and social factors and the scales analyzed. Feelings of sadness and isolation, common in situations like the pandemic, can reinforce each other, aggravating the physical and psychological damage.

It is worth noting that the collectivist management style at CAPSi, by promoting safety at work, may have contributed to the lower prevalence of psychosocial risks related to psychological and social harm. Future studies should explore these relationships in the context of work at CAPSi.

Furthermore, it is necessary to produce spaces for reflection on work and its aspects, based on the results highlighted, to help professionals understand the risks and suffering arising from this context. The participation of teams in the reorganization of work and more collective decision-making during the pandemic minimized the risks. Likewise, the collectivist and fulfilling management style may have contributed to the results. Despite this, it was possible to identify that the work was stressful, tiring, and even revolting, generating mainly physical damage to the workers.

## Study limitations

The limitations of this study include the long



data collection period, which is justified by the uncertainty surrounding the organization of mental health services. Although the research team allowed for different approaches (face-to-face and online) to minimize limitations, the dynamics of the services, in addition to being different according to the type of CAPS and management, were changing according to regulations and strategies for coping with the COVID-19 pandemic. However, this time allowed two-thirds of the CAPSi professionals in Porto Alegre to participate. In addition, the scarcity of studies using PROART in the context of mental health made it difficult to compare the results of this research.

### Contributions to practice

This study contributes by using the PROART scale to investigate psychosocial risks in child and adolescent mental health services. It is suggested that the instrument be applied in other contexts to compare and develop strategies to improve the mental health of CAPSi professionals. Possible methods include improving communication, strengthening shared decision-making, accepting difficulties, belonging and identification at work, and paying attention to ergonomics. In addition, using other scales and research is recommended to broaden the understanding of the impacts of psychosocial risks, helping to create action plans and mental health care in the workplace.

### Conclusion

The psychosocial risk in child and adolescent psychosocial care centers during the COVID-19 pandemic was classified as medium, especially in the areas of work organization, pathogenic suffering (especially the indignity factor), and physical harm. These results indicate a situation of alert, suggesting the need for interventions.

Therefore, the average risk compromises the physical and mental health of professionals, and the quality of care provided to children and adolescents.

It is, therefore, crucial to develop strategies to value these professionals, improve working conditions, and implement occupational health protection policies, preventing problems from worsening and promoting a safer environment.

### Authors' contributions

Conception and design or analysis and interpretation of data; drafting of the manuscript or relevant critical review of the intellectual content; final approval of the version to be published and agreement to be responsible for all aspects of the manuscript relating to the accuracy or integrity of any part of the manuscript being investigated and resolved appropriately: Olschowsky A, Pavani FM, Duarte MLC. Drafting of the manuscript or relevant critical revision of the intellectual content; final approval of the version to be published and agreement to be responsible for all aspects of the manuscript: Boska GA, Rodrigues LL, Maia JAO.

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