

Use of psychotropic drugs by teachers on psychiatric leave: a study in Goiânia

Uso de psicofármacos por docentes em licença psiquiátrica:
um estudo em Goiânia

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ABSTRACT

This article focuses on unique illness dramas, reporting an investigation into the process of social medicalization/medicamentation with psychotropic drugs, sick leaves due to psychiatric disorders, and its relationship with school coexistence and teaching work. The research is framed by Historical-cultural psychology and Clinic of Activity. In a corpus where depressions predominate as reason for work leave, the research in 109 medical records of teachers on psychiatric leave (provided by the Municipal Medical Board of Goiânia) map the widespread use of antidepressant and anxiolytic drugs, with the most frequent use of clonazepam, fluoxetine, and sertraline, with the common consumption of psychotropic drugs in association. Despite the limitations of the researched records, it was observed that the treatment sought by teachers is mainly medical, confirming the medicalization of care, to the detriment of an integral approach to the subject in their unique illness drama. We identified signs of presenteeism and negative repercussions of the use of psychotropic drugs in school coexistence and teachers' work, disregarding an approach to the relationship between work and illness. Our conclusions confirm Whitaker's (2017) observations about the close connection between chronicity and psychotropic drug consumption, emphasizing the need to promote policies and interventions for the comprehensive

RESUMO

Este artigo tem como foco dramas singulares de adoecimento, relatando a investigação do processo de medicalização social/medicamentação com psicofármacos, do afastamento do trabalho por transtornos psiquiátricos e de sua relação com a convivência escolar e com o trabalho docente, com base na psicologia histórico-cultural e na clínica da atividade. Em um corpus no qual predominam as depressões como motivo de afastamento do trabalho, os resultados da pesquisa em 109 prontuários de professores afastados por transtornos psiquiátricos (cedidos pela Junta Médica Municipal de Goiânia) mapeiam o amplo uso de drogas antidepressivas e ansiolíticas, com maior frequência do uso de clonazepam, fluoxetina e sertralina, sendo comum o consumo de psicofármacos em associação. Apesar das limitações dos registros pesquisados, observou-se que o tratamento buscado pelos professores é sobretudo medicamentoso, confirmando-se, pois, a medicalização do cuidado, em detrimento de uma abordagem integral do sujeito em seu drama de adoecimento singular. Identificamos sinais de presenteísmo laboral e repercussões negativas do uso dos psicofármacos na convivência escolar e trabalho dos professores, à revelia de uma abordagem da própria relação entre trabalho e adoecimento, emergente nos dramas de adoecimento. Nossas conclusões ratificam as observações de Whitaker (2017) acerca da estreita conexão entre cronificação e consumo de psicofármacos, enfatizando a necessidade de promover políticas e intervenções para o acompanhamento da saúde

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health monitoring of teachers taking into consideration the multiple determinations of mental health, as well as the restoration of the role of work as an operator of health, development, and human creativity.

Keywords: Medicalization. Teaching work. Teacher health. School coexistence. Psychotropic drugs.

integral dos docentes em suas múltiplas determinações, bem como da restauração do papel do trabalho como operador da saúde, desenvolvimento e criatividade humana.

Palavras-chave: Medicalização. Trabalho docente. Saúde do professor. Convivência escolar. Drogas psicotrópicas.

1 Introduction

Lima (2013), drawing on the clinical approach to activity from a Marxist perspective, notes the field of Mental Health & Work in Brazil's late start. In part, this delay stems from the enormous difficulty in understanding the relationship between lived situations and the emergence of mental disorders in workers, constituting a challenge to the sciences that deal with work. Thus, speaking in terms of labor legislation, the difficulty in establishing the so-called "causal link" between work situations and processes and the resulting mental illness allows capital to escape responsibility for its harmful configurations to mental health, potentially generating, in extreme cases, a mental (and even physical, if we consider suicide resulting from work-related illness) destruction of the worker.

Therefore, the risks of stigmatization and of holding the individual responsible for their own suffering – whether due to their biology or to intrapersonal causes unrelated to their activity – are considerable. From a historical-cultural perspective, illness is a process refracted by the singularity of the personality that undergoes it, often being left out of collective strategies for health and well-being recovery. Suppose we focus on the surface of the facts, the level of the empirical concrete of Marxist theory. In that case, the effects seem not to connect to the causes: for example, a particular teacher in a situation of work overload may manifest irritable mood, develop psychosomatic symptoms, get involved in fights at school or traffic accidents, find themselves in a state of permanent stress or even depressive impotence, as was possible to observe in our previous study with teachers on leave (Rosa *et al.*, 2024).

From a historical-cultural perspective, it is essential to recognize that lived experiences of suffering at work permeate the entire person, encompassing facets of their personality over time, across multiple historical layers – work-related, family-related, leisure-related, and cultural, among others. However, by combining experiences of suffering with the joy² of contributing to the formation of new people (thus reproducing humankind and society), teaching work is also a source of development and empowerment (Silva; Ramminger, 2014); not merely a locus of torture in the *tripalium*, but a health operator of *docere*³. For Yves Clot⁴, the dramas and conflicts emerging in the world of work constitute problems to be solved for the integral development of the person in their affective-cognitive unity.

The search for solitary solutions to the singular effects of collective discontents is thus realized through what Clot (according to Lima, 2013) considers to be the encouragement of offering psychological treatment to employees (and, we might add, other individualizing resources, such as the use of psychotropic drugs), leading them to endure the unbearable aspects of real work, instead of, in the dialectical transitions between impotence and potency, from passions to actions, intervening in changes in working conditions and processes through collective action. Its basis lies in the social genre contained in each job and profession as “[...] an implied part of the activity, what the workers in a given environment know and observe, expect and recognize, appreciate or fear” (Clot, 2010, pp. 121-122); work that creates culture and serves as a resource for the development of people, in their debates and struggles. Working as a promoter of health contrasts with work that is

²In Spinozian terms: joy is an increase in the power of *conatus*, or the desiring essence of the subject, expressed by the desire for knowledge and coexistence, which in the school context “coincides with the development of the power to act and think of educators and children” (Toassa, 2013, p. 130, our translation).

³ Latin words whose meaning is, respectively, that of a torture instrument made of three sticks (attributed as the origin of the modern word “work” in several languages, including English) and the verb *docere* (“to lead,” in which the word “*docente*” - in Portuguese: *teacher* - is rooted. These words aim to highlight two extremes of work-related pain and joy.

⁴French psychologist, principal author of a work clinic that is based on French ergonomics and psychopathology, drawing on contributions from Bakhtinian dialogism, activity theory, and especially Vygotsky's socio-cultural theory (Andrade; Falcão, 2018).

impeded, integrating the *continuum* of the health-illness relationship whose counterpoint is the isolation of the worker or their integration into a collective that sustains and keeps the professional genre alive in its transpersonal and personal dimensions, supporting the individual in the unforeseen events and frustrations inherent in the drama of human development.

Addressing the psychosocial health risks for teachers, Andrade and Falcão (2018) observe that work-related suffering results from impediments to the development of work activity. According to the authors: “suffering, in the Clinic of Activity, is conceived as thwarted activity, or impeded development. If workers do not have the resources to cope with the impasses of reality, or the means to develop these resources, they find themselves in a situation of impediment” (Andrade; Falcão, 2018, p. 708, our translation). Regarding mental disorders affecting teachers, “Five factors have been frequently mentioned in investigations in recent decades: a) student misbehavior; b) weakened relationships with colleagues, principals, and students' families; c) time pressure; d) loss of professional recognition; e) extensive workload” (Assunção; Oliveira, 2009, p. 366).

In this sense, we believe that a critical theoretical debate on school coexistence is necessary, based on a Marxist theoretical-methodological approach, questioning the most current concept of coexistence – historically influenced by a liberal ideology of competencies. Lecca and Marin (2022) identify the promotion of the notion of “coexistence” in a report by Jacques Delors (a recognized champion of educational neoliberalism) published by UNESCO, which concerns the competencies of “living together” desirable in the 21st century. The authors do not question, in the extent of their article, the dubious nature of the goals of harmonious coexistence stipulated for Latin America, approached as an ahistorical society without conflicts. Andrades-Moya's (2020) systematic review adopts a more critical perspective, recognizing the challenges specific to the continent and its increasing rates of violence in schools.

On the path out of this illness, since the rise of the modern individual inherent to the capitalist mode of production, theories and techniques of self-care have thrived (Ferreira; Jacó-Vilela; Portugal, 2013). Moving in this direction,

Danziger (2003) prefers to call scientific objects "epistemic objects" because, transcending mere discursive constructions, they are also material practices that impose themselves on human and non-human bodies. Here we can frame the *widespread use of psychotropic drugs as one of the most pervasive methods aimed at eliminating or reducing psychic suffering*, which, in the case of teachers on psychiatric leave, can interfere not only with their school life but also cause extensive harm to their personal existence, as our research shows (Rosa *et al.* , 2024; Septimio; Toassa; Rosa, 2023) .

Psychotropic drugs are defined as natural or synthetic substances that act on the central nervous system, potentially causing alterations and dependence, physiological changes, and changes in behavior, mood, and cognition (Mariano; Chasin, 2019). These are *psychotropic medications*. The excessive or unjustified use of drugs is termed "medicamentation" by Faraone et al. (2010), a process that can lead to serious consequences (such as chemical dependency, affective and cognitive impairments). This is closely related to medicalization as the broader process of the appropriation and normalization of life by medicine, transforming social and political problems into diseases subject to the technocratic, individualizing logic of clinical medicine. Medicamentation occurs when prescribing medication becomes the primary method of healthcare, seen as the quickest solution for "restitution" of normality, with direct effects on individuals⁵. Research and drug development; the global market and the lucrative pharmaceutical industry; advertising strategies and media influences; health policies and practices involving everything from drug regulation to prescription and dispensing (Domitrovic; Caliman, 2018, p. 2), accompanied by corresponding

⁵A characteristic example of the relationship between medicalization and medicamentation is that of syndromes now recognized as "depressive disorders," referring to phenomena that, until the early 1970s, were addressed in medical literature as episodic problems that rarely afflicted young people (Whitaker, 2017). The conception of these disorders as chronic health problems is characteristic of our time. Whitaker (2017) also notes that the development of the first antidepressant medications in the 1960s accompanied the exponential growth in the diagnosis of depression. However, the research carried out showed that the more rigorous the studies, the more timid the improvement recorded with their use.

changes in the habits of doctors, pharmacists, other health professionals, users, and family members.

In the field of workers' health, research indicates that individuals medicated with psychotropic drugs take longer to return to work and have a higher incidence of long-term sick leave, as well as disability retirements. Among the many side effects of psychotropic drugs, we can mention: sexual dysfunction, elimination of REM sleep, muscle tics, fatigue, affective blunting, apathy, memory deterioration, difficulties in problem-solving, loss of creativity, and learning disabilities. It is also relatively common to identify brain mass loss in individuals who use these medications long-term (Whitaker, 2017). The evidence regarding the harmful effects of psychotropic drugs is consistent, and their popularization and the concealment of these effects are worrying, to the detriment of a comprehensive approach to health, focused on the social determinants of mental illness, as proposed by Vygotsky. The literature critiquing social medicalization allows us to question the use of psychotropic drugs as the main – and sometimes only – treatment performed.

Some research conducted using questionnaires or medical records addresses the use of psychotropic drugs and other medications by teachers (Batista; Carlotto; Moreira, 2013; Segat; Diefenthaeler, 2013; Ferreira, 2016; Insfran; Ladeira, 2020), with only Insfran and Ladeira (2020) providing teachers' assessments of the effects of psychotropic drugs. To date, we have not identified any initiatives that map teachers' consumption of psychotropic combinations, one of the reasons justifying this initial exploration of the relationship between such use and teaching work as an essential form of school coexistence.

One of Insfran and Ladeira's central theses is that "despite being aware of the relationship between precariousness and illness, teachers normalize the use of medication as a palliative to deal with daily difficulties" (2020, p. 322). The authors indicated that 32% of teachers used psychotropic drugs to work. Isolated, alienated from their professional role and its expression in forms of collective praxis, without finding shelter or means of grassroots organization in teachers' unions, at least 18 of the 25 teachers reported mental health problems, such as anxiety and

depression. As these teachers remained active, it is reasonable to assume that their professional activity could show signs of presenteeism, which "occurs when the worker, even when ill or psychologically compromised, remains active, compromising their health and productivity and, consequently, the quality of teaching" (Bononi; Reis, 2025, p. 5, our translation).

It is necessary to understand illness as a concrete and singular phenomenon, following Vygotsky's view that what matters is not the illness itself, but rather who has it (Toassa, 2014), what work they do, and how this relates to health recovery strategies. In the records analyzed in our research, the teacher becomes a figure in their own drama, as a social situation marked by conflicts with managers and students, a subject entangled in the hyper-demands imposed by the workload overload in which the classroom, not infrequently, appears as a setting for profound suffering – whether due to excessive noise, aggression, the recollection of conflicts, mistakes made, feelings of incompetence, etc. (Rosa *et al.*, 2024; Septimio; Toassa; Rosa, 2023). As Vygotsky states: "The drama is truly full of impossible internal struggle in organic systems: the dynamics of personality are the drama" (2000, p. 35, our translation), an indispensable assumption in the dialectical understanding of the two-way relationship between private and work life, considering the intrinsically social content of teaching activity.

Our problem can then be summarized as follows: what psychotropic drugs are used by teachers on psychiatric leave in the municipality of Goiânia? What are the perceived effects of these medications on the school environment of these teachers, considering it as being essentially mediated by work relationships? Are there signs of medicalization and medicamentation in this process? What is the place of psychotropic drugs in the system composed of the teacher's personality within their social environment during the multi-determined dramas of teacher illness?

2 Methodology

The research project as a whole employed a mixed, qualitative-quantitative methodology: the Municipal Medical Board (MMB) provided us with its database in .csv format containing all medical leave records of municipal employees (from January 2015 to December 2017, with partial data up to mid-2018, which constituted the *corpus* of the quantitative part⁶. In another article, we presented statistics related to psychiatric illness among teachers (Toassa; Silva, in press). This analysis was complemented by a documentary investigation of the medical records of active teachers archived at JMM, assigned to the Municipal Department of Education. We selected the medical records that included at least one record of psychiatric leave (coded in Chapter F of the ICD-10) in which we identified some relationship between work and the process of mental illness in the years included in the selection criteria of our research, excluding records from teachers without any indication of a relationship between malaise and work. It is worth noting, however, that many files contained records dating back up to a decade before the beginning of the sample selection interval.

We stipulated a minimum of 109 medical records for qualitative and quantitative analysis, based on the sample size calculation presented by Bussab and Morettin (2013) at 95% confidence. The selected records documented the illnesses of teachers in early childhood education, elementary education, and Youth and Adult Education (a form of supplementary education marked by age-grade discrepancy).

Next, the research team, consisting of the author of this paper and undergraduate research students, created summary sheets of these sick leave records to conduct a qualitative analysis. These sheets, after chronologically organizing the information relevant to the research as a whole, provided a narrative description of the documented psychiatric illness experienced, its determinants, and its impact on her work life and personal existence. They

⁶Research approved by the Research Ethics Committee of the Federal University of Goiás, protocol number 61592116.9.0000.5083.

also considered accounts of the teachers' experiences and conflicts within both school and out-of-school settings. Subsequently, the sheets were uploaded to the webQDA platform⁷, enabling the creation of qualitative studies and simple descriptive statistical analyses. Thus, the data we analyzed refer to the dramas of psychiatrization of teachers based on meanings attributed by the subject themselves and by third parties about this process – such as family members and immediate supervisors – addressed to the MMB staff, including psychiatrists, psychologists, and social workers (Rosa *et al.*, 2024).

In seeking information that would show the role of medication in work-related illness among teachers, we noted that most records contained references to psychotropic drugs prescribed, consumed, and/or discontinued by teachers. In many cases, only the brand name or the active ingredient of the medications prescribed and/or consumed by the teachers was reported⁸. In accordance with current labor legislation, all records must include at least two documents⁹, each corresponding to the number of sick leaves granted to the teacher. In some cases, however, we also found other reports in which teachers and/or school managers referred to the (generally negative) consequences of this use in both life and school. We encountered various types of professional reports, with those from social workers' visits to teachers' homes and workplaces undergoing job reassignment particularly useful.

⁷WebQDA was a terminated software that supported the analysis of qualitative data in a collaborative environment, where it was possible to analyze non-numerical and unstructured data – text, image, video, audio.

⁸These information is connected to the predominance of psychiatric documentation in our sample, whether in the form of reports from psychiatrists external to the Board (which often consisted only of data from the physician and their clinical practice, and a note of the ICD-10 classification of the diagnosis and the prescribed drug treatment), or in the form of the expert assessment form from the MMB's own psychiatrists.

⁹The report from the external psychiatrist to the Board, and the expert evaluation form filled out by the Board's expert psychiatrist, approving or denying the requested leave.

3. Results and discussion

We begin the presentation of the results with a simplified overview of psychiatric leave within the context of faculty absences as a whole, which is analyzed in another article (Toassa; Silva, in press).

3.1 Overview of the use of psychotropic drugs

Table 1 – Comparison of the number of sick leaves (all illnesses vs. only psychiatric disorders) – teachers in the municipality of Goiânia (2015-2018)

Category	Year				Average	Standard deviation	Total
	2015	2016	2017	2018 ¹⁰			
All of ICD-10	3561	3746	3542	2980	3457.3	286.8	13829
ICD-10 (Chapter F)	913	948	1036	837	933.5	71.5	3734

Source: prepared by the project researchers

Table 1 presents the universe of medical leaves coded by ICD-10 chapter, showing the strong presence of mental and behavioral disorders (27% of the total), which are the predominant cause of sick leave (see Toassa; Silva, in press). This number is slightly lower than that reported in research on teachers participating in a union congress in the state of São Paulo (APEOESPE, 2012). However, we can see a profile very similar to that of other research on teachers' health, based on the predominance of both mental and behavioral disorders and muscle and connective tissue diseases, although infectious and parasitic diseases also stand out, generally of lesser severity and short duration (Leão et al., 2015).

Regarding treatments aimed at mental health recovery, there are records of psychotropic drug use in 93 medical records, as well as of psychotherapy in 44 of

¹⁰ We only counted the 2018 data up to June, the month we obtained the research database. Proportionally, the high number of licenses in 2018 is striking, already approaching those of previous years.

them (mostly alongside medication). Few records mentioned physical activity for coping with mental illness (and only then on medical recommendation because of physical, not psychiatric, diseases).

Typically, processes of chronicity identifiable through recurrent psychiatric leaves led to rehabilitation measures with the following recommendation:

Job reassignment, requiring the performance of internal administrative activities in accordance with intellectual capacity that do not demand direct and constant contact with the public; classroom teaching; tasks that require high cognitive complexity (Psychiatric report, 06/2016).

One complaint from teachers observed in some social reports was the lack of time to attend psychotherapy, since, in many cases, such intervention was only available during business hours and there was no substitute at the school to cover the tenure teacher's absence. In general, we were struck by the scarcity of resources – and perhaps of time, considering the double workload of these teachers, mostly women – available to cope with mental illnesses. To date, the municipality of Goiânia does not have any policy aimed at improving the relationship between work and the mental health of teachers, whose low income, in our view, tends to limit their access to activities and therapies on their own¹¹.

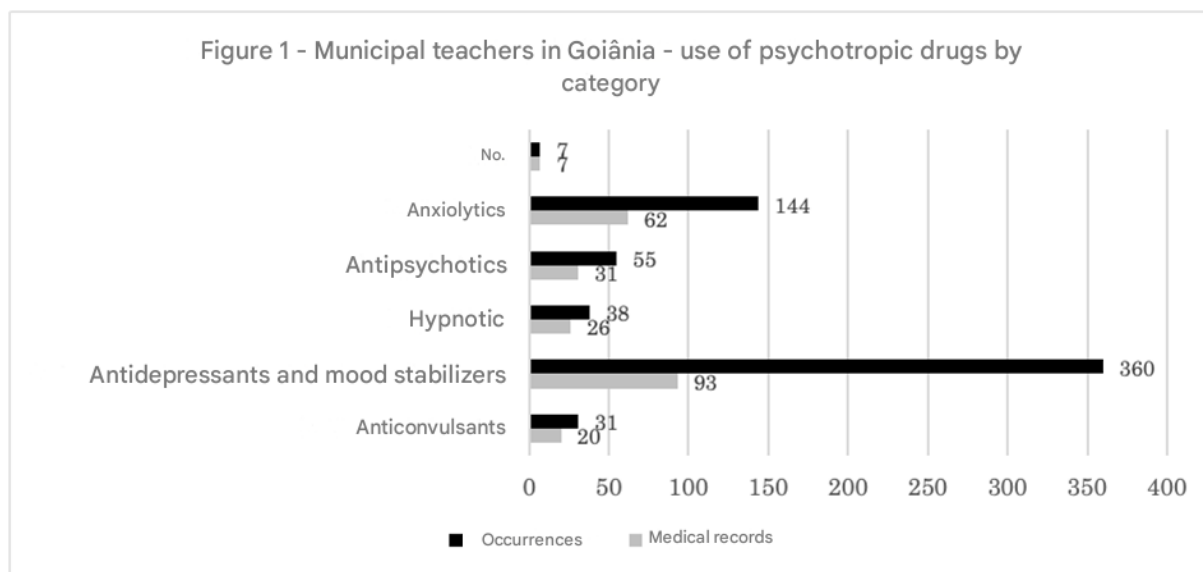
Table 2 and Figure 1 below present the results from our medical records database, whose records frequently contained various entries (occurrences) of uses of psychotropic drugs from different categories:

¹¹ Regarding their income, our quantitative research showed that the gross income of 50% of the teachers on leave is concentrated around the median of R\$ 5,340.41 (Toassa; Silva, in press).

Table 2: Categories of psychotropic medications used by municipal teachers in Goiânia (qualitative sample of medical records), in absolute numbers, based on the characteristics of the active ingredient and clinical function perceived in the medical records

Name	Occurrences	Medical records	Registered active ingredient
Anticonvulsants	31	20	Topiramate, lamotrigine, levetiracetam, valproate, zonisamide, pregabalin
Antidepressants and mood stabilizers	360	93	Selective serotonin reuptake inhibitors: fluoxetine, citalopram, paroxetine, sertraline, fluvoxamine, escitalopram. Tricyclics: amitriptyline, clomipramine, nortriptyline. Other antidepressants: venlafaxine, trazodone, bupropion, mirtazapine, duloxetine. Mood stabilizers: lithium, carbamazepine, sodium divalproate, valproic acid, lamotrigine, topiramate (also an anticonvulsant).
Hypnotics (depressant action)	38	26	zolpidem, zopiclone
Neuroleptics (antipsychotics)	55	30	Atypical: risperidone, clozapine, quetiapine, olanzapine, ziprasidone, aripiprazole. Typical: chlorpromazine, haloperidol, levomepromazine.
Anxiolytics (depressant action)	144	62	Benzodiazepines: diazepam, bromazepam, clobazam, clonazepam, flurazepam, estazolam, flunitrazepam, lorazepam, nitrazepam, lexotan, cloxazolam, alprazolam. Non-benzodiazepine: buspirone.
NR	7	7	Not reported.

Source: prepared by the researchers



Source: compiled by the author

The reality of teaching seems, to some extent, to mirror the delicate situation of Brazilians' mental health: the Ministry of Health (Brazil, 2019) indicates a 30% increase in depression support services within the SUS (Unified Health System) between 2012 and 2016. The current "depression epidemic" has led to a 61% increase in antidepressant consumption during the same period.

Ferreira (2016), in a study using questionnaires applied to teachers in the city of Rio Verde/Goiás, identified that the most used psychotropic drugs were fluoxetine (1.86%, the 12th most frequently reported medication), clonazepam (Klonopin®) (1.49%), and escitalopram (0.93%). In our sample of medical records, clonazepam remains the most frequently used (48 times), followed by fluoxetine and sertraline (43 times each), then the hypnotic zolpidem (30 times), and the antipsychotic quetiapine (27 times). The research by Insfran and Ladeira (2020) also identified a predominance in the use of benzodiazepines and antidepressants, with clonazepam also being the most frequent drug. Soares, Oliveira, and Batista (2017, p. 104, our translation) observe that "when work begins to demand effort from the individual, before becoming mentally ill, they experience a phase of tension and mental suffering with anxiety, stress, and dissatisfaction, consequently leading to the use of

anxiolytics," in a *continuum* that ranges from anxiety to depression. It is worth noting that benzodiazepines, however, have a high potential to create physical and/or psychological dependence.

Internationally, it is noteworthy that our country is "the third largest consumer of benzodiazepine anxiolytic medications in the world [...] and the sixth largest producer of these substances" (Brazil, 2019, p. 16, our translation). Our country is also the largest consumer of clonazepam and midazolam. However, as a broader category, medications related to mood disorders far surpass anxiolytics in our sample (ratio of 2.50/1), reinforcing the perception that teachers on leave have predominantly suffered from syndromes known as depression (and, secondarily, bipolar disorders). As shown in the previous table, 93 of the 109 teachers on leave used these medications during their careers in the municipality.

In a study of 31 questionnaires administered to active state school teachers, Insfran and Ladeira (2020) found that 26% of teachers reported requesting leave due to illness caused by work conditions. Within this group, of the 32% of teachers who use/used psychotropic medication to work, only 39% consider that psychotropic medication helps/helped them cope with their daily work. There are positive reports from one teacher who values the medication for helping her sleep better, without being affected by worry about the next day's tasks, or from another teacher who observes that prescribed drugs help her to maintain more control over her emotions. But our research – whose main difference is addressing the situation of illness among teachers on leave – also portrays another quite worrying phenomenon: the use of psychotropic medication in combination.

Table 3: Number of psychotropic drugs in association (2015-2017) in medical records¹²

Association of psychotropic drugs	Medical records
2 psychotropic drugs associated once	37
2 psychotropic drugs twice associated	9
2 psychotropic drugs associated three or more times	17
3-4 psychotropic drugs associated once	17
3-4 psychotropic drugs twice associated	14
3-4 psychotropic drugs associated three or more times	13
5 or more psychotropic drugs associated once	2
5 or more psychotropic drugs twice associated	0
5 or more psychotropic drugs associated or more three times	0

Source: prepared by the researchers

Table 3 highlights the frequent association between two categories of medications, predominantly between antidepressants and anxiolytics. Antidepressants are consumed in greater quantities, and the use of "intra-class" combinations is not uncommon, which seemed rarer among anxiolytics. In our view, the high number of antidepressants in the sample, in addition to the prevalence of depression diagnoses, is due to this greater combination of medications and the constant switching between them, a phenomenon that is less observed among benzodiazepines. The widespread use of antidepressants also appears in other studies, such as those by Segat and Diefenthaler (2013). Such research was performed with questionnaires applied to 106 teachers (38.09% of whom had already taken leave due to depression), of whom 34.9% used antidepressants. In state schools in São Paulo, Vedovato and Monteiro (2008) identified antidepressant use by 74.1% of teachers. In these studies, a smaller proportion of teachers obtained psychiatric leave or even used psychotropic drugs compared to those who reported illness due to work.

¹²Note: a single medical record may fall into more than one category (for example: the same teacher using two psychotropic drugs together once and also using combinations of 3-4 and/or 5 psychotropic drugs at once – but not at the same time).

It is important to note that switching between hypnotic and anxiolytic medications can signal the emergence of drug tolerance¹³. In our view, frequent switching of antidepressants, in particular, and their use in intraclass associations, may indicate 1) premature discontinuation, as a consequence of initial side effects typical of antidepressants, such as mood lability; 2) dissatisfaction with the results, leading to the search for relief from mental suffering through similar drugs, even though studies on different antidepressants – the medications most frequently combined or switched for others in the same class – attribute similar efficacy to them (Whitaker, 2017).

3.2 Psychotropic medications and their relationship with teaching work and school life

Several medical records provide evidence of severe mental illness, with clear indications of a link to work and school life¹⁴. In Rosalind's drama:

The teacher presents several symptoms characterized as signs of depression, including: anxiety, frequent crying, tachycardia, mood swings, and "suicidal thoughts" [...]. Due to her illness, the employee was hospitalized in a psychiatric hospital (Medical-expert report, 09/2016). As a result of this illness and the teacher's frequent absences from work, the school administration expresses concern about the teacher's work. According to the institution's administration, the teacher's absences end up causing complications in the daily school routine, since the employee has at times become ill in the classroom and had to leave the environment, a problem considering that she is teacher in early childhood education, in a class with four-year-old children (Rosalinda's summary sheet).

Indeed, the sheer volume of mood stabilizers — potent drugs with potentially deleterious effects, such as recurrence, worsening of the problem, and chronicity of the illness (Whitaker, 2017) — intended for the treatment of “bipolar disorders” and migraines, in the field more strictly related to mental health, is cause for concern. The antidepressants and anticonvulsants are also

¹³Tolerance is identified by the need for an increasingly higher dosage of a certain medication to obtain the desired effect.

¹⁴All names of teachers are fictitious.

valuable for the management of chronic pain (Cordioli; Gallois; Isolan, 2015), and their significant presence may also be related to the important prevalence of non-psychiatric illnesses among teachers in the municipality. According to Whitaker (2017), diagnoses of bipolar disorder have been increasing with the advent of selective serotonin reuptake inhibitors (SSRIs) since the 1980s, with well-founded suspicions that they are an iatrogenic consequence of the popularization of these drugs (see also Fava, 2020). This trajectory appears characteristically in the drama of teacher Ingrid:

In seven of the eight records regarding medication, she uses a combination of psychotropic drugs, alternating between mood stabilizers, antipsychotics, and antidepressants. In two records, it is considered that this strong medication did not obtain results (Text from the summary sheet).

We searched the medical records for information on the perceived effectiveness of psychotropic drugs, but unfortunately, only 44 of them contained any report (22 reported improvement, 10 reported worsening, 12 reported no perceived results). Despite the low frequency of these records, we note that 50% of the positive reports are close to the 39% reported by Insfran and Ladeira (2020).

The side effects of medications on attention and the sleep-wake cycle deserve highlighting. This is evident in Rosalinda's medical record: "The teacher has difficulties performing her work because she needs controlled medications that cause side effects on the body, such as nausea, dizziness, discomfort, etc."; or in Portia's: "She feels unwell in the classroom because she cannot control her sleepiness." Requests for shift changes appear in Marla's medical record: for the first time, from the night shift to the afternoon shift, and eight months after this request, she requests "a change of work schedule from the morning to the afternoon shift while maintaining the night shift, as the medications taken at night have side effects" (07/2018).

Overworked, this art teacher drives 65 to 75 km a day (undergoing foot surgery due to excessive driving) to three different schools in the municipality. Her

sleep problems resulted in "a car accident which, according to the psychiatrist, stemmed from stress and its impact on lack of sleep and spaced-out work, leading to medical leave" (Marla's summary sheet). The employee did not want a job reassignment, only a schedule change, which was granted to her by the Medical Board in the report below:

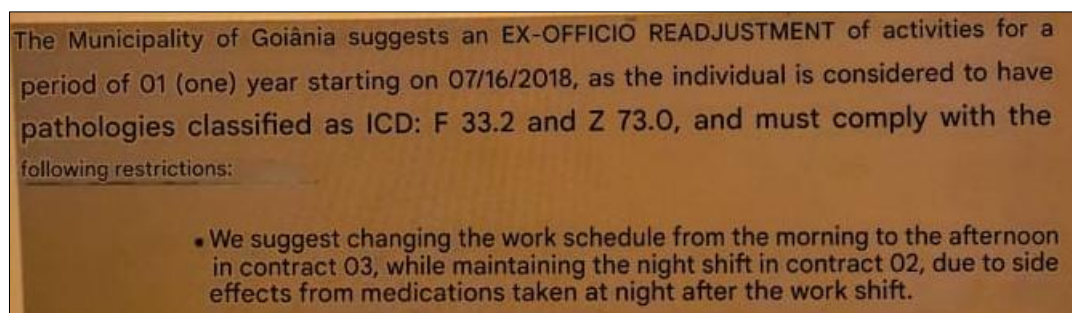


Figure 2 - Decision present in the work readjustment report (our translation)

The statement from teacher Marla's immediate boss to the social worker indicates that her relationship with the work environment is good; she is punctual and diligent, although she lacks "enthusiasm" (sic, social worker's report). The only negative point in her performance is her prolonged sick leave. The school principal also observes that she could be more productive at the institution, but she seems "very tired." In this sense, he indicates the need for a new organization of the employee's routine so that she can achieve better results, thus recognizing signs of presenteeism in this teacher over 50 years old, whose medical record does not show any other indications of mental illness besides work-related issues. The "treatment" therefore manages impotence, instead of seeking to intervene in the causes of her work-related illness. The supervisor limits herself to identifying the teacher's presenteeism and problematizing her absenteeism, without addressing either phenomenon. Would it be possible for her to keep her "enthusiasm" for work under such a high level of work-related demands?

The November 2017 psychiatric report prescribes Marla an antidepressant, a medication for chronic pain, and an atypical antipsychotic¹⁵— even though the reason given by this psychiatrist for her leave is depressive disorder with signs of anxiety. The same psychiatrist does not diagnose psychotic symptoms, nor even bipolar disorder, identifying that the patient “lacks energy for her activities and routine, has low self-esteem, feelings of guilt and ruin [...] with significant attention and memory deficits, impaired volition and pragmatism, and reports professional burnout” (Marla's summary sheet). Whitaker (2017, p. 252) observes that atypical antipsychotics can cause “metabolic dysfunction, hormonal abnormalities, diabetes, obesity, affective blunting, and tardive dyskinesia. Over time, the medications induce cognitive decline.”

Teacher Rose, whose coded diagnoses encompassed various mood disorders without psychotic symptoms, also uses antipsychotic medication during one of her leaves of absence. She reports to the expert that, in her first trimester of pregnancy, she used “Haldol, and is unable to perform her duties” (Medical-Expert Report, 10/2016). Workplace relationships appear in one of her leaves of absence, in which she attributes acute manifestations of her “disorder” to aggression by a “student during work activities” (Medical-Expert Report, 03/2017). At the time of this leave, she reports that she was “regularly using psychotropic medications, but maintains depressive and phobic symptoms” (Psychiatric Report, 03/2017), becoming unable to do her job. As we have identified in the records of several other teachers, she attempts, unsuccessfully, to return to work, experiencing a worsening of her suffering upon doing so, only to then request another leave of absence.

In teacher Margareth's history of absences, a psychiatric report from May 2018 indicates a worsening of bipolar disorder in the last two months, with “slight initial improvement via medication, but a resurgence of symptoms in the last two weeks...”. At that time, she was using a combination of three psychotropic drugs¹⁶,

¹⁵Respectively: escitalopram, pregabalin, and quetiapine.

¹⁶Sertraline, Carbolithium, Aripiprazole (respectively, antidepressant, mood stabilizer, and atypical antipsychotic).

with the symptomatic picture intensifying with work, according to the employee herself (she presents intense anguish and other symptoms just thinking about work activity); Carmela, on the other hand, states that she likes to work and does not wish to take leave, although she does so in August 2016 through the following psychiatric report: "She had previously improved with the use of escitalopram and has progressively worsened for about a month," which, according to the MMB expert, induces great anxiety regarding the medication, later better evaluated by the teacher when associated with a second antidepressant.

It is common to find an immediate discursive link between mental illness and problems of coexistence at school. In the case of teacher Persephone, an acute reaction to stress is documented after conflicts "in the work environment" (Psychiatric Report, 10/2015). She reports experiencing psychological suffering, thoughts of death, and resorting to the psychotropic drugs bromazepam and fluoxetine.

The story of Violet's absences, a state and municipal teacher in her fifties, includes the denial of her leave request and refutes the idea that there was a causal link between her suffering and her work. Her request for sick leave was denied by the State of Goiás in 2016 because there were no signs of illness, but only "old complaints of interpersonal relationship problems" (apparently, the evaluators' conception of psychiatric illness did not include social relationships as a cause of illness). Several observations about her mood and judgment are made without considering how they relate to her work. The same report from the Goiás State Health and Prevention Management notes that she complained of "lack of time" for psychotherapeutic treatment, which was not considered a noteworthy problem or the responsibility of the institution where she worked.

The teacher, however, identifies her work as one of the causes of her suffering, reporting on two occasions that she was the target of aggression from students, "losing control" after the first event. She reports "exhaustion" to one of the experts in 2011, and one of the psychiatric reports mentions the possibility of Burnout Syndrome, which, nevertheless, was not coded as a reason for any leave of absence. "Aversion to the workplace" is reported after

she changed schools following the first incident of aggression. Years later, she changes schools again, but the leaves of absence continue. Across her illness, the diversity and quantity of psychotropic drugs used, alone or in combination, are noteworthy. In 2014, Violet used a combination of four medications¹⁷, two of which involved a risk of chemical dependency. She used antidepressants of various categories, generally in combination, which points to their probable ineffectiveness. In this regard, among the consequences of psychotropic medication, we notice the existence of reports indicating that such medications lead to slight improvement, worsening, or even no result at all.

For Marla, as we have seen, the suggested approach is to adapt her work schedule to the "lesser evil" represented by the medication, which, in itself, represents an obstacle to performing her work in the morning; a treatment that is therefore limited to managing her impotence, in the absence of other strategies to resolve her health crisis. The statement from one of her immediate supervisors only identifies the effects of medication use at school, without taking into account possible changes to her work activity. Unfortunately, similar statements to those of this manager appear in several interviews from other records, although it must be acknowledged that the records are brief, impersonally addressed to experts during a formal visit to the school, and do not encompass the potential diversity of interventions and managers' impressions of teachers on leave. In our view, however, institutional intervention in the appalling precariousness of this teacher's work and life, with dramatic consequences for her physical and mental health, would be fundamental.

We have not seen, in the dramas of teacher illness, contributions to a change in the social situation and an increase in the power to act of teachers and their potential to carry out a job well done with the active team, because it is "In producing their means to live with, or against, others, in addressing them or turning their backs on them, but always in comparison with them and in contact with reality, that the subject constructs himself; in doing what must be done or redone with others, peers or hierarchical superiors" (Clot, 2010, p. 23), thus

¹⁷Lorazepam, Lamotrigine, Zolpidem, and Venlafaxine

operating in the recovery of the meaning of work, in creative power as a sign of health, as well as in its efficiency in the plan of training for human coexistence, society and culture.

Another concerning finding was the use of antipsychotics by 30 teachers (26% of the sample of medical records). These potent drugs trigger a wide range of side effects and deleterious consequences for the central nervous system when used long-term. It is noteworthy that, although 30 teachers in our sample of medical records were on leave using these medications (see Table 2), only 32 subjects in the entire population of thousands of teachers were absent from work between 2015 and 2017 due to reasons coded as schizophrenia, schizotypal disorders, and delusional disorders. Does the diagnosis correspond to the prescribed medications? What are the criteria for this prescription, and how are the diagnoses made? The medical records of these teachers rarely indicated signs of psychosis, such as delusions and hallucinations. Although Whitaker (2017) points out the use of atypical antipsychotics for cases of bipolar disorder (a widespread reason for absence from work among the teachers surveyed), typical antipsychotics, intended for cases of schizophrenia, are also present in our sample. Regarding this phenomenon, we can fairly observe that there is “medicamentization”, and not simply medication, among teachers, as well as significant diagnostic errors.

4. Final Considerations

The wide variety of dramas experienced by teachers, perceptible in the documentary record of their medical files, disappears under the exclusive treatment with psychotropic drugs. These are sufferings resulting from perceived incompetence, humiliation, and loss of prestige in the workplace; physical or verbal aggression; because, as Clot (2010) states, work is permeated by human values and experienced by a singular body in its interpersonal and intrapersonal dimensions. Teachers can only have a voice when speaking the codes of the system: their diagnosis, their symptoms, and medication, ultimately denoting a process in which the psychological and metabolic side effects of psychotropic drugs are not problematized, nor are teachers guided on alternatives for health recovery. In the

overall picture, both medicalization and medicamentization processes are evident. The use of medications in combination and of typical antipsychotics without any indication of psychotic symptoms caused us great concern and needs to be further investigated in future research.

Finally, more comprehensive studies are needed on the psychosocial and institutional impacts of psychotropic drug use, in relation to a more in-depth perspective on the suffering of teaching staff as "identified patients," focusing on their existential, interactional, and financial impacts, and on the overall health of working individuals, their school environment, and their work processes.

With the intention of promoting the recovery of the health of teachers on leave, we found that several experts and other professionals encouraged the consumption of prescribed medications, even when teachers reported having discontinued their use – which may be a response to their ineffectiveness – although they did not comment on other possible recommendations for methods of mental health recovery, considering the person as a whole. Several medical records show an astonishing trajectory of chronicity that, also frequently, occurs without any reported seeking non-pharmacological treatments, in a process of illness in which body and mind uniquely reflect the "causal links" with work and the way it mediates school life.

While psychological assessments focused on deficits or capabilities related to teaching work capacity, social workers' reports included workplace and residence visits, providing a broader perspective on interpersonal relationships in both settings. We believe that reinforcing this social dimension in expert interviews and school interventions is fundamental for understanding and changing school relationships as the primary source of work-related teacher illnesses in its multiple determinants, especially the relationship with students and immediate supervisors, complemented by precarious access to leisure, culture, sports, and other activities beneficial to mental health (Rosa *et al.*, 2024; Septimio; Toassa; Rosa, 2023). Suppose educators from public schools need to experience their world, their time actively, and to introduce new generations to their culture. Guaranteeing this right is the duty of public policies, without prejudice to strengthening teachers' labor rights.

According to Clot (2010), the recovery of the power to act requires a broad restorative intervention present in the constitution of teaching collectives, necessarily linked to the democratic principles of freedom to teach and to participate in school decisions. As the author states: “The 'weakness' into which the painful experience precipitates the subject is a source of 'strength' only if he also finds around him, with others – his peers – resources for compensation in collective social life and in the social plurality of the circles in which he is inserted” (Clot, 2010, p. 115, our translation).

Uso de psicofármacos por docentes en licencia psiquiátrica: un estudio en Goiânia

RESUMEN

Este artículo se centra en dramas singulares de enfermedad, informando una investigación sobre el proceso de medicalización social/medicación con psicofármacos, la licencia laboral por trastornos psiquiátricos y su relación con la convivencia escolar y el trabajo docente, basado en la psicología histórico-cultural y la clínica de la actividad. En un corpus en el que predominan las depresiones como motivo de licencia laboral, los resultados de la investigación, basados en 109 registros médicos de profesores en licencia psiquiátrica (proporcionados por la Junta Médica Municipal de Goiânia), mapean el uso generalizado de drogas antidepresivas y ansiolíticas, con mayor frecuencia de clonazepam, fluoxetina y sertralina, y común el consumo de psicofármacos en asociación. A pesar de las limitaciones de los registros investigados, se observó que el tratamiento buscado por los profesores es principalmente medicinal, lo que confirma la medicalización del cuidado, en detrimento de un enfoque integral del sujeto en su drama singular de enfermedad. Identificamos signos de presentismo y repercusiones negativas del uso de psicofármacos en la convivencia escolar y en el trabajo de los profesores, lo que desestima un enfoque de la relación entre el trabajo y la enfermedad, emergente en los dramas de enfermedad. Nuestras conclusiones ratifican las observaciones de Whitaker (2017) sobre la estrecha conexión entre la cronicidad y el consumo de psicofármacos, y enfatizan la necesidad de promover políticas e intervenciones para el seguimiento integral de la salud de los docentes en sus múltiples determinaciones, así como la restauración del papel del trabajo como operador de salud, desarrollo y creatividad humana.

Palabras clave: Medicalización. Trabajo docente. Salud del profesor. Convivencia escolar. Psicofármacos.

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