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Psychological distress and institutional silence in the Brazilian judiciary: a comparison with the United States and Portugal

O sofrimento psíquico e o silêncio institucional na magistratura brasileira: uma comparação com os Estados Unidos e Portugal

El sufrimiento psíquico y el silencio institucional en la magistratura brasileña: una comparación con Estados Unidos y Portugal

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Abstract:
This article examines the psychological distress associated with judicial work in Brazil through a comparative analysis of the main empirical evidence produced in the United States and Portugal. It starts from the hypothesis that judges' mental illness is an occupational phenomenon linked to the organization of judicial work, aggravated by an institutional silence that hinders its recognition and measurement. The research adopts a qualitative, exploratory and descriptive approach, based on bibliographic and documentary review. In the United States, the National Judicial Stress and Resiliency Survey, with 1,034 judges, indicated that more than one in five may meet a criterion for depressive disorder. In Portugal, the study by the Permanent Observatory of Justice of the University of Coimbra, with 684 judges, found 52.9% at medium-high or high risk of burnout. In Brazil, surveys by the National Council of Justice and the Brazilian Judges Association reveal worsening mental health and frequent use of medication, but also serious underreporting in official records. The article concludes that the country lacks a national diagnosis based on validated instruments and that the mental health of the judiciary should be treated as a matter of public interest, tied to the quality and legitimacy of adjudication.

Keywords:
judiciary; mental health; burnout; institutional silence; comparative law.

Resumo:
O artigo examina o sofrimento psíquico associado ao exercício da magistratura brasileira a partir de uma análise comparada das principais evidências empíricas produzidas nos Estados Unidos e em Portugal. Parte-se da hipótese de que o adoecimento psíquico dos juízes é um fenômeno ocupacional ligado à organização do trabalho judicial, agravado por um silêncio institucional que dificulta seu reconhecimento e mensuração. A pesquisa adota método qualitativo, de natureza exploratória e descritiva, com revisão bibliográfica e documental. Nos Estados Unidos, o National Judicial Stress and Resiliency Survey, com 1.034 juízes, indicou que mais de um em cada cinco pode preencher critério de transtorno depressivo. Em Portugal, o estudo do Observatório Permanente da Justiça da Universidade de Coimbra, com 684 juízes, identificou 52,9% em risco médio-alto ou elevado de burnout. No Brasil, as pesquisas do Conselho Nacional de Justiça e da Associação dos Magistrados Brasileiros revelam piora da saúde mental e uso frequente de medicação, mas também uma grave subnotificação nos registros oficiais. Conclui-se que o país carece de diagnóstico nacional com instrumentos validados e que a saúde mental da magistratura deve ser tratada como questão de interesse público, ligada à qualidade e à legitimidade da prestação jurisdicional.

Palavras-chave:
magistratura; saúde mental; burnout; silêncio institucional; direito comparado.

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Resumen:
El artículo examina el sufrimiento psíquico asociado al ejercicio de la magistratura brasileña a partir de un análisis comparado de las principales evidencias empíricas producidas en los Estados Unidos y Portugal. Se parte de la hipótesis de que la enfermedad mental de los jueces es un fenómeno ocupacional relacionado con la organización del trabajo judicial, agravado por un silencio institucional que dificulta su reconocimiento y medición. La investigación adopta un método cualitativo, exploratorio y descriptivo, con revisión bibliográfica y documental. En Estados Unidos, la Encuesta Nacional de Estrés y Resiliencia Judicial, con 1.034 jueces, indicó que más de uno de cada cinco puede cumplir con el criterio de trastorno depresivo. En Portugal, el estudio del Observatorio Permanente de la Justicia de la Universidad de Coimbra, con 684 jueces, identificó un 52,9% en riesgo medio-alto o elevado de burnout. En Brasil, las investigaciones del Consejo Nacional de Justicia y la Asociación de Magistrados Brasileños revelan un deterioro de la salud mental y el uso frecuente de medicamentos, pero también una grave subnotificación en los registros oficiales. Se concluye que el país carece de un diagnóstico nacional con instrumentos validados y que la salud mental de la magistratura debe ser tratada como una cuestión de interés público, vinculada a la calidad y legitimidad de la prestación judicial.

Palabras clave:
magistratura; salud mental; burnout; silencio institucional; derecho comparado.

1. Introduction

The judge is socially represented as a figure of balance, serenity and self-control, but this image, necessary for the legitimacy and authority of the function itself, has a high cost in that it makes it difficult to admit and recognize the possibility of mental illness of the judge. The psychic suffering of the magistrate is viewed as a personal fragility or reserved subject, outside the possibility of discussion and confrontation.

The empirical evidence accumulated over the last decade, based on research conducted in different judicial systems, shows high levels of stress, exhaustion, sleep disturbances, depressive symptoms and a serious risk of burnout among judges. Related factors repeat themselves: volume of processes, weight of decisions, productivity targets, insecurity, isolation and continuous exposure to reports of violence and human suffering.

In Brazil, the issue gained regulatory scope with CNJ Resolution No 207/2015, which established the Policy of Comprehensive Health Care for Magistrates and Servants of the Judiciary.

However, official data reveal a paradox: while associative surveys indicate that 51% of Brazilian magistrates needed medical, psychological or psychoanalytic treatment for emotional or psychological difficulties after entering the career[1], the National Council of Justice's national

[1] AMB – ASSOCIAÇÃO DOS MAGISTRADOS BRASILEIROS; IPESPE – INSTITUTO DE PESQUISAS

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survey recorded, in 2023, only 69 magistrates away for more than 30 days due to mental disorders[2].

The distance between reported and actually recorded suffering is what this work calls institutional silence.

The problem can be summarized as follows: What do the main empirical research from the United States, Portugal and Brazil reveal about psychological suffering in the judiciary, and to what extent does the Brazilian diagnostic model contribute to making the subject virtually invisible?

The overall objective is to compare these evidence to identify convergences, risk factors and gaps. The specific objectives are:

i) delimit the concepts of occupational stress, burnout and secondary traumatic stress applied to judicial work;

ii) systematize the findings of the US National Judicial Stress and Resiliency Survey and the Portuguese study of the Permanent Observatory for Justice;

iii) examine the Brazilian regulatory and empirical landscape; and

iv) propose a minimum research and institutional policy agenda.

As regards the justification, it concerns the health of professionals subjected to intense pressure and working conditions and, from an institutional point of view, the judge's mental health has a bearing on the quality, speed and humanity of decisions, hence the fundamental right of access to justice itself.

2. Burnout and secondary traumatic stress

The term burnout was popularized by Freudenberger in 1974[3], as a state of physical and emotional exhaustion resulting from intense and prolonged work. The author described two groups of signs that identify burnout: the first comes from physical signs such as exhaustion, fatigue, headache, insomnia, shortness of breath and gastrointestinal disorders; the second comes from behavioral signs, including anger, frustration, irritability, and frequent crying.

SOCIAIS, POLÍTICAS E ECONÔMICAS; FLAM – FEDERAÇÃO LATINO-AMERICANA DE MAGISTRADOS. Profile of the Latin American judiciary. [S. l.]: AMB, [2023], p. 8.

[2] CONSELHO NACIONAL DE JUSTIÇA (Brasil). CNJ improves mental health data collection in the judiciary. Agência CNJ de Notícias, Brasília, 20 May 2025. Available at: https://www.cnj.jus.br/cnj-aprimora- coleta-de-dados-sobre-saude-mental-no-judiciario/. Accessed: 20 Nov. 2026.

[3] FREUDENBERGER, Herbert J. Staff burn-out. Journal of Social Issues, v. 30, n. 1, p. 159-165, 1974.

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According to Freudenberger, a person affected by burnout may develop a distrust attitude close to paranoia, feeling persecuted, or, in the opposite sense, considering themselves superior to their peers because of his greater experience. And in an attempt to alleviate these symptoms, the individual may become addicted to substances such as barbiturates and tranquilizers, or resort to alcohol or narcotics. The situation is aggravated by isolation; depressed, the worker moves away from friends and family and spends more and more time in the workplace, often just to meet schedules, returning less and less to domestic life.

Freudenberger warns that the most dedicated and committed professionals are precisely those most prone to burnout. The observation is particularly relevant for the judiciary, a career marked by a high sense of duty and responsibility.

Maslach and Jackson presented a three-dimensional concept for burnout[4], starting from the idea that the syndrome is not reduced to mere fatigue, but consists of three interconnected dimensions, which manifest themselves progressively.

The first, emotional exhaustion, corresponds to the feeling of being overwhelmed and exhausted by the emotional demands of work, and is generally considered the core of the syndrome; the second, depersonalization, translates into a distant and cynical response towards the people to whom the professional provides his services, acting as a defense mechanism by which the worker protects himself from emotional exhaustion, at the expense of empathy and quality of care; the third is the reduction of personal achievement, which expresses the negative self-evaluation of those who find themselves ineffective in dealing with the recipients of their work and fulfilling their responsibilities.

Transposed to the judiciary, this triad helps to understand a silent process: the judge exhausted by the volume of proceedings and the emotional load of cases can now treat lawyers, parties and victims bureaucratically, distantly and even rudely. Over time, it may still lose the sense of its own function and each of these stages directly affects the quality and humanity of the judicial provision[5].

In 2001, researchers Evangelia Demerouti, Arnold B. Bakker, Friedhelm Nachreiner and Wilmar B. Schaufeli proposed the Job Demands–Resources model, arguing that high and

[4] MASLACH, Christina; JACKSON, Susan E. The measurement of experienced burnout. Journal of Occupational Behaviour, v. 2, n. 2, p. 99-113, 1981. DOI: 10.1002/job.4030020205.

[5] In 2019, the World Health Organization included burnout in ICD-11 (code QD85) as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. See WORLD HEALTH ORGANIZATION. Burn-out an "occupational phenomenon": International Classification of Diseases. Geneva: WHO, 28 May 2019.

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persistent demands without compensating resources lead to exhaustion and disengagement from work[6].

This theoretical benchmark is the basis of the Oldenburg Burnout Inventory (OLBI), an instrument developed by Demerouti to empirically measure these two central dimensions and used in the Portuguese study analysed below. According to the authors, exhaustion is the consequence of intense physical, emotional and cognitive wear and tear, resulting from long exposure to high demands, and distancing, in turn, encompasses responses to tasks such as mechanical execution of work and lack of engagement[7].

This disruption of the cognitive-emotional system caused by the imbalance between the demands of work and the resources available to the worker to cope with them creates occupational stress. Along with it, there is secondary traumatic stress, also called compassion fatigue, which designates the psychological effects of repeated exposure to other trauma[8], whose symptoms resemble those of post-traumatic stress disorder: intrusive recollections of cases, avoidance, irritability, insomnia, hypervigilance and emotional numbing. It's different from burnout because it stems from the traumatic content that the professional is exposed to, not the overload.

While the concept has been formulated for therapists, first responders and healthcare professionals, it is precisely applied to the judge who deals with crime, family, childhood and domestic violence. The empirical evidence confirms this vulnerability. In Australia, a third of judges and magistrates surveyed had moderate to severe secondary traumatic stress, a range recommended for post-traumatic stress assessment[9].

2.1. Psychodynamics of work and institutional silence

The work psychodynamics, developed by Christophe Dejours[10], offers a reading key to understanding why work suffering tends to remain hidden.

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[6] DEMEROUTI, Evangelia; BAKKER, Arnold B.; NACHREINER, Friedhelm; SCHAUFELI, Wilmar B. The job demands-resources model of burnout. Journal of Applied Psychology, v. 86, n. 3, p. 499-512, 2001.
[7] Ibidem, p. 500-501.
[8] FIGLEY, Charles R. Compassion fatigue as secondary traumatic stress disorder: an overview. In: FIGLEY, Charles R. (ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel, 1995. p. 1-20.
[9] SCHREVER, Carly; HULBERT, Carol; SOURDIN, Tania. The psychological impact of judicial work: Australia's first empirical research measuring judicial stress and wellbeing. Journal of Judicial Administration, v. 28, n. 3, p. 141-168, 2019.
[10] DEJOURS, Christophe. The madness of work: a study of occupational psychopathology. Translated by Ana Isabel Paraguay e Lúcia Leal Ferreira. 5. expanded ed. São Paulo: Cortez-Oboré, 1992.

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For the author, normalcy observed in the workplace does not mean that there is no suffering, but it is a precarious balance, achieved at the expense of a constant effort to adapt. Faced with organizational requirements that cannot be met without psychological cost, workers build defensive, individual and collective strategies that allow them to withstand the pressures and avoid mental decompensation. The result is an appearance of normality that conceals real and persistent suffering beneath the surface[11].

These strategies work like real psychic pain anesthetics. Risk denial, rationalization, cynicism and silence allow the worker to continue his job without being paralyzed by the distress that working conditions cause. When shared by the group, they become collective defence strategies and integrate into the professional culture itself. Their effect, however, is ambivalent: they protect the individual in the short term but prevent suffering from being recognized, named and transformed. In doing so, they preserve the organizational conditions that produce it.

In the professional environment, exposure to fragility tends to be interpreted as a sign of incompetence or weakness, which creates fear of stigma, loss of prestige and exclusion. This fear is enhanced by what Dejours describes as the contemporary appreciation of performance and excellence[12]. By exalting enduring resilience and high productivity, organizations silence complaints and shift suffering from the collective sphere to the individual. Disease is no longer seen as an effect of the organization of work and is attributed to the alleged inadequacy of the person who becomes ill.

In the judiciary, these dynamics take on particular contours. The authority of the function rests on the image of balance and serenity of the judge, and the judicial management system is strongly guided by productivity goals. Both favor the denial of suffering as a defensive strategy and make it especially costly to admit. The magistrate who discloses the illness fears compromising its credibility with the parties, peers and functional assessment bodies. The apparent normalcy of the career therefore does not warrant concluding that the problem does not exist. It may just be the symptom of a suffering that institutional culture has taught us to keep quiet.

On the basis of these contributions, this paper understands institutional silence in the judiciary as a combination of three elements:

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[11] DEJOURS, Christophe; ABDOUCHELI, Elisabeth; JAYET, Christian. Psychodynamics of work: contributions of the Dejourian school to the analysis of pleasure, suffering and work. São Paulo: Atlas, 1994.
[12] DEJOURS, Christophe. The trivialization of social injustice. Rio de Janeiro: FGV, 1999.

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i) the judge's individual silence, avoiding disclosure of illness for fear of stigma, performance assessment or loss of authority;
ii) statistical silence, produced by recording systems that do not capture suffering that does not lead to formal leave;
iii) managerial silence, when the organization of judicial work, centered on quantitative targets, does not incorporate health as a planning variable.

3. United States: the National Judicial Stress and Resiliency Survey

The National Judicial Stress and Resiliency Survey is the largest such survey ever conducted in the United States. It was prepared by a team of judges, lawyers and a forensic psychologist, affiliated with the American Bar Association's Commission on Lawyer Assistance Programs. In 2019, it obtained voluntary responses from 1,034 judges, mostly from state courts[13].

According to the American survey,

> the most frequently identified stressors were related to the inherent weight of judicial work (the importance and impact of decisions) and the frequently high-volume, time-pressured environment in which judges perform that work (heavy caseload)[14].

Dealing with unprepared lawyers and repeatedly with the same parties without observing the resolution of the problem were also factors that impacted the level of stress in the U.S. judiciary, due to the frustration related to the feeling of inefficiency of the function.[15] This last item deserves attention as it translates the frustration of those who decide cases that recur cyclically, as often occurs in criminal courts, in family conflicts and domestic violence.

Reported effects included fatigue after multiple hearings (38.8%), sleep disturbances (36%), attention and concentration problems (32.3%), rumination about cases already decided (30.8%), health concerns such as hypertension (27.6%), and cynicism about court effectiveness

[13] MARONEY, Terry A.; SWENSON, David X.; BIBELHAUSEN, Joan; MARC, David. How are you holding up? The state of judges' well-being: a report on the 2019 National Judicial Stress and Resiliency Survey. Judicature, Durham, v. 107, n. 1, p. 22-33, 2023. Available at: https://judicature.duke.edu/articles/the-state-of-judges-well-being-a-report-on-the-2019-national-judicial-stress-and-resiliency-survey/. Accessed: 20 Nov. 2026.
[14] In the original: "The most frequently identified stressors were related to the inherent weightiness of judicial work (importance/impact of decisions) and the frequently high-volume, time-pressured environment in which judges perform that work (heavy docket)". Ibidem, p. 25, our translation.
[15] Ibidem, p. 24.

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(26.3%). Female judges reported significantly higher levels of stress and its effects than male judges on most items[16].

In mental health, more than one in five judges can meet at least one criteria for depression. Nearly 6 percent reported severe or extremely severe anxiety symptoms, and nearly one in four experienced stress at a potentially disabling level. Increasing or high-risk alcohol consumption reached 9.5% of respondents, a percentage lower than that of lawyers but slightly higher than that of the general adult population[17].

The study introduces the notion of a resilience gap, meaning the difference between a judge's interest in a self-care practice and its actual use. The largest gap concerns peer support: only 36.8% seek it, although 83% express interest[18].

This finding is eloquent for the thesis of institutional silence. The judge wants to talk to his peers about suffering, but he can't find a safe place to do so.

The authors' recommendations are addressed to different actors. Court officials should make welfare a visible priority and normalize the use of care programmes. It is up to the correctional bodies to create disciplinary alternatives that refer at-risk judges to treatment rather than just punish them. Judicial schools may include health content in the training, especially of newly appointed judges, and offer confidential peer support forums[19].

4. Portugal: the study by the Permanent Observatory of Justice

In Portugal, the Permanent Justice Observatory of the Centre for Social Studies at the University of Coimbra carried out, between December 2022 and January 2023, the Study on working conditions, work wear and welfare of Portuguese judges. The initiative involved the Portuguese Association of Judges, the High Council of the Judiciary and the Supreme Court. 684 valid responses were obtained from a universe of 2,043 active judges (33.5%), supplemented by 40 interviews and focus groups[20].

[16] Ibidem, p. 26-27.
[17] Ibidem, p. 28.
[18] Ibidem, p. 29.
[19] Ibidem, p. 31.
[20] DIAS, João Paulo; CASALEIRO, Paula; GOMES, Conceição; VEIGA, Gustavo; BRANCO, Patrícia; LIMA, Teresa Maneca; NEVES, Ana Filipa. Working conditions, occupational strain and well-being in the Portuguese judiciary. Coimbra: Observatório Permanente da Justiça; Centro de Estudos Sociais da Universidade de Coimbra, 2025. p. 35, 43 e 47. ISBN 978-989-8847-93-5. Available at: https://csm.org.pt/wp-content/uploads/2026/02/Livro_Condicoes-de-Trabalho-Juizes-2025.pdf. Accessed: 20 Nov. 2026.

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The study used the Copenhagen Psychosocial Questionnaire (COPSOQ II) for psychosocial and health risks, and the Oldenburg Burnout Inventory (OLBI) for burnout.

The results are expressive. Of the total, 36.2% of judges were at medium-high risk of burnout and 16.7% at high risk, adding up to 52.9%. In the first instance, the high risk was concentrated in the areas of work (21.9%), civil (21.5%), criminal (20.5%) and family and minors (20%) [21].

As for other indicators, 64.9% of judges were in the health risk group for sleep problems, 34.2% for stress and 24.9% for depressive symptoms[22]. Portuguese judges work, on average, 46 hours a week, over 31% work more than 51 hours, and in courts of general competence the average reaches 56 hours[23].

The labour demand indicators were equally worrying. In the highest risk group, 87.9% of judges were at cognitive demands, 72.9% were at work rhythm, 70.9% were at work-family conflict and 66.1% were at emotional demands[24]. In addition, 72.9% reported having to work on a recurring basis at a very high rate, and 22.8% stated that this always happens [25]. 41% said they regularly perform tasks they consider unnecessary[26].

The authors grouped the risk factors into three dimensions. The first brought together the functional characteristics, such as the volume of proceedings, deadlines, megaprocesses and the nature of conflicts. The second concerned organisational aspects, linked to the support and means provided by management bodies and the third concerned performance assessment, which was criticized for giving priority to statistical productivity[27].

The exercise of this function is characterized by long working hours, high pace and experiencing emotionally disturbing situations, especially in the areas of family and crime. According to the authors, this framework can lead to errors, lack of concentration and difficulties in decision-making, with risks to trust and the quality of justice[28].

[21] Ibidem, p. 207-208.
[22] Ibidem, p. 112.
[23] Ibidem, p. 130-131.
[24] Ibidem, p. 64.
[25] Ibidem, p. 69.
[26] Ibidem, p. 79.
[27] Ibidem, p. 212.
[28] Ibidem, p. 213.

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4.1. Judicial culture, the silence of the Portuguese judiciary and the study recommendations

The Portuguese study provides direct evidence of the phenomenon this article calls institutional silence. The overwhelming majority of judges said they had never been absent from work on sick leave and assessed their own health positively, yet the same judges reported high stress and high burnout scores. According to the authors, this contrast is reinforced by a judicial culture that promotes a narrative of rejecting emotion and denying the impact of stress on professional performance, explaining the reports of resistance to taking sick leave[29].

One of the interviewees summarized this culture by observing that most colleagues do not discuss overload and accept it as an inevitable reality: "most colleagues remain silent"[30].

The study also identified disciplinary processes established in the direct or indirect aftermath of disease situations. According to the authors, this merely punitive response, without measures of recovery and reintegration, can aggravate the stigma over the sick judge[31].

The main recommendation of the study was the creation of an Occupational Health Office, with the mission to protect the health of judges, prevent psychosocial risks and develop a culture of prevention in the courts. The office would bring together an interdisciplinary team, individualized psychological support programme and training in stress management and burnout prevention[32].

The recommendation has already produced an effect. In the book's preface, the Vice-President of the High Council of the Judiciary reports the creation of the CSM Occupational Health Office and states that "judicial independence is also built on adequate material conditions, effective institutional support, and attention to judges' health"[33].

The Portuguese case has particular value for Brazil, as it shows that it is possible to produce a national diagnosis, with validated instruments and breakdowns by area of practice, from a partnership between university, class association and judicial authorities. It also shows that this diagnosis can quickly become institutional policy.

[29] Ibidem, p. 214.
[30] Ibidem, p. 136.
[31] Ibidem, p. 214.
[32] Ibidem, p. 226.
[33] Ibidem, p. 5-6.

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5. Brazil: between regulations, numbers and silence

CNJ Resolution No. 207 of October 15, 2015 established the Comprehensive Health Care Policy for Judges and Judiciary Staff, adopting the World Health Organization's concept of health as a state of complete physical, mental and social well-being rather than merely the absence of disease. Its principles include universal access to actions, a biopsychosocial approach to the health–disease process, and democratization of policy governance[34].

The policy was followed by the establishment of the National Management Committee for Comprehensive Health Care by the CNJ Ordinance No. 6/2016, and amended by CNJ Resolutions 338/2020, 403/2021 and 623/2025. The last amendment is the most revealing for this study, as we shall see later.

The CNJ conducted two rounds of research on the mental health of judges and judiciary staff in the context of covid-19, in 2020 and 2021. In the second round, 21,646 people responded, of which 1,981 magistrates, equivalent to 11.7% of the national judiciary[35].

The results indicate progressive deterioration. In 2021, 60.8% said they were more tired than before, up from 47.8% in 2020. The perception of deteriorating health went from 37% to 54.9%, and that of deteriorating mood from 53% to 62.6%. Fear was the most common feeling (49.5%), and hope dropped from 30% to 21.4%. The demand for psychological care has almost doubled, from 12.6% to 23.7%. At the same time, 54.8% reported an increase in work volume and 66.1% spent longer hours working.[36]

There is an important limitation: the report does not separate the results of judges and judiciary staff, even by gender. This prevents specific conclusions about the judiciary and illustrates, by itself, the difficulty of seeing the judge as a subject of care.

Conducted between April and August 2022, the Profile of the Latin American Judiciary survey, led by the AMB Judicial Research Center in partnership with Ipespe and the Latin American Federation of Magistrates, surveyed 1,573 judges from 16 countries, 11 of which were included in the final report[37].

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[34] BRASIL. Conselho Nacional de Justiça. Resolution No. 207 of October 15, 2015. Establishes the Comprehensive Health Care Policy for Judges and Judiciary Staff. Brasília: CNJ, 2015. Available at: https://atos.cnj.jus.br/files/compilado123807202506046840 3e2f0e8d8.pdf. Accessed: 20 Nov. 2026.

[35] CONSELHO NACIONAL DE JUSTIÇA (Brasil). Assessment of the mental health of judges and judiciary staff in the context of the COVID-19 pandemic. Brasília: CNJ, 2022. 31 p. ISBN 978-65-5972-058-3. Available at: https://www.cnj.jus.br/wp-content/uploads/2022/06/pesquisa-saude-mental-2022-v2-30032022.pdf. Accessed: 20 Nov. 2026.

[36] Ibidem.

[37] AMB; IPESPE; FLAM, op. cit.

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As regards health, the Brazilian data in the report are as follows:

i) 51% said they had needed medical, psychological or psychoanalytic treatment for emotional or psychological difficulties since entering careers, the second highest percentage in the region, behind only Uruguay, at 53%;

ii) 59% said that their occupational activity worsened their health, also the second highest index, behind Uruguay, at 64%;

iii) 33% regularly take medication to control stress, anxiety or other activity-related conditions, the highest percentage in the region, tied with Uruguay;

iv) 77% strongly agree that the stress level of magistrates is higher now than in the past, the highest rate among the countries surveyed;

v) 80% agree, to a large extent or partially, that depression, panic syndrome, anxiety attacks and suicide have become more frequent in the category in the last ten years, also the highest rate in the region;

vi) 50% reported having already suffered a threat to life or physical integrity due to the function.[38]

The last figure enlarges the picture. In addition to the workload, the Brazilian judge lives with personal insecurity, a stressor that is not present in North American and Portuguese studies.

Another aspect of the report deserves to be highlighted: a considerable proportion of magistrates chose not to answer questions about mental health. The authors themselves suggest that this may indicate resistance to address the topic or greater sensitivity to it[39], as well as concern for privacy[40]. The research itself records the silence that this work seeks to name.

Absenteeism data point in the same direction, but with much smaller numbers. According to data presented by Superior Court of Justice psychologist Fábio Angelim in a CNJ webinar in September 2023, mental disorders are the fourth leading cause of judges' sick leave and account for 10% to 18% of all medical leave days in the judiciary. Retirement due to a mental disorder is 9.4 times more likely than retirement due to musculoskeletal disease[41].

[38] CONJUR – CONSULTOR JURÍDICO. 33% of judges take medication to control anxiety and stress. Consultor Jurídico, São Paulo, 28 Feb. 2023. Available at: https://www.conjur.com.br/2023-fev-28/33-juizes-tomam-remedio-controlar-ansiedade-estresse/. Accessed: 20 Nov. 2026.

[39] AMB; IPESPE; FLAM, op. cit., p. 8.

[40] Ibidem, p. 11.

[41] CONSELHO NACIONAL DE JUSTIÇA (Brasil). The health of judges and judiciary staff requires investment and humanized management. Agência CNJ de Notícias, Brasília, 11 Sept. 2023. Available at: https://www.cnj.jus.br/saude-de-magistrados-e-servidores-exige-investimento-mas-tambem-gestao-humanizada/. Accessed: 20 Nov. 2026.

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At the Court of Justice of Minas Gerais, long-term absences among judges and staff in 2025 were concentrated in mental and behavioral disorders, especially anxiety and depression[42].

The most eloquent contrast, however, came from the CNJ itself. In adopting Resolution 623/2025, the rapporteur, Councillor Guilherme Feliciano, noted that the mental health data collected by the Council were far from the figures submitted by the associations of magistrates. In 2023, the official survey recorded only 69 judges removed for more than 30 days due to mental disorders, less than 0.5% of the country's 18,642 judges. At the same time, the rapporteur recalled that the Census of the Judiciary had pointed to a scenario in which 58.5% of Brazilian magistrates declared themselves to be under stress and 56.2% to be under anxiety[43].

The contrast is revealing: the judiciary's own data show that more than half of judges report psychological distress, but only a few dozen appear in records of absences lasting more than 30 days. To address this underreporting, CNJ Resolution No. 623/2025 began requiring courts to report absences due to mental disorders with their respective ICD codes, including those lasting fewer than 30 days, broken down by age group[44].

The explanation for the discrepancy is not that judges rarely fall ill. They fall ill in silence. They continue working, seek private treatment and avoid formal leave, the only event captured by official statistics. In practice, judges have been observed to recommend psychological treatment to litigants while neglecting their own mental health care, in a state of denial.

5.1. Remuneration insecurity as a stress factor

The literature on occupational health recognises remuneration as a central component of mental balance at work. The effort-reward imbalance model proposed by Siegrist holds that stress arises when the required effort is high and the rewards obtained, which include salary, stability and recognition, are perceived as insufficient[45].

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[42] TRIBUNAL DE JUSTIÇA DO ESTADO DE MINAS GERAIS. TJMG reduces absenteeism among staff and judges by more than 10%. Portal TJMG, Belo Horizonte, 2026. Available at: https://www.tjmg.jus.br/portal-tjmg/noticias/tjmg-reduz-em-mais-de-10-absenteismo-de-servidores-e-magistrados.htm. Accessed: 20 Nov. 2026.

[43] CONSELHO NACIONAL DE JUSTIÇA (Brasil). CNJ improves mental health data collection in the judiciary, op. cit.

[44] Ibidem; BRASIL. Conselho Nacional de Justiça. Resolution No. 623 of May 30, 2025. Amends the Annex to CNJ Resolution No. 207/2015 establishing the Comprehensive Health Care Policy for Judges and Judiciary Staff. Brasília: CNJ, 2025. Available at: https://atos.cnj.jus.br/files/original171700202506036 83f2e0cbc4b3.pdf. Accessed: 20 Nov. 2026.

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Uncertainty about the future of work produces similar effects. Classical meta-analysis has shown that it harms attitudes at work and towards the organisation, as well as workers' own health[46], with studies linking job insecurity to depression, anxiety and emotional exhaustion[47].

In the case of the magistrates, uncertainty as to the stability and predictability of their own remuneration contributes to the worsening of the overall health of the already overburdened Brazilian judiciary.

On 25 March 2026, the Federal Supreme Court fixed a thesis on the compensatory allowances that can be integrated into the remuneration of the judiciary, reaffirming the constitutional ceiling and limiting these shares to 35% of the subsidy of its ministers, with effect already on the remuneration of May 2026[48]. According to the Brazilian Magistrates' Association, the decision reached about 18 thousand magistrates and implied a severe immediate reduction in remuneration[49]. The entity claimed that the judiciary already faces a pay gap of more than 50% and linked the issue to overwork and category health[50]. It also stressed the suspension of retroactive payments which it considered essential for the subsistence of retirees and pensioners[51].

In the light of Siegrist's model, an abrupt reduction in pay, combined with rules subsequently changed at short intervals, tends to act as a stressor in occupational life. This effect is most likely when the category already notices an imbalance between effort and reward.

The episode illustrates yet another aspect of the institutional silence. The issue was discussed exclusively from the legal, fiscal and corporate perspectives. At no time has the health of the person concerned entered as a variable in the formulation or transition of the

Health Psychology, v. 1, n. 1, p. 27-41, 1996. DOI: 10.1037//1076-8998.1.1.27.

[46] Cf. SVERKE, Magnus; HELLGREN, Johnny; NÄSWALL, Katharina. No security: a meta-analysis and review of job insecurity and its consequences. Journal of Occupational Health Psychology, v. 7, n. 3, p. 242-264, July 2002. DOI: 10.1037/1076-8998.7.3.242.

[47] Cf. LLOSA, José Antonio; MENÉNDEZ-ESPINA, Sara; AGULLÓ-TOMÁS, Esteban; RODRÍGUEZ-SUÁREZ, Julio. Job insecurity and mental health: a meta-analytical review of the consequences of precarious work in clinical disorders. Anales de Psicología, Murcia, v. 34, n. 2, p. 211-223, 2018. DOI: 10.6018/analesps.34.2.281651.

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[49] O LIBERAL. Judges' Association: ruling on 'supplementary payments' brings a 'severe reduction' in salaries. O Liberal, Belém, 26 Mar. 2026. Available at: https://www.oliberal.com/politica/associacao-dos-magistrados-decisao-sobre-penduricalhos-traz-severa-reducao-nos-salarios-1.1102138. Accessed: 20 Nov. 2026.

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remuneration policy. This reinforces the need for structural changes in careers to be accompanied by an assessment of their psychosocial effects and predictable transition rules.

6. Convergences among the American, Portuguese and Brazilian judiciaries

Despite the differences in methodology, the three countries reveal a common standard. Psychic suffering in the judiciary is widespread, not exceptional. It manifests itself primarily by exhaustion, sleep disturbances and symptoms of depression and anxiety. And it's associated with structural factors of judicial work, not individual characteristics of judges.

Three risk factors appear repeatedly. The first is the quantitative overload, expressed in the volume of processes, long working hours and weekend work. The second is the moral and emotional burden of decision making, which in the United States exceeds the volume itself as a source of stress. The third is isolation, seen in the large gap between peer support and its effective use.

Studies also converge on the greatest vulnerability in certain areas. In Portugal, the high risk of burnout is concentrated in the labor, civil, criminal, and family and juvenile jurisdictions. The literature on secondary traumatic stress indicates that this vulnerability tends to be greater where the judge deals directly with violence and human suffering.

Brazil has two traits of its own.

The first is insecurity: half of the magistrates report a threat to life or physical integrity, a dimension virtually absent from North American and Portuguese studies. The second is the productivity culture, guided by quantitative goals, without the health of the producer being variable in planning.

The comparison confirms the hypothesis of institutional silence in the three layers described in the theoretical benchmark.

Individual silence appears in data from all countries: in Portugal, researchers have identified resistance to taking sick leave, associated with a culture of denial of the impact of stress[52]; in the United States, the peer support gap reveals a lack of safe space; in Brazil, treatment occurs outside institutional records.

Statistical silence is a distinctive Brazilian feature. While the United States and Portugal measured the phenomenon using validated scales, Brazil relies on leave records. These records capture illness only at its most severe and visible stage. The result is 69 officially recorded

[52] DIAS et al., op. cit., p. 214.

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absences compared with 51% of judges reporting that they needed treatment and 58.5% who, in the judiciary's own census, described themselves as stressed.

The silent management is manifested by the absence of breakdowns by area of practice, the lack of separation between judges and judiciary staff in the CNJ's surveys and the absence of health indicators integrated into target management.

7. Final considerations

The studies analyzed show that psychological distress in the judiciary is a consistent occupational phenomenon documented in different judicial systems. In the United States, more than one in five judges meets a criterion for depressive disorder. In Portugal, more than half are at medium-high or high risk of burnout. In Brazil, half report having needed treatment after entering the profession, and one third frequently use medication to cope with work.

The research problem was answered on two fronts. Regarding content, the three countries converge on the risk factors: overload, the moral weight of decisions, and isolation. Regarding method, Brazil stands out negatively. It measures illness almost exclusively through formal leave, thereby producing an official picture that does not correspond to reported suffering. The 69 absences recorded in 2023 are an indicator of silence rather than health.

CNJ Resolution No. 623/2025 represents an initial institutional recognition of this distortion. However, it improves the recording of established illness without measuring the risk that precedes it. The country lacks a national, periodic and anonymous assessment using validated instruments and breakdowns by area of practice, such as the one conducted in Portugal.

Breaking the institutional silence does not mean exposing judges or undermining the authority of the office. It means recognizing that jurisdiction is exercised by people, and that the health of those people determines the quality, serenity and humanity of decisions. The mental health of the judiciary is therefore a matter of public interest and a component of the fundamental right itself to adequate judicial service.

Based on the foreign experience and the gaps identified, the adoption of a minimum agenda is necessary to:

i) obtain a national diagnosis with validated instruments and secondary traumatic stress scales, applied periodically, with exclusive results from the judiciary and cuts by gender, age, entry and competence;

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ii) to enter into partnerships between the CNJ, law schools, associations and universities in the form of Portuguese study, with the guarantee of anonymity;

iii) establish confidential peer support and psychological supervision programmes, priorities for judges of criminal, family, childhood and domestic violence cases;

iv) promote integration of health into management, with health indicators taken into account in targeting, server allocation and resource allocation;

v) provide initial and continuing training with mental health content, burnout prevention and secondary trauma management;

vi) create non-punitive channels in the correctional bodies, which allow for the referral of suffering magistrates to treatment before the disease becomes dysfunctional.

As a follow-up, empirical research with Brazilian magistrates is suggested to apply validated burnout and secondary traumatic stress scales, with particular attention to jurisdictions with greater exposure to violence, such as domestic and family violence against women.

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