

Care for patients with suicidal behavior: perception of health professionals

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Abstract

The growing number of suicide attempts in Brazil and in the world raises the need for qualified health professionals to provide this type of care and to report occurrences. This study aimed to describe the perception and preparation of professionals in a Health Region caring for patients with suicidal behavior. This was a descriptive, cross-sectional, quantitative study. Data were obtained through the application of a questionnaire given to health professionals who work in the public network belonging to the 15 municipalities of the 7th Health Region of the State of Paraná. For data analysis, Pearson's Chi-squared test was used. In general terms, health professionals did not feel prepared to treat patients with suicidal behavior. Most did not have sufficient education or training, were unaware of the risk stratification in mental health in accordance with APSUS notebook 2, and did not know how to insert these patients into the mental health network. In conclusion, there is a need for better preparation of health professionals to care for patients with suicidal behavior by strengthening continuing health education, from an intersectoral and interdisciplinary perspective, which is a measure that will also contribute to the improvement of notifications to the Ministry of Health.

Keywords: Attempted Suicide. Suicide. Training of Human Resources in Health.

INTRODUCTION

The World Health Organization warned of the need for comprehensive actions to prevent suicide attempts and suicide in the world, recommending that people with this tendency be identified and monitored¹. A suicide attempt is a self-directed violence that manifests itself in two ways: in suicidal behavior and in violent acts against the person, as is the case with mutilations².

In this sense, care given to patients who commit attempts is an opportunity to identify potentially suicidal people. An effective measure to promote the identification of these people came from Ordinance no. 1.271 of 11/06/2014 from the Ministry of Health

that made the suicide attempt a compulsory communication service³.

Health professionals have a fundamental role in the care and forwarding of data that will serve as a basis for the adoption of measures both in relation to the individual and the implementation of public policies. However, there are still many challenges to be overcome, among which the lack of information and the professionals' lack of preparation for the service are situations that need to be reversed⁴.

In order for health professionals to have more guidance on care, the government of the State of Paraná, through the State Department

DOI: 10.15343/0104-7809.202145533540

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of Health, implemented a Primary Health Care (PHC) Training Program called APSUS, which, in its 8th workshop, published Notebook 8 with the objective of enabling actions in Mental Health to be developed⁵. However, professionals who work in this service may not have the appropriate conditions, nor sufficient training⁶. Therefore, for the diagnosis of the problem, it is essential to study the knowledge and working conditions of these professionals in order to promote measures regarding the structuring of the service and their training.

The evolution to suicide of potentially suicidal people generates a complex social dimension, since for each act performed, at least six people are negatively affected^{7,8}. Recently, there has been a significant increase in suicides among adolescents in the United States⁹ and inadequate relationship with parents is an important cause and needs to be identified, as it can contribute to the

general increase in attempts¹⁰. The finding of the worldwide increase in suicide cases has prompted the reaction of entities regarding the need to obtain more knowledge about a phenomenon that affects young people and the elderly and has increased considerably among women¹¹.

To prevent suicide in Brazil or anywhere in the world, intersectoral and interdisciplinary articulation is necessary, aligning public policies in priority areas such as health, education, and social assistance, which are urgent structural changes beyond the institution of the National Policy of Prevention of Self-Mutilation and Suicide¹². Therefore, studies on suicide attempts are an opportunity to increase knowledge for the adoption of prevention measures. Thus, the main objective that guided this study was to describe the perception and preparation of professionals in a Regional Health to care for patients with suicidal behavior.

METHODS

This study was supported by ethical principles for scientific research and was approved by the Research Ethics Committee - CEP of the Western University of Santa Catarina - Unoesc - Campus - Joaçaba under the opinion of No. 3.728.384.

This is a descriptive, cross-sectional quantitative study. Data were obtained through the application of a questionnaire to professionals working in the public network belonging to the 15 municipalities of the 7th Health Region, which is located in the southern region of Paraná and covers 15 municipalities, namely: Bom Sucesso do Sul, Chopinzinho, Clevelândia, Colonel Domingos Soares, Colonel Vivida, Itapejara D'Oeste, Honório Serpa, Mangueirinha, Mariópolis, Palmas, Pato Branco, São João, Saudade do Iguaçu, Sulina, and Vitorino. These are groups of professionals

to whom training was provided during 2014 and 2015.

The questionnaire (supplementary material), containing 27 questions, of which 6 were open and 21 were multiple choice, was initially submitted to a pre-test by some professionals from the municipal health department of Palmas, PR to evaluate it and improve its validation. The questions were designed with the purpose of analyzing crucial points in the perception and preparation of professionals to work in cases of care for patients with suicidal behavior. Furthermore, some questions aimed to create categories among the participants, in order to support the statistical analysis.

Participants in this study, after signing the Informed Consent Form, received the questionnaire electronically and had 90 days to respond.

Quantitative data were analyzed using the statistical package Statistica - version 12.0. Response frequencies were computed and compared between different categorical variables using Pearson's chi-squared test. The groups analyzed were education, work sector, and response regarding the insertion and

monitoring of patients with suicidal behavior in the mental health network. A significance level was assigned when $p < 0.05$. As a limitation of the study, it is recorded that, among the 15 municipalities surveyed, seven had little participation and four did not participate in the research.

RESULTS

The study population included professionals from eleven municipalities belonging to the area covered by the 7th Regional Health Department of the State of Paraná: Palmas, Vitorino, Mangueirinha, Bom Sucesso, Mariópolis, Colonel Vivida, Colonel Domingos Soares, Sulina, Pato Branco, Itapejara D' West, Clevelandia. For this purpose, the following inclusion criteria were considered: all medical professionals, nurses, nursing technicians, pharmacists, psychologists, social workers, physiotherapists, nutritionists, community health workers and other professionals working in the Unified Health System (Sistema Unica de Saude - SUS). Health professionals with less than one year of training were excluded from the survey. Most participants were female health professionals (81.97%). The age of the participants ranged between 17 and 67 years. 183 questionnaires were obtained and analyzed. The survey results presented were divided by level of education (Table 1) and sector of work (Table 2).

Regarding the Level of Education (Table 1), professionals with a higher level of education feel better prepared to treat patients who have attempted suicide, with a significant difference between the responses of the groups ($p=0.0092$). However, most professionals surveyed had not received training or instruction for this kind of service, and a lack of preparation was greater among groups with less training ($p=0.0049$). Most professionals also did not know, nor did they know how to stratify patients' risks according to

APSUS Notebook 8, with no difference between the groups ($p>0.05$). In relation to training, most of the participants in the group had a Complete Elementary Education and this difference was significant ($p=0.0390$).

As for the knowledge of ordinance no. 1.271 of 06/06/2014, which deals with compulsory notification of suicide attempts, 58.47% (103) of the participants did not know about it and this lack of knowledge was higher among those with a secondary education (70.27%) and an elementary education (71.43%) ($p=0.0144$). The results also showed that the health team did not know how to or cannot, for the most part, insert the patient who attempted suicide into the mental health network in their city ($p=0.0046$) (Table 1).

The results on the perception of health professionals in relation to the work sector are presented in Table 2. Most participants in the Administrative Sector and part of the other groups were unaware of the APSUS Notebook 8 ($p=0.0005$). Apart from Psychosocial Care Centers (*Centro de atendimento psicossocial - CAPS*), most of the other groups did not know or were not aware of risk stratification in mental health ($p=0.0488$). Regarding knowledge about required notification of cases of attempted suicide, most participants in the Administrative, Family Health Strategy (*Estrategia de Saude da Familia- ESF*) and Expanded Center for Family Health (*Núcleo Ampliado de Saúde da Família -NASF*) teams and almost half in the CAPS team did not know about it (Table 2).

Table 1– Perception of health professionals from the 7th Health Region of the State of Paraná in relation to the level of education during 2019.

Perception	Answer	Total % (n) 100 (183)	University Education Completed% (n) 55.74 (102)	High School Completed % (n) 40.44 (74)	Elementary School Completed% (n) 3.82 (07)	P
If you have been trained to care for a patient with a suicide attempt, do you feel that this was important for the quality of care provided?	I didn't have this training	58.47 (107)	47.06 (48)	70.27 (52)	100 (7)	0.0049
	Very important	38.80 (71)	49.02 (50)	28.38 (21)	0.00 (0)	
	Not very important	2.73 (5)	3.92 (4)	3.82 (1)	0.00 (0)	
During Undergraduate or Graduate studies, if you were enrolled, did you have training in attending to a suicide attempt?	Yes	36.28 (41)	39.22 (40)	9.09 (1)	0.00 (0)	0.2051
	No	53.10 (60)	5.96 (53)	63.64 (7)	0.00 (0)	
Do you feel prepared to treat patients who have already attempted suicide?	Insufficient	10.62 (12)	8.82 (9)	27.27 (3)	0.00 (0)	0.0092
	Partially prepared	38.80 (71)	41.18 (42)	39.19 (29)	0.00 (0)	
	No	43.72 (80)	35.29 (36)	52.70 (39)	71.43 (5)	
Have you had any training related to the care of patients who have tried to commit suicide?	Yes	17.49 (32)	23.53 (24)	8.11 (6)	28.75 (2)	0.6739
	No	27.87 (51)	29.41 (30)	27.03 (20)	14.29 (1)	
	Safe	72.13 (132)	70.59 (72)	72.97 (54)	85.71 (6)	
When you know that a patient is being referred to your care unit, how do you feel?	Partially safe	33.33 (61)	32.35 (33)	33.78 (25)	42.86 (3)	0.5351
	Insecure	41.53 (76)	45.10 (46)	39.19 (29)	14.29 (1)	
Do you know about APSUS Notebook 8, which talks about Mental Health?	Yes	25.14 (46)	22.55 (23)	27.03 (20)	42.86 (3)	0.5224
	No	69.40 (127)	70.59 (72)	66.22 (49)	85.71 (6)	
Did you have training from APSUS Notebook 8 which talks about Mental Health?	Yes	30.60 (56)	29.41 (30)	33.78 (25)	14.29 (1)	0.0390
	No	41.53 (76)	37.25 (38)	43.24 (32)	85.71 (6)	
Can the team perform the risk stratification in Mental Health according to APSUS Notebook 8?	Yes	58.47 (107)	62.75 (64)	56.76 (42)	14.29 (1)	0.4416
	No	43.17 (79)	47.06 (48)	37.84 (28)	42.83 (3)	
	I do not know	19.67 (36)	18.63 (19)	22.97 (17)	0.00 (0)	
Do you know about Ordinance No. 1271 of 06/06/2014, which advocates the mandatory notification of patients who attempt suicide?	Yes	37.16 (68)	34.31(35)	39.19 (29)	57.14 (4)	0.0144
	No	41.53 (76)	50.58 (52)	29.73 (22)	28.57 (2)	
	Yes	58.47 (107)	49.02 (50)	70.27 (52)	71.43 (5)	
	No					

Table 2– Perception of professionals from the 7th Health Region of the State of Paraná in relation to the work sector during 2019.

Perception	Answer	Total % (n) 100 (183)	Administration % (n) 12.02 (22)	ESF ¹ % (n) 71.04 (130)	NASF ² % (n) 10.93 (20)	CAPS ³ % (n) 6.01 (11)	P
	I didn't have this training	58.47 (107)	83.33 (10)	56.15 (73)	75.00 (15)	27.27 (3)	0.0995
If you have been trained to care for a patient with a suicide attempt, do you feel that this was important for the quality of care provided?	Very important	38.80 (71)	0.00 (0)	40.77 (53)	25.00 (5)	72.73 (8)	
	Not very important	2.73 (5)	16.67 (2)	3.08 (4)	0.00 (0)	0.00 (0)	
During Undergraduate or Graduate studies, if you were enrolled, did you have training in attending to a suicide attempt?	Yes	36.28 (41)	0.00 (0)	43.66 (31)	20.00 (4)	60.00 (6)	0.0128
	No	53.10 (60)	83.33 (10)	43.66 (31)	75.00 (15)	40.00 (4)	
	Insufficient	10.62 (12)	16.67 (2)	12.68 (9)	5.00 (1)	0.00 (0)	0.0162
Do you feel prepared to treat patients who have already attempted suicide?	Partially prepared	38.80 (71)	27.27 (6)	44.62 (58)	15.00 (3)	36.36 (4)	
	No	43.72 (80)	68.18 (15)	38.46 (50)	60.00 (12)	27.27 (3)	
	Yes	17.49 (32)	4.55 (1)	16.92 (22)	25.00 (5)	36.36 (4)	
Have you had any training related to the care of patients who have tried to commit suicide?	Yes	27.87 (51)	18.18 (4)	30.00 (39)	20.00 (4)	36.36 (4)	0.5064
	No	72.13 (132)	81.82 (18)	70.00 (91)	80.00 (16)	63.64 (7)	
	Safe	33.33 (61)	40.91 (9)	30.00 (39)	35.00 (7)	54.55 (6)	0.6626
When you know that a patient is being referred to your care unit, how do you feel?	Partially safe	41.53 (76)	40.91 (9)	43.85 (57)	35.00 (7)	27.27 (3)	
	Insecure	25.14 (26)	18.18 (4)	26.15 (34)	30.00 (6)	18.18 (2)	
							0.0005
Do you know APSUS Notebook 8, which talks about Mental Health?	Yes	69.40 (127)	31.82 (7)	76.15 (99)	70.00 (14)	63.64 (7)	
	No	30.60 (56)	68.18 (15)	23.85 (31)	30.00 (6)	36.36 (4)	
Did you have any training from APSUS Notebook 8 which talks about Mental Health?	Yes	41.53 (76)	9.09 (2)	49.23 (64)	25.00 (5)	45.45 (5)	0.0017
	No	58.47 (107)	90.91 (20)	40.77 (66)	75.00 (15)	54.55 (6)	
Can the team perform Mental Health risk stratification according to APSUS Notebook 8?	Yes	43.17 (79)	18.18 (4)	47.69 (62)	30.00 (6)	63.64 (7)	0.0488
	No	19.67 (36)	22.73 (5)	20.77 (27)	15.00 (3)	9.09 (1)	
	I do not know	37.16 (68)	59.09 (13)	31.54 (41)	55.00 (11)	27.27 (3)	
Do You Know Ordinance No. 1271 of 06/06/2014, which advocates the mandatory notification of patients who attempt suicide?	Yes	41.53 (76)	22.73 (5)	43.08 (56)	45.00 (9)	54.55 (6)	0.2408
	No	58.47 (107)	77.27 (17)	56.92 (74)	55.00 (11)	45.45 (5)	

¹ESF: Family Health Strategy ²NASF: Expanded Center for Family Health; ³CAPS: Psychosocial Care Center.

DISCUSSION

According to the data presented in relation to professional training, most participants had not received sufficient training or instruction to deal with suicide attempts, as well as to stratify patients according to APSUS notebook 8, except for the group with a lower degree of education (Table 1). The lack of knowledge on the part of professionals to care for patients with suicidal behavior generates insufficient care, making it impossible to change the behavior of patients. Therefore, the Health Department of the State of Paraná provided training to groups of professionals surveyed during 2014 and 2015, although not all of them participated.

The lack of encouragement for continuing education results in the lack of professionals prepared to provide proper care¹³. The results point to the need for initiatives that provide training to health professionals in the region in order to provide adequate care and skill in risk stratification of patients with suicidal behavior. The more information about patients and their conditions, the better the follow-up provided will be after the occurrence.

The results also indicated that most participants did not know ordinance No. 1.271 of 06/06/2014, which was the first time the mandatory notification of suicide attempts was established, and that this lack of knowledge was higher among those with secondary and elementary education (Table 1). However, the underreporting of health information represents one of the biggest critical nodes in epidemiology, as the availability of data is essential for planning actions¹⁴.

There are still many challenges among which the lack of information about health guidelines, the lack of knowledge of its subsystems, and the lack of professional preparation for the proper filling of notification forms, are situations that need to be reversed in order not to compromise the veracity of the data⁴.

The difficulty of services in properly identifying poisoning as intentional or unintentional, together with the lack of training pointed out by most professionals (Table 1), certainly contribute to the underreporting of the suicide attempt and makes it more difficult to really know the magnitude of the problem, and its underdiagnosis is estimated to reach 20%^{15,8}. In addition, the institution's health professionals may fear or resist communicating the fact for their own safety if there is a threat from the patients to whom they provided care¹⁶.

According to Table 2, with the exception of CAPS, most professionals, in all workplaces, did not feel prepared to care for patients with a suicide attempt. However, the number of people with this behavior points to the need for professionals who are prepared, since quality care provides a better response in preventing further attempts.

The complexity of care requires that the topic is also analyzed from a structural perspective so that, consequently, continuous learning and improvement in the care provided by these health institutions in all sectors can take place. The systematic analysis of incidents attended at an institution can reveal the weak points of the entire system, leading to an understanding of the factors that contribute to its occurrence and promoting improved assistance¹⁷.

A multidisciplinary team, made up of trained professionals, tends to have lower turnover and greater knowledge of the health area in which they operate; this quality favors a better bond with the community and greater chances of professional development with better conditions to act in accordance with established guidelines¹⁸.

The premise for achieving health with complete physical and mental well-being is based on the knowledge of the epidemiological reality of the territory, which is only possible

with the existence of data that reliably describe the health-disease process¹⁹. Therefore, this study sought to deepen the knowledge on a specific topic of mental health, that is suicide attempts, of which quality of care can contribute to the prevention of suicide. WHO national reports demonstrate high suicide rates among suicide attempt survivors who become an increased risk group, raising the need for further research to map post-intervention guidelines²⁰. An adequate public policy tackling the various health problems depends on data that support and guide decision-making from its planning and implementation phases, extending to the phase of evaluating

the impact of actions to reduce the burden of disease, and, consequently, improve the population's health indicators²¹.

Thus, the development of complete materials was suggested with the aim of helping to cope with these situations and their impacts²², information that could minimize the lack of preparation pointed out by these professionals. Furthermore, health professionals need both skills for patient care and for the relationship with their families and close friends, who are essential for the prevention of suicide²³. People with a suicidal tendency have characteristics that can be recognized by health professionals that can contribute to their identification and early care²⁴.

CONCLUSION

Most health professionals who participated in the survey did not feel prepared to care for patients with suicidal behavior, were unaware of the risk stratification in mental health in accordance with APSUS notebook 8, did not know how to insert such patients into the mental health network, and were not aware of the mandatory notification of suicide attempts, although this is a public health problem.

Therefore, there is the need to promote the respective professional training beginning in undergraduate studies, to encourage the actions

of intersectoral and interdisciplinary training, as guided by the APSUS Notebook 8, as well as to train and provide ongoing supervision for multiprofessional team members in order to contribute to raising the quality of care and improving notification.

This study has limitations since it is regional and had limited participation of professionals from some municipalities. Other studies, in different regions of the country, will be needed to describe the perception and preparation of health professionals caring for patients with suicidal behavior.

REFERENCES

1. World Health Organization (WHO). Suicide worldwide in 2019: Global Health Estimates. Geneva; 2019.
2. Matta GC, Morisini MVG. Atenção primária à saúde. Dicionário da educação profissional em saúde [livro eletrônico]. 2ª ed. RJ: Fundação Oswaldo Cruz Escola Politécnica de Saúde Joaquim Venâncio; 2009 [acesso em 23 fev. 2020]. Disponível em: <http://www.sites.epsjv.fiocruz.br/dicionario/verbetes/ateprisau.html>.
3. Brasil. Ministério da Saúde. Portaria nº. 1.271, de 24 de junho de 2014. Define a lista nacional de notificação compulsória de doenças, agravos e eventos de saúde pública nos serviços de saúde públicos e privados em todo o território nacional, nos termos do anexo, e dá outras providências. Brasília, Diário Oficial da União; junho. 2014. 9(108): seção I, p. 67.
4. Girianelli VR, Ferreira AP, Vianna MB, Teles NE, Erthal MRC, Oliveira MHB. Qualidade das notificações de violências interpessoal e autoprovocada no Estado do Rio de Janeiro, Brasil, 2009-2016. *Cad Saude Colet*. 2018; 26(3):318-26. DOI: 10.1590/1414-462x201800030075.
5. Secretaria de Saúde do Estado do Paraná. Oficinas do APSUS. Oficina 8 – Saúde Mental. Paraná; mar 2013 [acesso em 12 jul 2019]. Disponível em: https://www.saude.pr.gov.br/sites/default/arquivos_restritos/files/documento/2020-05/1_6.pdf.
6. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Atenção às Urgências [livro eletrônico]. 3ª edição

- ampliada. Brasília: MS; 2006 [acesso 12 jun 2019]. Série E. Legislação em saúde. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_urgencias_3ed.pdf.
7. Botega NJ. Comportamento suicida: epidemiologia. *Psicol USP*. 2014; 25(3):231-6. DOI: 10.1590/0103-6564D20140004.
8. Minayo MCS, Meneghel SN, Cavalcante FG. Suicídio de homens idosos no Brasil. *Ciênc Saúde Colet*. 2012;17(10):2665-74. DOI: 10.1590/S1413-81232012001000016.
9. Shain BN. Increases in Rates of Suicide and Suicide Attempts Among Black Adolescents. *Pediatrics*. 2019; 144(5):e20191912. DOI: 10.1542/peds.2019-1912.
10. Abreu SA; Álvarez JC Lozano DF. Caracterización del intento suicida en adolescentes desde un centro comunitario de salud mental. *Arch. méd. Camaguey [revista em Internet]*. 2018 [acesso 6 set 2019];2(4):465-73. Disponível em: <http://revistaamc.sld.cu/index.php/amc/article/view/5611>.
11. Conselho Federal de Medicina (CFM). Suicídio: informando para prevenir [cartilha eletrônica]. 2014 [acesso 9 jul 2019]. Disponível em: <http://www.flip3d.com.br/web/pub/cfm/index9/?numero=14>.
12. Dantas ESO. Prevenção do suicídio no Brasil: como estamos? *Physis*. 2019; 29(3):e290303. DOI: 10.1590/s0103-73312019290303.
13. Marcolan JF, Silva DA. O comportamento suicida na realidade brasileira: aspectos epidemiológicos e da política de prevenção. *Rev. M*. 2019;4(7):31-44. DOI: 10.9789/2525-3050.2019.v4i7.31-44.
14. Furlan MM, Ribeiro CRO. Abordagem existencial do cuidar em enfermagem psiquiátrica hospitalar. *Rev Esc Enferm USP*. 2011; 45(2):390-6. DOI: 10.1590/S0080-62342011000200013.
15. Marín-León L, Barros MBA. Mortes por suicídio: diferenças de gênero e nível socioeconômico. *Rev Saúde Pública*. 2003; 37(3):357-363. DOI: 10.1590/S0034-89102003000300015.
16. Garbin CAS; Dias IA; Rovida TAS, Garbin AJI. Desafios do profissional de saúde na notificação da violência: obrigatoriedade, efetivação e encaminhamento. *Ciênc Saúde Colet*. 2015; 20(6):1879-90. DOI: <http://dx.doi.org/10.1590/1413-81232015206.13442014>.
17. Vincent C. Segurança do paciente: orientações para evitar eventos adversos. São Paulo: Yendis Editora; 2009.
18. Brasil. Ministério da Saúde. Política Nacional de Promoção da Saúde. Secretaria de Vigilância em Saúde, Secretaria de Atenção à Saúde. 3ª ed. Série B. Textos Básicos de Saúde [livro eletrônico]. Brasília: Ministério da Saúde, 2010 [acesso 12 set 2019]. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude_3ed.pdf.
19. Abouzahr C, Adjei S, Kanchanachitra C. From data to policy: good practices and cautionary tales. *Lancet*. 2007; 369(9566):1039-46. DOI: 10.1016/S0140-6736(07)60463-2.
20. Organización Mundial de la Salud - OMS. Plan de acción sobre salud mental 2013-2020 [livro eletrônico]. Organización Mundial da Saúde: Suíça; 2013 [acesso 12 dez 2019]. 89p. Disponível em: https://www.who.int/mental_health/publications/action_plan/es/.
21. Bonita R, Beaglehole R, Kjellstrom T. *Epidemiologia Básica* [livro eletrônico]. 2ª edição. São Paulo: Editora Santos; 2010 [acesso 12 dez 2019]. 213p. Disponível em: http://apps.who.int/iris/bitstream/10665/43541/5/9788572888394_por.pdf.
22. Andriessen K, Krysinska K. Essential questions on suicide bereavement and postvention. *Int J Environ Res Public Health*. 2012; 9(1): 24-32. DOI: 10.3390/ijerph9010024.
23. Gutierrez BAO. Assistência hospitalar na tentativa de suicídio. *Psicol USP*. 2014; 25(3): 262-9. DOI: 10.1590/0103-6564D20140002.
24. Rosa NM, Agnolo CM, Oliveira RS, Mathias TAF, Oliveira MLF. Tentativas de suicídio e suicídios na atenção pré-hospitalar. *J Bras Psiquiatr*. 2016; 65(3):231-38. DOI: 10.1590/0047-2085000000129.

Received in december 2020.

Accepted in october 2021.