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KNOWLEDGE OF THE NURSING TEAM AND COMMUNITY AGENTS ON SUICIDE BEHAVIOR

CONHECIMENTO DA EQUIPE DE ENFERMAGEM E AGENTES COMUNITÁRIOS SOBRE O COMPORTAMENTO SUICIDA

CONOCIMIENTO DEL EQUIPO DE ENFERMERÍA Y AGENTES COMUNITARIOS SOBRE EL COMPORTAMIENTO SUICIDA

Priscila de Freitas Silva¹, Maria do Perpétuo Socorro de Sousa Nóbrega², Elda de Oliveira³

ABSTRACT

Objective: to identify the knowledge and strategies for the care of the Nursing team of Primary Health Care, the subject with suicidal behavior. **Method:** quantitative, descriptive and exploratory study, with data collected from a questionnaire in five Basic Health Units, then typed in the Epi Info 6.04 Program, analyzed with simple frequency and presented in tables. **Results:** 72 professionals, eight nurses, 20 Nursing assistants and 44 community health agents participated in the study, who presented difficulties in classifying the degree of risk of suicidal behavior, compromising the care provided and referrals qualified for specialized mental health services. **Conclusion:** the education and the qualification of the professionals is necessary, to help in the detection of risk factors for suicide. By effectively preventing them and contributing to public health, in order to have a professional capable of acting and intervening in situations that are so present in mental health. **Descriptors:** Suicide; Nursing Team; Delivery of Health Care; Primary Health Care.

RESUMO

Objetivo: identificar o conhecimento e as estratégias para o cuidado da equipe de Enfermagem da Atenção Primária à Saúde ao sujeito com comportamento suicida. **Método:** estudo quantitativo, descritivo e exploratório, com dados coletados a partir de um questionário em cinco Unidades Básicas de Saúde, em seguida, digitados no Programa Epi Info 6.04, analisados por frequência simples e apresentados em tabelas. **Resultados:** participaram do estudo 72 profissionais, oito enfermeiras, 20 auxiliares de Enfermagem e 44 agentes comunitários de saúde, que apresentaram dificuldades em classificar o grau de risco do comportamento suicida, comprometendo os cuidados prestados e os encaminhamentos qualificados para os serviços especializados em saúde mental. **Conclusão:** são necessárias a educação e a capacitação dos profissionais para ajudar na detecção de fatores de risco para o suicídio, prevenindo-o de maneira efetiva e contribuindo para a saúde pública, a fim de ter um profissional capacitado para atuar e intervir frente a situações tão presentes na saúde mental. **Descritores:** Suicídio; Equipe de Enfermagem; Assistência à Saúde; Atenção Primária a Saúde.

RESUMEN

Objetivo: identificar el conocimiento y las estrategias para el cuidado del equipo de Enfermería de la Atención Primaria a la Salud, al sujeto con comportamiento suicida. **Método:** estudio cuantitativo, descriptivo y exploratorio, con datos recolectados a partir de un cuestionario en cinco Unidades Básicas de Salud, a continuación, digitados en el Programa Epi Info 6.04, con análisis de frecuencia simple y presentados en tablas. **Resultados:** participaron del estudio 72 profesionales, ocho enfermeras, 20 auxiliares de Enfermería y 44 agentes comunitarios de salud, que presentaron dificultades en clasificar el grado de riesgo del comportamiento suicida, comprometiendo los cuidados prestados y los encaminhamientos calificados para los servicios especializados en salud mental. **Conclusión:** son necesarias la educación y la capacitación de los profesionales, para ayudar en la detección de factores de riesgo para el suicidio. Previniéndolos de manera efectiva, y contribuyendo a la salud pública, a fin de tener un profesional capacitado para actuar e intervenir frente a situaciones tan presentes en la salud mental. **Descriptores:** Suicidio; Grupo de Enfermería; Prestación de Atención de Salud; Atención Primaria de Salud.

¹Specialist in Mental Health, Federal University of São Paulo/UNIFESP. São Paulo (SP), Brazil. E-mail: prys_pris@hotmail.com <http://orcid.org/0000-0001-7867-6308>; ²PhD, Department of Maternal-Infant and Psychiatric Nursing, Nursing School, University of São Paulo/USP. São Paulo (SP), Brazil. E-mail: perpetua.nobrega@usp.br <http://orcid.org/0000-0002-4974-0611>; ³PhD, Postgraduate Program in Nursing, University of São Paulo/USP. São Paulo (SP), Brazil. E-mail: eldadeoliveira@gmail.com <http://orcid.org/0000-0002-9973-0948>

INTRODUCTION

Suicide is a worldwide public health problem. It is estimated that more than 800 thousand deaths occurred worldwide in 2012. The overall suicide rate was 11.4 per 100 thousand population, 15 % involve men and 8%, women. In the Americas, in low- and middle-income countries, it is estimated that the rate was 4.3% of the general population.¹

Based on this current strand, it is estimated that, approximately in the next three years (2020), suicide deaths in the world will reach 1.53 million people, with a ten to 20-fold increase in suicide attempts.¹

In Brazil, between the period of 2004 and 2010, the suicide rate was 5.7 in the population. This rate has been increasing in the last decades, mainly in men, in the age group between 20 and 59 years. In these estimates, the attempted suicide is not contemplated. It is estimated that the suicide attempt occurs ten times more than suicide.²

Suicidal behavior can be divided into four stages: suicide ideation, plans to achieve suicide, suicide attempts and, finally, suicide¹. Suicidal behavior is a behavior of self-aggression, often understood as the only way of solving problems of life and, not always, the desire is to die. However, this behavior is seen by people as a successful way of solving simple or complex everyday problems.³

People with suicidal behavior almost all have mental disorders. 1 Most people who commit suicide die without ever having seen a mental health professional, even in developed countries¹, but even seek help in PHC in the year who committed suicide. However, there is, still, the fear of professionals to approach the problem, because they do not feel empowered,⁴ making the preventive approach compromised.

The Family Health Strategy (FHS) is one of the proposals of the Unified Health System (UHS) to respond to the demands of care of people in the field of Primary Health Care. Therefore, it is the gateway to care and must ensure its continuity. Therefore, it is necessary for the FHS to respond to the needs of people with mental disorders, including attending to situations of suicidal behavior.

The commitment of the UHS to increase psychosocial care for people with mental illness or suffering in the community led to the establishment of the Psychosocial Care Network - PCN, with the premise of consolidating an open and community-based care model and promoting care for the Mental Health in PHC⁶. However, efforts are still

insufficient³⁻⁴ due to loose professional ties due to outsourcing of health, difficulty in articulating specialized services with primary care and lack of plans to address social vulnerability.⁷

The epidemiological relevance of suicide requires urgent measures and indicates the need to track and develop effective mental health actions in PHC to address this multidimensional phenomenon. Nurses, staff, and community health workers (CHA), as members of the FHS teams and on the front line of care, trained to identify the problem and committed to intervene with people with suicidal behavior, can make a difference in this field of actuation.

OBJECTIVE

- To identify the knowledge and the strategies of attention that nurses, team and communitarian health agents destine the person with suicidal behavior.

METHOD

A quantitative, descriptive study,⁸ carried out in the city of Santo André, São Paulo, Brazil, in a predominantly industrial region on the outskirts of ABC Paulista. This scenario presents less variability in its socioeconomic conditions, with a population that resides and works around a petrochemical pole.

The study was conducted in five Basic Health Units (BHU), which were organized according to the FHS. The main component of the selection of the BHUs, was the linking of these units with the educational institution in which the protocol of the Research Ethics Committee was submitted.

The sample consisted of nurses, Nursing staff and community health agents. Data were collected from June to August, 2013. Data collection, consisted of a questionnaire composed of socio-demographic data (gender, age, marital status, number of children, family income), professional category and specific issues suicidal behavior. The specific questions were elaborated based on the "Suicide Prevention" manual developed in partnership with the Brazilian Ministry of Health, the Pan American Health Organization (PAHO) and the Department of Psychiatry of the Faculty of Medical Sciences of UNICAMP (State University of Campinas). The manual addresses suicide guidelines, the main causes, ways to help, address, and evaluate the person at risk for suicide.⁹

The questionnaire was submitted to a pre-test to analyze the clarity of the instrument. The inclusion criteria of the research were to

act effectively in Primary Health Care (PHC), dealing with the clients of the service through Nursing consultations, Nursing procedures and home visits, being exclusively the Nursing team and ACSs. Exclusion criteria were the other APS professionals (reception, pharmacy, doctors, etc.), as they would not be considered as the focus of the research. The data were entered in the Epi Info 6.04 program, with analysis obtained by simple frequency measurements.

The study had the research project approved by the Research Ethics Committee of the Faculty of Medicine of the ABC, opinion number 170.291/2012. All participants signed the Informed Consent Term. All the institutions, of which the professionals were a part, allowed their participation.

RESULTS

72 professionals participated in the study, among them eight nurses, 20 Nursing assistants and 44 Community Health Agents (CHA). Age ranged from 20 to 45 years. As for sex: 94.4% are women; married (50%), single (25%), in stable union (11.1%),

separated/divorced (11.1%) and widows (2.8%). Regarding the number of children: 80.6% have children. Regarding family income: 62.5% report from one to two monthly minimum wages; 29.2%, from five minimum wages and 8.3%, more than five wages.

Of the 72 participants, when asked if they had read any manual or article that guide PHC professionals to deal with a person with suicidal behavior: 59.7% said no and 40.3%, yes. When questioned about whether people with suicidal behavior seek PHC and under what circumstances: 65.3% answered that no and 34.8% of respondents said yes. Of these, 23.6% answered that only when they are about to commit suicide; 5.6%, only when the person begins to have suicidal thoughts and to 5.6%, only when the person begins to make plans for the suicide.

Table 1 below, shows the professionals' knowledge about suicide risk ratings according to plans and thoughts in: low, medium and high risk.

Table 1. Knowledge of suicide risk levels. Santo André (SP), Brazil, 2013.

Variables		n	%
The person has a defined suicide plan, has the means to do so and plans to do so promptly.	Low risk	11	15.3
	Medium Risk	06	8.3
	High risk	55	76.4
The person has thoughts of suicide, but has no plans to commit immediately.	Low risk	11	15.3
	Medium Risk	06	8.3
	High risk	55	76.4
The person had some suicidal thoughts, like "I can not go on," but made no plans.	Low risk	35	48.6
	Medium Risk	20	27.8
	High risk	17	23.6
Total		72	100%

It is observed that 55 professionals (76.4%) classified that "the person who has a defined plan for suicide, has the means to do it and plans to do it promptly", as high risk of suicide. It is noteworthy that the participants also consider as high risk ", "the person who has thoughts of suicide, but, has no plans to commit it immediately" and "the person who

has suicidal thoughts but has no plans to do so ". The result shows the professionals' lack of knowledge regarding the classification of suicide risk.

Table 2, highlights the actions pointed out by the participants to care for the person with suicide risk, according to the risk classification: low, medium and high risk.

Table 2. Actions against the person at risk of suicide - low, medium and high. Santo André (SP), Brazil, 2013

Variables		n	%
Work suicidal feelings, make the person reflect on their feelings.	Low risk	32	44,4
	Medium Risk	33	45,8
	High risk	07	09,7
Make a contract with the person that she will not kill herself without first communicating with the health team with whom they have a link.	Low risk	23	31,9
	Medium Risk	23	31,9
	High risk	26	36,1
Guide about prevention measures that can be carried out by family and friends.	Low risk	10	13,9
	Medium Risk	17	23,6
	High risk	45	62,5
Focus on the positive aspects of the person and motivate them and make them feel confident in themselves.	Low risk	44	61,1
	Medium Risk	20	27,8
	High risk	08	11,1
Make a contract with the person that she will not kill herself for an estimated period of time between her and the health professional.	Low risk	17	23,6
	Medium Risk	35	48,6
	High risk	20	27,8
Contact a mental health professional or nearest emergency room.	Low risk	06	08,3
	Medium Risk	14	19,4
	High risk	52	72,2
Total		72	100%

It is noted that the participants have difficulty in establishing the degree of risk of suicidal behavior. From these findings, it is inferred that the care provided by the team and referrals qualified for specialized mental health services are compromised.

DISCUSSION

In this study, it was possible to verify the knowledge of health professionals who work in primary care in relation to a person with suicidal behavior. The findings in question lead to reflection on the look that the members of these services place on the individual with suicidal behavior.

It is important to emphasize the strong presence, in the sample, of community health agents who have less professional qualification to attend to the population. In the FHS, in a team, there are four to six PHCs for a nurse. The community health agents are not part of the Nursing team, however, they are subordinated and supervised by the nurses.¹⁰

In Primary Care, CHAs are extremely important, since they establish relations of exchange between scientific and popular knowledge. They are those who go to people's homes and who most identify mental health situations in the territory under their responsibility/area of coverage.¹¹ It is believed that these workers can identify and act effectively in the prevention of suicidal behavior, however, in this study, it was found that part of the workers are not sufficiently trained to approach this issue.

Among the nurses' competences in the FHS are supervising and permanent education, however, supervision is carried out according to their conceptions. For some professionals, it is a time for education, for others, of

supervision and control. In this last one, the object of the work is the logic of the population's sanitary control.¹⁰⁻² Despite the logic of sanitary control in FHS, the protocols and instruments of evaluation of mental health, existent in PHC, applicable in the territory, are rare.⁷

Suicide requires the attention of professionals from different areas to address the risks and the possibility of prevention. The nurse, the Nursing team and the PHC working in PHC, because they have a link with both the subject and the community, have a fertile area of action and are in a privileged position to make an early situational diagnosis of the mental health needs and establish comprehensive health care measures.

It is of utmost importance, for the team to discuss with the community the stereotypes of suicidal behavior¹ to remove distortions that often compromise support for potential risks and the provision of a community support network. Therefore, the educational spaces offered within the PHC are opportune to discuss problems of the individual and collective order of the daily life, since, not infrequently, the subjects' plans and thoughts to withdraw their own life, too, depart from the daily problems.³

In this study, it should be pointed out that nurses, Nursing staff and PHC need greater theoretical support to constitute concrete actions in face of this phenomenon. In this logic, it is understood that, the need for capacity building is urgent, since nurses and staff contribute to PHC's actions. These results demonstrate the relevance of addressing aspects of suicidal behavior during nurses' academic training, on the premise of leading them to take the position of fostering coping alternatives.

Previous studies confirm that professional training and qualification play a key role in broadening positive attitudes and better management of suicidal behavior.¹³⁻⁴ The lack of preparation of the team can make the situation worse and, if so, the person who sought assistance feels somehow "stigmatized", there may be a move away from service and even avoidance in seeking help again because, at the first opportunity, she did not feel comfortable with the professionals who attended her. Faced with these factors, several studies have recommended a curricular change in Nursing courses to include, for example, emotional intelligence competence or an optional subject that encompasses this significant theme in the curriculum.^{13; 14}

The literature points out that users tend to seek help in this sphere of prevention before attempting or suicide properly. International studies show that in the year of suicide, three out of four users had contact with primary care services, and in the month prior to suicide approximately 45% of these people came into contact with primary care services. Thus, primary care professionals play a key role in the early detection and prevention of suicidal behavior.¹⁵

The need to have professionals in the field of public health prepared for mental health care is in line with the proposals established by the Psychosocial Care Network.⁶ It is also necessary that there is efficient communication among the professionals of the different services so that, when the health unit nurse identifies the user with suicidal ideation or behavior, if the appropriate service is activated. Thus, the user can perform an appropriate treatment. However, there is a need to move forward because, in certain primary care spaces, the teams do not have conditions to offer care in mental health, as demonstrated in this research.

With a view to integral care, practices in PHC need to include mental health actions aimed at preventing suicidal behavior and, mainly, using relational techniques such as reception and listening.³ Professionals need to appropriate strategies to increase desire life by providing, if possible, help at the time of the suicidal impulse. The establishment of a non-suicide contract between the professional, the user and the family can be established aiming at the maintenance of life.¹

CONCLUSION

The aim was to identify the knowledge and strategies of care that nurses, staff and

community health agents assign to the person with suicidal behavior. It is a starting point for constructing methodologies that can "deal" with the daily problems of people in psychic suffering.

It is necessary to educate and train professionals working in this area in order to contribute to the detection of risk factors for suicide, effectively preventing them and contributing to the public health of the population. For this, it is important to have a basic care professional trained to act and intervene in situations such as depression, bipolar affective disorder, among other factors so present in mental health. It is not imperative that the primary care professional has to be an expert in the subject, but he must know how to deal with situations and be properly prepared to intervene, guide and refer to the specialized services in an appropriate way, helping the appropriate treatment of network users of health. It is also necessary that there is a system of communication between the different professionals of the services so that when the nurse of the health unit identifies the user of the basic attention service with idea or suicidal behavior and sends to the appropriate service, he has a response in a short period of time and thus the user can carry out an appropriate treatment.

In order for this to occur, not only the basic units, but the entire health system must be integrated and functioning correctly, because only then, the waiting time between treatments tends to decrease and the population tends to have a care of quality.

The limitation of the study is the sample size, so the results can not be generalized to all FHS health services. However, with the literature review, it is understood that nurses, the Nursing team and the community health agents request training to deal with subjects with mental disorders.

Research is the starting point for new research in the field of mental health, however, it contributes to Nursing, since it has identified problems of concrete reality, showing important reflections for the training of the nurse professional, since he is responsible for the supervision of the other participating in this investigation. In addition, the study highlighted the importance of emancipatory education in the field of mental health.

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Corresponding Address

Priscila de Freitas Silva
 Rua Padre Antônio de Souza Lima,178
 Bairro São Bernardo do Campo
 CEP: 09810-170 – São Paulo (SP), Brazil