SUICIDE AND CARE FOR SUICIDE ATTEMPT VICTIMS
SUICÍDIO E CUIDADO ÀS VÍTIMAS DE TENTATIVA DE SUICÍDIO
SUICIDIO Y CUIDADO A LAS VÍCTIMAS DE INTENTO DE SUICIDIO

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ABSTRACT

Objective: to investigate the nursing students' perception of suicide and the care of victims of attempted suicide. **Method:** this is a qualitative, exploratory and descriptive study carried out in a School of Public Nursing. Nineteen Nursing academics were interviewed, from a semi-structured questionnaire, and the speeches were submitted to the Content Analysis technique. **Results:** suicide was perceived by the academics as a complex, multifactorial process, permeated by psychic suffering and the decision to put an end to one's life. There was little preparation for the offer of care to victims of suicide attempt, indicating the need for an educational approach to the subject during graduation. **Conclusion:** it is believed that the curricular insertion of the subject, from educational interventions or explicit approaches, may contribute to the development of specific skills and abilities in the care of victims of suicide attempt. **Descriptors:** Nursing; Nursing Students; Mental Health; Suicide; Nursing Education; Nursing Care.

RESUMO

Objetivo: investigar a percepção dos acadêmicos de Enfermagem sobre o suicídio e o cuidado a vítimas de tentativa de suicídio. **Método:** trata-se de um estudo qualitativo, exploratório e descritivo, realizada em uma Faculdade de Enfermagem Pública. Entrevistaram-se 19 acadêmicos de Enfermagem, a partir de questionário semiestruturado, tendo sido as falas submetidas à técnica de Análise de Conteúdo. **Resultados:** percebeu-se, pelos acadêmicos, o suicídio como um processo complexo, multifatorial, permeado por sofrimento psíquico e decisão de pôr fim à própria vida. Verificou-se pouco preparo para a oferta de cuidado a vítimas de tentativa de suicídio, indicando a necessidade de abordagem educativa da temática durante a graduação. **Conclusão:** acredita-se que a inserção curricular da temática, a partir de intervenções educativas ou abordagens explícitas, poderá contribuir para o desenvolvimento de competências e habilidades específicas no cuidado a vítimas de tentativa de suicídio. **Descritores:** Enfermagem; Estudantes de Enfermagem; Saúde Mental; Suicídio; Educação em Enfermagem; Cuidados de Enfermagem.

RESUMEN

Objetivo: investigar la percepción de los académicos de enfermería sobre el suicidio y el cuidado a las víctimas de intento de suicidio. **Método:** se trata de un estudio cualitativo, exploratorio y descriptivo, realizado en una Facultad de Enfermería Pública. Se entrevistaron 19 académicos de Enfermería, a partir de cuestionario semiestructurado, habiendo sido las palabras sometidas a la técnica de Análisis de Contenido. **Resultados:** se percibió, por los académicos, el suicidio como un proceso complejo, multifactorial, permeado por sufrimiento psíquico y decisión de poner fin a la propia vida. Se verificó poco preparo para la oferta de cuidado a víctimas de intento de suicidio, indicando la necesidad de abordaje educativo de la temática durante la graduación. **Conclusión:** se cree que la inserción curricular de la temática, a partir de intervenciones educativas o enfoques explícitos, podrá contribuir al desarrollo de competencias y habilidades específicas en el cuidado a víctimas de intento de suicidio. **Descriptores:** Nursing; Students, Nursing; Mental Health; Suicide; Educación en Enfermería; Atención en Enfermería.

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INTRODUCTION

Suicide is defined as an intrepid, self-executing act with the intention of putting an end to one's life, through resources perceived as fatal.¹ It is a behavior influenced by general and specific risk factors, linked to the complex interaction of psychological, biological, genetic, cultural and/or socioenvironmental aspects.¹⁻²

Among the general factors are disasters, wars and conflicts; displacement stress and difficulty of socialization; discrimination; abuse and trauma; frustrations; lack of social support and interpersonal conflicts. It was highlighted, in relation to the specific factors, the previous suicide attempt; mental disorders; consumption of alcohol and other drugs; loss of work; indebtedness; chronic diseases; family history of suicide.²⁻⁵

Risk factors are ratified by the Pan American Health Organization and the World Health Organization,⁴ plus variables that increase the problem, such as barriers to access to health services; inadequate tracking and reporting and social stigmas. It is inferred, therefore, that suicidal behavior is something complex and requires effective coping strategies, and protection interventions for recovery and prevention are indispensable.⁶⁻⁷

In view of the urgency of interventions aimed at suicide prevention, WHO has published eight guidelines for public policies. Three strategies are proposed based on scientific evidence: universal measures, designed to reach a population through access to health services policies, and the use of restrictive measures on firearms, pesticides and other substances harmful; selective prevention measures directed at specific vulnerable groups, such as depressed elderly people, people who have attempted suicide, so that preventive and professional follow-up measures can be implemented, and finally, the measures indicated for cases of high risk, such as of persons in frank psychic suffering, with a history of attempted self-extermination, or who use alcohol and other drugs.

It is, in this sense, among the three strategies, the latter most feasible to the actions of health professionals, due to their proximity to users, which favors the identification of vulnerability frameworks, the use of interventions and follow-up.⁹

It is pointed out, in studies,^{2,5,7} that, close to the act of self-extermination, people with suicidal ideation usually seek at least once, health services with signs or complaints of

psychic suffering. It is added that, in the unconsummated act, there is evidence that at least 19% of these people reappear in up to six months in emergency services with the same problem.⁷

It is described, according to studies¹⁰⁻¹ in the health area, that Nursing professionals have a preponderant role, since they are in the front line of care and can positively impact the process of identification of suicidal thoughts and suicide prevention. It is warned that, although several national and international initiatives in health and nursing deal with prevention against suicide, authors indicate the existence of few published research on this type of prevention linked to the curricular approach of Nursing.^{10,12-3}

In an educational intervention conducted with 150 undergraduate students in Nursing, a statistically significant increase in the level of understanding as well as in the safety of students when providing care for people at risk of suicide.¹⁴

They may favor, through researches with nursing graduates, to investigate the knowledge about suicide and care for the victims of suicide attempts, reflections and discussions, influence the inclusion of the subject in the curricula, as well as help in understanding fragilities that impact the actions of professionals.

This research is justified, given the scarcity of studies and the need for research that assess the knowledge of future professionals about suicide.

OBJECTIVE

- To investigate nursing students' perception of suicide and the care of victims of attempted suicide.

METHOD

This is a qualitative, exploratory and descriptive study carried out in a public nursing faculty in the interior of the State of Minas Gerais. It is reported that 19 students of Nursing, contacted through a random invitation in the classroom, carried out by the researchers.

The course will be developed at the time of the research, in nine semesters, the last two being reserved for the compulsory curricular traineeship. As a criterion for inclusion, students enrolled from the seventh period were considered as inclusion criteria, considering that they were more likely to have come into contact with the subject in the theoretical/practical activities of the Mental Health Nursing course offered in the said

semester. Students who were removed from the course by certificate or medical license were excluded at the time of data collection.

The consent of the participants was consolidated by reading and signing the Free and Informed Consent Term (FICT). The expression (P), meaning participant, followed by the numbering from 1 to 19, was used to ensure the anonymity and confidentiality of the information provided by the students, according to the order of the interviews.

Data was collected by the researchers between March and April 2018, using a semi-structured script, containing socio-demographic data such as age, sex, graduation period, and the guiding questions: "What do you understand by suicide?"; "Do you believe you were prepared to meet a person who attempted suicide?"; "What care would you give to a person who attempted suicide?"

It was clarified that the interviews were individual, with an average duration of five minutes, recorded in audio via smartphone and later transcribed in full. They were collected until the moment when the frequent repetition of the manifest content in the speeches (data saturation) was noticed, at which point the insertion of new data no longer changed the content searched.

For the data treatment, the Content Analysis technique was used¹⁵, which allows to describe, in an objective and orderly way, the content exposed in the information provided by the participants. It is divided into the following phases: pre-analysis, material exploration and treatment of results, inference and interpretation. It is intended the pre-analysis to operationalize and systematize the preliminary ideas, approaching the text generically to compose a corpus of analysis. In the exploration of the material and in the treatment of results, the characteristics of the corpus were compared by similar ones, and then by means of counting, adding, classifying and categorizing rules. The synthesis and the stratification of the information for analysis and critical interpretation of the findings conducted by the study objectives were carried out in the inference and interpretation phase.

It should be noted that the research started after the approval of the project by the Research Ethics Committee of the Federal University of Juiz de Fora, under the number of Opinion 2,450,712, CAEE 80401017.8.0000.5147, following the recommendations of Resolution n. 466/2012 of the National Health Council.

RESULTS

It was observed that, of the 19 participants, the majority were female (n = 15.79%), with an average age of 26 years. Before the identification and classification of the units of analysis of the interviews, three categories emerged: The students' understanding of what suicide is and what triggers it; The academic preparation for the care of the victims of attempts of self-extermination and Care perceived as necessary to the patients after the suicide attempt.

♦ Understanding of students about suicide and what triggers it

Participants were approached about their understanding of suicide. It could be observed that, in addition to the conceptual aspects about self-extermination, factors related to the act.

I think it's a desperate act, a person who has reached such a great point of existential destruction that she prefers is [...], the option of not existing anymore, right? Than to remain existing feeling the pain she feels, existential, spiritual [...]. (P4)

Nowadays, we are under great pressure from society in many ways. It's [...] aesthetic, right? Because it has to be beautiful, it has to be this, it has to be that, it has to have money, it has to be formed, it has [...] I think it is, I think it's a lot of pressure. It may be by pressure from society, from parents, from the family, it is ... a depression, a health problem. (P12)

I think a lot of things lead some people to suicide. I think it's a sum of years of suffering, of [...] problems in different spheres of life that end up somatizando and, at some point, suddenly, the smallest thing triggers a process so painful that the person does not support. (P16)

It was also pointed out by the interviewees, the suicide linked to the lack of knowledge, to the excess of activities, but, mainly, to the need of support and social support, family and health professionals.

It is a set of unpreparedness for life, a set of lack of knowledge [...] is ... of support, of bonds, of hope. Absence of these terms. I believe that is it. (P2)

It's [...] I think it starts inside the house, right? The family support, then I think the person's chores, many activities, work, study, the excess, perhaps, of, activities. (P19)

Sometimes the person has no guidance, does not have support even from health professionals, not just nursing, but health.

So I think this is also a motive, it's a cause that can lead to suicide. (P1)

It can contribute, for not perceiving signs and symptoms of diseases such as depression, either by relatives or by health professionals, for an unfavorable outcome. Students, behaviors, habits and diseases that may represent a risk to suicide.

Depression, do not understand just that person who does not want to leave the house, who is quiet, does not want to talk, does not want social contact. Not! There are also those who are euphoric and everything, that you go out with them, you live with them, and the person is smiling and singing, and, when you think not [...], we have a surprise, right? In this case, suicide. (P1)

It is [...] especially if that person already has some previous mental illness, in this case, the best known, right? It is [...] that most is associated with suicide, it is depression, which is a prior mental illness. And also people who get involved with drugs, is [...] like alcohol and other drugs as well. (P7)

♦ The academic preparation for the care of victims of self-extermination attempts

Regarding the academic formation for the attendance to patients after suicide attempt, some of the speeches, aspects such as humanization, ethics, examination without judgment and help.

Yes. The college prepared me to serve a post-suicide person based on a humanized view, a nonjudgmental view of that person who is in need of care. (P13)

So at undergraduate level, we had a few episodes, it's [...] the theory of how to do that approach, if you get a person who was self-extermination [...] about the ethics of not judging the person, but you actually get to help her in what she needs to reverse [...] self-extermination, perhaps not so much people will be able to [...] (P15)

What I heard about suicide, what I learned, was what I sought out. It was at symposiums, a mental health symposium, I even joined the mental health league. It's [...] I've also had a mental health waiting room. (P7)

On the other hand, it was mentioned by some students, lack of preparation and insecurity in the care of these patients.

Not! I did not go and so far I have not had anything [...] even psychologically, not even in terms of care, right? If it is, for example, by overdose, by a shot, by a fall [...]. Really, I was not prepared. (P1)

No. There is a lack of preparation in this regard because no discipline concerning it was promoted during college. There are some matters that relate to palliative care, that there is a certain [...] there I do not

say preparation, but it addresses the subject. But no preparation, nor the most human-oriented matters have any connotations. (P2)

No [...] I was not prepared for graduation, I think it's a major failure of the college. In mental health, I expected to see a bit about it, but it did not happen and we keep doing things in that area a lot on instinct. But, unfortunately, so unless we get better and individually seek growth, the faculty does not give a basis for this. (P16)

In addition, some students experienced, during practice, the discretion of some professionals in situations of self-extermination.

You can not be prejudiced with who has had self-extermination. What does not happen, right? In the hospital, the person is treated last, understand? They say, "Push there, the last one I'm going to do things will be her, if she has to stay someone without a bath, it's going to be her because she tried, she's here because she wants to." That's how they talk. This I had the experience, the girl talking about it when I did internship. (P4)

Because, in one of the practices, I had the opportunity to witness an attempt at self-extermination in which the professionals of the team even said that she should, if she wanted to die, that she should play in the train line, that [...] she was doing that to appear [...] that she did not want to die anything, that she was making to appear. And that conduct, of course, is not the right course. To judge. It is [...] the judgment. (P9)

♦ Care perceived as necessary to patients after suicide attempt

It was emphasized, when questioned about what care would provide the patient with this care profile, by the majority, that would offer physical care and emotional support, from the reception and active listening.

It is so, if she tried in a way that her physique is attacked, we go there to take care of that at the first moment, which is the greatest need, and then work with her the psychological question, which I think is the fundamental. (P1).

It is the support for her psychological balance, for her spirituality, and the necessary care with that person's body depending on how that attempt was. (P5)

I think the first of all is an active listening and you welcome that person with, with affection, is [...] without judging, trying to understand. It is a welcome first. Then you come with psychological support. (P6)

It has been added, along with this knowledge, by other students, the need for increased attention, with monitoring and

follow-up, since the attempt is an imminent risk factor for the act to be repeated.

It is a person who requires a lot of care because if she did it once, it probably goes [...], right? And she did not have the success she planned, she'll try it one more time. (P1)

And a person who has tried to commit suicide before, she is much more likely to attempt suicide again. So, it's basically this [...]. A close attention to this person, when she says she will do it, is because she really does. So the sight has to turn to it like this, tripled. (P7)

Ah [...] fight, right, the reason that led to this, to face, and a close monitoring so that the person does not try again. Because, usually, those who try suicide once [...] try until they can. So, I think it has to act at the root of the problem. (P8)

The role of the family member in the health and illness process of these victims was also noted as a way of taking care, in the statements of some interviewees, highlighting the importance of parental co-responsibility in the care process for this patient.

Because you have to talk, bring the family, let everyone know, teach the family, because it's the people who spend the most time with that patient, with that person. Teaching to see the signs, explaining how it works [...]. Because a person often says, "Oh, that's silly," but it's not! (P3)

I believe that practically all cases of suicide could have been avoided if family or friends had identified any change in their behavior, and [...] is directed to seek some psychological help or treatment. (P10)

Seek to know the family of this person and what relationship that person has with the family and try to approach them, understood? Talk to the family, talk to the family about the importance of being together, especially at this time. It is [...] to make the family closer and to support that person. (P14)

DISCUSSION

It is revealed that, similarly to other studies developed in nursing graduation, the majority of participants are female, with a mean age of less than 26 years.^{11,14,16}

It was verified, from the students' perception, that suicide is the last stage of an existential, multifactorial process, permeated by suffering, and can be related to psychopathologies, such as depression, and the use of alcohol and other drugs.

It is also described in other studies,¹⁷⁻²⁰ suicide as a complex behavior, linked to existential, socioeconomic and psychopathological problems, with depression

being the main triggering mental disorder followed by bipolar disorder and dependence on alcohol and other drugs. The incidence according to age, sex and educational level is also variable, with males aged between 15 and 44 years old and with a low level of education being the most affected.¹⁶ It is noted that among men, the most commonly used method for self-extermination is hanging, and among women, poisoning.²⁰⁻¹

It should be pointed out that, in relation to the training or professional qualification for attending to the victim of self-extermination, that part of the interviewees said they did not feel prepared and, for those who declared themselves prepared, a report of generic care was not specific to this population and not always based on scientific evidence. Thus, there is a need for explicit educational approaches on the subject during graduation in order to stimulate the development of specific skills and abilities to attend to the victim.

In this sense, it is pointed out by researches, it is common the report of the unpreparedness of students and professionals in the care of victims of self-extermination attempts.^{12,16,22} It is pointed out, however, after the educational intervention/appropriate qualification in scientific evidences, which studies indicate positive changes in the perception regarding the capacity to deal with these patients, besides attenuating attitudes of prejudices.^{12,15-6,20-3}

In the words of the students of this study, it is not uncommon and negative attitudes on the part of the professionals, emphasizing the need for reflections and reformulations in the theoretical-practical approach of the subject during the graduation and of the continuing education in service.

The perspective of comprehensive care, including the family, and the indispensability of the professional follow-up, according to the needs and risks of relapses of suicide attempt are brought, in relation to the care perceived as essential to the patients, by the deponents.

It is revealed in studies that the strongest predictor of death by suicide is the previous attempt of self-extermination.^{19,20} The articulation between the family and health professionals, acting in the recovery, monitoring and prevention of relapses, is thus paramount, as highlighted by the participants of this research.

In a review of the literature that evaluated 41 studies, the articulation of the family and professionals, mainly in the restriction of

access to means of self-extermination, in the prevention of contact with other people who attempted suicide and support in emergency situations and facilitating the contact with specialized professionals.²² In addition, family members can be assisted in identifying the causative agent (s) and encourage the search for professional follow-up.

It is believed, therefore, that the inclusion of content on approaches to this population and its family in Nursing graduation/other courses in the area of health can impact the reduction of diseases and lethality rates in one of the most pronounced avoidable causes of death. It is understood that, logically, public policies of prevention and health promotion, with a view to reaching this vulnerable group, become urgent, and stimulate the development of skills and abilities of future Nursing professionals/other courses in the health area is essential in reducing discrimination and in the implementation of therapeutic strategies.

CONCLUSION

It was possible to understand suicide as a complex, multifactorial process permeated by psychic suffering that drives the decision to put an end to one's life, through research into the perception of nursing students about suicide and care of victims of suicide attempt. In addition, as possible risk factors, depression and the use of alcohol and other drugs were highlighted.

In relation to academic preparation in the care of victims of suicide attempts, little or no preparation was found, indicating the need for educational interventions or explicit approaches during graduation. It can contribute, through the insertion of the theme in the curriculum, to stimulate skills, specific skills in attending to these victims, besides deconstructing preconceived judgments about suicide and the victim of suicide attempt.

As a limitation of this research, it is important to carry out the study in a single institution, restricting the results and inferences to the group of participants. It is hoped, on the other hand, that research may stimulate further research, as well as contribute to reflections on suicide, the frailties of care and the necessary approach to the subject during graduation.

REFERENCES

1. Durkheim E. O suicídio: estudo sociológico. 3rd ed. Lisboa: Editorial Presença; 2001.
2. Bahia CA, Avanci JQ, Pinto LW, Minayo MCS. Self-harm throughout all life cycles: profile of victims using urgent and emergency care services in Brazilian state capitals. *Ciênc Saúde Coletiva*. 2017 Sept;22(9):2841-50. Doi: [10.1590/1413-81232017229.12242017](https://doi.org/10.1590/1413-81232017229.12242017)
3. World Health Organization. Preventing suicide: a global imperative [Internet]. Geneva: WHO; 2014 [cited 2018 July 15]. Available from: <http://apps.who.int/iris/handle/10665/131056>
4. Steele IH, Thrower N, Noroian P, Saleh FM. Understanding suicide across the lifespan: A United States perspective of suicide risk factors, assessment and management. *J Forensic Sci*. 2018 Jan; 63(1):162-71. Doi: [10.1111/1556-4029.13519](https://doi.org/10.1111/1556-4029.13519)
5. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatr*. 2016 July; 3(7):646-59. Doi: [10.1016/S2215-0366\(16\)30030-X](https://doi.org/10.1016/S2215-0366(16)30030-X)
6. Minayo MC, Cavalcante FG. Suicide attempts among the elderly: a review of the literature (2002/2013). *Ciênc Saúde Coletiva*. 2015 June; 20(6):1751-62. Doi: [10.1590/1413-81232015206.10962014](https://doi.org/10.1590/1413-81232015206.10962014)
7. World Health Organization. Public health action for the prevention of suicide: a framework [Internet]. Geneva: WHO; 2012 [cited 2018 July 15]. Available from: http://apps.who.int/iris/bitstream/handle/10665/75166/9789241503570_eng.pdf;jsessionid=E0D5B0312D442D87E6B4FC53AF0E24A8?sequence
8. Ministério da Saúde (Brasil), Gabinete do Ministro. Portaria no 1.876, de 14 de agosto de 2006. Institui Diretrizes Nacionais para Prevenção do Suicídio, a ser implantadas em todas as unidades federadas, respeitadas as competências das três esferas de gestão [Internet]. Brasília: Ministério da Saúde; 2006 [cited 2018 Aug 03]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt1876_14_08_2006.html
9. Bolster C, Holliday C, Oneal G, Shaw M. Suicide assessment and nurses: what does the evidence show? *Online J Issues Nurs*. 2015 Jan; 20(1):2. Doi: 10.3912/OJIN.Vol20No01Man02
10. Moraes SM, Magrini DF, Zanetti ACG, Santos MA, Vedana KGG. Attitudes and associated factors related to suicide among nursing undergraduates. *Acta Paul Enferm*. 2016 Dec; 29(6): 643-9. Doi: [10.1590/1982-0194201600090](https://doi.org/10.1590/1982-0194201600090)
11. Oliveira EN, Felix TA, Mendonça CBDL, Lima PSF, Freire AS, Moreira RMM.

Epidemiological aspects and nursing care in suicide attempts. *Rev Enferm Contemp*. 2016 July/Dec; 5(2): 184-92. Doi: [10.17267/2317-3378rec.v5i2.967](https://doi.org/10.17267/2317-3378rec.v5i2.967)

12. Smith AR, Silva C, Covington DW, Joiner TE. An assessment of suicide-related knowledge and skills among health professionals. *Health Psychol*. 2014 Feb; 33(2):110-9. Doi: [10.1037/a0031062](https://doi.org/10.1037/a0031062)

13. Pullen JM, Gilje F, Tesar E. A descriptive study of baccalaureate nursing students' responses to suicide prevention education. *Nurse Educ Pract*. 2016 Jan;16(1):104-10. Doi: [10.1016/j.nepr.2015.09.007](https://doi.org/10.1016/j.nepr.2015.09.007)

14. Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70; 2011.

15. Bott NCL, Araújo LMC, Machado JSA. Nursing students attitudes across the suicidal behavior. *Invest Educ Enferm*. 2015 May/Aug; 33(2):334-42. Doi: <http://dx.doi.org/10.17533/udea.iee.v33n2a16>

16. Botega NJ. Suicidal behavior: Epidemiology. *Psicol USP*. 2014 Sept/Dec; 25(3):231-6. Doi: [10.1590/0103-6564D20140004](https://doi.org/10.1590/0103-6564D20140004)

17. Silva SL, Kohlrausch ER. Pre-hospital care to the individual with suicidal behavior: an integrative review. *SMAD Rev eletrônica saúde mental alcool drog*. 2016 Apr; 12(2):108-15. Doi: [10.11606/issn.1806-6976.v12i2p108-115](https://doi.org/10.11606/issn.1806-6976.v12i2p108-115)

18. Heck RM, Kantorski LP, Borges AM, Lopes CV, Santos MC, Pinho LB. The interventions of professionals of a psychosocial care center towards clients who attempted or are at a risk of suicide. *Texto contexto-enferm*. 2012 Jan;21(1):26-33. Available from: <http://www.scielo.br/pdf/tce/v21n1/a03v21n1>

19. Gondim APS, Nogueira RR, Lima JGB, Lima RAC, Albuquerque PLMM, Veras MSB, et al. Suicide attempts by exposure to toxic agents registered in a Toxicological Information and Assistance Center in Fortaleza, Ceará, Brazil, 2013. *Epidemiol Serv Saúde [Internet]*. 2017 Jan/Mar;26(1):109-19. Doi: [10.5123/S1679-49742017000100020](https://doi.org/10.5123/S1679-49742017000100020)

20. Ribeiro JF, Mascarenhas TB, Araújo ACBS, Coelho DMM, Branca SBP, Coelho DMM. Sociodemographic profile of suicide mortality. *J Nurs UFPE on line*. 2018 Jan;12(1):44-50. Doi: [10.5205/1981-8963-v12i1a25087p44-50-2018](https://doi.org/10.5205/1981-8963-v12i1a25087p44-50-2018)

21. Beghi M, Rosenbaum JF, Cerri C, Cornaggia CM. Risk factors for fatal and nonfatal repetition of suicide attempts: a literature review. *Neuropsychiatr Dis Treat*. 2013 Nov; 9:1725-36. Doi: [10.2147/NDT.S40213](https://doi.org/10.2147/NDT.S40213)

22. Santos RS, Albuquerque MCSD, Brêda MZ, Bastos MLA, Silva VMS, Tavares NVS. Nurses' actions towards suicide attempters: reflective analysis. *J Nurs UFPE on line*. 2017 Feb;11(2):742-8. Doi: [10.5205/1981-8963-v11i2a11995p742-748-2017](https://doi.org/10.5205/1981-8963-v11i2a11995p742-748-2017)

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