Acta Scientiarum
http://periodicos.uem.br/ojs
ISSN on-line: 1807-8648
Doi: 10.4025/actascihealthsci.v46i1.63725



# Survivors and the suicide attempt recurrence

**Daniel Augusto da Silva*** **and João Fernando Marcolan**

Escola Paulista de Enfermagem, Universidade Federal de São Paulo, Rua Napoleão de Barros,754, Vila Clementino, 04023-062, São Paulo, São Paulo, Brazil. *Author for correspondence. E-mail: daniel.augusto@unifesp.br

**ABSTRACT**. We aimed at analyzing suicide attempt recurrence from the perspective of survivors. We performed a qualitative and descriptive study between 2017 and 2019 at an Emergency Care Unit. The sample was defined by acceptance to participate, with 80 people who were in care for recurrence of suicide attempt. We used a semi-structured interview method and processed data through thematic content analysis. Participants' reported histories ranged from one to eight suicide attempts; with finding a way out to relieve the experienced pain and suffering being the main alleged reason. The yearning for dying and ceasing suffering, as well as the drive for living, were both present in the characteristic ambivalence of the participants. Suicide attempt recurrence is related to the inflexible and neglecting mindset towards psychosociocultural conditions of our health system, which offers unsatisfactory treatment to post-suicide attempt citizens, revealing the inability to solve adversities.

**Keywords**: Suicide; death; psychological distress; pain; qualitative research.

Received on may 25, 2022
Accepted on may 25, 2023

## Introduction

Suicide is understood as a solitary, deliberate, self-inflicted action aiming at death as its final result; when this outcome does not occur, it is known as a suicide attempt. About 20 to 30 suicide attempts are estimated for each suicide death, figuring over 700,000 deaths per year worldwide. Therefore, we can estimate that 14 to 21 million suicide attempts occur globally each year (World Health Organization, 2021; Bachmann, 2018). In 2019, Brazil recorded 13,520 deaths by suicide and 126,678 suicide attempts were reported (Silva & Marcolan, 2021a).

However, it is worth mentioning the underreporting context that underpins the presented data, indicating that the real figures are higher than those presented in official records. Underreporting derives from the unawareness of the importance of notifying, the lack of adherence, the ignorance regarding the diseases and conditions that must be notified, the difficulty in identifying the intentionality of the act, the low-complexity attempts that do not reach health services, and the socio-cultural and economic reasons (Teixeira, Souza, & Viana, 2018; Marcolan & Silva, 2019; Pinheiro, Warmling, & Coelho, 2021).

Mental disorders and psychosocial factors, such as physical and psychological violence and intercurrences in family relationships, emerge among risk factors leading to suicidal behavior (Silva & Marcolan, 2021b); Vásquez-Escobar & Benítez-Camargo, 2021; Silva & Marcolan, 2021a). It is noteworthy that the suicide attempt history is an important predictor for suicide death (Demesmaeker, Chazard, Vaiva, & Amad, 2021). The suicide death risk of those with a suicide attempt history is 100 times higher when compared to the general population (Owens, Horrocks, & House, 2002).

Death by suicide may be prevented by identifying, approaching and treating/intervening at specific risk groups (Wayland, Coker, & Maple, 2020; World Health Organization, 2021; Silva & Marcolan, 2021b). Nevertheless, the inefficiency of the public power to offer treatment to people who have attempted suicide (Pinheiro et al., 2021) could result in perpetuating the state of suffering, which, in turn, has repercussions on the repetition of suicide attempts – recurrence, which became a reality for 69.5% of people who attempted suicide in the Midwest of São Paulo and with a high risk ocurring period within the six months after the attempt (Demesmaeker et al., 2021). Predictors of suicide attempt recurrence are: the history of previous attempts, with a more significant risk for a higher number of attempts, low cholesterol levels and a long photoperiod, seasons (spring and summer) in which there is greater exposure to sunlight (Aguglia et al., 2020).

From the understanding that the suicide attempt recurrence is a real possibility and that this plays the role of major risk factor for suicide death, this study aims at analyzing the suicide attempt recurrence from the survivors' perspective.

## Material and methods

This is an exploratory, descriptive study with a qualitative approach, guided by the COREQ tool (Tong, Sainsbury, & Craig, 2007) of the Equator network.

It was carried out between December, 2017 and November, 2019, in an Emergency Care Unit (24h UPA), in Assis, a city in the hinterland of São Paulo State. The 24h UPAs are part of the Emergency Care Network within the Unified Health System and provide urgent and emergency psychiatric care, including for suicide attempts.

The inclusion criteria were: people seen in the emergency service, during the data collection period, due to suicide attempt and aged 14 years or older. Patients with cognitive impairment who were unable to participate in the interview for data collection, as well as patients who were discharged from the hospital before the researcher arrived at the unit and approached them with an invitation to participate in the study, were not included. Those who took part in the interview and then requested their exclusion were also removed from the sample.

During the study period, 309 suicide attempts were identified in the municipality. Of these 309 occurrences, we could interview 113 people who attempted suicide. Of these, 80 stated that it was not the first time they had attempted suicide and were considered as part of the sample of this study.

After we approached, identified the possible participant, explained about the study, its objectives, how to take part and consent to participation, we handed in the Informed Consent Form, signed in two copies by the researcher and the participant, with one copy for each.

Data collection was carried out by the researcher, a nurse, through a semi-structured interview with socio-demographic variables (sex, age, sexual orientation, skin color and marital status) and history related to suicidal behavior (previous suicide attempt) and the following guiding questions (Figure 1).

| Guiding questions |
|---|
| 1) What reason(s) led you to attempt suicide? |
| 2) How did the current suicide attempt occur? |
| 3) What happened after you attempted suicide? |
| 4) Have you already been in touch with suicide attempt or death by suicide (personal, family or acquaintances)? |

**Figure 1.** Guiding questions for interviews.

The interviews lasted, on average, 40 minutes and took place in a private environment, in the Care Unit itself, so that the participants could answer the questions without interference and with guaranteed information privacy. All interviews were recorded and fully transcribed by the researcher.

In order to process and analyse the data collected through the semi-structured interview script, the content analysis framework was used and the three fundamental phases were fulfilled: pre-analysis (phase of first contact with the collected data and transcription of the interviews); exploration of the material (coding, classification and categorization of the data that, when grouped, will determine the categories); and data treatment (inference and interpretation of the meanings attributed to the collected data) (Bardin, 2011).

The norms that regulate Ethics in studies with human beings, set forth in Resolution No. 466/2012 of the National Health Council, were followed in this study. The research project was approved by the Research Ethics Committee of the Universidade Federal de São Paulo with opinion nr. 2,314,347. All participants were informed about the purpose and nature of the study, as well as provided written consent. For participants under 18 years of age, we obtained their consent and written authorization from their legal guardian.

## Results

The 80 people who stated that it was not the first time they were attempting suicide reported a history ranging from **one** to eight suicide attempts; 12 people did not know exactly the number of times they had attempted suicide and expressed them as several and many times.

Regarding the characterization of the interviewees who were in suicide attempt recurrence, Table 1 presents the following results:

**Table 1.** Sociodemographic characteristics of the participants.

| Variable | n | % |
|---|---|---|
| Sex | | |
| Female | 64 | 80.0 |
| Male | 16 | 20.0 |
| Sexual orientation | | |
| Heterosexual | 73 | 91.3 |
| Bisexual | 7 | 8.7 |
| Skin color | | |
| White | 43 | 53.8 |
| Brown | 34 | 42.4 |
| Black | 3 | 3.8 |

With the codification and analysis of the data, three thematic categories emerged that describe the participants' perceptions about suicide attempt recurrence. The categories are presented below.

### Yearning for dying, wanting to cease suffering and the drive to live

Ambivalence is a characteristic present in those with suicidal behavior, with the desire to live and to die. Tribulations manipulate the survival instinct as a result of the produced suffering. The yearning for dying is typified by the need to interrupt suffering and have a sense of peace, a situation perceived with the following representative statements.

There is the perception about the existence of factors that lead to a difficult life and makes a person not feel good about themselves and feel like a failure, even to kill themselves:

I don't like myself, I don't feel like that person anymore. On the outside I look happy, but inside it's bubbling, the feeling is still there, just like before. (E 15)

Sometimes you need support, and you don't have any. Sometimes it's a problem with a husband, sometimes it's with a child, sometimes it's a financial problem and you don't have anyone to open up to, you know? (E 48)

I've tried to hang myself three times. I don't want to live. I've taken medicine a lot of times, I've slit my wrists... tired of living. My life is a piece of shit. No matter how hard I try to do everything right. (E 57)

Once with a knife, twice by hanging, and two more times with medication. And in none of them I could make it. I'm a failure. (E 104)

They report the search for the absence of suffering and not having facts that promote it:

It's not even about dying, it's about not existing. Stronger than dying is the desire for not existing, not having problems, not remembering things, rather than actually dying. (E 2)

I want to stop suffering. (E 82)

Suffering leads to the borderline of enduring pain and the need for help:

You get to a limit that you can't stand it anymore. You fight, fight, fight, fight, but you reach a point that you can't stand it anymore. (E 12)

I couldn't abide the reason why I suffered. (E 13)

I reached the limit. Yesterday I asked for help. I've lost track of it. (E 28)

### The recurrence of suicide attempts

The continuous submission to unresolved problems maintained feelings and reactions focused on the decision of committing suicide as a way of solving these adversities. Sometimes suicide attempt recurrence is impulsive, applied with the most easily accessible method, and, sometimes, there is a plan with research on how to carry it out. The following lines expose the recurrence of suicide attempt.

There are unresolved situations that perpetuate suicidal behavior:

My grandmother's death. And another one due to nervousness. I'm very nervous. My husband and I argue a lot, he goes out and leaves me alone, and that makes me desperate. (E 1)

I tried several times, during the separation. Quarrels and quarrels and quarrels with my husband. (E 3)

After I was high I chose it, always for the same reason. (E 5)

Always the same motivation. (E 16)

The issue of loneliness and sometimes the rumination of thoughts also occurred:

I improved a lot when my neighbors came back from vacation, because I was alone here in the building. I went back to work and began to make myself busy. (E 2)

At the first time I took several pills, I drugged myself, I had to have my stomach pumped. At the second time... it was a month later, I couldn't stop thinking about it, it was spontaneous, I tried again. (E 10)

Most of it was after my mother died. I do it because I miss her. (E 48)

I start crying, it makes me desperate, nervous. And there is something saying: Go, go, kill yourself. And it keeps disturbing me. (E 112)

About the method choice:

I went out looking for all kinds of medicine, expired medicine, everything I had, there was a bottle of painkillers... I took that medicine bottle, there were 18 pills, I remember, I took everything, everything, everything, and I lied down, I didn't see anything else, when I woke up, it had been a dream for me, they took me to the hospital, I was admitted at the hospital, a person asked me how many pills I took, I said I took a heap of them, and that one of them was a bottle of painkillers. (E 9)

I have already taken black stripe controlled medicine that drove me into a coma for four days. After a week I took it again. I've tried to jump off the overpass about three times, I've hanged myself several times... regarding the choice, whatever was the easiest available in front of me I'd go and do it. (E 13)

I already tried to cut myself, then I jumped in front of a car and the last one now I was going to jump off the bridge, but I ended up falling into a ditch. (E 15)

This is the fifth time. When I was 15, I took medicine. In 2016 I had a car total loss, I drove at 180 km/h until overturning. In 2016 I jumped off the highway bridge. In January 2017 I took a lot of medicine and went into seizure. (E 16)

I took a blanket to hang myself. I was despondent about everything. That was the only thing I could find. My wife saw it and took me out of the blanket. (E 20)

I have taken several types of medications, but I have self tolerance. Heavy dosages of benzodiazepine, thinking about not waking up anymore, but I woke up. That's about eight months ago. But I always do this, I take black stripe controlled medicine in a high dosage. (E 66)

Today I was looking for a place to hang myself, and I found it. (E 83)

Impulsiveness was an important factor in trying to kill oneself:

After I was high I chose it. I didn't plan it beforehand. (E 5)

The choices come at once, they don't have that premeditated feeling. (E 15)

I did it yesterday and today. Yesterday I tried it with a rope. I tied it to the pillar and climbed onto the chair. Today I was having lunch, fork in hand, and I wanted to stick it in my neck. (E 53)

It's not a choice. Whatever comes to my mind, I do. (E 70)

### Health care failures and underreporting

Health care resulting from suicide attempts is flawed, both at the moment of emergency, with lack of ethics episodes, and at the follow-up and post-attempt treatment, which do not occur, even for people in recurrence. Similarly, understanding the dimension of this phenomenon is hampered by underreporting, which is a reality due to several determining factors. In this study, we observed a high incidence of people who did not seek post-attempt care, and who, therefore, were not included in the registration and compulsory notification systems. Health care failures and underreporting are described below.

Emergency care was considered poor:

I was 16 years old. I took medicine too. I went to the doctor. The service was bad. They passed the tube through and said they weren't going to do anything else. They said: This is for you to learn your lesson. (E 107)

Lack of follow-up care after the attempt was a common complaint:

After discharge I never had any other kind of care. And no guidance either. (E 13)

Then I received no care in any other places. (E 20)

I tried to rip my neck with the razor, it cut a little. I didn't see anyone at that time. No one referred me. (E 108)

The records do not correspond to reality, since individuals tried to kill themselves and did not seek care:

Health care, in some attempts I went, and in others I didn't go. (E 13)

It's been years already. It's been a long time. I didn't go to the doctor. (E 21)

I've tried, but I didn't come here to the UPA. It's been a year. I can't remember the date exactly. I slit my wrists. I was afraid my husband would abandon me. I wasn't seen anywhere. He wanted to take me to the doctor, but I didn't go. (E 80)

## Discussion

Results point towards the development of a suicidal behavior, due to the fact that suffering, constituted in accordance with the uniqueness of the human being and their relationships, persuades into the option of dying as the only possibility of experiencing peace. We also noticed the inability to solve adversities and the carelessness on the part of health professionals and institutions, which not only culminate in the perpetuation of this suffering, but also favor and contribute to suicide attempt recurrence. In addition, the disregard for records and notifications leads to ignorance about the actual occurrence of this phenomenon.

Suicide attempt recurrence is a real problem. It is estimated that between 15 and 25% of people who attempt suicide will make a new attempt in less than twelve months and, among those who died by suicide, about 50% had previously attempted suicide (Fontão, Rodrigues, Lino, & Lino, 2020).

It is suggested that suffering plays a central role on the risk for suicidal behavior. When analyzing people with non-suicidal depression and suicide attempts in non-depressed people, suffering is remarkable and almost unanimous. It entails psychological pain; a subjective situation, resulting from tribulations such as social stress, personal, occupational and financial losses, disappointment, experiencing traumatic events and overlooked basic needs (Demirkol, Namlı, & Tamam, 2019; Uğur & Polat, 2021).

The meaning of suicide for people with a history of suicide attempts involves expressions such as 'being on the verge', 'putting an end to it', 'escaping', an 'act of despair', the 'end of suffering' (Silva et al., 2020).

This suffering is intense, striking and exhausting, to the point that people feel exhausted, drained and they surrender. They feel that there is no chance of solving the adversities that surround them, either by their own strength or by the strength of anyone else. This is rigid thinking, which makes up the implicit characteristics in suicidal behavior (Fukumitsu, 2018; Calile & Chatelard, 2021).

In this context, we notice the exhaustion, in which it is common to develop behaviors marked by exaggerated reactions to negative stimuli, the feeling of uselessness and rumination. Yearning death is a possibility, which could be much more intense than desiring existence itself, and that is, in the eyes of the sufferer, the only option for interrupting ongoing negative experiences and feelings that erupt in psychological pain (Demirkol et al., 2019; Alves, Silva, & Vedana, 2020; Uğur & Polat, 2021).

Despite this, it is necessary to emphasize that the desire for death camouflages the true pretense that is the interruption of suffering. Those who suffer find themselves within the ambivalence between wanting to live and wanting to die/stop suffering (Cortez, Veiga, Gomide, & Souza, 2019; Calile & Chatelard, 2021).

Immersed in this ambivalence, one must pay attention to impulsiveness, a moment in which the person performs an act of violence with the intention of self-extermination in the face of a deep sense of exhaustion (Luis, Monroy, Godoi, & Leite, 2021). Impulsiveness is understood as an immediate, impetuous and unplanned response, arising from internal or external motivations, without considering the possible consequences inherent to the performed action (Santos et al., 2021).

Among these motivations, loneliness was frequently cited by the interviewees in this study. It is a feeling of disconnection with other people, caused by the idea of disqualification and non-recognition of the experienced suffering (Calile & Chatelard, 2021; Shaw et al., 2021).

In this perspective of suffering, exhaustion and actions that seek to stop suffering, we notice, in the speeches analyzed here, that the suicide attempt has no potential to solve the problems, so that the suffering is perpetuated and allied to the traumatic experience of the suicide attempt. In other words, the suicide attempt originates with the intention of relieving pain and suffering, however, survival causes intense pain and suffering (Alves et al., 2020).

Regarding the method used for self-violence, we observe variation in accordance with the sociocultural reality, access and intentionality of the act (Marcolan & Silva, 2019). Literature stated that women opt for possible means of reversal, such as intentional autointoxication, while men opt for means of greater aggressiveness and lethality, such as intentionally self-inflicted injury by hanging and shooting firearms (Arruda et al., 2021). Despite this, we evidenced here that accessibility and ease of use are implicit in the choice of the method.

Regarding the respective official epidemiological information on suicide attempts, we verified inaccuracy far from reality, the effect of underreporting, which, in turn, derives from the lack of knowledge and non-commitment of health professionals about compulsory notification, the difficulty in identifying the intentionality of the act and the survivor's failure to seek health care after low-complexity suicide attempts, which contributes to the deficit in data generation (Marcolan & Silva, 2019; Silva & Marcolan, 2022).

It is also worth analyzing and discussing the quality of health care offered to people after suicide attempts, a situation with frequent negative and derogatory reports. This behavior is supported by prejudice, stigma, technical-scientific unpreparedness and ignorance about suicidal behavior. Faced with this situation, professionals end up developing denial, which leads into neglecting demanded care actions (Fontão et al., 2020).

It is also important to report that the lack of skills and competencies for mental and psychiatric health care is sometimes related to training focused on the asylum model, which persists in containing people in health care units (Fontão et al., 2020).

In this context, it is necessary to discuss about the follow-up and treatment of people who have attempted suicide, since death by suicide is 100 times more likely for these when compared to the general population (Santos, 2019). It is known that a considerable number of people who died by suicide got in touch with some health service around twelve months before their death. Nonetheless, the end of these lives allows the affirmation that the care provided could not intervene effectively to relieve, or even solve, the cause of suffering (Ahmedani et al., 2014; Ferreira et al., 2018).

Suicide prevention is possible. For this, it is necessary to invest in actions that promote quality of life, offer adequate information to the general population and health professionals, detect and act on determinants such as risk factors and protective factors, organize lines of care in a network, invest in health equipment and human resources in adequate numbers to meet demand, and offer permanent education to health professionals at the three levels of assistance, enabling the identification os possible cases, follow-ups and an adequate treatment (Marcolan & Silva, 2019; Santos, 2019; Silva & Marcolan, 2023).

Nursing, partaking with the highest amount of professionals, present in almost all health units, and having care as the central premise of its occupation, must have its professionals trained to the point of understanding human suffering in an equitable manner, without prejudice, and enabled to prevent, monitor, detect and care for people at risk and with suicidal behavior.

The limitations of this study include the selection bias of the participants, since they derived from a health care unit of the Unified Health System in a municipality in the hinterland of São Paulo State, so that it does not allow the generalization of the presented results. Thus, we suggest that future research should be devoted to studying the recurrence of suicide attempts in other regional and cultural realities, considering the continental dimensions of Brazil, and include people who provide assistance by private health care and by health insurance.

## Conclusion

Suffering is the central axis of suicidal behavior. Suicide attempt recurrence is related to rigidity of thought, which provides opportunities for the inability to solve adversities, to psychosociocultural conditions and to the neglect of the health system, which offers derisory treatment to people after suicide attempts.

This study contributes to nursing and to public health in general since it discusses the greatest risk factor for suicide death. The results presented here are evidence with potential to help in the prevention, identification and treatment of people with suicidal behavior and in the implementation of public policies in this area.

## Acknowledgements

To the Coordination of the Improvement of Higher-level Personnel.

## References

Aguglia, A., Solano, P., Parisi, V. M., Asaro, P., Caprino, M., Trabucco, A., ... Serafini, G. (2020). Predictors of relapse in high lethality suicide attempters: a six-month prospective study. *Jounal of Affective Disorders, 271*, 328-335. DOI: https://doi.org/10.1016/j.jad.2020.04.006

Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., ... Solberg, L. I. (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine, 29*(6), 870-877. DOI: https://doi.org/10.1007/s11606-014-2767-3

Alves, A. C., Silva, A. C., & Vedana, K. G. G. (2020). An attempted suicide from an adult's perspective. *SMAD Revista Eletrônica Saúde Mental Álcool e Drogas, 16*(4), 49-57. DOI: https://doi.org/10.11606/issn.1806-6976.smad.2020.168837

Arruda, V. L. A., Freitas, B. H. B. M., Marcon, S. R., Fernandes, F. Y., Lima, N. V. P., & Bortolini, J. (2021). Suicídio em adultos jovens brasileiros: série temporal de 1997 a 2019. *Ciência e Saúde Coletiva, 26*(7), 2699-2708. DOI: https://doi.org/10.1590/1413-81232021267.08502021

Bachmann, S. (2018). Epidemiology of Suicide and the Psychiatric Perspective. *International Journal of Environmental Research and Public Health, 15*(7). DOI: https://doi.org/10.3390/ijerph15071425 - Bardin, L. (2011). *Análise de conteúdo*. São Paulo, SP: Edições 70.

Calile, O. H. B. O., & Chatelard, D. S. (2021). Representações sociais sobre suicídio. *Revista Família, Ciclos de Vida e Saúde no Contexto Social, 9*(2), 358-371. DOI: https://doi.org/10.18554/refacs.v9i2.5408

Cortez, P. A., Veiga, H. M. S., Gomide, A. P. A., & Souza, M. V. R. (2019). Suicídio no trabalho: um estudo de revisão da literatura brasileira em psicologia. *Revista Psicologia: Organizações e Trabalho, 19*(1), 523-531. DOI: http://dx.doi.org/10.17652/rpot/2019.1.14480

Demesmaeker, A., Chazard, E., Vaiva, G., & Amad, A. (2021). Risk factors for reattempt and suicide within 6 months after an attempt in the French ALGOS cohort: a survival tree analysis. *The Journal of Clinical Psychiatry, 82*(1). DOI: https://doi.org/10.4088/jcp.20m13589

Demirkol, M. E., Namlı, Z., & Tamam, L. (2019). Psychological Pain. *Current Approaches in Psychiatry, 11*(2), 205–213. DOI: https://doi.org/10.18863/pgy.444006

Ferreira, M. L., Vargas, M. A. O., Rodrigues, J., Trentin, D., Brehmer, L. C. F., & Lino, M. M. (2018). Comportamento suicida e Atenção Primária à Saúde. *Enfermagem em Foco, 9*(4), 50-54. DOI: https://doi.org/10.21675/2357-707X.2018.v9.n4.1803

Fontão, M. C., Rodrigues, J., Lino, M. M., & Lino, M. M. (2020). Nursing care in Urgency/Urgency/Emergency to people who attempt suicide. *SMAD, Revista Eletrônica Saúde Mental Álcool E Drogas, 16*(4), 122-132. DOI: https://doi.org/10.11606/issn.1806-6976.smad.2020.152045

Fukumitsu, K. O. (2018). Suicídio: do desalojamento do ser ao desertor de si mesmo. *Revista USP, 119*, 103-114. DOI: https://doi.org/10.11606/issn.2316-9036.v0i119p103-114

Luis, M. A., Monroy, N. A. J., Godoi, L. G., & Leite, F. M. C. (2021). Self-inflicted injuries among adolescents: Prevalence and associated factors, Espírito Santo, Brazil. *Aquichan, 21*(3). DOI: https://doi.org/10.5294/aqui.2021.21.3.3

Marcolan, J. F., & Silva, D. A. (2019). O comportamento suicida na realidade brasileira: aspectos epidemiológicos e da política de prevenção. *Revista Morte, 4*(7), 31-44. DOI: https://doi.org/10.9789/2525-3050.2019.v4i7.31-44

Owens, D., Horrocks, J., & House, A. (2002). Fatal and non-fatal repetition of self-harm. *The British Journal of Psychiatry : the journal of mental science, 181*(3), 193-199. DOI: https://doi.org/10.1192/bjp.181.3.193

Pinheiro, T. P., Warmling, D., & Coelho, E. B. S. (2021). Caracterização das tentativas de suicídio e automutilações por adolescentes e adultos notificadas em Santa Catarina, 2014-2018. *Epidemiologia e Serviços de Saúde, 30*(4), e2021337. DOI: https://doi.org/10.1590/S1679-49742021000400026

Santos, C. V. M. (2019). Sofrimento psíquico e risco de suicidio: diálogo sobre saúde mental na universidade. *Revista do Nufen, 11*(2), 149-160. DOI: https://dx.doi.org/10.26823/RevistadoNUFEN.vol11.nº02rex29

Santos, H. G. B., Marcon, S. R., Nespollo, A. M., Miraveti, J. C., Kogien, M., & Divino, E. A. (2021). Associação entre impulsividade e ideação suicida em estudantes universitários. *Revista de Enfermagem e Atenção à Saúde, 10*(2), e202114. DOI: https://doi.org/10.18554/reas.v10i2.4269

Shaw, R. J., Cullen, B., Graham, N., Lyall, D. M., Mackay, D., Okolie, C., … Smith, D. J. (2021). Living alone, loneliness and lack of emotional support as predictors of suicide and self-harm: a nine-year follow up of the UK Biobank cohort. *Journal of Affective Disorders, 279*, 316-323. DOI: https://doi.org/10.1016/j.jad.2020.10.026

Silva, D. A., & Marcolan, J. F. (2021a). Suicide attempts and suicide in Brazil: An epidemiological analysis. *Florence Nightingale Journal of Nursing*, *29*(3), 294-302. DOI: https://doi.org/10.5152/fnjn.2021.21035

Silva, D. A., & Marcolan, J. F. (2021b). The impact of family relationships in the suicidal behavior. *Research, Society and Development, 10*(2), e17310212349. DOI: https://doi.org/10.33448/rsd-v10i2.12349

Silva, D. A., & Marcolan, J. F. (2022). Tentativa de suicídio e suicídio no Brasil: análise epidemiológica. *Medicina (Ribeirão Preto), 54*(4), e181793. DOI: https://doi.org/10.11606/issn.2176-7262.rmrp.2021.181793

Silva, D. A., & Marcolan, J. F. (2023). Risk events associated with suicide behavior. *Medicina (Ribeirão Preto)*, *56*(1), e-198213. DOI: https://doi.org/10.11606/issn.2176-7262.rmrp.2023.198213

Silva, J. V., Baptista, M. N., Domingues, E. A. R., Silva, L. C. L., Pereira, E. C., & Pallini, A. C. (2020). Significados e motivos para suicídio em pessoas com tentativa prévia. *Revista Psicologia para America Latina, 34*, 245-254.

Teixeira, S. M. O., Souza, L. E. C., & Viana, L. M. M. (2018). O suicídio como questão de saúde pública. *Revista Brasileira em Promoção da Saúde, 31*(3). DOI: https://doi.org/10.5020/18061230.2018.8565

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357. DOI: https://doi.org/10.1093/intqhc/mzm042

Uğur, K., & Polat, H. (2021). The relationship of suicidal ideation with psychological pain and anger rumination in patients with major depressive disorder. *Archives of Psychiatric Nursing, 35*(5), 479-485. DOI: https://doi.org/10.1016/j.apnu.2021.06.012

Vásquez-Escobar, L., & Benítez-Camargo, S. (2021). Intento suicida: un análisis municipal de factores asociados 2012-2017. *Hacia la Promoción de la Salud, 26*(2), 68-82.

Wayland, S., Coker, S., & Maple, M. (2020). The human approach to supportive interventions: The lived experience of people who care for others who suicide attempt. *International Journal of Mental Health Nursing, 30*(3), 667-682. DOI: https://doi.org/10.1111/inm.12829

World Health Organization. (2021). *Live life: an implementation guide for suicide prevention in countries*. Geneva, SW: World Health Organization.