




Sociodemographic and clinical profile of people with suicidal ideation or attempted suicide treated in the context of psychiatric emergency

Fernanda Vieira Gimenez¹ 
Juliane de Souza Cavazzana¹ 
Maria José Sanches Marin¹ 

¹Faculdade de Medicina de Marília (FAMEMA), Marília, São Paulo, Brasil.

Corresponding author:

Fernanda Vieira Gimenez
E-mail: fvieiragimenez@gmail.com

Excerpt from the master's dissertation:
"Characteristics and evolution of patients with suicidal ideation or attempt treated in an urgency and emergency service in mental health" [In Portuguese, Características e evolução dos pacientes com ideação ou tentativa de suicídio atendidos em um serviço de urgência e emergência em saúde mental], defended in 2023 in the Academic Master's Degree "Health and Aging" Program, Faculdade de Medicina de Marília, Marília, São Paulo, Brazil.

Submitted: 21 June 2024
Accepted: 31 July 2025
Published: 27 December 2025

Scientific Editor: Maria Márcia Bachion
Associate Editor: Maria Giovana Borges Saidel

How to cite this article: Gimenez FV, Cavazzana JS, Marin MJS. Sociodemographic and clinical profile of people with suicidal ideation or attempted suicide treated in the context of psychiatric emergency. Rev. Eletr. Enferm. 2025;27:79746. <https://doi.org/10.5216/ree.v27.79746> English, Portuguese.

ABSTRACT

Objectives: to analyze the sociodemographic and clinical profile of individuals treated at a psychiatric emergency department due to suicidal ideation or attempted suicide. **Methods:** this is a descriptive, analytical study of secondary data based on documentary analysis of records of care provided at a psychiatric emergency department. Sociodemographic data, chief complaint, diagnosis, prescribed medications, and referrals were collected. **Results:** the treatment records of 187 individuals were analyzed. Most patients were female (64.2%); 40.6% were between 18 and 30 years old; 49.2% were single; and 59.4% were working or studying. The most prevalent complaints were suicidal ideation (69.0%), depressive symptoms (45.5%), suicide attempt (40.6%), and substance abuse (14.4%). The most frequently diagnosed mental disorders were personality disorders (27.8%), mood disorders (27.8%), and substance abuse (17.6%). **Conclusion:** people treated at a psychiatric emergency department due to suicidal ideation or attempts are predominantly young adults, female, single, and have mood or personality disorders.

Descriptors: Mental Health; Suicidal Ideation; Suicide, Attempted; Emergency Services, Psychiatric.

INTRODUCTION

Suicide represents a serious public health problem on the global stage. It is characterized by self-harm behavior that encompasses thoughts and actions that can be grouped into seven categories: completed suicide; attempted suicide; preparatory acts for suicidal behavior; suicidal ideation; self-harm behavior without the intention of dying; unintentional self-harm; and self-harm with unknown suicidal intent⁽¹⁾. It is a complex and multi-determined social phenomenon, intrinsic to the human being, resulting from historical, psychological, sociocultural, economic, genetic, and biological interactions⁽¹⁾.

According to estimates from the World Health Organization (WHO)⁽²⁾, more than 700,000 people die annually due to suicide worldwide, and Brazil is one of the countries with the highest absolute number of these occurrences^(3,4). It is the third most common cause of death in the country due to external factors, second only to homicides and traffic-related deaths. Currently, it is estimated that, worldwide, there is a suicide attempt every two to three seconds and a death by suicide every 40 seconds^(3,4).

According to data from the Ministry of Health⁽⁵⁾, between 2011 and 2016, 48,204 cases of suicide attempts were recorded in Brazil, with a higher frequency in the female population (69.0%). In the same period, 62,804 deaths caused by suicide were recorded, reaching a rate of 5.5/100,000 inhabitants. However, the risk of

death by suicide for men is higher (8.7/100,000 inhabitants) when compared to women (2.4/100,000 inhabitants)^(3,5).

Among people with suicidal behavior, 30 to 50% have a history of a previous suicide attempt⁽⁶⁾. A previous attempt increases the risk of completing the act by up to 100 times compared to people who have never attempted suicide⁽⁶⁾. The risk of a repeat suicide attempt increases linearly over time, with a higher proportion of women⁽⁶⁾.

The period of crisis, which can trigger the process of thinking about taking one's own life or attempting to carry out the act, is the result of a maximum of pain, disturbance, pressure, and suffering that is expressed in the way of leading one's life⁽⁷⁾. People often externalize these negative experiences through verbal communication, behaviors, and various other signs, such as anhedonia, decreased volition, risky behaviors, sudden recourse to some religion, medication carelessness and abuse, presence of vague symptoms, which can be manifested from the feeling of not belonging, feeling of being a burden to the family or to someone, and the absence of the primitive fear of dying⁽⁸⁾.

Associated factors that contribute to aggravating suicidal behavior, such as social inequality, low income, unemployment, gender, age, level of education, history of suicide attempts or suicide in the family, presence of mental disorders, loss of work, debt, romantic disagreements, dissatisfaction with oneself, chronic illnesses, lack of family support and containment, and stressful events can be observed^(1,7,9).

In addition to psychosocial factors, biological components are also involved. Suicide attempts have hereditary components, given associated genetic factors⁽¹⁰⁾ that may be present in people with or without psychiatric disorders⁽¹¹⁾. Diabetes, in turn, is a risk factor for both suicidal ideation and attempted suicide⁽¹²⁾.

In 2019, Law 13,819⁽¹³⁾ was enacted in Brazil, establishing the Brazilian National Policy for Self-Harm and Suicide Prevention, with the aim of guaranteeing access to psychosocial care for people experiencing acute or chronic psychological distress as a permanent strategy of public authorities for the prevention of these events and for addressing factors associated with them. The actions planned for the care of these people include identifying situations of vulnerability and protection, appropriate suicidal behavior management, education of the population to cope with social stigmas and prejudices, as well as educational and support actions for family members of people at risk⁽¹³⁾.

Considering that for every three people who attempt suicide, one is treated at an emergency department⁽¹⁴⁾, in addition to the importance and complexity of implementing public policies for suicide prevention and postvention, it is necessary to increase the visibility of this issue and better understand the profile of the affected population so that it is possible to advance care for people with suicidal ideation or attempts in healthcare services, with a view to promoting continuity of care.

Considering the above, the present study aimed to analyze the sociodemographic and clinical profile of people treated at a psychiatric emergency department due to suicidal ideation or attempts.

METHODS

This is a descriptive and analytical study conducted through do-

cument analysis of medical records of individuals treated at an emergency mental healthcare department in a highly complex hospital in Marília, São Paulo, Brazil. The hospital, affiliated with the Brazilian Unified Health System (In Portuguese, Sistema Único de Saúde - SUS), provides an average of 500 patients per month. This service assists 62 municipalities grouped into five microregions, totaling an estimated population of 1,200,000.

For this study, we considered, for convenience, medical records relating to all consultations provided in January, May, and September 2020, totaling 1,302 cases. Of these, we selected medical records of patients who were admitted to the service due to a clinical history of current suicidal ideation or attempted suicide, regardless of whether or not they had previously attempted suicide. Thus, we obtained a sample of medical records relating to 187 consultations.

Data collection was conducted from electronic medical records between April and July 2021. A questionnaire containing sociodemographic data, including age, sex, marital status, occupation, and degree of kinship of the accompanying person, was used. Moreover, the main complaint, diagnosis, prescribed medications, and referrals were identified. The data obtained were analyzed using descriptive statistics.

Qualitative variables were presented by absolute (n) and relative (%) frequency distribution. The chi-square or Fisher's exact test was used to verify the association between variables. Statistical Package for the Social Sciences - SPSS (version 19.0 for Windows, International Business Machines Corporation, United States), was used for the analyses, adopting a significance level of 5%.

The research was approved by the Research Ethics Committee in March 2021, under Certificate of Presentation of Ethical Consideration (In Portuguese, Certificado de Apresentação de Apreciação Ética - CAAE) number 42705021.0.0000.5413. As it is a documentary analysis, the Informed Consent was waived.

RESULTS

The majority of people who sought care at the emergency department due to suicidal ideation or attempted suicide were between 18 and 30 years old (40.6%), female (64.2%), single (49.2%), and engaged in activities such as work or study (59.4%). During care, 114 (61.0%) people were accompanied by their family members, and 57 (30.5%) were referred for hospitalization (Table 1).

The main conditions presented by the people treated included suicidal ideation (69.0%), depressive symptoms (45.5%), suicide attempt (40.6%), and psychoactive substance (PAS) abuse (14.4%) (Table 2).

The registered medical diagnosis, according to the International Classification of Diseases (ICD-10), reveals that the most prevalent disorders at the time of care were personality disorders (27.8%) and mood disorders (27.8%), followed by PAS abuse (17.6%) (Table 3).

The drugs predominantly prescribed in the consultation were Risperidone (17.1%), Quetiapine (16.6%), Clonazepam (11.2%), Halodol (10.7%), Promethazine (10.2%), and Alprazolam (9.6%). In some cases, more than one medication was prescribed per person, while in 35.3% of consultations, no medications were prescribed (Table 4).

Table 1 - Sociodemographic characterization of people with suicidal ideation or attempted suicide treated at a psychiatric emergency department (n = 187), Marília, São Paulo, Brazil, 2022

Variables	Age group	n	%	p-value
Age (years)	18 to 30	76	40.6	< 0.001*
	31 to 40	49	26.2	
	41 to 50	35	18.7	
	51 to 60	18	9.6	
	> 60	9	4.8	
Sex	Female	120	64.2	< 0.001*
	Male	67	35.8	
Marital status	Single	92	49.2	< 0.001*
	Married	77	41.2	
	Divorced	10	5.3	
	Widowed	2	1.1	
	Not reported	6	3.2	
Profession	Working/studying	111	59.4	< 0.001*
	Not working/houseperson	62	33.2	
	Not reported	14	7.5	
Companion	Relative	114	61.0	< 0.001*
	Friend	5	2.7	
	No companion	35	18.7	
	Not reported	33	17.6	
Referral	Hospital	57	30.5	< 0.001*
	Primary Care	32	17.1	
	CAPS	32	17.1	
	Follow-up	11	5.9	
	Discharge against medical advice	21	11.2	
	No referral	21	11.2	
	Not reported	13	7.0	

Note: * χ^2 test. CAPS: *Centros de Atenção Psicossocial*.

Table 2 - Complaints or conditions presented by people with suicidal ideation or attempted suicide treated at a psychiatric emergency department (n = 187), Marília, São Paulo, Brazil, 2022

Types of complaints*	n	%
Suicidal ideation	129	69.0
Depressive symptoms	85	45.5
Suicide attempt	76	40.6
PAS abuse	27	14.4
Anxiety symptoms	16	8.6
Thoughts of death	14	7.5
Aggression	11	5.9
Psychotic symptoms	6	3.2
Homicidal ideation	5	2.7
Self-harm	4	2.1

Note: *An individual could present with more than one complaint or condition. PAS: Psychoactive Substances.

Table 3 - Disorders identified according to medical diagnosis in the care of people with suicidal ideation or attempted suicide (n = 187) at a psychiatric emergency department, Marília, São Paulo, Brazil, 2022

Types of disorders	n	%
Personality disorders	52	27.8
Mood disorders	52	27.8
Related to PAS abuse	33	17.6
Psychotic disorders	15	8.0
Autointoxication	11	5.9
Adjustment disorders	9	4.8
Anxiety disorders	7	3.7
Other	8	4.2

Note: PAS: psychoactive substances.

Table 4 - Medications prescribed in psychiatric emergency care (n = 187), Marília, São Paulo, Brazil, 2022

Types of Medications	n	%
Risperidone	32	17.1
Quetiapine	31	16.6
Clonazepam	21	11.2
Haldol	20	10.7
Promethazine	19	10.2
Alprazolam	18	9.6
Lorazepam	12	6.4
Diazepam	6	3.2
Bromazepam	5	2.7
Olanzapine	5	2.7
Others	4	2.0
Not prescribed	66	35.3
Not provided	8	4.3

DISCUSSION

The demographic and clinical profile of people with suicidal ideation or attempted suicide treated at emergency departments is characterized by a predominance of young adults, females, single, and who work or study, and arrive at the service accompanied by a family member, have mood or personality disorders, or PAS abuse. These elements are important to promote reflections on users' needs during emergency mental healthcare and for planning effective strategies for coping, preventing, and post-preventing suicide, in addition to reviewing work processes, management, and organization of healthcare services that make up the psychosocial care network, with a view to humanizing care and providing comprehensive care.

According to the WHO⁽¹⁵⁾, suicide occurs predominantly in the 15-29 age group, which is consistent with the results of this study, in which the most prevalent age group was 18-30. Most patients were accompanied by a family member, and one possible explanation for this may be the location of the event that prompted the

search for emergency care. Studies indicate that approximately half of all cases occur at home^(3,4).

Studies conducted in Brazil show that rates of suicidal ideation and suicide attempts occur predominantly in women^(16,17), which was also found in the present study.

Poor academic performance, a history of parental suicide attempts in childhood or adolescence, and peer suicide attempts between birth and age 16 were identified as risk factors for suicide attempts in women born between 1982 and 1990 in a population-based cohort study conducted in Sweden⁽¹⁸⁾. A review study of 16 meta-analyses indicates that other risk factors with greater relevance for suicide attempts in women include experience of childhood abuse and mistreatment and sexual assault, gender minority status, and parental mortality by suicide⁽¹⁹⁾. Regarding suicidal ideation in women, the review⁽¹⁹⁾ indicates that the most important risk factors are identifying as bisexual and intimate partner violence.

A study that assessed data from adolescents in 58 countries indicates that, in female adolescents, alcohol and tobacco consumption (both) in the last thirty days also constitutes a risk factor for attempted suicide and suicidal ideation⁽²⁰⁾.

This overview should guide professionals' approach in the psychosocial care network, not only for a more specific investigation among young women in the context of care in health institutions, but also for planning health promotion actions for this group and investigating the occurrence of these risk factors in this population.

The prevalence of suicidal ideation or attempted suicide among single people may be related to the greater susceptibility of this group due to the fact that they sometimes feel alone, helpless, and without emotional and social support^(21,22).

Negative situations in the workplace can be considered triggers for poor mental health, the emergence of Common Mental Disorders (CMD), suicidal behavior, absenteeism, and occupational accidents, given the possibility of exposure to psychological stress, harassment, bullying, burnout syndrome, excessive working hours, conflicts with colleagues, rivalry, and competition that may exist in this scenario, in addition to the low level of control over work, high demand, and low social support^(23,24).

For those who study, the transition period to university involves feelings of frustration, anguish, exhaustion, separation from the family nucleus, greater responsibility, insecurity, and demands, in addition to the difficulties imposed by the physical, psychological, and social changes that occur during this period⁽²⁵⁾. Frustrations with school performance results and low social support are factors associated with suicide attempts⁽²⁶⁾.

The family represents an important support network, and the presence of a companion in this context stands out, as it provides emotional comfort, tranquility, and confidence, in addition to representing the connection with the social environment in which a person is inserted, contributing to a reduction in agitation, anxiety, stress, insecurity, negative feelings, and thoughts of death, and to the giving up of committing suicide⁽⁷⁾.

Family, the groups in which a person is inserted, income, educa-

tion, and society itself directly influence, both positively and negatively, the occurrence of a suicidal episode. Family, religion, and society are the greatest protective measures against suicide. On the other hand, conflicts in family relationships and complicated family dynamics are considered important risk factors for suicidal behavior, as they are conditions that generate fear, anguish, and insecurity, while the family nucleus should be a space of affection, respect, and care⁽²⁷⁾.

Emergency departments are often the first place people who attempt suicide receive care; however, they generally do not offer comprehensive and continuous care to people with mental disorders. Therefore, it is necessary to welcome, monitor, and follow up these cases both through Primary Care services and through the Psychosocial Care Network (In Portuguese, Rede de Atenção Psicossocial – RAPS), based on early identification and intervention in situations of risk and vulnerability⁽⁵⁾.

In this regard, RAPS was created with the purpose of organizing mental healthcare services in the country, aiming at comprehensive care through the coordination of services at the most diverse levels of care within the SUS, based on interdisciplinarity and co-responsibility for care between services, in order to break with fragmented, hierarchical, and pyramidal patterns⁽²⁸⁾.

Although psychiatric reform led to the closure of hospital beds and the creation of new psychosocial support facilities, such as Psychosocial Care Centers (In Portuguese, Centros de Atenção Psicossocial – CAPS), aimed at providing humane and comprehensive care, hospitalization is still a reality, as identified in this study, in which one-third of the cases treated at the service were referred for hospitalization. Psychiatric hospitalization, even after the Psychiatric Reform, remains a necessary therapeutic tool for managing people in crisis and those with severe mental disorders. It is used in situations where a person poses a risk to themselves or others, and out-of-hospital services are unable to provide the necessary support for stabilizing the condition⁽²⁹⁾.

Despite the changes implemented in the psychosocial care model, difficulties related to the effective implementation of public policies still persist, since there is a shortage in service supply, lack of human resources, and inequality in their distribution, in addition to healthcare network underfunding and disarticulation and the current care model still being predominantly centered on the physician over multidisciplinary actions⁽³⁰⁾.

Suicidal ideation was the main complaint presented by people treated at the service where this study was conducted, surpassing suicide attempts. Estimates indicate that for every adult who commits suicide, there are at least 20 others who attempt to take their own lives. Suicidal ideation anticipates behavior, which requires not only early detection but also the effective implementation of multidisciplinary support to understand the reasons for its onset and the common characteristics of this period^(15,31).

Suicidal behavior can be prevented by addressing suicidal thoughts and ideations. These "warnings" should be interpreted as cries for help and should never be ignored. Strategies for assisting people at risk of suicide include demonstrating empathy, attentive

listening, psychosocial support, assessing the severity of the situation, and establishing contracts. Suicide remains taboo in society, where, often, a person who commits it has not found support or a space to talk about it and be heard⁽³¹⁾.

In view of this, the need for incentives for implementing the Brazilian National Policy for Self-Harm and Suicide Prevention is highlighted⁽³⁾. Hence, several activities can be developed in the health sphere, such as training professionals and managers, through continuing education, raising awareness among the population about self-harm as an important public health problem and the possibility of prevention, identification and early treatment of mental disorders, in addition to improving the Notifiable Diseases Information System (In Portuguese, Sistema de Informação de Agravos de Notificação – SINAN), in order to facilitate possible decisions and the development of policies⁽³³⁾.

International estimates indicate that approximately 90.0% of people who commit suicide have some type of mental disorder⁽³²⁾. In the present investigation, mood and personality disorders, and PAS abuse were the most prevalent, a finding that corroborates other investigations on this topic^(32,33), which indicate that the mental disorders most associated with suicidal behavior are depression, bipolar mood disorder, alcohol or other drug abuse, schizophrenia, and personality disorders. Furthermore, the authors emphasize that the coexistence of these conditions further increases the risk of attempting to take one's own life^(32,33).

The medications prescribed in most cases at the site of this study indicate a professional judgment regarding the need for chemical restraint. This option takes on particular relevance when a person is unaccompanied and unable to protect themselves, and is the only available means of protecting them from the risk of death⁽³⁴⁾.

The most commonly used drugs in cases of psychomotor agitation are benzodiazepines and antipsychotics, which can be combined⁽³³⁾, as observed in the present study. The advantage of combining different classes of drugs in this case is the synergistic action that allows for the use of smaller amounts of drugs and, therefore, a lower likelihood of side effects⁽³³⁾.

Finally, it is worth highlighting that suicide attempts and completion can be prevented if this event is understood as a complex and multifactorial situation, in addition to the development of integrated and more comprehensive actions. To this end, it is necessary to engage professionals and managers in planning interventions based on a closer look at the functioning of the healthcare services that make up RAPS⁽⁵⁾.

Although this study was conducted in only one healthcare service, which limits its generalizability, the findings portray an important picture of the local community that resembles that of other Brazilian communities, as well as those of other countries, as presented in this study.

Therefore, the creation of support centers for people contemplating or attempting suicide is essential so that this population can receive care based on the risks they face. Furthermore, actions are needed to demystify this phenomenon, which society views as an act of weakness, opening up opportunities for dialogue on the topic within communities, as well as implementing prevention actions through targeted care for people in crisis situations and the identi-

cation and monitoring of risk situations.

In this context, the importance of teamwork stands out, as well as the training of professionals working in these services, to better meet this type of demand, promoting care based on comprehensiveness, capable of subsidizing these people's real needs, in search of significant changes in the numbers related to this avoidable public health problem.

CONCLUSION

This study identified the main sociodemographic and clinical characteristics of individuals with suicidal ideation and attempts treated at an emergency department. These characteristics are important markers for planning prevention actions and strategies. The population of young adults (aged 18 to 30), female, engaged in activities such as work and/or study, requires closer attention from healthcare professionals and the healthcare network.

Suicidal ideation is the main complaint leading to service requests, and approximately one-third of the population assisted is referred for hospitalization to minimize the risk of suicide. Mood and personality disorders are the most prevalent, and benzodiazepines (sedatives) are the most commonly prescribed medications.

Considering the demographic and clinical characteristics presented, there is a need for future studies capable of expanding knowledge on the subject, in order to facilitate access to RAPS for these people and provide improvements in the healthcare offered, especially to those with suicidal ideation or attempted suicide.

REFERENCES

1. Santos LA, Kind L. Integralidade, intersetorialidade e cuidado em saúde: caminhos para se enfrentar o suicídio. *Interface*. 2019 Sept 23;24:e190116. <https://doi.org/10.1590/Interface.190116>
2. World Health Organization (WHO). Suicide [Internet]. Geneva: World Health Organization (WHO); 2021 [cited 2025 Nov 06]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>
3. Ministério da Saúde, Secretaria de Vigilância em Saúde (BR). Boletim Epidemiológico: Suicídio. Saber, agir e prevenir [Internet]. 2017 [cited 2025 Nov 06];48(30). Available from: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/apresentacoes/2017/2017-025-perfil-epidemiologico-das-tentativas-e-obitos-por-suicidio-no-brasil-e-a-rede-de-aten-ao-a-sa-de-pdf>
4. Vedana KGG, Zanetti ACG. Attitudes of nursing students toward to the suicidal behavior. *Rev. Latino-Am. Enfermagem*. 2019;27:e3116. <https://doi.org/10.1590/1518-8345.2842.3116>
5. Ministério da Saúde, Secretaria de Vigilância em Saúde (BR). Boletim Epidemiológico: Mortalidade por suicídio e notificações de lesões autoprovocadas no Brasil [Internet]. 2021 Sept [cited 2025 Nov 06];52(33). Available from: https://www.gov.br/saude/pt-br/media/pdf/2021/setembro/20/boletim-epidemiologico_svs_33_final.pdf
6. de la Torre-Luque A, Pemau A, Ayad-Ahmed W, Borges G, Fernandez-Sevillano J, Garrido-Torres N, et al. Risk of suicide attempt repetition after an index attempt: a systematic review and meta-analysis. *Gen Hosp Psychiatry*. 2023 Jan 23;81:51-6. <https://doi.org/10.1016/j.genhosppsych.2023.01.007>
7. Pereira AS, Willhelm AR, Koller SH, Almeida RMM. Fatores de risco e proteção para tentativa de suicídio na adultez emergente. *Ciênc. saúde colet*. 2018 Nov;23(11):3767-77. <https://doi.org/10.1590/1413-81232018231129112016>
8. Minayo MCS, Figueiredo AEB, Mangas RMN. Estudo das publicações

científicas (2002-2017) sobre ideação suicida, tentativas de suicídio e autonegligência de idosos internados em Instituições de Longa Permanência. *Ciênc. saúde colet.* 2019 May 2;24(4):1393-404. <https://doi.org/10.1590/1413-81232018244.01422019>

9. Carbogim FC, Pereira NL, Luiz FS, Braz PR, Barbosa ACS, Paula GL, et al. Suicídio e cuidado às vítimas de tentativa de suicídio. *Rev enferm UFPE on line.* 2019 Apr 19;13(4):1090-9. <https://doi.org/10.5205/1981-8963-v13i4a238056p1090-1096-2019>

10. Docherty AR, Mullins N, Ashley-Koch AE, Qin X, Coleman JRI, Shabalin A, et al. GWAS meta-analysis of suicide attempt: identification of 12 genome-wide significant loci and implication of genetic risks for specific health factors. *Am J Psychiatry.* 2023 Oct 1;180(10):723-38. <https://doi.org/10.1176/appi.ajp.21121266>

11. Mullins N, Kang JE, Campos AI, Coleman JRI, Edwards AC, Galfalvy H, et al. Dissecting the shared genetic architecture of suicide attempt, psychiatric disorders, and known risk factors. *Biol Psychiatry.* 2022 Feb 1;91(3):313-27. <https://doi.org/10.1016/j.biopsych.2021.05.029>

12. Fan ZH, Xu J, Ge MW, Huang JW, Ni HT, Shen WQ, et al. Suicide death, suicidal ideation and suicide attempt in patients with diabetes: a systematic review and meta-analysis. *J Adv Nurs.* 2024 Jan 31;80(10):4050-73. <https://doi.org/10.1111/jan.16074>

13. Lei nº 13.819 da Presidência da República, de 26 de Abril de 2019 (BR) [Internet]. Institui a Política Nacional de Prevenção da Automutilação e do Suicídio, a ser implementada pela União, em cooperação com os Estados, o Distrito Federal e os Municípios; e altera a Lei nº 9.656, de 3 de Junho de 1998. *Diário Oficial da União.* 2019 Apr 26 [cited 2025 Nov 06]. Available from: <https://www.in.gov.br/web/dou/-/lei-n%C2%BA-13.819-de-26-de-abril-de-2019-85673796>

14. Freitas APA, Borges LM. Do acolhimento ao encaminhamento: O atendimento às tentativas de suicídio nos contextos hospitalares. *Estud. psicol.* 2017 Jan-Mar;22(1):50-60. <https://doi.org/10.22491/1678-4669.20170006>

15. World Health Organization (WHO). Suicide prevention [Internet]. Geneva: World Health Organization (WHO); 2021 [cited 2023 Dec 24]. Available from: http://www.who.int/mental_health/suicide-prevention/en/

16. Silva DA, Marcolan JF. Tentativa de suicídio e suicídio no Brasil: análise epidemiológica. *Medicina.* 2021 Dec 30;54(4):e-181793. <https://doi.org/10.11606/issn.2176-7262.rmrp.2021.181793>

17. Botti NCL, Cantão L, Silva AC, Dias TG, Menezes LC, Castro RAS. Características do comportamento suicida de homens e mulheres em tratamento psiquiátrico. *Cogitare Enferm.* 2018 Apr 18;23(2):e54280. <https://doi.org/10.5380/ce.v23i1.54280>

18. Lannoy S, Ohlsson H, Stephenson M, Kendler KS, Sundquist J, Sundquist K, et al. Prediction of suicide attempt in a Swedish population-based cohort. *Acta Psychiatr Scand.* 2024 Sept 24;151(1):92-101. <https://doi.org/10.1111/acps.13761>

19. Na PJ, Shin J, Kwak HR, Lee J, Jester DJ, Bandara P, et al. Social determinants of health and suicide-related outcomes: a review of meta-analyses. *JAMA Psychiatry.* 2025 Jan 2;82(4):337-46. <https://doi.org/10.1001/jamapsychiatry.2024.4241>

20. Chen M, Wang X, Tan DS, Wang H, Guo J, Li J, et al. Tobacco and alcohol use; suicide ideation, plan, and attempt among adolescents; and the role of legal purchase age restrictions: a pooled population-based analysis from 58 countries. *BMC Med.* 2025 Mar 18;23(1):163. <https://doi.org/10.1186/s12916-025-03983-6>

21. Pedrosa NFNC, Barreira DA, Rocha DQC, Barreira MA. Analysis of the main epidemiological factors related to suicide in a town of Ceará country-side, Brazil. *J. Health Biol Sci.* 2018 Oct 9;6(4):399-404. <https://doi.org/10.12662/2317-3076jhbs.v6i4.2068.p399-404.2018>

22. Santos DR, Xavier DP, Bentes LGB, Araújo NP, Teixeira RKC, Silva JAC. Perfil epidemiológico do suicídio no Brasil de 2007 a 2017. *Rev Bioét.* 2025 May 30;32:e3055PT. <https://doi.org/10.1590/1983-803420243055PT>

23. Corsi CAC, Assunção-Luiz AV, Cintra AS, Pitta NC, Paschoal ACS, Queiroz TS, et al. Vigilância em saúde do trabalhador: o suicídio relacionado ao trabalho. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.* 2020 Aug 31;16(4):133-43. <https://doi.org/10.11606/issn.1806-6976.smad.2020.172196>

24. Cortez PA, Veiga HMS, Gomide APA, Souza MVR. Suicídio no trabalho: um estudo de revisão da literatura brasileira em psicologia. *Rev. Psicol., Organ. Trab.* 2019 Jan-Mar;19(1):523-31. <https://doi.org/10.17652/rpot.2019.14480>

25. Crispim MO, Santos CMR, Frazão IS, Frazão CMFQ, Albuquerque RCR, Perrelli JGA. Prevalence of suicidal behavior in young university students: a systematic review with meta-analysis. *Rev. Latino-Am Enfermagem.* 2021 Nov 8;29:e3495. <https://doi.org/10.1590/1518-8345.5320.3495>

26. Ferede YA, Tassew WC, Zeleke AM, Beyene JA, Gonet YA, Abebe MT. Suicide attempt and its determinants among adolescents and youth in Ethiopia: a systematic review and meta-analysis. *BMC Psychiatry.* 2025 Feb 20;25:160. <https://doi.org/10.1186/s12888-025-06574-0>

27. Durkheim E. O suicídio. São Paulo: WMF Martins Fontes; 2019. 552 p.

28. Vasconcelos Neto PJA, Moreira RS, Oliveira Júnior FJM, Ludermitr AB. Tentativa de suicídio, transtorno de estresse pós-traumático e fatores associados em mulheres do Recife. *Rev. bras. epidemiol.* 2020 Mar 9;23:e200010. <https://doi.org/10.1590/1980-547202000010>

29. Braga RB, Pegoraro RF. Internação Psiquiátrica: O que as famílias pensam sobre isso? *Revista Psicologia e Saúde.* 2020 Feb 7;12(1):61-73. <https://doi.org/10.20435/pssa.v12i1.820>

30. Sampaio ML, Bispo Júnior JP. Rede de Atenção Psicossocial: avaliação da estrutura e do processo de articulação do cuidado em saúde mental. *Cad. Saúde Pública.* 2021 Apr 7;37(3):e00042620. <https://doi.org/10.1590/0102-311X00042620>

31. Santos CVM. Sofrimento psíquico e risco de suicídio: diálogo sobre saúde mental na universidade. *Rev. Nufen: Phenom. Interd [Internet].* 2019 [cited 2025 Nov 06];11(2):149-60. Available from: https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2175-25912019000200010

32. Borba LO, Ferreira ACZ, Capistrano FC, Kalinke LP, Maftum MA, Maftum GJ. Fatores associados à tentativa de suicídio por pessoas com transtorno mental. *Rev Min Enferm.* 2020 May 20;24:e-1284. <https://doi.org/10.5935/1415-2762.20200013>

33. Lessa RT, Mesquita FBM, Silva VL, Silva VNLV, Ferreira TB, Yamashita MM, et al. Caracterização do perfil epidemiológico suicida e o aumento do número de casos de suicídio na cidade de Juiz de Fora, Minas Gerais, Brasil, entre 2012 a 2020. *Debates em Psiquiatria.* 2023 Jan 24;13:1-22. <https://doi.org/10.25118/2763-90372023.v13.428>

34. Zhou J, Qin Q, Chen S, Zhang H. Moral dilemmas regarding physical restraints in intensive care units: understanding autonomy, beneficence, non-maleficence and justice in the use of physical restraints. *J Multidiscip Healthc.* 2024 Apr 12;17:1619-27. <https://doi.org/10.2147/JMDH.S455910>

Authors' contributions - CRediT

FVG: conceptualization; data curation; data analysis; funding acquisition; investigation; methodology; project administration; resources; software; supervision; validation; visualization; writing – original draft and writing – review & editing.

JSC: conceptualization; data curation; data analysis; funding acquisition; investigation; methodology; project administration; resources; software; supervision; validation; visualization; writing – original draft and writing – review & editing.

MJSM: conceptualization; data curation; data analysis; funding acquisition; investigation; methodology; project administration; resources; software; supervision; validation; visualization; writing – original draft and writing – review & editing.

Financing

This research received financial support from the Coordination for the Improvement of Higher Education Personnel – Brazil (In Portuguese, Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – CAPES) – Funding Code 001.

Conflict of Interest

None.