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Letter to the Editors

Suicide among the indigenous people in Brazil: a hidden public health issue

The suicide mortality rate (SMR) among the general population in Brazil is low (< 5.0 per 100,000 inhabitants).¹ However, recent evidence published in this journal shows that in São Gabriel da Cachoeira, the municipality with the largest proportion of self-reported indigenous people, suicide is an important public health issue.² Although suicide is acknowledged as an important public health problem in a few areas in Brazil, there are no national or regional statistics on the occurrence of suicide among the indigenous people. Evidence from different parts of the world indicates that “native” populations are particularly vulnerable to a number of health threatening disorders, including suicide.³ This study compares suicide mortality rates between the indigenous and non-indigenous people, excluding children under five years old, in the five macro-regions of the country during the 2006-2010 period based on data from the Information Department of the Brazilian Unified Health System (DATASUS). The data are summarized in Table 1.

Table 1 Suicide mortality rates among indigenous people and non-indigenous people in the Brazil's macro-regions, during 2006-2010

| Macro region | Suicide mortality rate (per 100,000) | |
|--------------|--------------------------------------|---------------------------|
| | Indigenous population | Non-indigenous population |
| Midwestern | 42.5 | 6.1 |
| Northern | 15.1 | 4.0 |
| Southern | 3.4 | 8.8 |
| Northeastern | 2.1 | 4.4 |
| Southeastern | 1.4 | 4.7 |
| Brazil | 12.6 | 5.3 |

Font: Information Department of the Brazilian Unified Health System (DATASUS).

The SMR among the indigenous people in Brazil was more than double that observed among the non-indigenous people. Within the Midwestern macro-region, the SMR among the indigenous people was 7.0 times higher than that observed among the non-indigenous people; for the State of Mato Grosso do Sul, SMRs of 76.4 and 6.9 per 100,000 inhabitants were found for the indigenous and non-indigenous people, respectively. The Northern macro-region includes most of the Amazon region and has the largest proportion of self-reported indigenous people in country. The SMR among the indigenous people of this region was 15.1 per 100,000 inhabitants, 3.8 times greater than that among the non-indigenous people. It should be further emphasized that within the Northern macro-region, the states of Amazonas and Roraima exhibited SMRs of 20.0 and 20.2 per 100,000 inhabitants, values 5.0 and 2.5 times those observed among the non-indigenous people, respectively. Within the Northeastern, Southeastern and Southern macro-regions of Brazil, SMRs were slightly higher among the non-indigenous people than among the indigenous people; however, SMRs for both populations did not exceed 9.0 per 100,000 inhabitants. In agreement with international findings,⁴ we have demonstrated that suicide is an important public health issue, especially among the indigenous people, particularly within the Midwestern and Northern macro-regions. These findings reveal a national public health problem that has thus far been hidden and unrecognized. Furthermore, we propose that additional research be undertaken to further explore the regional variation of SMRs in Brazil and to investigate the SMR among the indigenous people in the Southern, Northeastern and Southeastern macro-regions, which is lower than that observed in the Midwestern and Northern regions. Finally, we argue in favor of greater attention to the problem of suicide among the indigenous people on the part of national and local authorities. The socio-diversity of Brazil's nearly 225 indigenous groups should be taken into account because many culturally diverse groups exist and have distinct histories

of contact with the non-indigenous people. Therefore, the aim should be to design culturally sensitive strategies for addressing the sociocultural and public health environment that has led to the current SMR.

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* *Modest*

** *Significant*

*** *Significant. Grants were not awarded directly to the author but rather to a co-researcher or to the author's employer.*

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