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Urgent need for government and social policies to prevent suicide in Brazil

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Suicide is a personal, family socially complex and multifactorial health issue. The World Health Organization (WHO) estimates that suicide causes close to 800 thousand deaths per year^{1,2}. In Brazil, 13,467 people died from suicide in 2016; 3,263 women and 10,203 men³. In 2012, the death registration by suicide was 11,821 in Brazil; 2,623 women and 9,198 men³. The data show an increase of 12.2% in the number of suicides, between 2012 and 2016, with an increase of 19.6% for women and 9.8% for men³. Even though men commit more suicides than women, the fact that the growth rate for women is higher might represent a worsening health and suicide prevention for the gender.

Studies on suicide epidemiology in Brazil, between 2011 and 2016, have identified 55,649 deaths from suicide in Brazil, with a coefficient of 5.5/100,000 inhabitants. The suicide risk for men was 8.7/100,000 inhabitants, this is approximately four times higher compared to women (2.4/100,000 inhabitants)³.

When analysing the mortality by geographic region in Brazil, it was observed that the highest death rates due to suicide are in the states of Rio Grande do Sul (10.3/100,000 inhabitants – South region), Santa Catarina (8.8/100,000 inhabitants – south region) and Mato Grosso do Sul (8.5/100,000 inhabitants – Midwest region). Suicide rates according to gender were 44.8/100,000 inhabitants for women and 42.8/100,000 inhabitants for men, in the southeast region; 33.4/100,000 inhabitants for women and 34.9/100,000 inhabitants for men, in the South region; 9.8/100,000 inhabitants for women and 9.1/100,000 inhabitants for men, in the Midwest region; 8.2/100,000 inhabitants for women and 9.0/100,000 inhabitants for men, in the northeast region; and 3.8/100,000 inhabitants for women and 4.2/100,000 inhabitants for men in the North region³. Although these findings from the Mortality Information System of the Ministry of Health are relevant, it is necessary to acknowledge the fact that these numbers are on all likelihood a high underestimation.

The most commonly used methods for suicide in Brazil were hanging (47.2%), firearms (18.7%), other methods (14.4%) and poisoning (14.3%) as 41.5% by pesticides and 18.0% by drugs⁴. A study conducted in Rio Grande do Sul, identified 1,284 suicides (11.3/100,000 inhabitants) in 2017, where 80% were male and from the whole sample 46% were among young and elderly groups. Death by hanging, using firearms and poisoning were the most commonly used methods⁵.

The number of deaths from suicide among the elderly has also been growing in Brazil. The study shows that regardless of gender, the highest suicide rates were observed in the age group of 70 years and over (8.9/10,000 inhabitants)³. Another group that has been standing out are those belonging to the LGBTQI+ (Lesbians, Gays, Bisexual, Transsexual, Queer/Questioning, Intersex and more) population. Studies with this population are still scarce. A study conducted with transgender people in the Federal District, Brasília shows that suicidal thoughts are

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influenced by socioeconomic factors and are more prevalent in the younger age group. In addition, the thoughts about suicide are very common among Afro-Brazilians and Brazilian Indians⁶.

Despite their growing rate, suicide deaths can and should be prevented. There are several prevention strategies to achieve this purpose. According to WHO^{1,2}, effective interventions can include training of young people in skills to deal with stressors in life, through precise and timely evaluation; effective diagnosis and treatment of mental disorders; responsible dissemination of information on suicide by the media, restricting access to suicide methods and environmental control of risk factors. In Brazil, limiting access to firearms, pesticides and drugs are important actions.

People with mental disorders are more likely to attempt suicide. Thus, promoting better access to health services and a better structured and focus on suicide risk service is a paramount for the reduction of crises recurrences in these patients. Early identification of cases of mental disorders can also aid in managing further progression of mental health disorders which may lead to suicide. Family support is another important factor for care people with mental disorders and suicidal thoughts. The family has an important role in providing support and the medical professional should be attentive to include the Family in care interventions for patients with suicidal behaviour.

According to WHO^{1,2}, to achieve effective results regarding suicide prevention the following actions are necessary: to improve surveillance and research; identify vulnerable groups; improve the evaluation and management of suicidal behaviour; promote environmental and individual protection factors; raising awareness through public education; improve social attitudes and beliefs and eliminate stigma towards people with mental disorders or who have suicidal behaviours; reduce access to suicide means; encourage the media to adopt best policies and practices to announce suicide; and support bereaved individuals by suicide.

Health managers in Brazil should be aware that there are several models for conducting situational analyses that are important for choosing an appropriate prevention method to suit local needs. The WHO analysis is a relatively simple

approach, being a planning tool that can be used to define objectives and determine the steps required to achieve them. WHO analysis involves answering questions to determine Strengths, Weaknesses, Opportunities, and Threats (SWOT) related to suicide prevention. To conduct this analysis, it is important to also consider existing resources, political will, political and legislative opportunities and partnerships between sectors of the country. WHO^{1,2} also raises some points that should be considered by filmmakers, people who work in television and theatre during their work: promoting resilience and effective ways of dealing with problems; presentation and dissemination on how to get help from support services; identification of the potential positive value of support from friends, family and others in this care; non-disclosure of the act or suicide method; discussion on potential signs of suicide alert and how to deal with them; discuss complexity and issues associated with suicide; inclusion of a content advisory message before the start of cinema, televised or theatrical; providing parental guidance for content aimed at viewers under the age of 18 years.

Suicide prevention is not an easy task, a lot of work must be done. A successful strategy requires engagement by different branches of our society such as health professionals, political and family/patient groups. We must deal with the recognition of the realities of Brazil epidemiological data and work with careful planning.

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