

## THE SUICIDE PROBLEM IN BRAZIL: A PREJUDICE TO BE FIGHTED

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**Abstract:** INTRODUCTION Suicide and suicide attempts have increased over the years, becoming a topic of discussion about public health. To study the nature of self-destruction, one must understand the motivations that drive the search for one's own death. OBJECTIVE To identify the age group in which the rates of deaths from self-inflicted injuries are highest in the manner in which they are carried out, helping health professionals to prevent this behavior. METHODS Retrospective study that aims to investigate cases of deaths by suicide in 2017 in Brazil. The data were obtained from the SUS Information Technology Department (DATASUS), on mortality statistics for the period, analyzing them in an Excel® spreadsheet, using graphs obtained from the website. RESULT The total number of deaths from self-inflicted injuries in the age group of 5 to 74 years, in 2017, in Brazil was 11,929. The relationship between deaths by age group and the total in 2017 was: 5 to 9 years old 0.07%; 10 to 14 years old 1.46% deaths; 15 to 19 years old 7.32%; 20 to 29 years old 20.04%; 30 to 39 years old 21.95%; 40 to 49 years old 19%; 50 to 59 years old 16.16%; 60 to 69 at 10.60%; 70 to 74 years old 3.40%. It is understood that ICD X70 Intentional self-harm by hanging represents the largest cause of death by suicide in adults aged 30 to 39 years. It is clear that deaths by suicide occurred, in the South region, in 2017, by: 566 men and 175 women in the State of Paraná; 548 men and 158 women in the State of Santa Catarina; 977 men and 252 women in the State of Rio Grande do Sul. CONCLUSION Detecting and treating psychiatric comorbidities or situations that could lead to a harmful act reduces suicide rates.

**Keywords:** suicide, self-harm, prevention, public health.

## INTRODUCTION

Suicidal behavior is a phenomenon that has existed throughout human history. According to the WHO, the concept of suicide is characterized by: “an intentional act by an individual to end their own life”. Furthermore, such conduct has multifactorial preponderances and is the result of a complex interaction of biological, psychological, cultural, hereditary and socio-environmental conditions. This way, it must be identified as the outcome of a chain of elements that are condensed in the individual's experiences, and cannot be attributed, in a reductionist way, only to certain specific episodes in the subject's life. Suicide therefore corresponds to the final sequel of a process.

From a psychoanalytic perspective, on the other hand, it suggests a more comprehensive definition of the subject, in which suicide can occur through obscure and mysterious reasons; that is, of an unconscious action. Freud describes that, within a category of “mistaken acts” - small accidents, inappropriate use of objects, falls, drunk driving - these unconscious situations are observed and suppressed under carelessness and errors. In this context, the father of psychoanalysis states that “suicide can never be excluded as a possible outcome of the psychic conflict”.

Given this panorama, it becomes essential to study both the unconscious and intentional nature of self-destruction. To do this, one must understand the singularity of the motivations that contribute to the multiple texture of the network of factors that drive the search for one's own death. The objective of this work is to identify the age group in which the rates of deaths from self-inflicted injuries are highest, in addition to the way in which they are carried out, and to assist health professionals in preventing suicidal behavior.

## METHODS

This retrospective study aims to investigate cases of deaths by suicide in 2017 in Brazil. The epidemiological data were obtained from the database of the SUS IT Department (DATASUS), from the “Vital Statistics” section of the TabNet program in which “Deaths by Residence according to Age Group” and “Deaths by Residence according to category of ICD-10” and “Deaths by Residence by Federation Unit according to Sex in the Federation Unit: Paraná, Rio Grande do Sul, Santa Catarina.” The regions by federation units of the country were used as a parameter. The ICD-10 category was also used as a constant: by narcotics and psychodysleptics [hallucinogens] not classified elsewhere, X63 Intentional self-intoxication by other pharmacological substances acting on the autonomic nervous system, X66 Intentional self-intoxication with organic solvents, halogenated hydrocarbons and their vapors, X67 Intentional self-intoxication with other gases and vapors, X71 Intentionally self-inflicted injury by drowning or submersion, unspecified fire, X75 Intentionally self-inflicted injury by firing explosives, Intentionally self-inflicted injury by blunt object, X80 Intentionally self-harm caused by precipitation from a high place, specified, X84 Intentional self-harm by unspecified means.

Subsequently, these data were also obtained in the form of figures using DATASUS.

## RESULTS

It is possible to analyze, in Figure 1, that the total number of deaths due to self-inflicted injuries in the age group of 5 to 74 years, in 2017, in Brazil was 11,929.

In the same period, data obtained according to the number of deaths by age group of 5 to 9 years, 10 to 14 years, 15 to 19 years, 20 to 29 years, 30 to 39 years, 40 to 49 years, 50 to 59 years old, 60 to 69 years old, 70 to 74 years

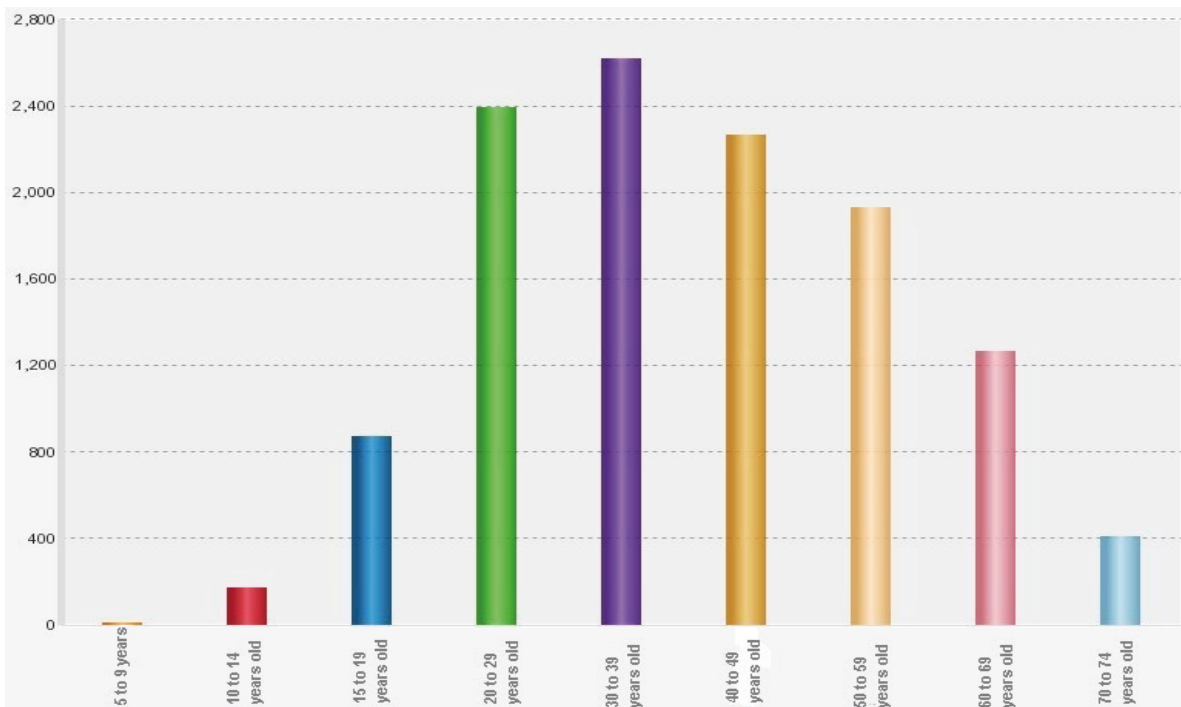


Figure 1 - highest number of deaths from self-inflicted injuries from 5 to 74 years old in 2017. Epidemiological data were obtained from the SUS Information Technology Department database (DATASUS).

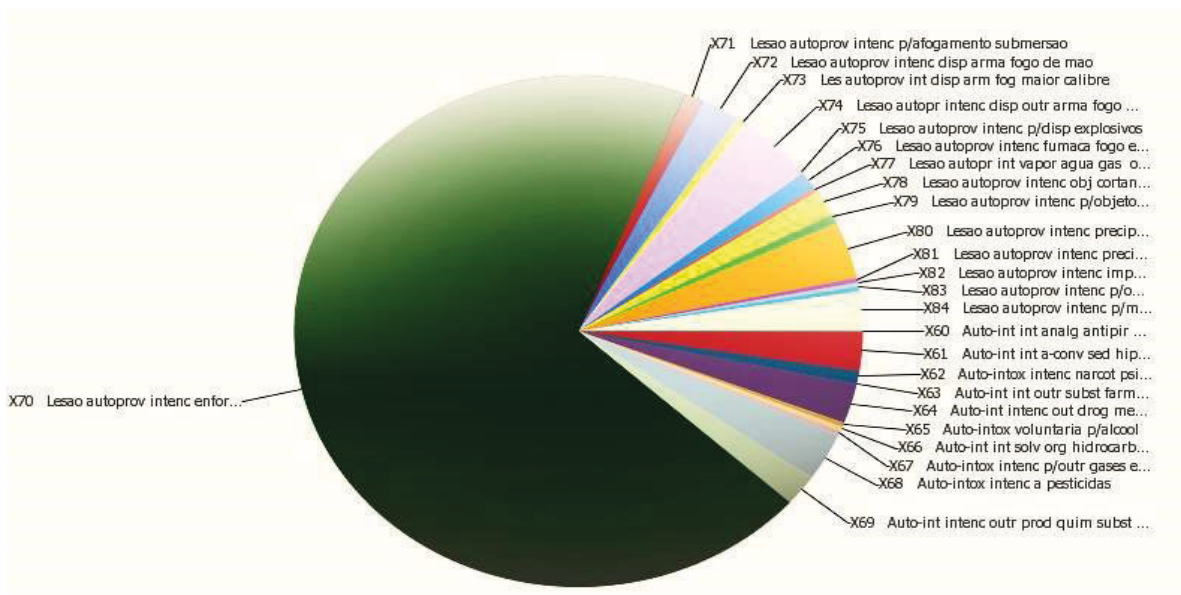


Figure 2 - main causes of self-inflicted deaths according to ICD-10 category from 30 to 39 years old, in 2017.

Epidemiological data were obtained from the database of the SUS IT Department (DATASUS).

old, are shown in graph 1. It is clear that the relationship between deaths by age group and the total in 2017 was: 5 to 9 years old 0.07%; 10 to 14 years old 1.46% deaths; 15 to 19 years old 7.32%; 20 to 29 years old 20.04%; 30 to 39 years old 21.95%; 40 to 49 years old 19%; 50 to 59 years old 16.16%; 60 to 69 at 10.60%; 70 to 74 years old 3.40%.

Looking at figure 2, it can be seen that ICD X70 Intentional self-inflicted injury by hanging is the leading cause of death by suicide in adults aged 30 to 39 (69.45%), followed by X74 Intentional self-inflicted injury by gunshot and NE (4.31%) and X80 Intentional self-inflicted injury by precipitation from a high place (3.86%).

Gender	PR	SC	RS	Total
Masculine	566	548	977	2091
Feminine	175	158	252	585
Total	741	706	1229	2676

Table 1 – highest number of suicides in the South Region separated by sex in 2017.

Based on table 1, it is clear that deaths by suicide occur, in the South region, by: 566 men (76.38%) and 175 women (23.62%) in the State of Paraná; 548 men (77.62%) and 158 women (22.38%) in the State of Santa Catarina; 977 men (79.50%) and 252 women (20.50%) in the State of Rio Grande do Sul.

## DISCUSSION

We can say that suicide is a serious public health problem that, unfortunately, cannot be predicted, but that there are ways to try to avoid it. However, this subject is still little discussed today because it is considered a major taboo by society and also because suicide notifications are considered “triggers” for other people already with suicidal behavior.

In the current discussion, it was noted that the age group from 30 to 39 years old comprises the population that committed the

most suicides in 2017, with hanging being the most prevalent cause. It is suggested that this group uses this means to carry out suicidal action due to the ease in obtaining access to instruments that serve as lethal weapons; such as, for example, sheets, cables, ropes, threads or belts, these forms being possible to be carried out, including in places considered “protected”, such as hospitals and clinics. Among the limitations of this article, we can mention the scarcity of Brazilian bibliography regarding the reason why the age group between 30 and 39 years old is the most affected.

When it comes to gender, it was observed that men commit suicide more than women. It is recommended that, for men, being the breadwinner is still a value related to their identification as a man and their self-esteem. The “social rules” for men say that they must be strong, rational, dominant, autonomous, independent, active, competent, powerful, invulnerable. This results in men wanting to resolve their issues alone, and seeking help ends up being understood as an indication of a “lack of masculinity”. As if that weren’t enough, depression is rarely diagnosed in men, making the risk of suicide even higher among them.

Based on these early diagnostic failures, which can lead to suicidal acts, it is extremely important to alert health professionals about recognizing risk factors and protective factors for suicide. Both can help them clinically determine whether there is risk and establish strategies to reduce it, by demarcating groups in which events may occur more frequently. The two most notable risk factors are: previous suicide attempt and mental illness. This is the most relevant isolated predictive factor, as patients who have previously attempted suicide are much more likely to try again and it is estimated that half of those who committed suicide had already made a



previous attempt. Regarding mental illnesses, we know that, most of the time, suicidal people have a mental illness, but it is often undiagnosed, often untreated or not treated correctly. The most common psychiatric disorders include depression, bipolar affective disorder, alcoholism, abuse/dependence on other drugs, personality disorders and schizophrenia. Individuals with multiple psychiatric comorbidities have higher risks, that is, the more diagnoses, the greater the patient's risk.

## CONCLUSION

Existing can become extremely difficult, regardless of gender or age. The issues associated with the causes of suicide are related to a reconfiguration of roles that men and women have had to assume – or are trying to assume. With information and clarification about the risks of self-destructive behaviors, both from the general population and from health professionals themselves, the possibilities of avoiding suicidal acts are expanded. Detecting and adequately treating psychiatric comorbidities or any situation in

which a harmful act may occur (break-ups, financial debts, deaths in the family or circle of friends) reduces suicide rates.

It is for this purpose, in fact, that there is the ``Centro de Valorização da Vida`` (CVV), a partnership of the Ministry of Health that began in 2015, in Rio Grande do Sul. It consists of a group of volunteers that offers free 24-hour care through internet and by telephone, providing emotional support and suicide prevention, under complete confidentiality, for all people who want and need to talk. The project guarantees broad coverage and promises that by 2020 the entire national territory will be able to count on service via the number 188.

Given the facts mentioned, the Ministry of Health confirms that: “the best way to find out if a person has thoughts of suicide is to ask them”. Contrary to popular belief, discussing suicide does not imply the idea of committing it. The taboo surrounding suicide generates the greatest challenge: prejudice, which must be overcome so that we do not return to a reality in which people die for fear of other people's judgments.

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