

International Journal of Health Science

Acceptance date: 11/06/2025

NURSES DEALING WITH SUICIDAL BEHAVIOR IN CHILDREN AND ADOLESCENTS

Maria Izabel Martins Lima

Health Sciences / Area: Nursing

Anápolis-GO

<http://lattes.cnpq.br/7610743083713244>

Juliana Macedo Melo Andrade

Nurse. Lecturer at Uni Evangélica

Anápolis/GO

<http://lattes.cnpq.br/7638351554843541>

Alberto César da Silva Lopes

Professor at IESB University Center

Brasília-DF

<http://lattes.cnpq.br/7896899624574923>

Sara Moreira Guedes da Silva

Health Sciences / Area: Nursing

Brasília-DF

<http://lattes.cnpq.br/8650298463880146>

Alexandre Marco de Leon

Catholic University of Brasília (UCB/DF),

Águas Claras, Brasília, Distrito Federal,

Brazil

<http://lattes.cnpq.br/6324073531418766>

Elissandro Noronha dos Santos

Nurse, Secretary of State for Health of the

Federal District, SES/GDF, Brasília-DF

<http://lattes.cnpq.br/7245224062487559>

Carlos Magno Oliveira da Silva

Physician, University Center of the State of

Pará, CESUPA, Brasília-DF

<https://lattes.cnpq.br/2143311328133492>



All content in this magazine is licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0).

Marcus Vinícius Ribeiro Ferreira

Biologist, Professor, Centro Universitário do Planalto Central Aparecido dos Santos, UNICEPLAC, Brasília-DF
<http://lattes.cnpq.br/4033741950649548>

Marcus Vinícius Dias de Oliveira

SESDF - Federal District Health Department
Brasília, Federal District, Brazil
<https://orcid.org/0009-0007-9434-0522>

Gláucia Oliveira Abreu Batista Meireles

Evangelical University of Goiás,
UniEVANGELICA, Anápolis, Goiás, Brazil
<https://orcid.org/0000-0002-4247-7822>

Sara Fernandes Correia

Evangelical University of Goiás
Anápolis, Goiás, Brazil.
<https://orcid.org/0000-0002-3850-98522>

Ligia Braz Melo

UniEVANGÉLICA - Evangelical University of Goiás, Anápolis, Goiás, Brazil
<https://orcid.org/0000-0003-2790-9954>

Abstract: INTRODUCTION: The reasons for suicide are intricate and multifactorial, and can vary from culture, addictions, mental disorders, violence, social factors, family history, among others (Fiocruz, 2013). Among the multiple causes of suicide in children and adolescents are a history of self-harm attempts by the individual or family members, a history of mental disorders, bullying, situations of violence, sexual abuse, low self-esteem, situations of vulnerability or the use of alcohol and other drugs (Secretaria de Saúde, 2019). Nurses contribute to the care process for patients with autism, taking the whole patient into account. They provide care and take into account holistic health care, helping with mental, emotional and physical health, focusing on all contexts of life. **OBJECTIVE:** To describe how nurses deal with suicidal behavior in children and adolescents in mental health services. **METHODOLOGY:** This is an integrative review of the Brazilian literature, with a qualitative approach, from the last five years on the role of nurses in dealing with suicidal behavior in children and adolescents in health services. The search took place in the Virtual Health Library (VHL) and SciELO. The study sample consisted of 9 articles. The following Health Science Descriptors (DeCS) were used: “Suicide Attempt” and “Nursing”. The articles selected were analyzed descriptively according to the assumptions of Ludke and André (1986). **RESULTS AND DISCUSSION:** Three categories were found: positive and negative care factors related to nursing professionals, factors related to attempted suicide in children and adolescents and mental health matrix support, which together demonstrate the competencies and weaknesses of nursing professionals in terms of care and assistance for children and adolescents with suicidal behavior. **FINAL CONSIDERATIONS:** The urgent need for specific training in mental health and psychiatry for nursing

professionals was highlighted, given the lack of integration and continuity of care.

Keywords: Self-destructive behavior; Mental health; Nursing; Child health; Adolescent health.

INTRODUCTION

The reasons for suicide are inherent and multifactorial, and can vary between culture, addictions, mental disorders, violence, social factors, family history, among others. The act is based on self-inflicted violence by people who intend to kill themselves when they are in a state of ambivalence. As stated by the Oswaldo Cruz Foundation (Fiocruz, 2013), suicide is stimulated by the possibility of choice and is part of human nature.

In addition to suicide, which is the act of taking one's own life, there is also attempted suicide, when the attempt does not result in death, self-harm, when the victim has the practice of scarifying the body without the intention of dying, and is associated with the concept of parasuicide as cited by Kreitman (1977), suicide planning and suicidal ideation, which occurs when there is a desire to die, with the idealization that this act will relieve the suffering that the individual is experiencing (SECRETARIA DA SAUDE, 2019).

Even with relevant figures, it is still sustained as a taboo, due to the justification of being considered a failure in life, in addition to the debate about death being something uncomfortable to be in people's dialect. These are causes that hinder education, which is seen as a preventative measure for suicide. There is a feeling of shame on the part of the victim, as they don't feel satisfied in their general well-being and fear of being judged when they express themselves, as they know that the subject doesn't have the awareness it should have (FIOCRUZ, 2013).

According to data from the WHO (World Health Organization, 2019), every 40 seconds

a person dies in the world as a result of self-destructive behavior. In 2019, the number of young people aged 15-19 who died by suicide was close to 40,000 in Brazil, and it is the second leading cause of death in females and the third in males of the same age. Even though Brazil has had guidelines in place since 2006 and is one of the 38 members of the WHO that has adopted national strategies to prevent self-injurious behavior, the number continues to rise every year.

Of the multiple causes of suicide in children and adolescents, the main factors cited by the Rio Grande do Sul State Health Department (2019) are: a history of self-harm attempts by the individual or family members, a history of mental disorders, bullying, situations of violence, sexual abuse, low self-esteem, situations of vulnerability or the use of alcohol and other drugs.

According to Lejderman *et al.* (2020), suicidal behavior is considered a medical emergency and, according to their article, accounts for a large percentage of all psychiatric emergencies, so there are specific approaches to be taken, where first contact is extremely valuable, so that the victim can be heard with attention and empathy, based on qualified listening and a safe and calm place. Talking about the subject, with questions about what the victim has been through and how they feel, has inverse effects proportional to the act of self-harm, and has a protective effect.

The role of the nursing professional is to provide services to patients admitted to the care unit, contributing to the process of caring for self-harmed patients, taking into account the patient as a whole. They provide care and take holistic health care into consideration, helping with mental, emotional and physical health, focusing on all contexts of life, in order to enable evolution, in accordance with the theory of theory created by Josephine Pater-son and Loretta Zderad (1979).

It is therefore necessary that the subject, although already debated, is made more feasible, so that everyone in society has more preparation and skills in order to circumvent the situation and reverse the data that is on the rise. In addition to the importance of the study for professionals in the support networks and researchers in order to provide ongoing learning that will ensure that the flow of care for children and adolescents in the psychosocial care networks is easier and more dynamic.

For this reason, the justification for the research is based on the need to describe the role of nurses in caring for children and adolescents at risk of suicidal behavior, in order to legitimize professional practices and the care provided in Brazilian mental health services.

In view of the above, the question arises: What is the role of nurses in dealing with suicidal behavior among children and adolescents in Brazilian mental health services, based on an integrative review of the literature over the last five years?

OBJECTIVES

OBJECTIVE GENERAL

To describe the role of nurses in dealing with suicidal behavior in children and adolescents in Brazilian mental health services based on an integrative review of the literature over the last five years.

SPECIFIC OBJECTIVES

To identify and discuss the factors related to suicidal behavior in children and adolescents.

To describe the strengths and weaknesses of nursing care at mental health and psychiatry for children and adolescents with suicidal behavior.

REVIEW OF LITERATURE

MENTAL HEALTH OF CHILDREN AND ADOLESCENTS

According to Freud (2006), the constitution of personality is linked to the stages of psychosexual development, in which sexuality is understood as a vital energy that influences the whole of psychic life. Childhood is marked by phases (oral, anal, phallic, latency and genital), and traumatic experiences in these stages, such as childhood amnesia, can trigger future emotional disorders.

Neuroplasticity also influences child development, being the brain's ability to adapt to different stimuli, positive or negative, including the absence of them (ROTTA, 2018).

Several factors have an impact on children's mental health: genetic, environmental, psychosocial and a history of violence or neglect. Traumatic situations can leave important marks on this sensitive period of life (THIENGO et al., 2014).

In the field of epigenetics, it is observed that environmental and biological factors and lived experiences generate chemical changes in the body that can activate or deactivate genes related to mental disorders, making the individual more susceptible or resistant to diseases (TOYOKAWA et al., 2012).

In the family context, experiences such as parental incarceration, substance abuse, separation, violence and abandonment have a direct impact on the emotional well-being of children and adolescents, increasing the risk of mental disorders (SOUSA et al., 2022).

Sexual violence is one of the most traumatic events, profoundly affecting the mental health of victims and can lead to the development of depression, drug use, sleep disorders and aggressive behavior, as well as physical risks such as STIs and pregnancy (FONTES et al., 2017; KENDALL-TACKETT et al., 1993).

Other risk factors include the use of psychoactive substances, bullying, poverty, eating disorders and cognitive difficulties. These elements reinforce the importance of preventive strategies and mental health care from childhood onwards (SOUSA et al., 2018).

PSYCHOSOCIAL CARE NETWORKS

The Psychosocial Care Networks (RAPS) are an important strategy of the Unified Health System (SUS) for organizing mental health care in Brazil. Its implementation began between 1992 and 2000, and it was formally restructured after the enactment of Law No. 10.216, of April 6, 2001, the legal framework for the Brazilian Psychiatric Reform. This legislation aimed to guarantee the rights of people with mental disorders, promoting the progressive replacement of the hospital-centric model with care in freedom, centred on the territory, with humanized, articulated clinical practices aimed at social inclusion and psychosocial rehabilitation (BRASIL, 2022).

The main objective of the RAPS is to ensure comprehensive mental health care for the population in its various needs, whether arising from severe and persistent mental disorders, harmful use of alcohol and other drugs, or situations of intense psychological distress. To this end, the network operates based on four fundamental tactical axes: (1) expanding accessibility to mental health services; (2) qualifying the services offered; (3) intersectoral coordination aimed at psychosocial rehabilitation; and (4) adopting harm reduction strategies and mitigating health problems (BRASIL, 2011).

The RAPS structure is made up of different devices organized into levels of care. In Primary Health Care, we highlight the Basic Health Units (UBS) and the Street Clinic, aimed at homeless people. Specialized mental health care includes the Psychosocial Care Centers (CAPS), which are the main point of

intensive, semi-intensive and non-intensive psychosocial care. There are also Therapeutic Residential Services (SRT), Reception Units (UA) and Social and Cultural Centers, which promote the social inclusion and autonomy of users (BRASIL, 2017).

In urgent and emergency care, the RAPS includes the Mobile Emergency Care Service (SAMU), 24-hour Emergency Care Units (UPA) and Stabilization Rooms. For hospital admissions, there are specialized wards in general hospitals, Day Hospitals, Reference Hospital Services (SHR) and, in specific cases, psychiatric hospitals. Complementing the network are initiatives aimed at deinstitutionalization, such as the Return Home Program (PVC) and the SRTs, aimed at people leaving long-term hospital stays (BRASIL, 2017).

The implementation of a CAPS in a territory follows a four-stage logic. The first consists of the regional design of the network, with a survey of needs and the definition of care flows. The second phase involves municipal adherence and situational diagnosis. The third involves contracting the points of care, and the fourth, the qualification of the network's components (BRASIL, 2011).

It is essential to understand that CAPS must be integrated with all RAPS points, ensuring networked care and continuity of care. The types of CAPS vary according to the population of the municipality and the epidemiological profile of the region. They are: CAPS I, CAPS II, CAPS III, CAPS AD (alcohol and other drugs), CAPS AD III, CAPS IJ (children and adolescents) and CAPS IV. CAPS III and AD III are responsible for continuous care, including weekends and public holidays, with night reception beds, back-up and crisis care (BRASIL, 2011).

SUICIDAL BEHAVIOR AND ITS CONSEQUENCES

Studies on self-destructive and suicidal behavior among children and adolescents in Brazil are still in their infancy, which highlights a significant gap in the national scientific literature. According to Oliveira et al. (2022), there is a significant increase in rates of suicidal ideation as subjects progress through adolescence, intensified by adverse sociocultural factors. The research also highlights the importance of emotional regulation and individualized clinical listening as effective mediators in reducing self-injurious episodes, and these factors are positively correlated with a reduction in suicidal behavior.

Advancing this analysis, Avanci et al. (2021) point out that suicidal behavior in childhood may represent a predictive factor for the occurrence of suicide in adolescence or even in adulthood. Early identification of these signs, however, is challenging, since the causes are usually diffuse and not very evident. Corroborating this perspective, Fensterseifer et al. (2003) warn that, according to estimates, up to 50% of cases classified as childhood accidents may actually be unrecognized or hidden suicide attempts.

Data obtained by Avanci et al. (2021), based on records from the Notifiable Diseases Information System (SINAN), indicate that 80.8% of reported self-injurious episodes occur at home, with the most common means used being self-poisoning, the use of sharp objects and hanging. Of particular note are the figures for children aged between eight and nine, who account for more than 60% of the records according to codes X60 to X84 in the VIVA/SINAN system.

Since 2013, there has been an increase in hospitalization rates for self-injury, which may be associated with the lack of effective public policies aimed at preventing and tackling the problem. Kim and Leventhal (2008) point to

bullying as one of the main causes of suicidal behavior among children and adolescents. In addition, Louredo et al. (2013) highlight the influence of the media through the so-called “Werther effect”, i.e. the spread of self-injurious behavior through imitation, especially in vulnerable contexts marked by unemployment, violence and social exclusion.

From a psychopathological point of view, cognitive factors such as hopelessness, anhedonia, impulsivity and internalization of traumatic events play a relevant role in predisposition to suicide. Shaffer and Piacentini (1994) identify these factors as crucial in the first attempt or in cases of recidivism. Mood disorders such as depression, generalized anxiety and panic episodes are also common among adolescents at risk (Kuczynski, 2014). The evaluation of the clinical history should consider not only previous diagnoses and therapeutic experiences, but also the family environment, including conflicts, abandonment, separations, use of psychoactive substances and the presence of suicidal behavior among family members (Baldaçara, 2021).

In addition, the therapeutic plan should include an analysis of psychosocial stressors such as emotional losses, economic difficulties, bullying, and the experience of LGBT-QIAP+ adolescents, who are often subjected to multiple forms of violence and exclusion. These variables directly affect mental health and vulnerability to suicide (Baldaçara, 2021).

Considering the seriousness of suicidal behavior, it should be understood as a medical emergency that requires immediate attention, constant vigilance and specialized care. Identifying warning signs - such as saying goodbye, abrupt changes in behavior, worsening depressive symptoms, lack of social support and difficulties in accessing health services - should trigger urgent interventions. In these cases, it is essential to refer the patient to emergency units equipped with professionals trained in mental health (Baldaçara, n.d.).

MULTIDISCIPLINARY AND NURSING CARE

Suicide prevention requires an integrated interprofessional approach that goes beyond the work of psychologists, psychiatrists and psychoanalysts. Professionals such as nurses, clinical doctors and specialists working at primary, secondary and emergency care levels play a fundamental role in identifying signs of risk and offering appropriate support to individuals in psychological distress. The first contact with the health system, when conducted with qualified listening and sensitivity, can be decisive in preventing the lethal outcome of a suicidal crisis (FIOCRUZ, 2016).

In this context, working as part of a multidisciplinary team is essential, as it allows for the sharing of knowledge and responsibilities in the therapeutic process, promoting comprehensive care centered on the individual. In situations of risk, the clinical assessment must be carried out in a respectful and qualified manner, by professionals with technical skills and ethical sensitivity, in order to avoid revictimization and embarrassment of the person in distress (BRASIL, 2020).

Vidal and Gontijo (2013) point out that, in most cases of self-injury, patients are initially received in urgent and emergency services, which represents a unique opportunity to establish a therapeutic relationship and identify the potential risk. The quality of the reception, the physical and emotional environment, as well as the safety transmitted by the health team, are aspects that directly influence adherence to care and can prevent fatal attempts.

Rodrigues (2017) highlights the need to implement suicide prevention protocols at all levels of healthcare. This strategy seeks not only to standardize conduct, but also to fill gaps in professional training, promoting the development of skills aimed at empathetic listening, therapeutic planning and conducting anamneses that include risk factors and the

patient's psychosocial history. Of particular note in this scenario is the role of the Psychosocial Care Centres (CAPS), which operate with a focus on therapeutic bonds and intersectoral practices aimed at minimizing risks.

However, the stigma still present in the care of patients with suicidal behavior is a major challenge. Fontão et al. (2020) point out that many nursing professionals feel unprepared to deal with situations of intense psychological distress, especially in the face of high demand, emotional overload and gaps in specific mental health training. These factors reinforce the importance of continuing health education as a strategy for improving care practices and promoting more humanized, prejudice-free and technically based care.

METHODOLOGICAL PATH

This is a bibliographical study of the literary review type, which makes it possible to gather and synthesize research results on a given theme or question in a systematic and orderly manner (MENDES; PEREIRA; GALVÃO, 2008).

The literature review is used for research purposes to position the reader of the work and the researcher himself about the advances and setbacks on a subject. It points out and discusses possible solutions to similar problems and offers alternative methodologies that have been used to solve the problem.

The guiding question for this study was: How do nurses deal with suicidal behavior in children and adolescents?

The scientific articles were selected through a bibliographic search on the role of nurses in dealing with suicide attempts by children and adolescents on the Virtual Health Library (VHL)/Bireme and SciELO platforms. The VHL/Bireme is a research and journal search platform that contains other national and international databases, namely: LILACS, IBECs, BDENF and MEDLINE. Similarly, the

academic virtual gallery called SciELO is a website that categorically compiles scientific articles and is used as a research platform.

The sample consisted of 9 scientific articles indexed in BVS/Bireme and SciELO published between 2019 and 2023, in Portuguese, selected using the following descriptors: “Suicide Attempt” and “Nursing”. The descriptors were selected using the “Descriptors in Health Sciences” (DECs) search tool available at BVS/Bireme.

Full texts in Portuguese published between 2019 and 2023 and containing one of the following descriptors were included: “Suicide Attempt” and “Nursing”. Duplicate texts or abstracts, publications with a release date over 5 years old, articles in foreign languages and literature reviews were excluded from the sample.

COLLECTION OF DATA

The articles were selected through an integrated search for the descriptors “Suicide Attempt” and “Nursing” in the BVS/Bireme and SciELO databases, considering full texts in Portuguese published between 2019 and 2023. Initially, 659 articles were identified in the VHL and 34 in SciELO. After applying the inclusion and exclusion criteria, 126 studies remained. Of these, 117 were discarded after analyzing the titles, abstracts and full texts, resulting in a final sample of 9 articles that address the role of nurses in the face of suicidal behavior in children and adolescents.

The articles selected to make up the sample were scrutinized descriptively according to the assumptions of Ludke and André (1986). After selection, an exhaustive reading of the articles was conducted and a database created, emphasizing the ideas of each one. The next step was to analyze the articles in order to characterize them, followed by a critical analysis and discussion of the results found in each text, in order to provide considerations on the subject.

The articles chosen to make up the sample were identified with codes represented by the letter by the letter “A”, followed by the number corresponding to one of the articles, for example “A1, A2, A3...”, and so on, as shown in Table 1.

For the critical analysis of the level of evidence of the selected articles, we used the proposal by (MELNYK et al., 2010), which classifies the quality of evidence into seven levels:

Level 1: Evidence resulting from a systematic review or meta-analysis of all relevant randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials ;
Level 2: Evidence from at least one well-designed randomized controlled trial;
Level 3: Evidence from well-designed clinical trials without randomization;
Level 4: Evidence from well-designed cohort and case-control studies;
Level 5: Evidence resulting from a systematic review of descriptive and qualitative studies;
Level 6: Experiences resulting from a single descriptive or qualitative study;
Level 7: Evidence resulting from the opinion of authorities and/or the report of expert committees.

Table 1 - Level of evidence

Source: (MELNYK et al., 2010) - adapted.

The texts selected to make up the sample for this study came from descriptive and/or qualitative, cross-sectional and analytical studies, classified as level VI evidence. In addition, a quasi-experimental before-and-after study was selected, categorized as level III evidence, as shown in Chart 2.

Article Code	Level of Evidence
A3	3
A1, A2, A4, A5, A6, A7, A8 and A9	6

Chart 2 - Level of evidence of the articles selected for the study

Source: Prepared by the author, 2024.

Analysis of data

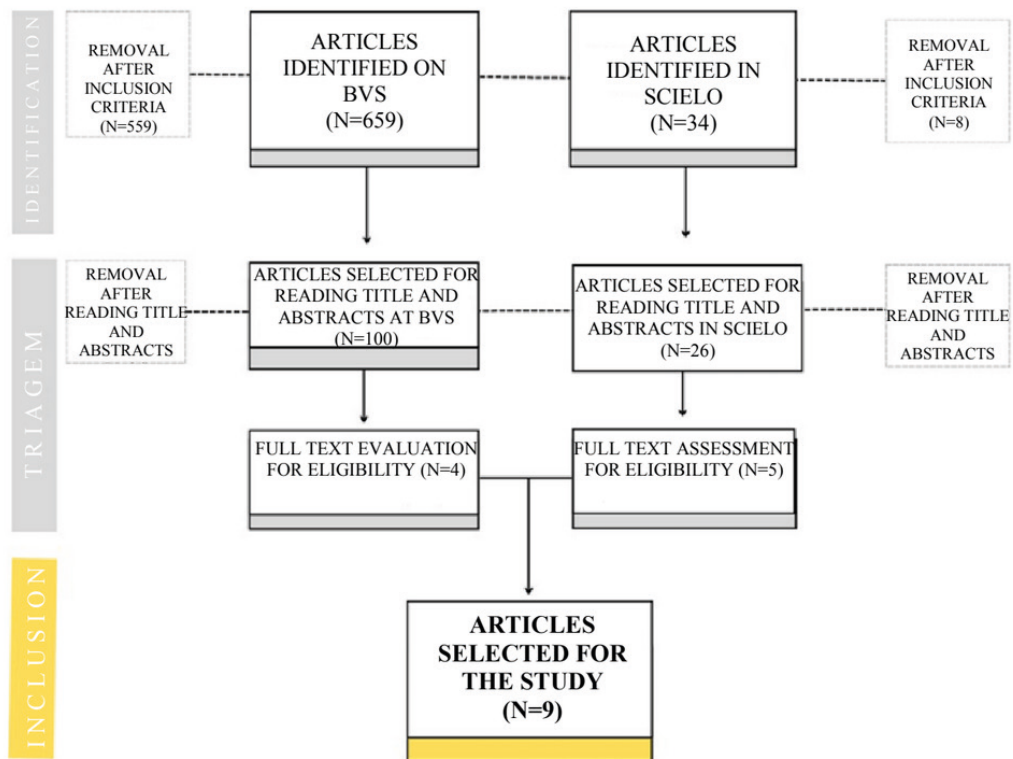


Figure 1- Flowchart for selecting articles to make up the study sample Source: Prisma Flowchart - adapted (PAGE *et al.*, 2021).

CODE	TITLE	AUTHOR (YEAR)	PERIODICAL	OBJECTIVE	METHODOLOGY
A1	Psychosocial care for people with suicidal behavior from the perspective of users and health professionals	Cíntia Mesquita Correia et al. (2020)	Journal of the USP School of Nursing (REEUSP)	To understand the implications of the care provided to people with suicidal behavior in the Psychosocial Care Network.	Qualitative research with Grounded Theory.
A2	Suicidal behavior: an understanding from Betty Neuman's perspective	Roberto Nascimento de Albuquerque, Moema da Silva Borges. (2021)	Revista Baiana de Enfermagem - Federal University of Bahia	Understanding the phenomenon of suicide from the perspective of Betty Neuman's Systems Theory Model.	Qualitative research.
A3	Impact of an educational intervention on suicide in the perception of nurses and community health workers	Francielle de Rezende Rocha et al. (2020)	SMAD. Electronic journal mental health alcohol and drugs - Ribeirão Preto School of Nursing	To analyze the perception of nurses and community health workers about suicide before and after an educational intervention.	Quasi-experimental before-and-after study, qualitative approach.
A4	Perceptions of nursing professionals at a general hospital about patients with suicidal behavior	Marcio Roberto Paes et al. (2020)	Enfermagem em foco (Brasília) / Federal Nursing Council	To understand the perception of nursing professionals about patients with suicidal behavior and the care provided to them.	Exploratory research with a qualitative approach.

A5	Epidemiological behavior of attempted suicide in Colombian adolescents 2016 - 2019: an ecological study	Lauren Camila Murillo Gutierrez et al. (2022)	Latin American Journal of Nursing - University of São Paulo	To characterize the behavior of attempted suicide among adolescents in Colombia between 2016 and 2019.	Quantitative, observational, descriptive and ecological study.
A6	Suicidal behavior during the COVID-19 pandemic: clinical aspects and associated factors	Daniel de Macêdo Rocha et al. (2022)	Acta Paulista de Enfermagem - Federal University of São Paulo - UNIFESP	To analyze the clinical aspects and factors associated with suicidal behavior during the COVID-19 pandemic.	Cross-sectional and analytical study.
A7	Structure and background of families of young people who have attempted suicide with chemical agents	Paola Kallyanna Guarneri Carvalho de Lima et al. (2021)	Portuguese journal of mental health nursing	To describe the structure and family background of young people hospitalized for attempted suicide with chemical agents.	Descriptive and cross-sectional research.
A8	Suicide attempts by adolescents treated in an urgent and emergency department: a cross-sectional study	Vanessa Dias Fogaça et al. (2023)	Brazilian journal of nursing	To identify and characterize the care given to adolescents in an emergency department for attempted suicide.	Observational, cross-sectional, descriptive study with a retrospective approach.
A9	Violence in childhood and adolescence: oral history of women who attempted suicide	Cíntia Mesquita Correia et al. (2019)	Brazilian journal of nursing	To unveil the expressions of intrafamily violence experienced in childhood/adolescence by women who attempted suicide.	Study with a qualitative approach.

Chart 1: List of articles whose content indicated the role of nurses in the face of suicidal behavior in children and adolescents. Anápolis, 2023.

Source: LIMA, Maria Izabel Martins, 2024.

RESULTS AND DISCUSSION

The database search identified and selected 9 (nine) articles that met the inclusion criteria. The articles chosen to make up the sample were published in 2019 (A9), 2020 (A1, A3, A4), 2021 (A2, A7), 2022 (A5, A6) and 2023 (A8).

The selected works derive from field research, which was carried out under a theoretical framework, involving health professionals and individuals who have experienced episodes of attempted suicide (A1), carried out with nursing students at a private institution in the Federal District, documenting reports of self-extermination attempts (A2). With the aim of analyzing and understanding the perception, aspects and behaviors of health professionals and patients after episodes of suicidal ideation, planning or attempting suicide (A3, A4, A6, A8), with the aim of revealing

and describing family aspects associated with victims of suicide attempts (A7 and A9), with the aim of characterizing suicide attempt behavior through system databases (A5).

With regard to the methodologies employed in the research, it can be seen that three studies adopted the qualitative research or approach, while other approaches were also employed, such as quasi-experimental, exploratory, quantitative, cross-sectional, descriptive and observational.

After analyzing the bibliographic material, three (3) thematic categories were identified related to the role of nurses in dealing with suicidal behavior in children and adolescents: 1. positive and negative care factors related to nursing professionals; 2. factors related to attempted suicide in children and adolescents; 3. mental health care matrix support

POSITIVE AND NEGATIVE CARE FACTORS RELATED TO NURSING PROFESSIONALS NURSING

The analysis of articles A1 to A8 shows that nursing professionals' unpreparedness to deal with patients with suicidal behaviour is a recurring factor, marked by stigmatizing attitudes, lack of empathy and technical ignorance, which compromises the quality of care (CORREIA et al., 2020; ROCHA et al., 2020; PAES et al., 2020; FOGAÇA et al., 2023). Such attitudes have a negative impact on the therapeutic relationship, as well as favoring discrimination and the invisibility of psychological suffering.

Studies such as those by Silva and Sougey (2015) reinforce that the social stigma surrounding suicide contributes to the isolation of individuals and institutional omission. On the other hand, humanized reception, with qualified listening and respect for singularity, is pointed out as an effective strategy in postvention and in promoting the therapeutic bond (CORREIA et al., 2020; ALBUQUERQUE; BORGES, 2021).

The literature also highlights the importance of professional training. Educational interventions have been shown to improve the approach and understanding of suicidal behavior, promoting greater effectiveness in the care provided and in preventing new attempts (ROCHA et al., 2020; GUTIÉRREZ et al., 2022). According to the CRP-DF (2020), care should include systematic risk assessment, drawing up a safety plan, involving the support network and continuing education for professionals.

In addition, the role of nursing is recognized as fundamental in the integrality of care, from welcoming to prevention and strengthening bonds, directly contributing to adherence to treatment (ROCHA et al., 2022).

FACTORS RELATED TO ATTEMPTED SUICIDE IN CHILDREN AND ADOLESCENTS

Several interconnected factors contribute to suicidal behavior in children and adolescents. Based on Neuman's Systems Theory, it is understood that stressors - internal, interpersonal and external - can weaken the individual's defenses, requiring interventions to restore balance (ALBUQUERQUE; BORGES, 2021). Family dynamics also stand out as a critical factor, and can act as both a protective and aggravating element, especially in contexts of violence, neglect and dysfunctional relationships (LIMA et al., 2021).

Aspects such as transgenerationality, where there is a family history of suicide, significantly increase the risk (ARIAS, 2019). Poor socioeconomic conditions, low access to education and health services, combined with situations of structural vulnerability, as pointed out by Weber et al. (2020) and Costa et al. (2017), intensify psychological suffering and reduce coping mechanisms.

Psychological and psychiatric factors, such as depression, anxiety, impulsivity and mental disorders, have been pointed out in several studies (CORREIA et al., 2019; ROCHA et al., 2022). The impact of the COVID-19 pandemic has further aggravated this scenario, with social isolation intensifying symptoms and raising suicide attempt rates (ROCHA; ALVARENGA; GIACON-ARRUDA, 2020).

The use of psychoactive substances, often associated with experiences of marginalization, family abandonment and emotional distress, is another recurring and worrying factor, making both treatment and prevention difficult (GUTIÉRREZ et al., 2022; LIMA et al., 2021). The UN (2016) reinforces the need for effective public policies aimed at prevention, especially in vulnerable populations.

Finally, adolescence represents a critical period of development, in which intense biopsychosocial changes, the search for identity and emotional instability make young people more prone to self-destructive behavior, especially when combined with adverse social and interpersonal factors (ROCHA et al., 2022).

MATRIX SUPPORT IN MENTAL HEALTH

Mental health matrix support is essential given the difficulties faced by professionals in caring for children and adolescents at risk of suicide. Studies show that there is a lack of coordination between primary care and specialized services, with deficiencies in monitoring and integrating patients into the Psychosocial Care Network (RAPS), which compromises continuity of care and increases the vulnerability of these individuals (ROCHA; ALVARENGA; GIACON-ARRUDA, 2020; LIMA et al., 2021).

The lack of longitudinal care and the weak referral system hinder qualified assistance and preventive action, making it ineffective to tackle the factors associated with suicidal behavior (FOGAÇA et al., 2023). The underreporting of cases aggravates the scenario, hindering the construction of public policies, surveillance and the allocation of resources (ROCHA et al., 2022).

In addition, the lack of specific policies aimed at children and adolescents contributes to the delay in intervention and adequate care, despite the recognized effectiveness of early and integrated approaches (GUTIÉRREZ et al., 2022). In this context, matrix support emerges as a fundamental strategy, promoting intersectoral and interprofessional action through practices such as unique therapeutic projects, continuing education and network actions (CHIAVERINI et al., 2011).

Strengthening matrix support increases the services' ability to resolve problems, favors continuity of care and makes it possible to act in a way that is sensitive to the specificities of childhood and adolescence, consolidating it as a structuring axis for the prevention and qualified management of suicidal behavior.

FINAL CONSIDERATIONS

After reviewing the literature, the study highlighted the crucial importance of nursing in welcoming patients with suicidal behavior. Professionals from nursing, as they are the first to welcome patients, have the unique opportunity to create meaningful bonds, acting directly in the prevention of repeat attempts. Through an integral vision and holistic care, nurses can effectively meet the demands of patients, using qualified listening to understand and treat the physical, emotional and social needs of individuals. This approach not only promotes more effective immediate intervention, but also contributes to building a safe and welcoming therapeutic environment, which is essential for long-term recovery and prevention.

It highlighted the urgent need for specific training in mental health and psychiatry for these professionals, given the lack of integration and continuity of care. Through continuous training, it is possible to address and reduce the stigmas and taboos present in nursing teams, ensuring more holistic approaches that cater to the singularities of each individual. This includes the early identification of suicide risks, the prevention of self-injurious behavior and health promotion aimed at both the patient and their immediate circle. These actions are fundamental to improving the effectiveness and humanization of care, benefiting the population's mental health.

There is also a lack of studies related to suicide that address epidemiological data and specific scientific productions on suicide in children and adolescents, as well as effective educational interventions for training mental health and psychiatric professionals. There is a lack of research that robustly correlates socioeconomic status and contexts of family instability with the risk of suicide, although it is widely recognized that these factors significantly interfere with mental health.

The current literature does not have enough material that addresses these aspects in detail, identifying how environmental and family resources act as determinants or mitigators of suicidal behavior. Addressing these gaps is essential in order to develop more specific and effective interventions, as well as providing a solid scientific basis to help formulate public policies and prevention strategies aimed at this vulnerable public.

In light of the analyses carried out, the lack of a mental health matrix structure between primary care teams and the Psychosocial Care Network stands out, highlighting gaps in the continuity of care and in the early identification of potential risks to individuals' mental health. The intersectoral and interprofessional approach emerges as a fundamental resource for promoting comprehensiveness and resoluteness in the therapeutic care of patients with suicidal behavior.

Therefore, the results found and the discussions provide opportunities for further debate on the gaps identified in this theme. These gaps qualify nursing care when applied in a holistic and comprehensive manner, promoting significant advances and mitigating scientific inertia.

REFERENCES

ALBUQUERQUE, Roberto Nascimento de; BORGES, Moema da Silva. Comportamento suicida: uma compreensão sob a ótica de Betty Neuman. *Revista Baiana de Enfermagem*, Salvador, v. 35, e43592, 2021. Disponível em: <https://periodicos.ufba.br/index.php/enfermagem/article/view/43592>. Acesso em: 20 mar. 2025.

ARIAS, Suely de Carvalho. Comportamento suicida na adolescência: aspectos clínicos, familiares e sociais. Curitiba: Appris, 2019.

BALDAÇARA, Leonardo. *Psiquiatria: abordagem baseada em casos clínicos*. Rio de Janeiro: Elsevier, 2021.

BRASIL. Ministério da Saúde. Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial (RAPS). Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011.html. Acesso em: 13 abr. 2025.

BRASIL. Ministério da Saúde. Nota Técnica nº 11/2019 – COSMU/CGCIVI/DAPES/SAPS/MS: prevenção e atenção à saúde de adolescentes e jovens em situação de violência. Brasília: MS, 2019.

BRASIL. Ministério da Saúde. *Política Nacional de Saúde Mental*. Brasília: MS, 2020.

BRASIL. Ministério da Saúde. Diretrizes para o cuidado das pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de álcool e outras drogas. Brasília: MS, 2020. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_cuidado_pessoas_sofrimento_transtorno_mental.pdf. Acesso em: 02 jan. 2025.

BRASIL. Ministério da Saúde. *Manual de implantação de serviços de saúde mental*. Brasília: MS, 2017. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/manual_implantacao_servicos_saude_mental.pdf. Acesso em: 29 nov. 2024.

BRASIL. Ministério da Saúde. *Guia Saúde Mental: Manual da Rede de Atenção Psicossocial*. Brasília: MS, 2022. Disponível em: <https://pt.scribd.com/document/628143566/Guia-Saude-Mental-Manual-rede-Atencao-Psicossocial>. Acesso em: 27 nov. 2024.

CENTRO DE VALORIZAÇÃO DA VIDA (CVV). Centro de Valorização da Vida. Wikipédia, 2023. Disponível em: https://pt.wikipedia.org/wiki/Centro_de_Valoriza%C3%A7%C3%A3o_da_Vida. Acesso em: 28 dez. 2024.

CHIAVERINI, Daniela Helena et al. Saúde mental na atenção básica: o apoio matricial e os processos de trabalho. São Paulo: Hucitec, 2011.

CONSELHO REGIONAL DE PSICOLOGIA DO DISTRITO FEDERAL (CRP-DF). Saúde mental e prevenção do suicídio: orientações para atuação profissional. Brasília: CRP-DF, 2020.

CORREIA, Cíntia Mesquita et al. Atenção psicossocial às pessoas com comportamento suicida na perspectiva de usuários e profissionais de saúde. Revista da Escola de Enfermagem da USP, São Paulo, v. 54, e03635, 2020. Disponível em: <https://www.scielo.br/j/reusp/a/5gk8p9vbvTfY9mdmjgsHLcM/>. Acesso em: 06 dez. 2024.

CORREIA, Cíntia Mesquita et al. Violência na infância e adolescência: história oral de mulheres que tentaram suicídio. Revista Brasileira de Enfermagem, Brasília, v. 72, supl. 1, p. 234-241, 2019.

COSTA, André Luiz Monezi et al. Manual de prevenção do suicídio. São Paulo: Hogrefe, 2017.

FENSTERSEIFER, L. I. et al. Tentativas de suicídio em crianças: uma realidade oculta. Revista Brasileira de Psiquiatria, v. 25, n. 1, p. 27-31, 2003.

FIOCRUZ. Adolescência e suicídio: um problema de saúde pública. CEE Fiocruz, 2024. Disponível em: <https://cee.fiocruz.br/?q=node/102>. Acesso em: 23 abr. 2025.

FIOCRUZ. Fiocruz alerta para aumento da taxa de suicídio entre criança e jovem. Agência Brasil, 2024. Disponível em: <https://agenciabrasil.ebc.com.br/saude/noticia/2024-03/fiocruz-alerta-para-aumento-da-taxa-de-suicidio-entre-crianca-e-jovem>. Acesso em: 07 nov. 2024.

FIOCRUZ. Intervenções de enfermagem ao jovem com comportamento suicida. SECAD, 2016. Disponível em: <https://portal.secad.artmed.com.br/artigo/intervencoes-de-enfermagem-ao-jovem-com-comportamento-suicida>. Acesso em: 10 jan. 2025.

FIOCRUZ. Pesquisa analisa o perfil do comportamento suicida entre jovens. Fundação Oswaldo Cruz, 2021. Disponível em: <https://portal.fiocruz.br/noticia/pesquisa-analisa-o-perfil-do-comportamento-suicida-entre-jovens>. Acesso em: 02 jan. 2025.

FIOCRUZ. Suicídio na infância e adolescência: é preciso romper o silêncio. Agência Fiocruz de Notícias, 2018. Disponível em: <https://agencia.fiocruz.br/suicidio-na-infancia-e-adolescencia-e-preciso-romper-o-silencio>. Acesso em: 29 nov. 2024.

FOGAÇA, Vanessa Dias et al. Tentativas de suicídio por adolescentes atendidos em um departamento de urgência e emergência: estudo transversal. Revista Brasileira de Enfermagem, Brasília, v. 76, e20220414, 2023.

FONTÃO, Maria Cristina et al. Estigmas e desafios no atendimento de enfermagem a pacientes com comportamento suicida. Revista de Enfermagem da UFSM, Santa Maria, v. 10, n. 1, e20200034, 2020.

FONTES, L. F. et al. Violência sexual na adolescência, perfil da vítima e impactos sobre a saúde mental. Ciência & Saúde Coletiva, v. 22, n. 9, p. 2919-2928, 2017. Disponível em: <https://www.scielo.br/j/csc/a/WfXDJZxfphzYTHF3pcN3txv/>. Acesso em: 28 dez. 2024.

FREUD, Sigmund. Três ensaios sobre a teoria da sexualidade. Rio de Janeiro: Imago, 2006.

GUTIÉRREZ, Lauren Camila Murillo et al. Comportamento epidemiológico da tentativa de suicídio em adolescentes colombianos anos 2016–2019: um estudo ecológico. Revista Latino-Americana de Enfermagem, São Paulo, v. 30, e3684, 2022.

KENDALL-TACKETT, K. A.; WILLIAMS, L. M.; FINKELHOR, D. Impact of sexual abuse on children: A review and synthesis of recent empirical studies. Psychological Bulletin, v. 113, n. 1, p. 164-180, 1993. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/8426874/>. Acesso em: 10 jan. 2025.

KIM, Y. S.; LEVENTHAL, B. L. Bullying and suicide: a review. *International Journal of Adolescent Medicine and Health*, v. 20, n. 2, p. 133-154, 2008.

KUCZYNSKI, Eduardo. Transtornos de humor e comportamento suicida em adolescentes. São Paulo: Vetor, 2014.

LEJDERMAN, F. et al. Diretrizes brasileiras para a abordagem do comportamento suicida. Ministério da Saúde, 2020. Disponível em: <https://registra-rh.saude.gov.br/diretrizes-comportamento-suicida.pdf>. Acesso em: 06 dez. 2024.

LIMA, Paola Kallyanna Guarneri Carvalho de et al. Estrutura e antecedentes de famílias de jovens que tentaram suicídio com agentes químicos. *Revista Portuguesa de Enfermagem de Saúde Mental*, Coimbra, n. esp. 8, p. 50-56, 2021.

LOUREDO, A. M. C. et al. Influência da mídia no comportamento suicida de adolescentes. *Revista de Saúde Pública*, v. 47, n. 2, p. 1-8, 2013.

LÜDKE, Menga; ANDRÉ, Marli Eliza Dalmazo Afonso de. Pesquisa em educação: abordagens qualitativas. São Paulo: EPU, 1986.

MELNYK, Bernadette Mazurek; FINEOUT-OVERHOLT, Ellen. Evidence-based practice in nursing & healthcare: a guide to best practice. 2. ed. Philadelphia: Lippincott Williams & Wilkins, 2010.

MENDES, Kátia Regina Vieira de Souza; SILVEIRA, Rosângela Carla dos Santos; GALVÃO, Cristina Maria. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto Enfermagem*, Florianópolis, v. 17, n. 4, p. 758-764, 2008. Disponível em: <https://www.scielo.br/j/tce/a/XzFkq6tjWs4wHNqNjKJLkXQ/>. Acesso em: 13 abr. 2025.

OLIVEIRA, M. M. et al. Comportamento suicida em crianças e adolescentes: fatores associados e estratégias de prevenção. *Revista Brasileira de Enfermagem*, v. 75, n. 1, e20210034, 2022.

ORGANIZAÇÃO DAS NAÇÕES UNIDAS (ONU). Relatório mundial sobre prevenção do suicídio: um imperativo global. Genebra: Organização Mundial da Saúde, 2016. Disponível em: <https://www.who.int/publications/i/item/9789241564779>. Acesso em: 27 nov. 2024.

ORGANIZAÇÃO MUNDIAL DA SAÚDE (OMS). Boletim Epidemiológico - Volume 55, Nº 04. Brasília: Ministério da Saúde, 2024. Disponível em: <https://www.gov.br/saude/pt-br>. Acesso em: 20 mar. 2025.

PAGE, Matthew J. et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, Londres, v. 372, n. 71, 2021. Disponível em: <https://www.bmj.com/content/372/bmj.n71>. Acesso em: 07 nov. 2024.

PAES, Márcio Roberto et al. Percepções de profissionais de enfermagem de um hospital geral sobre pacientes com comportamento suicida. *Enfermagem em Foco*, Brasília, v. 11, n. 1, p. 45-50, 2020.

ROCHA, Daniel de Macêdo et al. Comportamento suicida durante a pandemia da COVID-19: aspectos clínicos e fatores associados. *Acta Paulista de Enfermagem*, São Paulo, v. 35, eAPE03972, 2022.

ROCHA, Francielle de Rezende et al. Impacto da intervenção educacional sobre suicídio na percepção de enfermeiras e agentes comunitários de saúde. *SMAD. Revista eletrônica saúde mental álcool e drogas*, Ribeirão Preto, v. 16, n. 3, p. 95-102, 2020.

RODRIGUES, C. D. Protocolos de prevenção do suicídio na atenção primária à saúde. *Revista Brasileira de Enfermagem*, v. 70, n. 5, p. 1031-1038, 2017.

ROTTA, N. T. Neuroplasticidade e aprendizagem escolar do aluno com deficiência. *Museu Dinâmico Interdisciplinar*, 2018. Disponível em: <https://museudinamicointerdisciplinar.wordpress.com/2019/03/15/neuroplasticidade-e-aprendizagem-escolar-do-aluno-com-deficiencia/>. Acesso em: 02 jan. 2025.

SECRETARIA DE SAÚDE DO DISTRITO FEDERAL. Manual de orientações para o atendimento à pessoa em risco de suicídio. Brasília, 2021. Disponível em: <https://www.saude.df.gov.br>. Acesso em: 23 abr. 2025.

SECRETARIA DE SAÚDE DO ESTADO DO RIO GRANDE DO SUL. Guia Intersetorial de Prevenção do Comportamento Suicida em Crianças e Adolescentes. Porto Alegre, 2019. Disponível em: <https://saude.rs.gov.br>. Acesso em: 29 nov. 2024.

SHAFFER, D.; PIACENTINI, J. Suicide and attempted suicide. *Pediatrics in Review*, v. 15, n. 3, p. 85-91, 1994.

SOUSA, M. das G. de M. et al. Fatores de risco e de proteção e seus impactos na saúde mental de discentes da educação profissional e tecnológica de nível médio. ResearchGate, 2018. Disponível em: https://www.researchgate.net/publication/374207995_FATORES_DE_RISCO_E_DE_PROTECAO_E_SEUS_IMPACTOS_NA_SAUDE_MENTAL_DE_DISCENTES_DA_EDUCAO_PROFISSIONAL_E_TECNOLOGICA_DE_NIVEL_MEDIO. Acesso em: 10 jan. 2025.

SOUSA, M. das G. de M. et al. Influência de fatores familiares sobre a saúde mental de crianças e adolescentes. *Revista Latino-Americana de Psicologia*, v. 54, e1234, 2022. Disponível em: <https://www.scielo.br/j/rlpf/a/kF3m5KZSjWjsY3y4txR4JnH/>. Acesso em: 13 abr. 2025.

THIENGO, C. R.; CAVALCANTE, M. T. L.; LOVISI, G. M. Prevalência de transtornos mentais entre crianças e adolescentes e fatores associados: uma revisão sistemática. *Revista Brasileira de Psiquiatria*, v. 36, n. 2, p. 149-158, 2014. Disponível em: <https://www.scielo.br/j/jbpsiq/a/L3j6bTTtvSK4W9Npd7KQJNB/>. Acesso em: 06 dez. 2024.

TOYOKAWA, S. et al. How does the social environment 'get into the mind'? Epigenetics at the intersection of social and psychiatric epidemiology. *Social Science & Medicine*, v. 74, n. 1, p. 67-74, 2012. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/22119520/>. Acesso em: 28 dez. 2024.

VIDAL, C. E. S.; GONTIJO, E. D. Tentativas de suicídio: fatores prognósticos e prevenção. *Revista de Saúde Pública*, v. 47, n. 1, p. 1-6, 2013.