Therapeutic proposals of the SUS after suicide attempt in Brazil

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ABSTRACT
Suicide is the phenomenon that has been most addressed in society, since its numbers have increased significantly in recent years, drawing the attention of researchers and government officials to possible interventions in public health. Therefore, the present work aims to investigate the therapeutic proposals after suicide attempts in the services offered by SUS - Unified Health System - through exploratory bibliographic research in national sources. The research aims to understand which proposals are directed to these patients who are in a situation of vulnerability, in view of the high rates and incidences after suicide attempts. With this work, it is intended to contribute to the scientific production in Brazil and possible directions of the reception of the individual who attempted the act of suicide.

Keywords: Suicide, Therapeutic Proposal, SUS.

1 INTRODUCTION

In recent years, studies have shown high rates of suicide, causing this theme to reach multiple contexts, especially those related to life and health.

The term "suicide" has as definition "death of oneself", an intentional act of self-harm, which is planned to be lethal, being considered a multicausal phenomenon that involves several factors, such as environmental, cultural, biological, psychological and political, all included in the existence of the human being (MOUTIER, 2021).

According to the definition proposed by Edwin Shneidman (1985), suicide should be presented as a final consequence, reaching the maximum peak of disturbance, pressure and psychological pain, thus establishing that it is composed of a range of occurrences that put the individual's life at risk, considering them suicidal behaviors.

The sociologist Émile Durkheim made great contributions to the understanding of suicidal behavior with the work "The Suicide". Its object of study is society and social facts, taking into account the collective consciousness and what it produces in the individual who is inserted in it. Durkheim understands by suicide any death that "results directly or indirectly from an act, positive or negative, performed by the victim herself and that she knew that she would produce this result" (DURKHEIM, 2004, p.14).

Thus, Durkheim understands suicide as a social phenomenon that changes according to the society in which the individual is inserted. It is the result of a "sick" society, that is, it manifests itself as a pathology of the social bond, and can manifest itself in four different ways: 1) Selfish: caused by a helplessness of the social bond, in which the individual is led to the search for the meaning of his existence by himself, causing great anguish and melancholy; 2) Altruistic: how much the individual has a massive bond with society, not assigning value to oneself, resulting in total subordination to social ends; 3) Anomic: caused by sudden transformations in society, in which disintegration occurs through the absence of norms or laws, as in major economic crises (DURKHEIM, 2000).

The behavior encompasses completed suicide, which obtains intentional action and follow-up death; suicide attempt, from which self-harm occurs with deadly intentionality, but with no result – death; and suicidal ideation that consists of thoughts, strategies and preparation for the act (MOUTIER, 2021).

It is essential to understand that, although certain methods conceive a greater probability of death, the less lethal does not express less severity or seriousness, given that each individual carries with him specific characteristics, his biopsychosocial constructs that constitute every stage of his life cycle, from the juvenile to the elderly phase, being necessary to thoroughly evaluate each stage for better understanding (MOUTIER, 2021).

Suicide is responsible annually for about 1.4% of all deaths in the world, which corresponds to one million deaths, according to data from the World Health Organization, being among the three main causes of death in people aged 15 to 44 years (WHO, 2014).

These data correspond that every 45 seconds, somewhere in the world, a person commits suicide, which is equivalent to a contingent of 1,920 people – being higher than deaths from homicides, traffic accidents, wars and civil conflicts. The highest suicide rates are in Eastern European countries, according to data presented by the World Health Organization (WHO, 2009).

Brazil is among the ten countries with the highest number of deaths by suicide, according to data presented by the World Health Organization, occupying the eighth position, reaching about 24 deaths by suicide per day, but it is estimated that the rate is 20% higher than the stipulated number, since most cases are not registered. (WHO, 2014).

In the year 2011, the deaths recorded in the country represent about 27 deaths per day, which is equivalent to 9,852 deaths by suicide – 1% of the deaths recorded in Brazil are due to suicide in people between 15 and 29 years of age, the rate of deaths is equivalent to a rate of 4% of deaths (BRAZIL, 2013).

Between 2004 and 2010, the suicide mortality rate in Brazil was 5.7%, with 7.3% male and 1.9% female (MARÍN-LEÓN et al., 2012).

The rate of deaths by suicide remained stable between 1980 and 1994. That number was equivalent to a rate of 4.5 deaths per 100,000 residents. The number of deaths increased between 1995 and 1997 and remained stable until 2006.

According to data from the World Health Organization (WHO, 2019), about 97,339 people have committed suicide in the Americas, and estimates indicate that the numbers of attempts may exceed a number 20 times higher.

With the coming of the pandemic, the risk factors that are associated with the cause of suicide have increased – such as job loss, the death of a loved one, among others. In a study conducted by the World Economic Forum in Chile, Brazil, Peru, and Canada, people reported that their mental health had worsened after a year of pandemic (PAHO, 2021).

There is an estimate that suicide attempts exceed the number of suicides ten times more. In a survey conducted by the Brazilian Institute of Geography and Statistics (IBGE), 512 people were interviewed by researchers from the University of Campinas (Unicamp) in 2003, and of this number 17.1% have already thought about ending life, 4.8% have drawn up a plan, and 2.8% have effectively tried to commit suicide, however, only one was seen in an emergency room (BOTEGA et al., 2009).

The WHO Multicenter Study of Intervention in Suicidal Behavior (SUPREME MISS) estimates that 2,238 people were admitted to emergency rooms for attempted suicide (WHO, 2002).

The welcoming of the care team in the face of suicide attempts aims to identify emotional fragilities from the first contact with such patients, through active listening, thus reducing new suicide attempts. Listening to the patient, the professionals will have an improvement in the relationship and

will assist in the development of a more collaborative partnership (COSTA, GARCIA and TOLEDO, 2016).

According to the research of Freitas and Borges (2017), health services provide little acceptance and low operationalization of care focused on mental health in hospital contexts. The process in the emergency service, emphasizing time and productivity, takes almost a disposal of the individual, aiming at quick and almost contactless responses. Thus, emergency practices do not correspond to the needs of mental health patients who need greater availability by professionals.

For Gutierrez (2014), as health professionals have an important role in the situation of suicide attempt, the care that is provided should consider that the patient has health and hospital needs, guiding professionals to have comprehensive care that goes beyond the cure of a disease, and consider health care as ending the causes, treat the damage and decrease the risks. For some care team professionals, mental health demands for urgent and emergency services are not seen as legitimate emergencies.

Gutierrez (2014) also highlights that the permanence of the patient in the health service is an essential moment to give support and assist him in the search for a new meaning to his life, helping him in the development of greater autonomy. When the team is welcoming and respectful, this development of autonomy becomes more evident, therefore, it is essential that programs and strategies for the prevention of suicidal behaviors are integrated into the agenda of the training policies of these professionals and in public health. It is important that the team is trained and qualified on the subject in question, since they have a fundamental role and can effectively assist in this post-suicide attempt process.

Suicide is a matter of strong concern for the Brazilian Unified Health System (SUS), which seeks to adopt more strategic measures and conducts to be worked on in cases of suicide attempts and in consummated cases, as well as in the prevention of the act itself and in the monitoring of these individuals through public health.

From the significant increase in suicide attempts that has been occurring in the country, as previously mentioned, the SUS has established several ordinances and documents over the years that guide and help promote preventive actions at the individual and collective level, guiding and structuring the conducts to be followed by health agents. Today, in Brazil, the Psychosocial Care Network (RAPS), established by Ordinance No. 3088/2011, deserves great prominence, because it has some relevant therapeutic proposals for these cases, with the objective of developing points of attention to the mental health of the population, directed mainly to people with suffering or mental disorder, users of crack, alcohol and other drugs. This Psychosocial Care Network is composed of the Family Health Teams (FHT), Living Centers, Basic Health Units (UBS, UPA 24h, SAMU 192), Family Health Support Centers (NASF) and the Psychosocial Care Centers (CAPS) (GARBI, SANTOS, MOIMAZ and SALIBA, 2019).

> "The model of mental health care in Brazil, previously based on hospitalizations in psychiatric hospitals, went through a process of redirection to community mental health services, and with the creation of RAPS, it became possible to expand access to psychosocial care, articulating intersectoral actions, and allowing the regulation and organization of demand." (GARBI, SANTOS, MOIMAZ and SALIBA, 2019, p.134).

From this, obtaining this expansion of care for those who need psychological treatment within the RAPS, it became possible to adopt measures that seek to improve the reception and monitoring of these individuals, also facilitating referrals to other more specific sectors.

> "In short, it can be considered that the Ministry of Health is aware of the severity of the phenomenon, and while epidemiological surveys and bulletins make the government and the population aware of its extent, public policies are developed, optimized and updated." (GARBIN, SANTOS, MOIMAZ and SALIBA, 2019, p.139).

Suicide is a universal fact, and represents a major problem in public health services, both in Brazil and in the world. Suicide is considered by the World Health Organization as one of the leading causes of mortality worldwide, getting ahead of diseases such as HIV, breast cancer, malaria, and even wars and homicides (WHO, 2021).

In Brazil and in the world, the numbers of suicide have not decreased, on the contrary, they have been increasing every year or are stabilized. According to the World Health Organization (WHO) estimate, in 2019 more than 700,000 people died by suicide: one in 100 deaths, in which, led the WHO to produce new guidelines to help countries in suicide prevention and care (WHO, 2021).

According to Vidal and Gontijo (2013), many of the patients who are seen post-suicide attempt are often released and do not undergo a psychiatric evaluation or are not referred to services that can help this patient. After discharge, effective referral for psychiatric, psychological, and family and social support follow-ups is necessary (VIDAL, GONTIJO, 2013, p.112).

Vidal and Gontijo (2013) observe, however, that most patients who have attempted self-harm, in some cases that do not observe a very high risk of death, the individual is only referred to mental health services, without being sure to continue treatment and even adequate support for their case.

First, adequate and humanized care after the suicide attempt is essential, in which the first months are of greater risk for the patient to perpetrate new attempts. However, it is estimated that up to 60% of individuals who have attempted suicide do not attend more than a week after discharge from emergency services (VIDAL, GONTIJO, 2013, p.112).

For Vidal and Gontijo (2013), the treatment of patients who have mental disorders, especially patients who have attempted suicide, must be effective and carried out, safely, promptly and with quality so that the patient has a humanized care by the care team, and that can continue the treatment appropriately.

The objective of this study is to understand the therapeutic proposals of the Brazilian Unified Health System after the suicide attempt, presenting the epistemological data of suicidal behavior in Brazil and in the world, what are the strategies of the SUS after the suicide attempt and the behavior. The data that were collected will be correlated and analyzed through keywords and abstracts of articles available in electronic journals.

With the data presented above and that will be later resumed, it is known that the numbers of suicide attempts exceed the numbers of the consummated act, it is then necessary to give adequate support to the individual and his family, and the subject who tries to commit suicide may come to perpetrate new attempts (VIDAL, GONTIJO, 2013). Due to this fact, the research developed seeks to understand the appropriate therapy for the subject after suicide attempt in the Unified Health System.

2 METHODOLOGY

The present work was carried out through bibliographic research of books and recent scientific articles related to the subject under study, as a means of theoretical basis. This material search was done through platforms such as SciELO, LILACS and Google Scholar. For the search, the keywords "Suicide Attempt and Brazil", "Suicide Attempt and Welcoming", "Suicide Attempt and Strategies", "Suicide Attempt and Emergency Services" were used. After the research, the articles were chosen based on the year of publication.

The criteria regarding the inclusion and exclusion of the articles used were based on analyses about which were related to our theme in question and which dealt with the reception and services offered after the act of suicide attempt as the focus of the research.

For Martins and Theófilo (2016), bibliographic research is considered a fundamental strategy in all scientific work, as it seeks to present, analyze and explain a given subject based on references published in books, magazines and periodicals indispensable in the theoretical construction of the study.

The first stage of the research was based on the survey of references on the subject topic. This search idealized the articles with broad coverage of the topic, whether national or recent. The materials were accessed through digital platforms through the internet.

Following the survey of relevant works, through critical reading, useful information was selected, worked in the form of analyses and abstracts that helped in the final result of the work.

3 DEVELOPMENT

In his studies, Durkheim stated that the cause of suicide is not an individual cause, but a social cause, because according to him, in every society there are subjects willing to suicide, and this must be taken into account not only considering organic-psychic phenomena of the subject or the physical

environment of which that individual is inserted, but also the social causes that generated collective phenomena (DURKHEIM, 2004).

Thus, suicide is seen and explained as a social issue that can vary taking into account how the social interaction of individuals with the society in which they live (DURKHEIM, 2004).

From this, Durkheim classified suicide into three types taking into account the social causes that characterize, they are: selfish suicide, altruistic suicide and anomic suicide. In selfish suicide, the cause is the weakening of the social groups of which individuals are part, the relationship of withdrawal and individualization before the social groups of which the subject, that is, must be understood as a phenomenon in which the individual kills himself by weakening the social groups to which he belongs (DURKHEIM, 2004).

Altruistic suicide, unlike selfish suicide, the subject kills himself for the sake of a greater good for the society or social group of which he is inserted, believing it to be a duty to be fulfilled. The third case, anomic suicide, is the one that is most present in modern society, since it corresponds to a period in which the collective consciousness and moral consciousness are weakened, so this type of suicide is directly related to social issues, that is, the more disturbed this society is, the more incapable the individuals who constitute it become in the role of moralizing (DURKHEIM, 2004).

From these three categorizations exemplified above, it is possible to conclude that suicide is a social phenomenon, being directly linked to the problems that this society faces, directly affecting the subject who is inserted there.

Among the main risk factors associated with suicidal behavior, we can mention physiological, environmental, psychiatric, psychological and existential philosophical problems, and as previously pointed out, due to social and cultural motivations.

It is also necessary to differentiate terms such as self-neglect, self-inflicted injury, ideation, suicidal behavior and completed suicide, since the line that differentiates them is tenuous, because the suicide attempt can be interrupted and that the ideations can arise from stimuli that generate anguish and anxiety, thus resulting in an attempt on one's own life. Still on ideation, it is important to point out that not every thought or desire to die is related to risk factors (WHO, 2014). Although rare, there are suicides in which the act is impulsive, however, studies indicate that there is a planning, a preparation and a history of attempts that follow suicide.

Currently, suicide is considered a public health problem. According to the World Health Organization (WHO), it is estimated that more than 700,000 people die by suicide per year, being among the fourth leading cause of death among young people aged 15 to 29 years (WHO, 2009). Between 2010 and 2019, 112,230 deaths by suicide were recorded in Brazil, with an increase of 43% annually (MINISTRY OF HEALTH, 2021).

The scenario of the pandemic has brought risk factors that are directly linked to the increase in suicide attempts, such as unemployment, grief for a loved one, among other factors. In addition, a study conducted by the World Economic Forum in countries such as Chile, Brazil, Peru and Canada pointed out that people reported worsening in mental health after one year in this pandemic scenario (PAHO, 2021).

As for the rates of suicide attempts, it is estimated that they exceed by ten times more the rates of suicide accomplished, thus being able to compare suicidal behavior with an "iceberg", since a very small proportion comes to knowledge after records in health services. It is estimated that the number of suicide attempts that reach emergency rooms is 2,238 people (WHO, 2002).

Given this, it was necessary to understand what are the public health strategies to deal with the problem, and after a first attempt it is estimated that the risk of a future attempt that may materialize increases (OWENS et al., 2002).

In a research conducted in Fortaleza, Ceará, with 360 victims of suicide attempt attended in services that are part of the Psychosocial Care Network (RAPS), it was possible to understand the need for attentive and specialized professionals about suicidal behavior at all levels of public health and suicide prevention strategies.

The RAPS is part of the Unified Health System (SUS) and the target audience served are people with mental health problems and aims to propose strategies and services of various levels of complexity in order to promote individual rights within social life. The RAPS is composed of services such as CAPS, Therapeutic Residential Services (SRT), Centers of Coexistence and Culture, Reception Units (UA) and comprehensive care beds in General Hospitals and CAPS III.

Despite all this structure of the RAPS, a study conducted in Rio Grande do Norte points out that there are difficulties to access and inadequate functioning in the services offered by the RAPS – especially in the CAPS, due to the high demand of users and the lack of mental health professionals, such as psychiatrists, compromising the effectiveness of the treatment and thus increasing the chances of other hospitalizations in the future as well as suicide. In addition to the structural difficulties, there is also the possibility of encountering non-acceptance and professionals who disbelieve in the suffering that leads to suicide attempts.

In this first moment, it is expected that health professionals perform the welcoming of that patient, thus valuing humanized care, constituting a therapeutic proposal that enhances life. In emergency services in hospitals, it is expected that a rigorous diagnosis is made, in which the first evaluation takes place in the emergency department and an interview in a more isolated and empathetic area to ensure welcoming, and in addition, the patient's family should be heard as well.

In practice, there are several intervention proposals that are used to reduce suicide attempts. It is essential to carry out an evaluation to analyze the risks that may lead to another attempt, since by

making the patient aware of the crisis it can reduce the risks of an attempt in the short, medium and long term (IONITA et al., 2009).

To reduce the chances of attempts, hospitals and/or public health services should train professionals who deal directly with these patients (BALLARD et al., 2008). A study conducted divided patients into three groups according to their needs: the first, being patients hospitalized in psychiatric wards; the second group with patients in intensive care centers and the third group with non-hospitalized patients. In the first group, the needs presented were: lack of psychoeducation strategies to prevent other suicide attempts, professional training and qualified staff for physical treatment and skills for management of the psychiatric ward. In the second group, there was a need for a multidisciplinary team (psychiatrists, psychotherapists and social workers) for immediate and comprehensive care. And in the third group it is necessary to strengthen a support system to inform them about the risks of suicide attempts.

The action of an interdisciplinary network is also necessary to ensure prevention strategies and ensure a comprehensive therapeutic approach, mediating the services and also exercising the interlocutor function, assessing the risks of suicide from demographic characteristics, stressful factors and a psychiatric diagnosis, and a simple structural model used to train teachers can be provided, police officers, religious leaders and health professionals, so this intersectoral team will be attentive to situations of risk of suicide attempt.

The performance of a multisectoral network is crucial in the prevention of suicide behavior, in addition to the partnership and communication between sectors such as health, education, social assistance, public security and guardianship council. Education being a protagonist in the lives of children, adolescents and adults becomes a privileged environment to address mental health and suicide prevention. The strategies that should be adopted in the school context are surveillance, promotion of life and suicide prevention, developing actions that combat prejudice, creation of spaces for dialogue and welcoming, psychoeducation programs that address the theme in a playful way, acting directly and immediately in risk situations. In addition, education professionals should also maintain contact with the parents or guardians of this child or adolescent and, if necessary, referral to health services.

In the social assistance network, through the services offered by the Social Assistance Reference Center (CRAS) and the Specialized Reference Center for Social Assistance (CREAS), they develop actions with the objective of strengthening the development of social skills for conflict resolution, encouraging families to participate in activities offered by society (social, cultural and religious), promoting opportunities in which children and adolescents can reflect and elaborate projects of life and promote activities that work on pertinent topics for discussion. In the case of reception services, the technical reference team should be communicated and together with the educators carry

out the necessary referral, actions should also be conducted that promote dialogues through conversation circles where they have reception and listening.

Public safety professionals should adopt some postures in cases of suicide attempt, and it is often these professionals who give a first service (example Military Brigade and the Fire Department). Welcoming should be done in a humanized way, maintaining calm and control, and not approaching in a repressive way. Referral should be made to mental health services and in situations of risk of other attempts referral to urgent and emergency services (Emergency Care, UPA, SAMU, among others). Guardianship counselors should adopt the same posture as public security professionals, since they deal directly with children and adolescents who have their rights violated.

The same difficulties mentioned above are found in small municipalities that do not meet the requirements for the installation of services offered by the Psychosocial Care Network (RAPS), in which cases of suicide attempts, at first, are referred to the Basic Health Unit (UBS) or to municipal hospitals, and later, to nearby cities that have more resources for the care of these patients.

In a study conducted in a UBS in the municipality of Campo Grande, in the state of Mato Grosso do Sul, it showed the unpreparedness and lack of training of nurses and community health agents for the care of patients with suicide attempts, and the lack of information about suicidal behavior, presenting a stereotyped view of who can present suicidal behavior and having the idea of who attempts suicide is to call the attention of the family, or an act of cowardice for not facing their problems or of courage for attempting suicide. The difficulty presented during this study by the participants is not knowing how to recognize the risk signs of suicidal behavior, thinking that it is a knowledge only of mental health professionals.

4 RESULTS

In a research conducted on several platforms, using the keywords: "Suicide Attempt and Brazil", "Suicide Attempt and Welcoming", "Suicide Attempt and Strategies", "Suicide Attempt and Emergency Services", the articles were found as shown in the table below:

Table 1 – Selected articles

Keyword	Platform	Articles Found	Discarded articles
Suicide attempt and Brazil	SCIELO	13 articles found	12 Discarded articles
Suicide Attempt and Reception	SCIELO	08 articles found	03 Discarded article
Suicide Attempt and Reception	LILACS	03 articles found	02 discarded articles
Suicide Attempt and Strategies	LILACS	29 articles found	25 Discarded articles
Suicide attempt and Basic Health Unit	LILACS	05 articles found	03 Discarded articles
Suicide Attempt and Emergency Services	LILACS	25 articles found	23 Discarded articles

In addition to the articles cited above, the following book was also used as a source for the research. Being it:

Table 2 – Selected books

Title	Author
Suicide	Émile Durkheim

The qualitative criteria for the selection of the articles used for the production of this study refer to the compilation of documents written in the Portuguese language, and that addressed in a targeted way the suicide attempt and the therapeutic proposals in public health services, such as RAPS, CAPS, UBS and emergency services in hospitals. This exclusion was made in this way, in order to keep the research focused on the therapeutic reception after suicide attempt, taking into account the strategies of the Unified Health System, from the level of primary care to the hospital level. Although suicide is a current and extremely important topic, it is possible to notice a certain scarcity in the scientific production related to the researched theme and also the lack of training of health professionals.

The reflection of this phenomenon can be observed in the indexes presented. Brazil is the eighth country among the countries that make up the WHO, presenting an average of 24 suicides per day, but despite this the rates are low, occupying the 73rd place in the world ranking.

According to the WHO (2003), only 25% of suicide attempts enter hospital emergency services, with the most severe cases being referred and treated in an emergency manner to treat the injuries. The Hospital Information System (MINISTRY OF HEALTH, 2014) recorded the number of 153,061 equivalent to hospitalizations for attempted suicide. The worrying thing is that it is estimated that in every three attempts, only one received attention from health services (BOTEGA, 2013).

In 2014, in the Viva-Inquérito (Viva-Survey), the records of care for victims of violence were 4,949, and of this number a percentage of 9.5% were attended for self-harm – it is estimated that 2.9% are children, 18.8% are adolescents, 74.6% are adults and 3.7% are elderly.

Still on the records in the Viva-Survey, it was found that most of the people who were injured were brown/black, about 62.4%, while people of skin color represent a percentage of 34.3%. White women had a higher percentage (39.8%) compared to men (29.4%). The same does not happen with people of brown/black skin color, in which the percentage of men who attempt suicide is higher than women (67.8% for men versus 56.3% for women). In the indigenous population, the records were 1.9% for women and 0.2% for men.

It was noted that the most common means employed are poisoning (53.6%) and use of piercing-cutting objects – in which there is a distinction between sex as well, being more common the suicide attempt of women by poisoning (69.4%) and men by the use of piercing-cutting objects (42.6%).

5 DISCUSSION

Although the theme of suicide is in evidence with the growth of the Yellow September Campaign and with suicidal behavior being addressed in media, such as the series produced and marketed by the streaming platform "13 Reasons Why" (entitled "The Thirteen Whys"), it points out a warning for the problem, especially among adolescents, but for some professionals the series treats the theme irresponsibly and without caution, romanticizing and generalizing suicide as a form of escape, as well as being able to stimulate young people to try to commit the act.

Even with the phenomenon being widely discussed, much of society sees suicide as a "taboo" or a subject that should not be talked about, and with this it is possible to draw a parallel between Durkheim's work "The Suicide" with the present day, in which the author points to suicide as a phenomenon of social and cultural causes – in addition to biological aspects.

As pointed out by Guitierrez (2014), health professionals have a primary role in the face of suicide attempts, since the first reception is essential for the patient's permanence, thus giving the necessary support and helping to find a meaning for life, since a qualified, welcoming and respectful team collaborates not only with the treatment and the best care of the patient and their families, assisting in the post-suicide attempt process, but also in the elaboration of strategies and proposals for action to prevent suicidal behavior.

However, the reality in public health services is very different from what is expected. According to Vidal and Gontijo (2013), most patients who are treated after suicide attempt are discharged without first going through a psychiatrist or psychologist who can assess and if there are risks of recidivism, and after discharge they are not referred for effective monitoring with mental health professionals and there is no family support. When there is referral to mental health services, there is no systematic follow-up to ensure that the patient has adequate support for their demand.

As Owens and others (2002) pointed out that it is necessary to understand what are the public health strategies to deal with suicidal behavior, since it is a growing problem, as the indices previously pointed out according to data from the World Health Organization (WHO), Ministry of Health (MS), Brazilian Institute of Geography and Statistics (IBGE) and Pan American Health Organization (PAHO).

Thus, for effectiveness in therapeutic proposals and suicide prevention strategies, it is necessary to train multisectoral professionals as pointed out by Ionita and others (2009), especially health agents and other professionals in the area who deal directly with patients who enter health services after suicide attempt. The lack of information from professionals who do not have knowledge about mental health causes harm to the reception of patients after suicide attempt, thus not offering humanized and effective care to patients and their families.

6 CONCLUSION

In view of the studies presented, we can conclude that the Unified Health System (SUS) has established ordinances over the years with the objective of guiding and promoting actions to prevent suicidal behavior, serving as a basis for conduct expected by health professionals. The RAPS is a good example of the therapeutic proposal for cases of suicide attempts, since it is composed of teams that constitute services such as Family Health, Living Centers, Basic Health Units (UBS, SAMU, UPA), Family Health Support Centers and Psychosocial Care Centers, and in addition to this network there are also emergency services and comprehensive care beds in hospitals that also offer care and Reception of patients who are admitted after suicide attempt.

Considering that suicide is a social phenomenon, intersectoral prevention strategies are also necessary, in addition to those proposed by health services. Education becomes a conducive environment to promote strategies and actions aimed at preventing suicidal behavior and informing about mental health. Social assistance also plays an important role in the prevention of suicide attempts, considering that it deals directly with social vulnerabilities and inequalities such as political and economic instability, family and domestic violence, neglect, abandonment or homelessness, abusive use of alcohol and other chemical substances, fragile family ties and unemployment.

Public safety professionals and guardianship counselors also have an important role in the prevention of suicide, since in some cases these professionals are the first to attend these people and their families, and this first reception is fundamental, in case of guardianship counselors they are the ones who perform the first care for children and adolescents involving self-injury.

Therefore, it is a work that goes far beyond the scope of health, but that demands attention and action in the different sectors of society, with a view to minimizing this social problem.

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