

Gender and suicide: analysis between men and women in a psychiatric ward in the Federal District

Gênero e suicídio: análise entre homens e mulheres de uma enfermaria psiquiátrica no Distrito Federal

Género y suicidio: análisis entre hombres y mujeres en un pabellón psiquiátrico del Distrito Federal

Natália Yumi Yamada¹, Rinaldo Eduardo Machado de Oliveira², Ioneide de Oliveira Campos³

How to cite: Yamada NY, Oliveira REM, Campos IO. Gender and suicide: analysis between men and women in a psychiatric ward in the Federal District. REVISA. 2024; 13(4): 938-47. Doi: <https://doi.org/10.36239/revisa.v13.n4.p938a947>

REVISA

1. University of Brasilia, Brasilia, Federal District, Brazil.
<https://orcid.org/0009-0001-2960-1139>

2. University of Brasilia, Brasilia, Federal District, Brazil.
<https://orcid.org/0000-0003-1684-1456>

3. University of Brasilia, Brasilia, Federal District, Brazil.
<https://orcid.org/0000-0002-6803-2725>

Received: 20/07/2024
Accepted: 23/09/2024

RESUMO

Objetivo: Analisar o perfil sociodemográfico de homens e mulheres, considerando os métodos e número de tentativas de autoextermínios, sob perspectiva de gênero. **Método:** Estudo quantitativo, transversal, retrospectivo e descritivo, realizado em enfermaria psiquiátrica de um hospital público universitário no Distrito Federal. A produção de dados foi a partir de 32 prontuários de mulheres e homens, analisados por meio de frequência absoluta e relativa. **Resultados:** Observou-se maior frequência das internações por mulheres de meia idade, casadas e nível de escolaridade médio. Enquanto, para os homens houve maior frequência de solteiros jovens, nível de escolaridade superior e desempregados. Em ambos os gêneros, a ingestão de medicamentos foi o método principal de tentativa de autoextermínio. **Conclusão:** As desigualdades sociais e econômicas podem interferir na saúde mental das pessoas e são fatores de risco para a tentativa de autoextermínio. Assim, sugerem-se investimentos em políticas públicas intersetoriais, assim como, tornar as campanhas de prevenção ao suicídio mais robustas, tendo em vista, discussões sobre as relações de gênero. **Descritores:** Saúde mental; Estudos de gênero; Tentativa de suicídio; Epidemiologia.

ABSTRACT

Objective: To analyze the sociodemographic profile of men and women, considering the methods and number of self-extermination attempts, from a gender perspective. **Method:** Quantitative, cross-sectional, retrospective and descriptive study, carried out in a psychiatric ward of a public university hospital in the Federal District. Data production was based on 32 medical records of women and men, analyzed through absolute and relative frequency. **Results:** There was a higher frequency of hospitalizations among middle-aged, married women with a high school education level. Meanwhile, among men, there was a higher frequency of young single people, those with a higher education level and those unemployed. In both genders, ingestion of medication was the main method of attempted self-extermination. **Conclusion:** Social and economic inequalities can interfere with people's mental health and are risk factors for attempted self-extermination. Therefore, investments in intersectoral public policies are suggested, as well as making suicide prevention campaigns more robust, considering discussions on gender relations. **Descriptors:** Mental Health; Gender Studies; Suicide, Attempted; Epidemiology.

RESUMEN

Objetivo: Analizar el perfil sociodemográfico de hombres y mujeres, considerando los métodos y número de intentos de autoextermínio, desde una perspectiva de género. **Método:** Estudio cuantitativo, transversal, retrospectivo y descriptivo, realizado en una sala de psiquiatria de un hospital público universitario del Distrito Federal. Los datos se produjeron a partir de 32 historias clínicas de mujeres y hombres, analizados mediante frecuencia absoluta y relativa. **Resultados:** Se observó mayor frecuencia de hospitalizaciones entre mujeres de mediana edad, casadas y con nivel educativo medio. Mientras que, para los hombres, hubo mayor frecuencia de jóvenes solteros, niveles educativos más altos y personas desempleadas. En ambos sexos, la medicación fue el principal método de intento de autoextermínio. **Conclusión:** Las desigualdades sociales y económicas pueden interferir con la salud mental de las personas y son factores de riesgo para intentos de autoextermínio. Por lo tanto, se sugiere invertir en políticas públicas intersectoriales, así como fortalecer las campañas de prevención del suicidio, teniendo en cuenta las discusiones sobre las relaciones de género. **Descritores:** Salud Mental; Estudios de Género; Intento de Suicidio; Epidemiología.

ORIGINAL

Introduction

In Brazil, the psychiatric reform criticized the hospital-centered model and proposed another based on psychosocial care. The reform has advanced over decades with the creation and implementation of laws, ordinances and territorial-based services. Ordinance No. 3,088/2011, which established the Psychosocial Care Network (RAPS), whose purpose was the creation, expansion and articulation of health care points for people with mental suffering and/or problems resulting from drug use within the scope of the Unified Health System (SUS), proposed a specialized ward in a general hospital, as one of the modalities of RAPS services, with the performance of a multidisciplinary team and interdisciplinary functioning¹.

The literature shows that General Hospital Psychiatric Units (PUGHs) have advantages, such as reduced stigma, ease of access, transparency of psychiatric practice, and disadvantages, such as limited and inadequate space, predominantly somatic and symptomatological therapies, and short treatment period². Hospitalization in a psychiatric ward is indicated for cases considered serious, in which there is the presence of mental disorder, risk of self-harm, heteroaggression, aggression against public order, social exposure or severe incapacity for self-care³.

Defined as a complex phenomenon, suicide is composed of a "voluntary action of killing oneself, involving a triad: the desire to die, to be killed and to kill oneself"⁴. Annually, about 700,000 people commit suicide, which is the fourth leading cause of death in the age group between 15 and 29 years⁵. Despite the quantification of suicide cases by official means, for cases of suicide attempts there is underreporting of data, in which official information is scarce. Therefore, it is expected that in the latter case, the numbers will exceed those of suicide by ten times⁶.

Studies on gender and suicide have shown that gender issues are present in the various phases of suicidal behavior, both in motivation and in the attempt itself⁷, that is, men and women commit suicide when they are unable to fulfill their gender roles⁸. The gender perspective with which we work refers to the term as relational⁹, based on power relations between men and women, that is, gender is a socially constructed category that explains inequalities between people and that crosses institutions and daily practices. Therefore, discussing attempts at self-extermination from this perspective reinforces a necessary dialogue of recognition of specific needs, which are not always contemplated in the social sphere.

There is a high number of men compared to women who attempt suicide¹⁰. Interestingly, the "suicide paradox" is a concept used to explain that women have more suicidal ideation and attempts, being more susceptible to suicidal behavior¹¹. In 2019, in Brazil, 71.3% of cases of women due to self-extermination attempts were recorded¹⁰. Evidence on suicide attempts and deaths in Brazil showed the high incidence of cases of self-inflicted violence by single women, between 20 and 59 years old, who used the hanging method¹².

Epidemiological data on self-inflicted violence published in the Federal District (DF) reported 3383 cases of suicide attempts in 2022¹³, however, there is a lack of data analysis of suicide notifications⁷ and attempted suicides, considering variables such as gender, unemployment, low education, income and the presence of mental disorders, which can be considered risk factors

associated with suicide¹⁴. Thus, this article aims to analyze the sociodemographic profile of men and women, considering the method of attempted self-extermination, from a gender perspective.

Method

This is a descriptive and cross-sectional study. This article is an excerpt from the research project entitled "The issues between gender and mental health in a psychiatric ward of a general hospital", developed at the University Hospital of Brasília of the University of Brasília (HUB/UnB), in the Federal District, which sought to quantify and prepare a sociodemographic and clinical survey of hospitalized patients, in the period from 2020 to 2023. The period considered in this study was from January to December 2021. Data collection took place between the months of June and December 2023.

The retrospective sample consisted of 32 patients and sociodemographic and clinical data were collected from the Management Application for University Hospitals (AGHU), considering the admission form, psychiatric clinical evolution and medical discharge. The variables considered were: gender, age, marital status, income, education, occupation, work situation and method used for suicide attempt. It is noteworthy that, in the occupation variable, occupations that required high school and higher education qualifications were considered.

The inclusion criteria were people admitted to the psychiatric ward between January 1 and December 31, 2021, with reason for hospitalization or attempted self-extermination. Medical records with incomplete records and people readmitted were excluded.

The data were systematized in a Microsoft Excel® spreadsheet and analyzed according to absolute and relative frequencies, and discussed in the light of gender studies. The research project was approved by the Research Ethics Committee of the Faculty of Medicine of UnB, obtaining the Certificate of Presentation of Ethical Appreciation number 68690723.7.0000.5558.

Results

A total of 115 patients hospitalized in 2021 were collected, however, within the established criteria, the result of 32 cases of suicide attempts was reached. Of these, 11 are composed of men and 21 of women. Table 1 describes the absolute and relative frequencies of age group, marital status, and schooling, according to sex.

The age group of 31 to 40 years was predominant in hospitalizations of women, while for men, the age group with the highest percentage was 21 to 30 years. The age of women ranged from 18 to 50 years, while for men, there were hospitalizations of patients up to 60 years of age.

Regarding marital status, the highest frequency was of married women in relation to the other categories, but with a smaller difference related to that of single women. For men, the largest category was single, which represents more than half of the number of men.

Regarding education, most people had completed high school, and for women the equivalent was higher than for men. Men had a higher percentage

of complete higher education, while for women, this education corresponds to lower frequency.

Table 1. Absolute and relative frequency of sociodemographic variables in the sample studied by gender. University Hospital of Brasília, DF, 2021. (n=32)

Variable	Men		Women		Total	
	n	%	n	%	n	%
Age group (years)						
18-20	2	18,2%	3	14,3%	7	31,2%
21-30	4	36,4%	4	19,0%	8	25,0%
31-40	2	18,2%	10	47,6%	12	37,5%
41-50	0	0%	4	19,0%	4	12,5%
51-60	3	27,3%	0	0%	3	9,3%
Marital status						
Single	6	54,5%	9	42,9%	15	46,8%
Married	2	18,2%	10	47,6%	12	37,5%
Divorced	3	27,3%	2	9,5%	5	15,6%
Schooling						
Incomplete elementary school	0	0%	4	19,0%	4	12,5%
Complete elementary school	2	18,2%	0	0,0%	2	6,2%
Incomplete high school	2	18,2%	2	9,5%	4	12,5%
Complete high school	2	18,2%	8	38,1%	10	31,2%
Incomplete higher education	2	18,2%	4	19,0%	6	18,7%
Complete higher education	3	27,3%	1	4,8%	4	12,5%
Not listed	0	0,0%	2	9,5%	2	6,2%

Table 2 describes the frequencies of work status, income and occupation, according to gender. Regarding the work situation, the vast majority of patients were unemployed. It is noteworthy that 69.4% of the medical records did not contain information on income. Regarding the occupation they performed, there was a higher percentage of men and women who performed jobs that required high school education.

Table 2 - Absolute and relative frequency of work status, income and occupation, according to the gender of the sample studied. University Hospital of Brasília, DF, 2021. (n=32)

Variable	Men		Women		Total	
	n	%	n	%	n	%
Working situation						
Formal work	4	36,4%	6	28,6%	10	31,3%
Autonomous	2	18,2%	3	14,3%	5	15,6%
Unemployed	4	36,4%	10	47,6%	14	43,8%
Not listed	0	0%	1	4,8%	1	3,1%
Other	1	9,1%	1	4,8%	2	6,3%
Household income						
<Minimum wage	1	9,1%	0	0%	1	3,1%
A minimum wage	0	0%	0	0%	0	0
Between 2 and 3 minimum wages	0	0%	0	0%	0	0
Between 4 and 6 minimum wages	0	0%	0	0%	0	0
Between 6 and 8 minimum wages	0	0%	0	0%	0	0
> 8 minimum wages	0	0%	0	0%	0	0
Has no income of his own	2	18,2%	4	19,0%	6	16,6%
Not listed	8	72,7%	17	81,0%	25	69,4%
Occupation						
Medium level	3	27,3%	8	38,1%	11	34,4%
Higher level	1	9,1%	3	14,3%	4	12,5%
Housewife	0	0,0%	1	4,8%	1	3,1%
Student	1	9,1%	0	0%	1	3,1%
Other	6	54,6%	7	33,3%	13	40,6%
Not listed	0	0%	2	9,5%	2	6,3%

Table 3 describes the distribution of the suicide attempt method, according to gender. In total, the highest frequency of self-extermination attempts corresponded to the ingestion of medications, and for men it was higher than for women. The other categories presented different results compared to gender.

Table 3 - Absolute and relative frequency of methods for attempted self-extermination, according to gender. University Hospital of Brasília, DF, 2021. (n=32)

Variable	Men		Women		Total	
	n	%	n	%	n	%
Attempt method						
Hanging	1	9,1%	0	0,0%	1	3,1%
Poison Ingestion	0	0,0%	3	14,3%	3	9,4%
Medication intake	8	72,7%	14	66,7%	22	68,8%
Self-inflicted hit-and-run	1	9,1%	0	0,0%	1	3,1%
Sharp objects	0	0,0%	2	9,5%	2	6,3%
Drop from height	1	9,1%	0	0,0%	1	3,1%
Other	0	0,0%	2	9,5%	2	6,3%

Discussion

The present study identified 32 participants who were hospitalized for suicide attempts in 2021 in a psychiatric unit of the HUB/UnB, in the Federal District. This represents, on average, the care of 2.6 people per month for attempted self-extermination.

The age of the participants ranged from 18 to 60 years, with a predominance of the age group from 31 to 40 years, corresponding to 37.5% of the total, corroborating a Brazilian study carried out in 2018, which showed that the age group between 20 and 59 years had the highest percentage of occurrences of suicide attempts.¹² The age-related analysis in this study revealed a percentage of young people who had already attempted suicide. Instability and job insecurity are factors that are associated with mental health and the risk of suicide among young people¹⁵.

In the present investigation, 65.6% of the cases of suicide attempts corresponded to the number of women, compared to men. Studies have shown that women are the ones who most attempt suicide^{7,12,16,17}. One study proposes that this difference in rates between men and women comes from some factors related to vulnerability, such as "the social construction of gender; the higher prevalence of depression; the higher occurrence of eating disorders; (...) the great vulnerability to the loss of children; domestic violence, children and sexual abuse".¹⁷ According to the gender paradox theory, men die more by suicide, while women have a higher rate of ideation and attempts, so that suicidal behavior is more prevalent in them¹¹.

The marital situation showed that there is a higher percentage of single men. In a study carried out in the Federal District, the percentage of single men was higher during the years analyzed, observing that marital status is a risk factor for suicide, as the risk of single men committing the act is twice as high as that of married individuals⁷.

Regarding education, in general there was a higher frequency of complete high school, but among men, the highest frequency was of complete higher education, while for women it follows the trend found in this study. A study on the sociodemographic profile of suicides, between 2009 and 2018, found an increase in cases among people with higher education¹². However, the literature correlates low schooling with suicide rates, as it affects mental

health with concerns of economic origin, i.e., educational level influences relationships with others, social and economic status such as favorable employment and income¹⁸. Thus, schooling is related to socioeconomic conditions, as they are risk factors that can aggravate mental health, as it interferes with autonomy and social participation¹⁹.

Regarding the work situation, for both sexes, there was a predominance of unemployed people, and there is an association between suicidal behaviors and unemployment and economic crises. Although unemployment is a risk factor for both, in the male population it is higher, if we consider the issue of work virility as one of the constitutive pillars and social valorization of men^{20,21}.

With regard to occupation, most cases were jobs that did not require high school and higher education or people who had no occupation. Women had occupations such as "general services assistant", "manicurist", "caregiver", and men as "doorman", that is, stereotyped occupations of little social value.

Regarding income, 69.4% of the medical records did not contain such information, with no significant differences between women and men. Income can be a protective factor against suicide in Brazil, as poverty exposes the individual to vulnerability and to factors prone to suicide, such as financial problems, violence, alcoholism, and mental health impairments²². In addition, financial instability influences the increase in the suicide rate and exposes the individual to these factors²³.

One study showed that the relationship between occupation, income, and financial situation of individuals are part of living and health conditions, as well as access to support services²⁴. In view of this, the absence of data related to these variables may represent a difficulty for professionals to consider socioeconomic information as significant for understanding the individual's psychic suffering²⁵, as well as the invisibility of gender issues as a social determinant.

The predominant method of suicide attempt was exogenous intoxication, characterized by the ingestion of medications and/or pesticides. The results show that 68.8% of the attempts were due to medication ingestion, followed by 9.4% due to poisons. One study highlighted that there is a predominance of the use of drugs that act on the nervous system because they act in less time and a more effective control over psychoactive drugs could help change the profile of drugs used in suicide attempts²⁶. The ease of access to medications, indiscriminate medical prescription of psychoactive medications, improper storage, misinformation, in addition to the culture of self-medication, are factors that aggravate and facilitate the choice of medication use for the attempt at self-extermination²⁷.

Although in this study the differences between the methods of suicide attempt by sex were not significant, studies show a higher proportion of women who attempted suicide, compared to the prevalence of suicides among men, who use more lethal methods due to the desire to die, impulsivity, aggressiveness, alcohol use, social isolation, delay in seeking help, in addition to socioeconomic factors, which can favor depression and anxiety²⁹. Regarding the differences between the lethal methods used, women choose less invasive means so as not to affect aesthetics and men prefer means that emphasize virility.³⁰

In this study, difficulties also emerged in developing analyses of association with suicide attempts, mainly due to fields that were not filled in,

such as the variables income, occupation and work situation, as well as the small sample. However, the aspects raised are relevant for the analysis of the living conditions of people hospitalized in the psychiatric ward, as the evidence indicates that sociocultural factors help in the interpretation and understanding of issues related to the binomial gender and mental health.

Conclusion

This study analyzed the sociodemographic profile of suicide attempts and hospitalizations in a psychiatric ward of a university hospital. Hospitalizations were significant among middle-aged, married women with high school education. While, for men, there was a higher frequency of young singles, higher education and unemployed. For both sexes, medication intake was the main method of attempting self-extermination.

The results suggest investments in intersectoral public policies, especially focused on employment and income generation, as well as making suicide prevention campaigns more robust, with a view to discussions on gender relations and the construction of strategies to protect women that break with the daily production of violence. It is important to record notifications of self-extermination attempts to continuously identify these data, since underreporting indicates an attenuation of these information in health services.

Acknowledgment

This study was funded by the authors themselves

References

1. Brasil. Ministério da Saúde. Portaria nº 3088/2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). 2011. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt3088_23_12_2011_rep.html>.
2. Bottega NJ. Psiquiatria no hospital geral: histórico e tendência. 4. Ed. Porto Alegre: Artmed; 2017. Prática psiquiátrica no hospital geral: interconsulta e emergência; p. 478.
3. Cardoso L, Galera SAF. Internação psiquiátrica e a manutenção do tratamento extra-hospitalar. Rev esc enferm USP [Internet]. 2011[citado 2023 Out 30];45(1):87-94. doi: <https://doi.org/10.1590/S0080-62342011000100012>
4. Parente A da CM, Soares R de B, Araújo ARF, Cavalcante IS, Monteiro CF de S. Caracterização dos casos de suicídio em uma capital do Nordeste Brasileiro. Rev Bras Enferm [Internet]. 2007[citado 2023 Nov 15];60(4):377-81. doi: <https://doi.org/10.1590/S0034-71672007000400003> .
5. Organização Mundial da Saúde [Internet]. World Health Organization, 2023. Suicide. Disponível em: <<https://www.who.int/news-room/fact-sheets/detail/suicide>>.
6. Brasil. Ministério da Saúde. Prevenção do suicídio: manual dirigido a profissionais das equipes de saúde mental. Brasília;2006:76.

7. Baere F, Zanello V. O gênero no comportamento suicida: Uma leitura epidemiológica dos dados do Distrito Federal. *Estud. psicol. (Internet)*. 2018[citado 2023 Nov 10];23(2):168-178. doi: <https://doi.org/10.22491/1678-4669.20180017>
8. Meira KC, Dantas ESO, Jesus JC. Suicídio: uma questão de gênero [Internet]. 2021 [citado 2022 set 25]. Disponível em: <https://demografiaufrn.net/2021/03/22/suicidio-uma-questao-de-genero>.
9. Scott J. Gênero: uma categoria útil de análise histórica. E&R [Internet]. 1995;20(2): 71-100. Disponível em: <https://seer.ufrgs.br/index.php/educacaoerealidade/article/view/71721>
10. Brasil. Ministério da Saúde. Boletim epidemiológico. Mortalidade por suicídio e notificações de lesões autoprovocadas no Brasil, 2021. Brasília: Secretaria de Vigilância em Saúde; 2021:1-10.
11. Dantas ESO, Meira KC, Bredemeier J, Amorim KPC. Suicídio de mulheres no Brasil: necessária discussão sob a perspectiva de gênero. *Ciênc saúde coletiva* [Internet]. 2023[citado 2023 Out 20];28(5):1469-77. doi: <https://doi.org/10.1590/1413-81232023285.16212022>.
12. Silva DA da, Marcolan JF. Tentativa de suicídio e suicídio no Brasil: análise epidemiológica. *Medicina (Ribeirão Preto)* [Internet]. 2021 [citado 2023 Nov 20];54(4):e-181793. doi: <https://doi.org/10.11606/issn.2176-7262.rmrp.2021.181793>.
13. Secretaria de Estado de Saúde do Distrito Federal. Boletim epidemiológico de violência autoprovocada no Distrito Federal, 2023. Distrito Federal: Secretaria de Estado de Saúde do Distrito Federal; 2023: 1-20.
14. Jorgetto GV, Marcolan JF. Sintomas depressivos e comportamento suicida em população geral de cidade mineira. *R. Enferm. Cent. O. Min.* [Internet]. 2022 [citado 2023 Nov 05];12. doi: <https://doi.org/10.19175/recom.v12i0.4421>.
15. Dalglish SL, Melchior M, Younes N, Surkan PJ. Work characteristics and suicidal ideation in young adults in France. *Soc Psychiatry Psychiatr Epidemiol* [Internet]. 2015[citado 2023 Dez 02];50(4):613-20.
16. Brixner B, Koch CL, Marth MP, Freitas AP, Garske CCD, Giehl VM, et al. Formas utilizadas para tentativa de suicídio e características sociodemográficas de pacientes atendidos no serviço de emergência de um hospital de ensino. *Sci Med* [Internet]. 2016 [citado 2023 Nov 19];26(4):ID24467. doi: <https://doi.org/10.15448/1980-6108.2016.4.24467>.
17. Almeida TP, Fernandes FE, Oliveira MM, Santos NM. Prevalência da tentativa de suicídio e os fatores associados em pacientes com transtorno psíquico. *Arch. Health Sci.* [Internet]. 2020 [citado em 2023 Nov 17]; 27(1): 51-55. doi: <https://doi.org/10.17696/2318-3691.27.1.2020.1771>.
18. Martins Moreira RM, Alexandre Félix T, Carneiro Flôr SM, Nazaré Oliveira E, Moreira Albuquerque JH. Análise epidemiológica dos óbitos por suicídio. *SANARE* [Internet]. 2017 [citado 2023 Nov 23];16. Disponível em: <https://sanare.emnuvens.com.br/sanare/article/view/1136>
19. Campos I de O, Cruz DMC da, Magalhães YB, Rodrigues D da S. Escolaridade, trabalho, renda e saúde mental: um estudo retrospectivo e de associação com usuários de um Centro de Atenção Psicossocial. *Physis* [Internet]. 2021[citado em 2023 Dez 04];31(3):e310319. doi: <https://doi.org/10.1590/S0103-73312021310319>.
20. Barreto AAM, Souza LEF de. Desemprego e suicídio na população brasileira em um cenário de crise do capitalismo. *Ciênc saúde coletiva* [Internet]. 2021[citado em 2023 Nov 23];26(12):5869-82. doi: <https://doi.org/10.1590/1413-812320212612.14672021>.

21. Baére F de, Zanello V. Suicídio e masculinidades: uma análise por meio do gênero e das sexualidades. *Psicol Estud* [Internet]. 2020 [Citado em 2023 Nov 23];25:e44147. doi: <https://doi.org/10.4025/psicoestud.v25i0.44147> .
22. Machado DB, Rasella D, Dos Santos DN. Impact of income inequality and other social determinants on suicide rate in Brazil. *PLoS One*. 2015 [citado em 2023 Nov 23];10(4):e0124934. doi: <https://doi.org/10.1371/journal.pone.0124934>
23. Gonçalves LRC, Gonçalves E, Oliveira Júnior LB de. Determinantes espaciais e socioeconômicos do suicídio no Brasil: uma abordagem regional. *Nova econ* [Internet]. 2011 [citado em 2023 Dez 05];21(2):281-316. doi: <https://doi.org/10.1590/S0103-63512011000200005> .
24. Rohling, B.S.V. Caracterização do perfil epidemiológico das tentativas de suicídio no município de Fraiburgo/SC, 2014 a 2021 [dissertação]. Florianópolis: Centro de Ciências da Saúde, Universidade Federal de Santa Catarina. 2022.
25. Campos IO, Ramalho WM, Zanello V. Saúde mental e gênero: O perfil sociodemográfico de pacientes em um centro de atenção psicossocial. *Estud. Psicol* [Internet]. 2017 [citado em 2023 Nov 24]; 22(1): 68-77, mar. 2017. doi: <https://doi.org/10.22491/1678-4669.20170008> .
26. Vieira LP, Santana VTP de, Suchara EA. Caracterização de tentativas de suicídios por substâncias exógenas. *Cad saúde colet* [Internet]. 2015 [Citado 2023 Nov 15]; 23(2):118-23. doi: <https://doi.org/10.1590/1414-462X201500010074>.
27. Santana JCB, Faria RAD, Dutra BS, Hang-Costa TA et al. Caracterização das vítimas de tentativa de autoextermínio atendidas pelo Serviço de Atendimento Móvel de Urgência (SAMU) no município de Sete Lagoas e região. *Revista Bioethikos* [Internet]. 2011 [citado 2023 Dez 04];5(1): 84-92. Disponível em: < <http://jornalold.faculdadecienciasdavida.com.br/index.php/RBCV/article/view/19> >.
28. Oliveira REM, Baldoni NR, Ueta J, Franco LJ. Diferenças de gênero na utilização dos serviços de saúde por indivíduos com diabetes mellitus tipo 2. *Espac. Saude* [Internet]. 2017 [citado 2023 Nov 23];18(1):100-7. doi: <https://doi.org/10.22421/15177130-2017v18n1p100>.
29. Agadir Santos S, Legay LF, Lovisi GM. Substâncias tóxicas e tentativas e suicídios: considerações sobre acesso e medidas restritivas. *Cad saúde colet* [Internet]. 2013 [citado 2023 Nov 10];21(1):53-61. Disponível em: <https://www.scielo.br/j/cadsc/a/kT44CNhFvnQrbdCbCjftKjy/>
30. Abreu KP de, Lima MA, Kohlrausch E, Soares JF. Comportamento suicida: fatores de risco e intervenções preventivas. *Revista Eletrônica de Enfermagem*. 2010 [citado 2023 Nov 22];12(1) 3:195-200. doi: [10.5216/ree.v12i1.9537](https://doi.org/10.5216/ree.v12i1.9537).

Correspondent Author

Ioneide de Oliveira Campos
Universidade de Brasília
Campus Universitário - ZIP: 72220-275. Brasília, Federal District, Brasil.
ioncampos2016@gmail.com