

# How can we advance in nursing care for young patients with self-injury and suicide attempts?



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It is known that suicide attempts and self-harm in young people in Brazil have become a major public health problem. Suicide brings with it, in addition to recognized factors such as depression, alcohol/drug abuse, social isolation, risk factors for human development such as social, cultural and economic.

A published study shows that young adults (15 to 29 years old) 1 especially males, were more likely to commit suicide. There is also a considerable increase in self-harming behavior in the school population, and there are few studies that investigate this situation, especially in younger adolescents, who often keep this behavior a secret. In this sense, the need for greater integration between education, health, religion and, mainly, the family is discussed – for better effectiveness in preventing suicide.

In the health area, to strengthen suicide prevention actions in the Psychosocial Care Network (RAPS - Rede de Atenção Psicossocial), there are several points of attention for care, especially the Family Health Strategy, which serves as the gateway to the health system. However, according to specialized literature on the subject, it is shown that nursing professionals, preferably in primary care, still feel unprepared to deal with this demand from patients. 2-4

One of the reasons for this lack of preparation

can be explained by our primary function, which is to take care, to save lives. Nurses are used to caring for people who get sick for other reasons. The lack of understanding about the suicide attempt causes emotional discomfort when it is necessary to provide care, especially to young people. In this context, health professionals need to overcome resistance and prejudice in the face of an attempt at self-extinction, given that they play a significant role in the prevention and treatment of suicide.

Therefore, we can say that the training of nurses needs to be rethought, with the inclusion of skills related to self-awareness, empathy, understanding, communication, attitudes and knowledge of suicidal behaviors. Still on the tools used by professionals, one should invest in physical examination, mental status examination, suicide risk assessment and classification, patient admission in a safe place for both parties, support and specialized services, home visits and guidance to family members and caregivers when applicable. These are flexible interventions that should be periodically reviewed with the aim of reducing the number of suicides.

It is worth noting that nursing professionals work to prevent, promote and treat both patients and their families. This is because, when

discussing mental health and suicide, both should be oriented about the warning signs and advised to seek help when they are having difficulties in dealing with crises, including to avoid the use of psychoactive substances as coping mechanisms.

Regarding services aimed at young people, it is necessary to invest in prevention, education and awareness programs to try to reduce the incidence of this act. In addition, the promotion of spaces where adolescents are heard and understood by qualified professionals without prior judgment, where they feel welcomed and valued are essential. Therefore, the need for public policies that go beyond the needs of emergency services in mental health and invest in activities outside the office, providing spaces for listening, which encourage autonomy and the sharing of knowledge with people who have similar experiences.

Finally, for nurses to develop the skills to deal with the various situations that may arise effectively, the training process must be improved, including nursing care in the different contexts of suicide, bringing to light the importance of talking about this topic to unmask it, prevent it and, finally, promote life.

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