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*SOCIODEMOGRAPHIC ASPECTS OF ADULT SUICIDE IN BRAZIL
LAST FOUR YEARS WITH ENFASIS IN DEPRESSION*

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SUMMARY

Introduction: Suicide is a phenomenon with great social impact that, although preventable, represents a serious public health problem. Suicide mortality rates are significantly higher among men. The idea that suicide can be understood as a possible outcome in a trajectory of profound suffering, marked by intense depression, acts of despair or even states of insanity, revives the debate about the difficulties in understanding and approaching these people throughout their lives.

personal experiences. **Objective:** to analyze the sociodemographic aspects related to suicide in Brazil, with emphasis on adults, and the contributions of the last 14 years related to the clinical characteristics of depression associated with the suicide outcome. **Method:** This is a qualitative bibliographic review with data collection in the following databases: Scielo, Latin American Literature in Health Sciences (LILAC), Bridge Base Online (BBO),

Medline/PubMed and DATASUS and Ministry of Health, covering publications from the last 14 years.

Results: The results indicate a continuous increase in suicide mortality rates over the last 14 years, with emphasis on the higher risk of death among men and the increase in suicide rates among young people.

Conclusion: It is clear that suicide attempts represent a serious public health problem, since they are directly linked to mental health issues. Therefore, it is essential to promote reflection on suicidal thoughts and behaviors, in order to demand special attention from the social and family support networks that involve the individual.

Keywords: Suicide. Depression. Psychiatric disorders.

ABSTRACT

Introduction: Suicide is a phenomenon with great social impact that, although preventable, represents a serious public health problem. Suicide mortality rates are significantly higher among men. The concept that suicide can be understood as a possible outcome in a trajectory of profound suffering, marked by intense depression, acts of despair or even states of insanity, revives the debate about the difficulties in understanding and approaching these people throughout their personal experiences. **Objective:** The present work aims to analyze and discuss aspects related to suicide in Brazil, with an emphasis on adults, and the contributions of the last 14 years related to the clinical characteristics of depression associated with the outcome of suicide. **Method:** This is a bibliographical review of a qualitative nature with data collection in the following databases: Scielo, Latin American Literature in Health Sciences (LILAC), Bridge Base Online (BBO), Medline / PubMed and DATASUS and Ministry of Health, covering publications from the last 14 years. **Results and Discussion:** The results indicate a continuous increase in suicide mortality rates over the last 14 years, with an emphasis on the greater risk of death among men and the increase in suicide rates among young people. **Conclusion:** It is clear that suicide attempts represent a serious public health problem, as they are directly linked to mental health issues. Therefore, it is essential to promote reflection on suicidal thoughts and behaviors, in order to require special attention from the social and family support networks that involve the individual.

Keywords: Suicide. Depression. Psychiatric disorders.

INTRODUCTION

Suicide, originating from the Latin *sui* ("one's own") and *caedere* ("to kill"), refers to the act intentional attempt to take one's own life. Reflecting on suicide is to delve into a deep search for the reasons that may lead someone to such a decision (Kasal *et al.* 2023). It is to ponder about the feelings, the absences, the gaps or even the enigmas that permeated that existence. Numerous questions arise: why does someone choose to take their own life? What happened in this person's trajectory to make him see suicide as the only possible way out? These questions inevitably drive us to seek answers that can mitigate suffering and ease the feeling of indignation and perplexity when faced with the choice of someone for interrupting their own journey.

Reflecting on suicide also means analyzing the reasons why this phenomenon has been silenced over the years by society, by the responsible authorities, by health professionals and even family members. This silence ends up camouflaging a serious public health problem in Brazil and in the world (Fundacentro, 2024). The truth is that ignoring the topic does not contribute in any way to solving it. On the contrary, it is essential to address suicide in a responsible and realistic manner, as this is the only way to make progress in prevention and support to people facing this difficult situation.



Literature indicates that the connection between suicide and mental disorders is greater than 90%. Among the conditions associated with suicide, Major Depression stands out as one of the main risk factors (McGirr, A. *et al*, 2008). In addition to this, other mental disorders frequently mentioned in the literature include bipolar disorders, alcohol abuse, schizophrenia and personality disorders (Agencia Brasil, 2024). These data reinforce the importance of identifying and appropriately treating these conditions to prevent adverse outcomes tragic.

Although suicide has multiple causes, the literature points to a relationship with issues psychological. According to experts, 95% of elderly people who committed suicide had some mental disorder (Patel *et al.*, 2023).

The concept that suicide can be understood as a possible outcome in a trajectory of deep suffering, marked by intense depression, acts of despair or even states of insanity, revives the debate about the difficulties in understanding and addressing these people throughout their personal experiences. In addition, it raises reflections on the challenges involved in identifying signs of hopelessness and calls for help, whether they are expressed verbally or non-verbally, frequent in situations where there is a manifestation of desire for death or suicidal ideation. Facing death, particularly in this context, confronts our own finitude with a reality that bothers, scares and, often, paralyzes (Silva and Araújo, 2024).

Suicide, or voluntary death, generates even more fear, as it goes against expectations, causes restlessness and discomfort in the environment where it is addressed. This topic brings to light ideas, feelings and fantasies often marked by frightening or disturbing. From the perspective of Freudian psychoanalysis, no one really believes in death itself; or, to put it another way, in the unconscious, each individual is persuaded that his immortality (Freud, 1915). This inner perception of "not being mortal" can make it even more difficult more understanding and coping with suicide, both for those who consider it and for those who need to deal with its repercussions.

The lack of information and clarifications on the risks related to self-destructive behaviors, both on the part of family members and health professionals health, results in a huge mismatch between the needs of those facing ideations suicidal people and the actions taken by those around them. This mismatch could be crucial to avoid suicidal acts. Behavioral changes, social isolation, thoughts of self-punishment, expressions of pessimism or giving up on life, as well as risky attitudes, can indicate a call for help. Suicidal behavior is often linked to difficulty in



individual to see viable solutions to their conflicts, leading them to consider death as a way to escape from intensely stressful situations. Identifying and correctly treating the depression is essential to reduce suicide rates (Silva and Araújo, 2024).

When it comes to suicide prevention, another crucial point for discussion is the role of health services and their professionals in assisting people who have attempted suicide. Often, these patients do not receive adequate follow-up after the event, evidencing a negligence regarding the importance of referral to services mental health specialists, as well as support and guidance for family members. Studies indicate that approximately 15% to 25% of people who attempt suicide will attempt it again in the future following year, and approximately 10% will actually manage to take their own lives in the next ten years (Botega, 2002). These data reinforce the need for greater training technical and professional of health agents. The detection of signs and symptoms of depression, by example, can be accomplished through a more detailed investigation of the history of the patient, including the use of simple and effective screening tools to identify depression and suicidal risk, which can be easily incorporated into assessment routines in health, including by nurses.

Based on these assumptions, the following question arises: what does Literature reports on clinical cases of depression in the last 14 years?

The objective of this work is to analyze and discuss the aspects related to suicide in Brazil, with emphasis on adults, and the contributions of the last 14 years related to the clinical characteristics of depression associated with the suicide outcome. Finally, we seek explore prevention knowledge and strategies to address at-risk populations for suicidal behavior.

MATERIAL AND METHOD

This work consists of a scientific study prepared as part of the requirements for the completion of the undergraduate course in medicine. The theme chosen for the development of this work was "SUICIDE IN BRAZIL: ANALYSIS OF THE CHARACTERISTICS DEPRESSION CLINICS IN THE LAST 14 YEARS".

For its construction, a bibliographic survey was carried out in the Scielo database, Latin American Literature in Health Sciences (LILAC), Bridge Base Online (BBO), Medline / PubMed and DATASUS, covering publications from the last 14 years

The eligibility criteria used for fully published articles and freely available case reports, research and literature reviews on the subject, research involving individual human subjects, articles published in English and Portuguese, the research scope is limited from 2010 to 2024.

RESULTS AND DISCUSSION

The literature review identified a total of 820 studies, which were evaluated according to rigorous manner based on previously established inclusion and exclusion criteria. After this assessment, 40 studies were considered eligible for analysis. However, as some articles were located in more than one database, the final sample, after exclusion of duplicates, was reduced to 18 studies.

In the second phase of the process, the 18 pre-selected studies underwent an analysis detailed analysis of their summaries, with the aim of verifying which ones directly addressed the issue research and the proposed objectives. After this stage, 15 articles were chosen for reading in full. The complete analysis of these articles resulted in the selection of 8 studies that comprised the final systematic review.

After a careful selection process, 8 studies were included in the review systematic. Table 1 presents, in detail, the selected articles, including information about the author and year of publication, title, objective and main conclusions of each work.

Table 1 – 8 main studies that were included in the systematic review

Author and year	Title	objective	Results
Maia <i>et al.</i> 2024	Temporal trend of suicide mortality in Acre and Brazil, 2010 to 2022	describe the epidemiological profile and analyze the temporal trend of deaths by suicide in the state of Acre and in Brazil from 2010 to 2022.	In Acre, the highest incidence was observed among young people aged 15 to 24 and of mixed race, while in Brazil, there was a predominance among people aged 25 to 34 and of white race.
Silva and Araujo, 2024	Mental Health in the Phase Adult and Attempts Of Suicide	Discuss aspects related to suicide in adults in Brazil.	Fifteen publications were analyzed, which allowed us to identify different authors' perspectives on the main factors related to suicide in adults in Brazil.
Nugent, Anderson and Young, 2024.	Behavioral mental health interventions delivered in the emergency department for suicide, overdose, and	Identify and describe evidence on brief behavioral and process of care interventions delivered by the department of	Most suicide prevention studies have reported that brief psychological, psychosocial, or screening and triage interventions reduce suicide and attempted suicide after an ED visit.

	psychosis: a scoping review	emergency department (ED) among patients presenting with suicide attempt or acute ideation, substance overdose, or psychosis.	
Patel <i>et al.</i> 2023	Community centers for the elderly and psychosocial factors: Evidence of German Research on Aging	To examine the association between the use of community centers for older adults (also stratified by sex) and psychosocial factors (in terms of loneliness, perceived social isolation and life satisfaction).	In the analytical sample, n was 3246 individuals (mean age 75 years, range 65–97 years). After adjusting for several socioeconomic, lifestyle-related, and health-related covariates, multiple linear regressions showed that community center use was associated with higher life satisfaction among men ($\bar{y} = 0.12$, $p < 0.01$) but not among women. Community center use was not associated with perceived loneliness or social isolation for either sex.
Kasal <i>et al.</i> 2023	Suicide risk in individuals with and without mental disorders before and during the COVID-19 pandemic: an analysis of three national cross-sectional surveys in the Republic Czech	to assess changes in suicide risk (SR) in people with and without mental disorders, before and during the COVID-19 pandemic in the Czech Republic.	We found a substantial increase in SR in people with and without mental disorders, however, these changes may be partly related to different data collection methods used in baseline and subsequent surveys.
Bonadiman, Naghavi and Melo, 2022	The weight of suicide in Brazil: results of Global Burden of Disease Study 2019	Reclassify ill-defined causes of death as other causes, such as suicide.	There were 13,502 suicides in Brazil in 2019, 46.00% more than in 1990. The crude mortality rate increased by 0.32%, while ASMR fell by -21.68% during the period. Crude and age-standardized YLL rates fell by -7.24% and -18.38%, respectively.
I Think and Seine, 2020	youth hopelessness and suicide as a solution	evaluate the interdependence between the complex social relations of contemporary times, their influence on the identity construction of young people and intentional death as a way out of emotional pain.	For every suicide that occurs, there were between 10 and 20 attempts, and each death by suicide emotionally affects another 60 people close to the victim.
Grigoletto <i>et al.</i> 2020	Suicide attempts reported at a teaching hospital in State of Rio Grande do Sul, 2014-2016	to characterize suicide attempts reported in a teaching hospital in the state of Rio Grande do Sul, Brazil.	There were 344 reports of attempted suicide, with a decreasing trend during the period. The characteristics were predominantly female (65.1%), age group 25 to 59 years (67.7%), and means of self-harm by exogenous intoxication (61.6%). For 93%

			of the people who attempted suicide, some disability or associated disorder was recorded.
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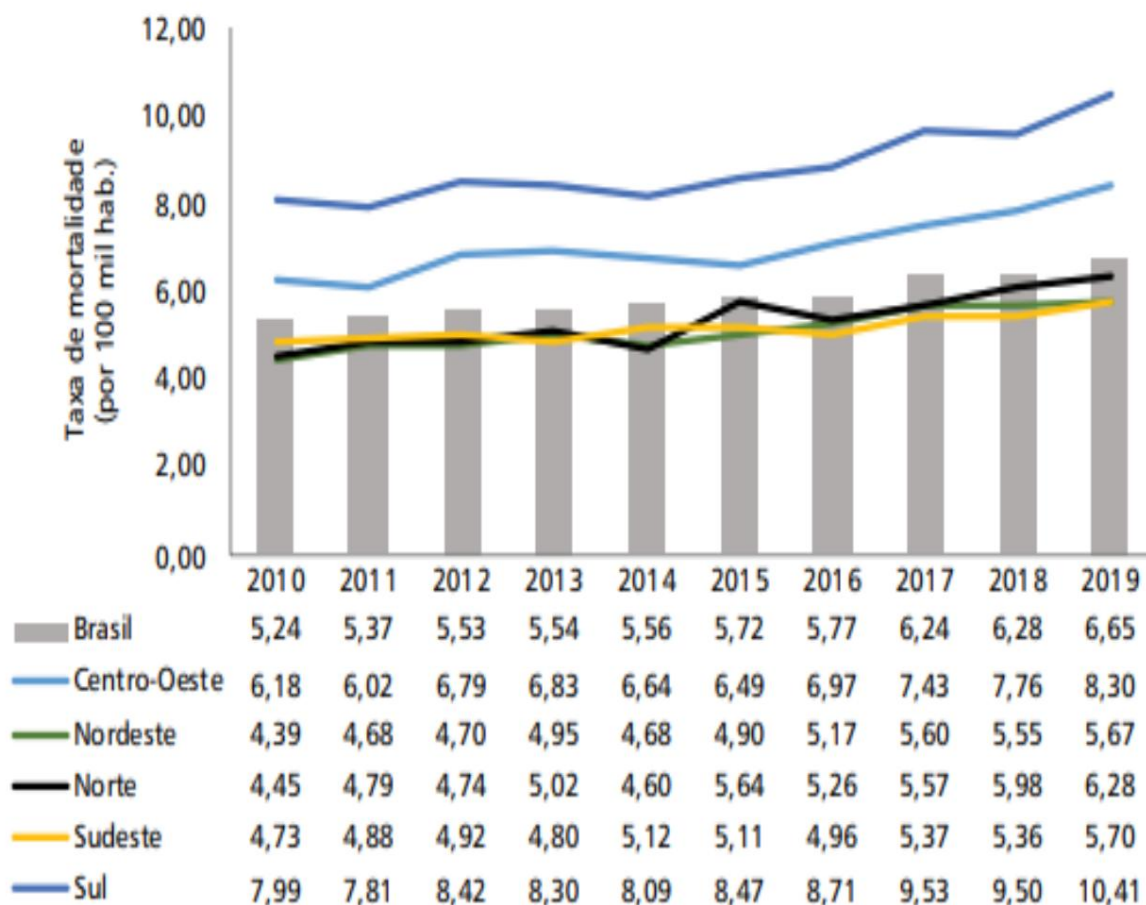
Source: Research data (2024)

According to the most recent data released by the World Health Organization (WHO), it is estimated that around 700,000 people died by suicide in 2021 worldwide. This number represents an average of one death every 40 seconds. Suicide remains a of the leading causes of death globally, especially among young people and working-age adults. It is important to note that these numbers may be underreported, as many countries face difficulties in collecting accurate data on suicide, whether due to cultural, religious or lack of adequate registration systems (WHO, 2021).

To date, complete global suicide data for 2022, 2023 and 2024 are still have not been fully disclosed or consolidated by the World Health Organization (WHO) or other reliable sources. Collecting and analyzing data on suicide is a complex process and time-consuming, as they depend on national records, which vary in quality and availability between countries.

Between 2010 and 2019, Brazil recorded 112,230 deaths by suicide, with an increase of 43% in the annual number of deaths, rising from 9,454 in 2010 to 13,523 in 2019. The analysis of adjusted mortality rates revealed an increase in the risk of death by suicide in all regions of the country. In the same period, it is estimated that the Brazilian population increased from 190,732,694 to 210,147,125 inhabitants, representing a growth population of 10.17%. In 2019, the national suicide rate was 6.6 deaths per 100,000 inhabitants. The South and Central-West regions stood out with the highest suicide rates among the regions of Brazil (Figure 1).

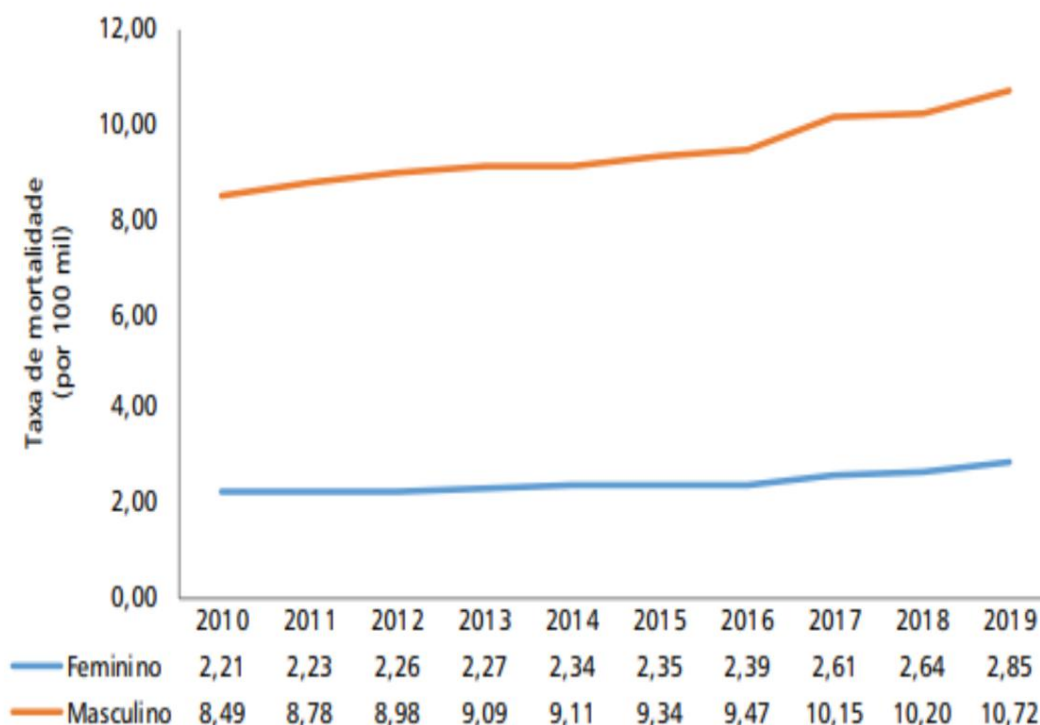
Figure 1 - Suicide rates among Brazilian regions between 2010 and 2019



Source: Ministry of Health (2021)

Men had a 3.8 times greater risk of death by suicide compared with women. In 2019, the suicide mortality rate among men was 10.7 per 100 thousand inhabitants, while for women this value was 2.9. When analyzing the evolution of suicide mortality rates according to sex, an increase in rates was observed both for both men and women, maintaining the proportion between the sexes throughout the period. Between 2010 and 2019, there was a 29% increase in suicide rates among women and 26% among men (Figure 2).

Figure 2 – Suicide rates among women

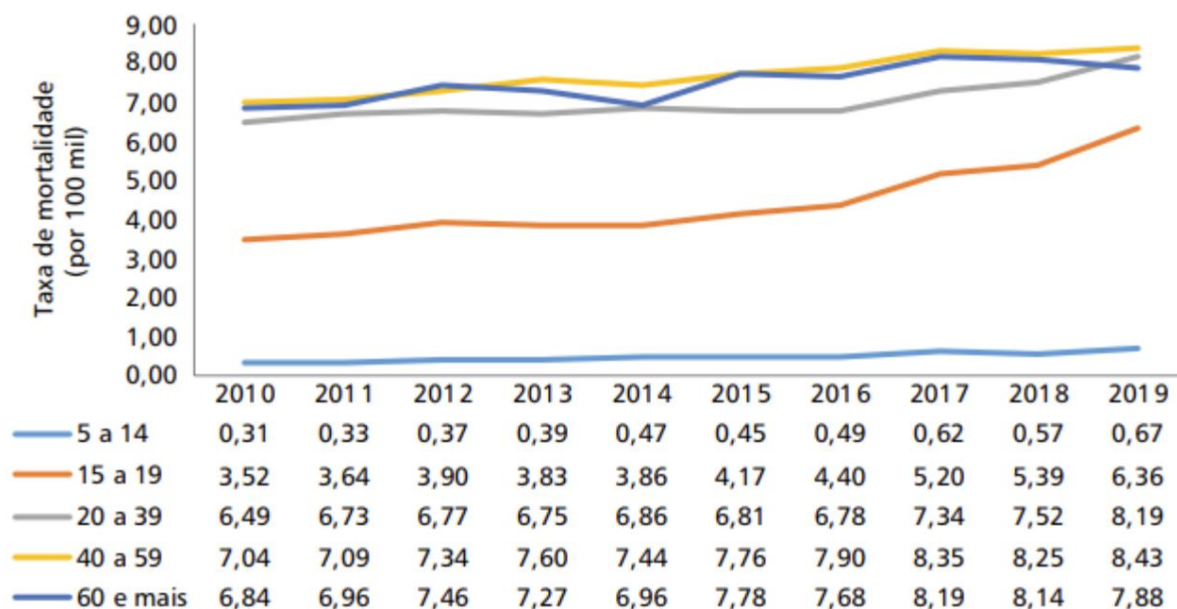


Source: Ministry of Health (2021)

Analysis of the evolution of suicide rates by age group revealed an increase in incidence of suicides in all age groups. In this context, it is noteworthy that significant growth in mortality rates among adolescents, who showed a an increase of 81% in the period analyzed. This group went from 606 deaths, with a rate of 3.5 deaths per 100,000 inhabitants, to 1,022 deaths and a rate of 6.4 suicides per 100,000 adolescents (Ministry of Health, 2021; MSD Manual, 2023).

When examining the distribution of the risk of death by suicide according to age group in the Brazilian regions in 2019, it was found that the South, North and Central-West Regions recorded the highest mortality rates among adolescents aged 15 to 19. These same regions also showed the largest percentage increases in suicide rates over the period from 2010 to 2019, with increases of 99%, 90% and 99%, respectively (data not shown). In this context, the North Region draws attention, where the highest risk of death by suicide was observed in the young population aged 15 to 19, reaching 9.7 deaths per 100,000 inhabitants.

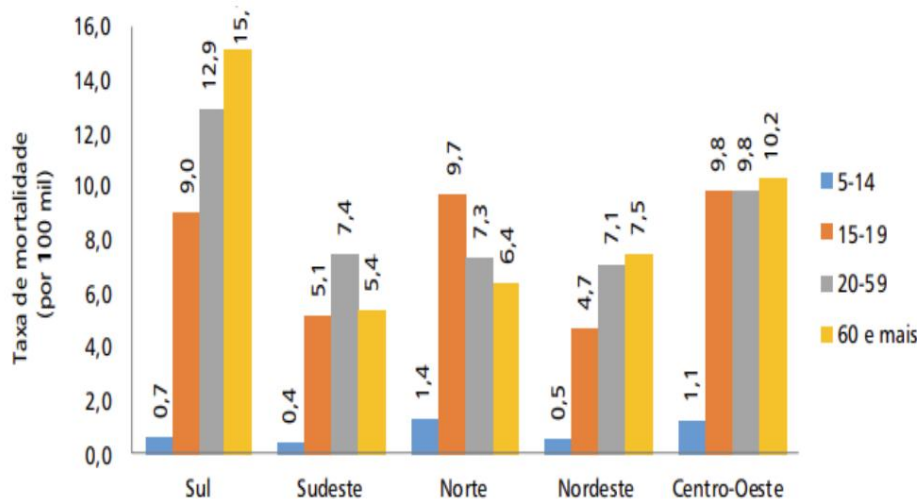
Figure 3 – Suicide mortality rates



Source: Ministry of Health (2020)

When analyzing suicide mortality in Brazilian states, it was found that all states in the Southern Region had suicide rates above the national average. Rio Grande do Sul and Santa Catarina stood out with the highest rates in the country, registering 11.8 and 11.0 deaths per 100,000 inhabitants, respectively (Figure 4).

Figure 4 – Suicide mortality rates, age group and region



Source: Ministry of Health (2021)

According to studies by Maia *et al.* (2024), between 2010 and 2022, 731 deaths by suicide in Acre and 157,962 deaths in Brazil. In Acre, mortality rates by suicide per 100,000 inhabitants ranged from 5.35 to 8.94, the lowest value being observed in 2013 and the highest in 2020. An increasing trend was observed in mortality, with an annual growth of 4.03% ($p < 0.001$). In Brazil, the minimum and

maximum mortality rates were recorded in 2010 (5.23) and 2022 (7.72), respectively. Trend analysis also showed an increase in mortality, with an annual percentage change (APC) of 3.16% ($p < 0.001$) (Figure 5).

Figure 5 – Mortality rate per 100,000 inhabitants

Ano	Taxa de mortalidade (por 100 mil habitantes)	
	ACRE	BRASIL
2010	6,13	5,23
2011	6,03	5,35
2012	6,10	5,54
2013	5,35	5,57
2014	6,60	5,52
2015	5,39	5,74
2016	7,01	5,78
2017	8,08	6,23
2018	6,65	6,25
2019	8,66	6,55
2020	8,94	6,63
2021	8,03	7,34
2022	8,92	7,72
Tendência da mortalidade	Crescente	Crescente
APC*%	4,03	3,16
IC95%	2,49 - 5,60	2,22 - 4,10
p-valor	<0,001	<0,001

*Variação percentual anual

Source: Maia *et al.* (2024)

Global suicide mortality has increased by 60% in the last 45 years, with a particularly significant impact among young adults. Currently, suicide represents the third leading cause of death among people aged 15 to 29 (Farias, 2020). It is important to highlight that, for every case of completed suicide, it is estimated that there are between 10 and 20 attempts, reinforcing the need for early detection of risk factors present in individuals depressed people with suicidal behavior (Agencia Brasil, 2024). Official data on suicide attempts are even more imprecise than those for suicide mortality. The information provided by WHO tends to be underestimated, as not all countries update or make their data available regularly (WHO, 2021)

In Brazil, there are 24 deaths by suicide every day, although this information is often is often not widely publicized. Thus, the impact of suicide ends up being overshadowed by numbers of homicides and traffic accidents, which exceed, on average, six and four times, respectively, the number of suicides (Brazil. Ministry of Health, 2021). Suicide is classified as a death from external causes, a category that also includes deaths resulting from violence and accidents, making it difficult to obtain accurate data related to specifically to suicide. The Institute of Legal Medicine (IML) is responsible for sending the information from death certificates to the Ministry of Health, but not all regions of the country



fill in this data correctly. As a result, the World Health Organization (WHO) can only track around 80% of deaths in Brazil (Borim and Barros, 2013).

Research conducted at UNICAMP showed a rate of 150 suicide attempts every 100,000 inhabitants. In 75% of cases, attempts were recorded in people under 27 years old, with a greater predominance among women (Maia, 2024).

Depression is currently considered the fourth most prevalent disease in the world. (Brazil, 2021). It is estimated that it affects 121 million people, with less than 25% of individuals with depression have access to appropriate treatment. Projections indicate that between 5% and 10% of the world's population will experience at least one depressive episode during their lifetime. Women are more likely to develop depression (10% to 20%) than men. compared to men (5% to 12%). Approximately 15% of people with depression serious end up committing suicide (WHO, 2021). According to the DSM-IV (Manual Diagnostic and Statistical Manual of Mental Disorders, 4th edition), the essential characteristic of a major depressive episode is the presence of a minimum period of two weeks, during which the individual presents with depressed mood or loss of interest or pleasure in most of the activities.

In children and adolescents, mood may manifest as irritability rather than sadness (Penso and Sena, 2020). In addition, the individual must present at least four additional symptoms, selected from a list that includes: changes in appetite or weight, patterns sleep and psychomotor activity; reduced energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; and recurring thoughts about death, suicidal ideation, suicide plans or attempts. Depression is categorized according to with the severity: mild, moderate or severe. In moderate and severe cases, it is essential investigate the presence of thoughts of death or suicidal ideation (planning) (MSD Manual, 2023).

The concept of Depression necessarily requires an analysis of the relationship between the terms "depression" and "melancholy" throughout history. The term "Depression" already appeared in medical dictionaries around 1860, referring to the phenomenon of decreased spirits that affected individuals during the course of an illness. At the end of the last century, depression came to be considered synonymous with Melancholy. However, the meaning of "melancholy" in classical antiquity is ambiguous and has little connection with the psychiatric use that has become established in the 20th century (Bonadiman, Naghavi and Melo, 2022).

Melancholy was associated with an imbalance of the body's four humors (bile black, yellow bile, phlegm and blood), the harmony of which was considered essential for health. The

predominance of black bile (melanios cholé) was indicated as responsible for this condition. Already for Freud, melancholy is characterized, in psychic terms, by a painful depression, by the loss of interest in the outside world, by the weakening of the capacity to love, by inhibition of all activity and, mainly, by the reduction of self-esteem. This drop in self-esteem is manifested through self-recriminations and insults directed at oneself, which can lead to a delusional expectation of punishment (Freud, 1914-1916).

In general, emotional suffering in our society is marked by stigma. People feel ashamed to admit their anguish and distress, and express that they are thinking about death as a form of relief from suffering or as a "magic way out" of conflicts is something that is usually hidden or disguised. This attitude makes access to these things even more difficult. people and the provision of specialized help or support. Despite advances in medicine in more accurate diagnosis of mental disorders and the various possibilities for intervention, whether psychotherapeutic or pharmacological, society still shows prejudice. Research indicate that only 30% of individuals with depression seek help (Amarante and Oliveira, 2018).

The main difficulties for individuals with mental disorders to receive adequate treatment include limited access to mental health information, high costs associated with medications and therapies, the social taboos surrounding death and suicide, the gaps in the training of doctors in relation to mental health aspects and the shortage of professionals specialized in mental health in the public health system (Nugent, Anderson and Young, 2024)

When it comes to suicide prevention, some strategies stand out, such as appropriate treatment of people with mental disorders, the responsible dissemination of information about depression and suicide in the media, and the efficient articulation of clinical factors and educational, both for at-risk populations and for the general public (Nugent, Anderson and Young, 2024).

In relation to psychosocial aspects, myths, lack of information and prejudice associated with the term depression; the influence of environmental factors on development and evolution of the disease; in addition to difficulties in interpersonal relationships, negative impacts on work and other social activities, and the impairment of quality of life of the depressed patient (Nugent, Anderson and Young, 2024)

Salvo and Ramirez Castro (2019) discuss that the manifestation of a depressive condition resulting from stress is a strong indication of suicide, as it highlights warning signs for suicidal ideation in this specific group, making its identification even more relevant.

Recognizing these signs allows you to identify individuals or groups with a greater propensity to suicidal behavior, reducing the risk and enabling the development of strategies preventive measures that consider these factors.

When someone faces failures or emotional traumas for a long period of time, their ability to deal with emotions can be compromised, leading to a loss of meaning in life, to ongoing self-harm and consideration of suicide. Furthermore, prolonged exposure to these feelings can result in multiple suicide attempts and the development of mental disorders (Fallahi-Khoshknab *et al.*, 2023).

According to Silva *et al.* (2022), suicide attempts are often linked to "mental distress", a state that runs counter to the natural principles of preserving life. This type of behavior generally arouses disapproval from both professionals health and society in general. Taron, Nunes and Maia (2020) highlight that programs aimed at suicide prevention suggest the adoption of preventive measures in services emergency, considering the strong association of these locations with the high rate of attempted self-extermination.

According to Aguiar *et al.* (2022), it is common to find that having family members who have tried or completed suicide is related to an increase in rates of suicidal behavior. From according to the available literature, the results indicate that the presence of depression self-reported and family history of suicide attempts are associated with a higher probability of an individual attempting to take his or her own life.

Kantorsk *et al.* (2021) highlight that, in Brazilian territory, the occurrence of suicide varies according to factors such as educational background, skin color, gender and age. The most affected are indigenous people, individuals with low levels of education, men and people over 60 years. The study also points to the male predominance in suicide rates, which may be associated with excessive alcohol consumption.

In the study by Grigoletto *et al.* (2020), there is evidence that women have a suicide attempt rate twice as high as that of men, which contributes to a higher morbidity among them. Furthermore, as the research points out, women tend to worry more about their appearance and resort more frequently to substance use, such as intoxication by medicines or drugs. On the other hand, men generally use more lethal methods in their attempts, which results in higher success rates in the act of suicide.

However, Berardelli *et al.* (2023) highlight that male patients had a longer hospital stay compared to patients of the same sex.



female. This reflects a greater clinical severity in cases of attempted suicide involving men, in addition to highlighting the importance of a longer hospital stay to ensure stabilization of the clinical condition, adequate adjustment of medication and prevention of new attempts of suicide.

Most studies on the factors that increase the risk of suicide in nations less developed countries have focused on individual aspects, especially related to mental and physical health. With regard to psychiatric disorders, the incidence among individuals with suicidal ideation and those who commit suicide in these lower-income regions is smaller (Lovero *et al.*, 2023).

Moura *et al.* (2022) when researching different age groups, observed that there are different reasons that lead to suicide attempts. Among young people, problems of relationships, whether romantic or family, stand out as influencers of suicidal behavior. Among adults, the main causes are related to issues marital and financial. For the elderly, the most relevant factors are psychological problems, such as depression, loneliness and losses throughout life, these being the main elements associated with suicide attempts in this age group.

According to Sunde and Sunde (2020), sudden grief resulting from the COVID-19 pandemic profoundly impacted both families and healthcare professionals, due to the inability to be present to support and comfort patients in their moments finals. This situation resulted in prolonged suffering for all involved, especially considering the continued spread of the disease. Every life lost to the virus has led to a significant increase in pain, suffering and mental health problems for those who were close to the deceased.

The limitations of this study are related to the use of secondary data, which are known for their vulnerability to underreporting and possible errors in records. Research future should investigate specific risk factors for the year 2022, 2023 and 2024, considering the significant increase in mortality rates in this population from 2010 to 2023. Additionally, more detailed analyses of the impact of socioeconomic factors and cultural aspects of suicidal behavior in different regions of Brazil may contribute to the development of more efficient and targeted public policies. It is also essential evaluate the effectiveness of preventive interventions, especially in the context of groups most vulnerable populations.

CONCLUSION

The results indicate a continued increase in suicide mortality rates over the past 14 years, with an emphasis on the higher risk of death among men and the increase in rates of suicide among young people.

It is clear that suicide attempts represent a serious health problem public, since they are directly linked to mental health issues. Therefore, it is essential to promote reflection on suicidal thoughts and behaviors, so that requiring special attention from the social and family support networks that surround the individual. The goal should be to strengthen emotional bonds and provide a healthy social environment, contributing to improving the quality of life and addressing these situations of vulnerability.

The data analyzed demonstrate that factors such as depression, family history of suicide, prolonged emotional trauma, socioeconomic inequalities and exposure to stressful events are significant determinants of suicidal behavior. Furthermore, differences in gender, age group and cultural context highlight variations in the profile of victims and the methods used. While women have a higher rate of attempts, men record higher rates of suicide mortality, often due to the use of more lethal methods. Among the elderly, young people and adults, the underlying causes of suicide vary according to the pressures and experiences characteristic of each phase of life.

Global suicide data for the years 2022, 2023 and 2024 have not yet been released. fully consolidated by the World Health Organization (WHO) or other sources reliable, highlighting the difficulties inherent in collecting and analyzing this information. The reliance on national registries, which vary in quality and scope between countries, reflects the complexity of this process and points to the need for surveillance systems more efficient and standardized.

In this context, it is essential that future studies investigate the impact of factors emerging, such as global crises and socioeconomic changes, which can intensify the emotional distress and influence suicidal behavior. In addition, to evaluate the effectiveness of preventive interventions already implemented is essential, especially with regard to most vulnerable populations, who face significant barriers in accessing support and services necessary care.

To address this serious public health problem, it is imperative to promote policies more robust public policies, awareness campaigns and the strengthening of support networks social. Only with coordinated efforts will it be possible to build a more

welcoming, able to identify signs of risk early and offer appropriate assistance to those who need it most.

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