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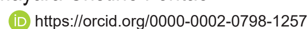
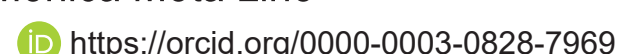
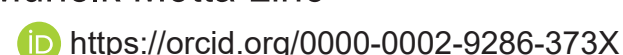
Review Article

Nursing care in Urgency/Urgency/Emergency to people who attempt suicide*

Mayara Cristine Fontão[1]

https://orcid.org/0000-0002-0798-1257
Jeferson Rodrigues[2]

https://orcid.org/0000-0002-8612-9088
Monica Mota Lino[2]

https://orcid.org/0000-0003-0828-7969
Murielk Motta Lino[3]

https://orcid.org/0000-0002-9286-373X

Objective: this is an integrative review that aimed to characterize emergency/emergency nursing care for people who attempt suicide. Method: the search contemplated the CINAHL®, SCOPUS®, SciElo®, LILACS®, MEDLINE® and Google Academic® databases in the period from 2011 to 2018. Results: From the universe of 5900 studies, 16 articles were selected for the corpus of in-depth analysis. Three central axes emerged: characterization of the suicide theme, work and perception of nursing in care and aspects involving care in the area of urgency/emergency. Conclusion: the results of the studies pointed out the importance of deepening the theme, especially regarding the social stigma that the Nursing professional presents when caring for a person in a suicide attempt, in order to bring improvements to care.

Descriptors: Nursing Care; Suicide Attempted; Emergency Services, Psychiatric; Mental Health; Social Stigma.

* This article refers to the call "Self-inflicted violence: nonsuicidal self-injury and suicidal behavior".

[1] Centro de Ortopedia e Reabilitação, Reabilitação, Florianópolis, SC, Brazil.
[2] Universidade Federal de Santa Catarina, Departamento de Enfermagem, Florianópolis, SC, Brazil.
[3] Universidade Federal de Santa Catarina, Florianópolis, SC, Brazil.

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Cuidado de Enfermagem em urgência/emergência às pessoas que tentam suicídio

Objetivo: trata-se de uma revisão integrativa que teve como objetivo caracterizar o cuidado de Enfermagem em urgência/emergência às pessoas que tentam suicídio. Método: a busca contemplou as bases de dados CINAHL®, SCOPUS®, SciElo®, LILACS®, MEDLINE® e *Google Acadêmico*® no período de 2011 a 2018. Resultados: a partir do universo de 5900 estudos, foram selecionados 16 artigos para o *corpus* de análise aprofundada. Emergiram três eixos centrais: caracterização do tema suicídio, trabalho e percepção da Enfermagem no cuidado e aspectos que envolvem o cuidado na área de urgência/emergência. Conclusão: os resultados dos estudos apontaram a importância de aprofundamento do tema, principalmente quanto ao estigma social que o profissional de Enfermagem apresenta ao prestar cuidado à pessoa em tentativa de suicídio, para trazer melhorias ao cuidado.

Descritores: Cuidados de Enfermagem; Tentativa de Suicídio; Serviços de Emergência Psiquiátrica; Saúde Mental; Estigma Social.

Cuidados de enfermería en emergencia a las personas que intentan suicidarse

Objetivo: se trata de una revisión integradora que tuvo como objetivo caracterizar elcuidado de enfermería en la urgencia médica a las personas que intentan suicidarse. Metodo: la búsqueda incluyó las bases de datos CINAHL, Scopus®, SciElo®, LILACS®, Medline® y Google Acadêmico® en el período de 2011 a 2018. Resultados: a partir de 5900estudios, se seleccionaron 16 para análisis. Emergido 03 temas centrales: la caracterización del tema del suicidio, el trabajo y la percepción de los cuidados de enfermería y los aspectos relacionados con el cuidado en el área de urgencias médicas. Conclusión: los resultados mostraron la importancia de profundizar el tema, sobre todo debido al estigma social presenteen la prestación decuidados, para introducir mejoras en la atención.

Descriptores: Atención de Enfermería; Intento de Suicidio; Servicios de Urgencia Psiquiátrica; Salud Mental; Estigma Social.

Introduction

Suicide involves several factors, since it is a complex phenomenon and represents a public health problem and means every act performed by the person who has the intention to die using a method in which he or she believes that he or she will be able to end his or her own life, that is to say, it is a self-inflicted intentional death. PortantoTherefore, an understanding of the situation in which that person is involved is required[1].

Authors point out these self-harm behaviors can be categorized as: 1) complete suicide; 2) attempted suicide; 3) preparatory acts for suicidal behavior; 4) suicidal ideation; 5) self-aggressive behavior without intent to die; 6) unintentional self-mutilation and 7) self-harm with unknown suicide intent. Every threat presented by a person in a situation of vulnerability to suicide should be taken into account, even when it appears to be false or of a manipulative nature. The repetition of suicide attempts is an indicator of risk for the consummation of the act[2-3].

The emergency of a general hospital is considered a tertiary entrance door of the Single Health System (UHS); this emergency area is considered a priority, because it takes care of the health problems that need immediate care. The National Policy for Attention to Emergencies aims to guarantee universality, equity and completeness in the attendance to urgencies and, among these, there is the suicide attempt[3].

It is known that 50% of people who died by suicide had, at least, one previous attempt and that between 15 and 25% made a further attempt in less than a year. Brazil is among the ten countries that register the highest absolute numbers of suicides. It is one of the three leading causes of death in the 15 to 35 age group and represents the sixth cause of disability for individuals between 15 and 44 years of age[1].

It is estimated that the number of suicide attempts is ten to 20 times more frequent than suicide itself. Mental disorders are present in most cases of suicide, mainly; depression, mood disorder, and abuse of psychoactive substances, which usually aggravate this self-harm behavior, when associated with [4]

The approach to the person with mental disorder in an emergency situation and, in particular, who has attempted suicide, should be carried out with disposition, safety, promptness and quality, since this behavior is a determining factor in the person's acceptance and adherence to care[2].

Most cases of self-harm are attended to in some type of health service, especially in the emergency, before a fatal suicide attempt occurs. This first contact is an excellent opportunity for health professionals to identify the potential level of risk and to intervene to minimize it. The therapeutic relationship is an important tool to increase this adhesion and obtain satisfactory results. Establishing a good relationship can have a significant impact on the patient's perception of the quality of care offered and the prevention of new attempts[3].

The purpose of this study was to characterize emergency/emergency nursing care for people who attempt suicide from Brazilian scientific productions.

Method

It is an Integrative Literature Review (ILR) due to its characteristic that allows a broad approach to the investigated literature[5]. A revision protocol was adopted with external validation by two evaluators: one ad-hoc on the method and the other ad-hoc on the content. The ILR was developed in six steps[6], namely: elaboration of the problem and research question; search in the scientific databases; accomplishment of the data collection and register of the information extracted from the selected texts; analysis of the content[7];; discussion of the results from relevant literature and, finally, presentation of the conclusions.

The following databases were adopted: CINAHL®, SCOPUS®, SciElo®, LILACS®, MEDLINE® and Google Academic®, via CAPES Portal of journals. The search for the studies took place in a combined manner of the following terms in two: "*enfermagem*" (Nursing) OR "*cuidados de enfermagem*" (Nursing care); "*intoxicação exógena*" (exogenous intoxication) OR "*suicídio*"(suicide); "*hospital*"(hospital), "*urgência*"(urgency) OR "*emergência*"(emergency), published in the period 2011 to 2018, in Portuguese. All duplicate production, editorials, theses, dissertations, monographs, surveys and texts whose methodological approach was unclear or did not meet the scope of this study were excluded.

The reference management software EndNote Web® was used to organize the data, obtaining information regarding the year of publication of the study, title, objectives and results. Content analysis was applied from textual decomposition or discourse from units of analysis for a categorization and reconstruction of meanings that allowed identifying and interpreting the reality of nursing care for people attempting suicide and its unfoldings[7].

Results

A total of 5,900 studies were made up of the research universe. From the application of the exclusion criteria, 16 studies were selected for in-depth analysis of the content. This detail is presented in table 1.

The studies used in the integrative review were distributed in figure 1, according to year of publication and title.

Three central axes emerged: contextualization of the topic of suicide in the context of urgency and emergency; work of the Emergency/Nurse Nursing in front of people trying to commit suicide; particularities and needs in the care of the suicidal patient.

Table 1. Distribution according to databases and inclusion/exclusion criteria. Florianópolis, SC, Brazil, 2019.

Databases	Inclusion criteria	Exclusion criteria	Total
CINAHL®	76	76	-
SCOPUS®	55	55	-
SciELO®	1899	1896	3
MEDLINE®	386	386	-
LILACS®	605	602	3
Google Academic®	2879	2869	10

Studies	Year	Title
Study 1	2017	Self-inflicted injury in all life cycles: profile of victims in emergency and emergency services in Brazilian capitals
Study 2	2016	Forms used for attempted suicide and sociodemographic characteristics of patients seen in the emergency service of a teaching hospital
Study 3	2015	Suicidal Behavior: Perceptions and Care Practices
Study 4	2014	Administration of medication for use when necessary and psychiatric nursing care
Study 5	2014	Poisoned men as care and nursing subjects
Study 6	2014	Care at the psychiatric hospital from the point of view of the nursing staff
Study 7	2013	Impact of the stigma of madness on nursing care for psychiatric patients in emergencies
Study 8	2013	Clinical indicators of nursing diagnosis dysfunctional family processes in alcoholics: integrative review
Study 9	2013	Communication between nursing staff and mental disorder patients in an emergency service
Study 10	2013	Men's Health: hospital admissions for intoxication registered in a toxicological assistance center
Study 11	2013	Attempted suicide of women: data from a toxicological assistance center in Paraná
Study 12	2012	Nursing care for the bearer of bipolar affective disorder: experience report
Study 13	2012	Nursing workers' perception of mental health care in University Hospital
Study 14	2012	Nursing professional attitudes towards suicidal behavior: influence of emotional intelligence
Study 15	2011	The nursing team's approach to the user in the mental health emergency in a prompt service
Study 16	2011	Self-extermination attempt at a hospital in eastern Minas Gerais

Figure 1. Distribution of studies according to year of publication and title. Florianópolis, SC, Brazil, 2019.

Discussion

There is no official concept of mental health, as it is influenced by cultural differences and subjective judgements. It is a field of knowledge and psychic experience and, as such, it is controversial. This conception is based on three dimensions: a) transversal to health - the subjectivity of each person and family is valued; b) it is a specificity - the intervention is with the person in psychic suffering; c) it is a specialty - health actions are promoted with people with severe and severe mental disorders [8]. Mental Health "is a subjective and objective experience in essence unstable, characterized by the ability to deal with crises, enrich subjectivity and deal with one's own psychic experience" [9].

The National Mental Health Policy redirects the mental health care model, advocating a network of varied social services and equipment, such as Psychosocial Care Centers (PSCC), Residential Therapeutic Services (RTS), Centers for Coexistence and Culture and comprehensive care beds (in General Hospitals, in PSCC III). These spaces welcome people with mental disorders as well as users of alcohol and other drugs, modifying the structure of mental health care[10].

These devices have progressively replaced the hospital-centric and asylum model, with exclusionary, oppressive and reductionist characteristics in an attempt to build a system of assistance guided by the fundamental principles of the UHS - universality,

equity and integrality. This type of care is the result of a long process of social struggle that culminated in the Psychiatric Reform in 2001, whose main banner is to change the model of treatment: in place of isolation, living with family and community[11].

Family and social equipment are indispensable for the promotion of a better quality of life. Psychiatry, madness and the fate of psychiatric patients are issues debated by society and are no longer a problem restricted to specialists, and it is up to all types of institutions to care for this patient, not restricted only to specialized sites [12-13].

Background on suicide in the context of urgency and emergency

In a historical perspective, the act of ending one's life is surrounded by taboo and prejudice, generating an uncomfortable effect among people. The approach to the person with mental disorder in an emergency situation, when performed with disposition, safety, readiness and quality, are able to determine the acceptance and adherence of this person to care[14-15].

The self-extermination attempt refers to highly lethal acts that do not result in death, however, it presents consequences such as disorders for family members, high spending in the public sector, invasive procedures and causes serious consequences in the health of this and this patient. This has been a frequent problem in emergency hospital services, requiring evaluation and care aimed at reducing self-inflicted harm [16-17].

The person at risk of suicide requires adequate measures of environment, being necessary to deconstruct the principle of dangerousness and disability, where the person is infantilized - characteristic of asylum psychiatric assistance and common sense - and promote coexistence, stimulating inclusion and autonomy, characteristics of psychosocial CARE. The insertion of the person with mental disorder in the hospital admission units and the increase in the number of attendances to this demand, requires the hospital to offer qualified assistance, including the qualification of the assistance team for mental health care, the availability of material and team resources and the elaboration of attendance protocols [12,18].

According to the authors of studies 4 and 8, the factors that are predisposing a person to attempt suicide are those that can create favorable conditions, such as age, gender, and the prior existence of health problems. These factors can be listed as: facilitators, triggers and potentiators. Facilitating factors can act, contributing to the occurrence, such as inadequate food or unfavorable housing conditions for the event. The triggering factors may be associated with the appearance of intoxication or adverse health event, such as exposure to certain agents. Potentiating factors can aggravate an already established intoxication, such as repeated or prolonged exposure to adverse conditions.[13,19].

There are several circumstances that can lead to the risk of suicide in both sexes. Because they are producers of stress, one can highlight the depressive state, the previous suicide attempt, the use of illicit drugs, unemployment, retirement, being on medical leave, poverty, loss of a loved one, disagreements with family or friends, termination of an affective relationship, legal or work problems[13,16,20,21-22].

The person who is the victim of an attempted self-extermination should be treated fully in his or her clinical and psychic recovery. Thus, the nursing team must know how to deal with these people in order to reduce the recurrence of these cases in urgency/emergency care. It is up to the nurse to establish measures with the team and routines that soften the prejudice against patients who have tried to take their own lives and make it possible for them to live together socially[13,15,17,20,23].

Data from studies 9 and 13 revealed that the number of suicide attempts exceeds the number of suicides by at least ten times. They also pointed out that 15 to 25% of people who attempt suicide will do so again in the following year, and of these, and 10% effectively succeed in killing themselves in the next ten years. In women, this behavior follows a worldwide trend. Although with lower suicide rates than men, they have high rates of attempted suicide, at a frequency three times higher than men. Studies 1 and 2 have indicated that, in general, men seek violent and lethal methods, such as hanging and using a firearm, while women opt for less violent methods, such as intoxication[16-17,19,25-27].

Men have personal and social behavior that predisposes them to suicide, such as competitiveness, impulsiveness and greater access to lethal technologies, being even more sensitive to economic instabilities, as in cases of unemployment and impoverishment. The high number of cases that have evolved towards the stability of care indicates that women generally do not desire suicide in the sense of destruction, annihilation, but as an escape, oblivion, escape from their present life[17,19-20,26-27].

In cases of suicide, the problems caused by alcoholism reveal that the addict's coping skills may be compromised, which may increase the risk of suicide.

It was identified that when alcoholism and depression coexist, the risks of attempted suicide increase, and they are pointed out as one of the short-term effects of alcohol consumption, despite their notification as an external cause, depression and insecurity were the most frequent behavioral characteristics. Thus, even in an urgency and emergency environment, it is the responsibility of Nursing to assist all family members, assist in understanding the problem and assist in coping mechanisms, in order to obtain and maintain family health [15,20-23,27].

In general, studies have pointed out that emergency/emergency professionals associate the person who attempted suicide with the psychiatric patient and, in this way, make a direct relation to stigma. They refer to the person with suicidal ideation, as a patient who presents a disorganized and aggressive behavior. Attitudes related to stigma and prejudice can impact nursing practice in a way that deconstructs "being a nurse", where the professional seeks another activity and thus avoids caring for the patient in an attempt to exterminate him/herself[13,20,24].

Stigma is sometimes considered a defect, a weakness, a disadvantage and even with proper reception, the patient may still feel the need to be among his or her peers and not recognize the emergency as an appropriate place. What makes a person different is beyond disorganized behavior; what makes a person different is the way those who do not present such changes perceive and face it[15,22].

The insertion of the person with mental disorders into the hospital environment requires professionals to look for ways to assist that person. The professionals usually prioritize the physical aspects of the patient, while the psychic symptoms tend to be undervalued, wrongly treated, or even not identified by the team. Therefore, it is important to take into consideration the changes in the technical-scientific development, as well as the Mental Health Policy, which, in turn, has repercussions in a new cultural construction, where the place of the "crazy" is no longer only in the psychiatric hospital, but in the general hospitals, inserted in the Family Health Teams, at home, and other segments. Integrate mental health and psychosocial care actions in all nursing care settings of general university hospitals qualifies and optimizes care[12,18].

Stigmatizing attitudes negatively influence the attention and treatment offered to patients and, in addition, have an impact on their well-being, acting as a considerable obstacle to seeking help, access to treatment, compliance and effectiveness of treatment. Studies in the urgency/emergency field have also indicated that there is a common prejudice among doctors and nursing professionals about patients who self-injure themselves, describing them as manipulators and attract attention [15-16].

Nursing professionals perform a considerable amount of emotional work in their daily practice, facing problems such as aggression, distrust, depression or suicidal behavior. This professional work is surrounded by feelings and emotions, sometimes difficult to identify, which have their origins both in the patient and in the professional him/herself. The set of psychic loads present in everyday nursing affects the quality of life of this professional. Identifying these emotions and learning how to manage them supposes the acquisition of new tools to carry out the nursing work successfully[15,21,25].

The studies 1, 2, 4, 9 and 12 stated that professionals who reflect better acceptance of suicidal behavior are more likely to provide positive health care to suicidal patients. As part of society and culture, the nursing professional has attitudes and beliefs that affect his professional performance and influence patients with suicidal behavior. The stigma attached to a person with a mental disorder can reduce their chances of establishing links with society and sharing from other social environments[13,15-16,26-27].

Urgency/emergency nursing work in front of people trying to commit suicide

Mental health emergency refers to a situation in which there is a change in thinking or actions and which requires complex and sometimes immediate care. These changes are associated with the risk of death, as in suicide, in situations of psychic alterations resulting from the abusive use of psychoactive substances or physical illnesses, in which it is necessary to intervene in order to reduce the number of aggravations. Significant part of the emergency and emergency services focus on the disease and not on the person as a whole and his/her needs[13,15].

The attempt of self-extermination is part of the routine of the clinical emergency centers, therefore, the whole team must be trained so that there is a qualified and humanized service. Cultural attitudes influence the communication and response style of the professional who works with people in crisis, which reinforces the importance of ongoing education in mental health. It is important to learn therapeutic communication to establish a therapeutic relationship between patient and professional[15,17,28].

For the authors of study 6, among the health services; the emergencies are those that present the greatest difficulty in establishing an interactive environment, this because it has some peculiar characteristics, which tend to make it a space in which communication is mechanized and impersonal. The reason that leads the emergency nurse to treat the psychiatric patient differently, and seeks to find a reason that justifies this abandonment is questionable. Faced with this questioning, the professionals state that they are not able to attend the psychiatric patient, and allege certain unpreparedness and lack of knowledge about the subject, not having the appropriate approach to these patients[13,22].

Thus, the difference in the care given to the psychiatric patient and the non-psychiatric patient (both being in the same clinical condition) was verified and this difference did not refer to the care with more or less zeal, but to the lack of specific care for the psychiatric patient. The prejudice and stigma associated with the attitudes of these professionals and the disqualification of the care provided by them are revealed[13,16,22,29].

The nurse may feel weakened by the impotence of not caring fully for the patient in a suicide attempt, because he does not know how to deal with the person’s mental suffering at the time of care. The difficulties in dealing with the difference and prejudice of the mental disorder make the professional uncomfortable in receiving, in the sector, the patient with suicidal behavior[13,21].

In the relationship with the patient, the care requires attention and dedication from those who do it, this work demands from the nursing staff, affective investment, aiming to strengthen this bond, and it is something that is not prescribed as a medication or procedure to be administered. The presence of the feeling of anguish in the professional is common, especially when, when establishing the interpersonal relationship, he experiences rejection, which may awaken, in the nurse, a feeling of impotence and even disability. The relationship difficulties with patients experienced by the Nursing team, cause tensions and suffering for the work. The lack of ability to deal with certain situations and the fact that he/she does not know how to work his/her actions/reactions cause the nurse stress situations and negative results, such as illness[18].

There is no confrontation of the situation of caring for the patient in a suicide attempt, with this, the nursing professionals use a defense mechanism, such as denial, where there is censorship of the need for care demanded by the psychiatric patient, making it impossible to identify the demand presented. As far as care is concerned, due to lack of qualification, or because their training has been focused on the asylum model, it is important that the Nursing team receives and develops psychosocial skills and competences to offer care that supports the physical and psychic needs of patients in general[13,15,20].

This is because Nursing is a profession that deals with the human being, interacts with him and requires knowledge of his physical, social, psychological and spiritual nature, and this knowledge can be given through Nursing Care Systematization. To deal with the human being, it is necessary to understand as a whole, inserted in a life context, with a history, habits and customs[13,18,29].

Care includes the capacity for listening and dialogue, as well as willingness to perceive the other as a subject with potential, rescuing his autonomy and stimulating citizenship. As nurses stigmatize the psychiatric patient, the care provided does not assume its transformative power, does not even help the patient in his clinical situations presented, nor in the psychic issues embedded in its essence[13,22,29-30].

Not only can nurses feel embarrassed in front of the person with mental disorder, because this feeling can be reciprocal, in which these psychiatric patients also feel intimidated when close to these professionals. Welcoming the person with mental disorder and meeting their physical and mental needs become a challenge for nursing professionals, especially those who work in the urgency/emergency area. The understanding of the disorder may allow the nurse to perceive madness not in the negative way that history presented it, or how society stigmatized it, and effectively diminish the space between those who present or not mental disorders[13,15,22].

Particularities and needs in suicide patient care

The urgency/emergency service is a dynamic environment, where the nursing team suffers from work overload and which demands efforts from these professionals to make this environment favorable to communication, because the therapeutic alliance with the patient is fundamental. Despite the importance of listening to the patient, it is known that, in the biomedical model, there are few spaces for listening to people’s desires, tensions and sufferings. For interaction to be effective, there is a need to understand that it is done through the exchange of experiences and not in a unidirectional way. Observation is essential for nonverbal communication

and some of the reactions presented by the patient may subsidize important data for the planning and development of preventive or emergency actions by the nursing team(12,17,22).

The increase in suicidal behavior generates a demand for health services and the nurse, as a caregiver of a weakened human being, needs to understand the suicidal event as a call for help without prejudice to the issue. Only by knowing the various factors involved in the search for death, will the nurse professional be able to provide humanized care to the patient, helping to alleviate the psychic suffering present in these cases. Before thinking about any kind of care or intervention, the nurse should listen and share with the suffering subject(12-13,19).

Strategies to prevent suicidal behavior should go beyond physical risk assessment. Methods should be used to encourage people to seek help from health professionals when they are facing some emotional problems, problems related to their mental health, or psychoactive substance abuse. In particular, the importance of the Nursing team plays an important role in the health education process and in case surveillance(18,23).

The basis of Psychiatric Nursing action is effective communication, a competence that requires investment of theoretical and practical skills. When the nurse makes use of the therapeutic bond as one of the main tools of work, it allows him/her to know him/herself as an instrument of his/her work, and also in this way, to transmit safety to the patient who feels safer and able to externalize his/her conflicts(18,21).

Communication is a process mediated by the understanding and sharing of ideas and messages transmitted and received, which influence people's behavior allowing them to express their peculiarities within an interactive field. Professionals recognize that communication translates into care and mediates the interaction between the nursing team and the patient with mental disorder. In this way, communication is primordial in the realization of interpersonal relationships, and it is an important instrument for the planning and development of such cares, being an integrating, complex and human phenomenon(18,22,24).

The psychiatric nurse is important to the complex care of people with mental disorders. However, it is assumed that the shortage of this professional is a reason for this absence in speech, besides the interconsultation of Psychiatric Nursing is little performed and unknown by most nurses. In addition to the questions of professional qualification, it was also pointed out in the studies as a potentiality for mental health care, the presence of professionals in the area "psy", psychologist and psychiatrist, pointed out as possible guides of assistance to the person with mental disorder. However, their participation is limited; after all they are not always recognized in the daily assistance. Thus, the importance of interdisciplinary work that results in effective and qualified responses, both in the assistance to the needs of the patient and in the training of the team(18,23).

Another factor pointed out in the studies are the risks that may arise when implementing the interconsultation of Psychiatry, since it may point out the division of tasks between "mind and body professionals", influencing the biomedical model and the fragmentation of care. Interconsultation is an assistance technology capable of overcoming the physical-psychic dichotomy in the care of hospitalized patients and enabling the completeness of the care(18,21,24).

Several factors influence the nursing care of the suicidal patient. The main limitation pointed out by nursing professionals has been the fragility of their training in the field of mental health, and later the physical structure, which is not appropriate to receive a patient in this specialty. Workers present difficulties in nursing care to patients in psychic distress. The actions that currently insert this care in general hospitals still lack incentive and, in the nursing area, require a cultural and technical change for the development of psychosocial care actions in all contexts of assistance(18,23).

It is necessary to intervene in the educational process so that managers, professionals and patients are involved. And it is up to the nurse to seek, in the institution to which he is linked, the training to assist, with quality, this demand. Training in mental health is a necessity, and should be developed having as reference the changes in the assistance model of Psychiatric Reform and, consequently, the insertion of the person with mental disorder in the general hospital. For many workers, there is resistance in establishing the approach with the patient in suicide attempt, since there is a difficulty in understanding their role as a professional before that person. This demonstrates the need for training, the lack of acceptance, and the lack of ability to perform mental health nursing care(13,15,18).

Health education, from the bond with the human/patient and the family, is a very important factor for the success of prevention. Based on an integral view of the individual and knowledge of the factors that lead people to these extreme acts, the nurse can collaborate to alleviate the suffering present in suicide

attempts. It is necessary to invest in the mental health of the workers themselves in order to build integral assistance to the inmates[18-19].

Permanent education in this area should include knowledge about the political changes that have been taking place in this area, as well as a caveat on the transition from the practice of hospital care, which aimed at containing behavior, and today to the incorporation of principles of an interdisciplinary practice, with the aim of raising awareness and qualifying both new employees and the more experienced about the role of the professional as a transformative agent. Thus, permanent education, in the field of mental health, has as a challenge to consolidate the Psychiatric Reform[15,19].

Emergency services and health care institutions, when promoting continuing education programs, aim to instrumentalize nursing professionals for the care of patients with mental disorders. Thus, the theme of interaction and communication must be emphasized due to its complexity and, above all, its importance for the process of care[16,22,28].

Final considerations

The study sought scientific evidence to characterize the Nursing care provided to people who attempt suicide in emergency and emergency services, bringing general subsidies for professionals to understand some concepts about suicide, the work of Nursing in the emergency and emergency, and the particularities and needs of Nursing and the suicidal patient during the act of caring.

The perceptions of the nursing team in caring for a person who attempts suicide are permeated with prejudices and myths, which portray a certain unpreparedness of the team to deal with these stressful situations. Facing fears and caring for others is a daily exercise of the nursing team that needs to be emphasized when the person being cared for reveals mental health problems, sometimes portrayed by attempted suicide.

Finally, it is important to emphasize that this is a relevant topic, with a great need for new studies to improve and generate new sources of interventions with patients and the services involved, seeking preventive measures that improve the quality of care provided.

It is noticeable the absence of more studies in the area of care and methods that optimize nursing care for the patient who tried to commit suicide; therefore, it is recommended the expansion of studies in this area of knowledge of Nursing.

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Author's Contribution

Study concept and design: Mayara Cristine Fontão, Jeferson Rodrigues, Monica Motta Lino and Murielk Motta Lino. Obtaining data: Mayara Cristine Fontão, Jeferson Rodrigues, Monica Motta Lino and Murielk Motta Lino. Data analysis and interpretation: Mayara Cristine Fontão, Jeferson Rodrigues, Monica Motta Lino and Murielk Motta Lino. Statistical analysis: Mayara Cristine Fontão, Jeferson Rodrigues, Monica Motta Lino and Murielk Motta Lino. Drafting the manuscript: Mayara Cristine Fontão, Jeferson Rodrigues, Monica Motta Lino and Murielk Motta Lino. Critical review of the manuscript as to its relevant intellectual content: Mayara Cristine Fontão, Jeferson Rodrigues, Monica Motta Lino and Murielk Motta Lino.

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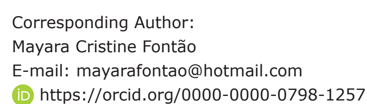
Corresponding Author:
Mayara Cristine Fontão
E-mail: mayarafontao@hotmail.com

https://orcid.org/0000-0000-0798-1257

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