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RESEARCH

NURSING ASSISTANCE IN PRIMARY HEALTH CARE FOR ADOLESCENTS WITH SUICIDAL IDEATIONS

ASSISTÊNCIA DE ENFERMAGEM NA ATENÇÃO PRIMÁRIA À SAÚDE DE ADOLESCENTES COM IDEAÇÕES SUICIDAS

ENFERMERÍA EN ATENCIÓN PRIMARIA DE SALUD A ADOLESCENTES CON IDEAS SUICIDAS

Denise Mayara de Souza Pessoa [1]
Rodrigo Jácob Moreira de Freitas [1]
Juce Ally Lopes de Melo [1]
Francisca Adriana Barreto [1]
Kísia Cristina de Oliveira e Melo [2]
Erika Carla de Sousa Dias [1]

[1] Universidade do Estado do Rio Grande do Norte - UERN, Ciências da Saúde, Faculdade de Enfermagem. Pau dos Ferros, RN - Brazil.
[2] Universidade Potiguar - UNP, Escola da Saúde, Escola de Enfermagem. Mossoró, RN - Brazil.

Corresponding author: Rodrigo Jácob Moreira de Freitas
E-mail: rojmflegal@hotmail.com

Author's Contributions:
Conceptualization: Denise M. S. Pessoa, Rodrigo J. M. Freitas; ***Data Collection:*** Denise M. S. Pessoa, Erika C. S. Dias; ***Investigation:*** Denise M. S. Pessoa; ***Methology:*** Denise M. S. Pessoa, Rodrigo J. M. Freitas; ***Project Management:*** Denise M. S. Pessoa, Rodrigo J. M. Freitas; ***Supervision:*** Rodrigo J. M. Freitas; ***Visualization:*** Rodrigo J. M. Freitas, Juce A. L. Melo, Francisca A. Barreto, Kísia C. O. Melo; ***Writing - Original Draft Preparation:*** Denise M. S. Pessoa, Rodrigo J. M. Freitas, Juce A. L. Melo, Francisca A. Barreto, Kísia C. O. Melo, Erika C. S. Dias; ***Writing - Review and Editing:*** Rodrigo J. M. Freitas, Juce A. L. Melo, Francisca A. Barreto, Kísia C. O. Melo, Erika C. S. Dias.

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ABSTRACT

Objective: to understand how health care is provided by nurses in primary care to adolescents with suicidal ideations. **Method:** research with a qualitative approach, carried out in eight basic health units (BHU), in a medium-sized municipality in the Northeast of Brazil. Data collection took place through interviews following a guiding script with eight nurses in the sector. The material was analyzed according to Bardin's content analysis technique. **Results:** in view of this, three categories were highlighted - Nursing care to comprehensive care for adolescents; professionals' knowledge about suicide; conceptions, identification and prevention and challenges in assisting adolescents with suicidal ideations. Also noteworthy is the lack of planning and actions for the adolescents' mental health demand, focusing on biological actions, such as: sexuality, teenage pregnancy and sexually transmitted infections for adolescent women. Nurses have difficulties in understanding, identifying and preventing the signs of suicidal ideations, basing their practice on empirical experiences. **Conclusions:** in this way, it is necessary for the primary care nurse to know the territory and the health profile of adolescents. In addition, permanent education should allow the construction of new knowledge necessary to address the theme in the practice of nurses, as well as that of other professionals working in primary care. It is suggested that the mental health area be strengthened in the training of nurses, since suicide in young people has been increasing and therefore requires comprehensive Nursing assistance to adolescents.

Keywords: Nursing Care; Primary Health Care; Adolescent Health; Suicidal Ideation; Suicide.

RESUMO

Objetivo: *compreender como se dá a assistência à saúde prestada pelos enfermeiros na atenção primária aos adolescentes com ideações suicidas.* ***Método:*** *pesquisa com abordagem qualitativa, realizada em oito unidades básicas de saúde (UBS), de um município de médio porte do Nordeste brasileiro. A coleta de dados deu-se por meio de entrevistas seguindo um roteiro norteador com oito enfermeiros do setor. O material foi analisado de acordo com a técnica de análise de conteúdo de Bardin.* ***Resultados:*** *diante disso, três categorias foram evidenciadas - assistência de Enfermagem à atenção integral aos adolescentes; conhecimento dos profissionais sobre suicídio; concepções, identificação e prevenção e desafios na assistência do adolescente com ideações suicidas. Destaca-se, ainda, a falta de planejamento e de ações para a demanda de saúde mental dos adolescentes, focando em ações biologicistas, como: sexualidade, gravidez na adolescência e infecções sexualmente transmissíveis para adolescentes mulheres. Os enfermeiros têm dificuldades em compreender, identificar e prevenir os sinais de ideações suicidas, pautando sua prática em experiências empíricas.* ***Conclusões:*** *dessa forma, torna-se necessário que o enfermeiro da atenção primária conheça o território e o perfil de saúde dos adolescentes. Somado a isso, a educação permanente deve permitir a construção de novos saberes necessários para abordar o tema na prática do enfermeiro, bem como dos demais profissionais que atuam na atenção primária. Sugere-se que a*

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área da saúde mental seja fortalecida na formação do enfermeiro, visto que o suicídio em jovens vem aumentando e requer, portanto, assistência integral da Enfermagem aos adolescentes.

Palavras-chave: *Cuidados de Enfermagem; Atenção Primária à Saúde; Saúde do Adolescente; Ideação Suicida; Suicídio.*

RESUMEN

Objetivo: *comprender cómo se desempeña enfermería en la atención primaria de salud a los adolescentes con ideas suicidas.* ***Método:*** *investigación de enfoque cualitativo realizada en ocho unidades básicas de salud (UBS), de un municipio de tamaño mediano del noreste de Brasil. La recogida de datos se efectuó a través de entrevistas semiestructuradas a ocho enfermeras del sector. El material se analizó según la técnica de análisis de contenido de Bardin.* ***Resultados:*** *se destacaron tres categorías: atención de enfermería a atención integral a adolescentes; conocimiento de los profesionales sobre el suicidio; conceptos, identificación y prevención y desafíos para ayudar a los adolescentes con ideas suicidas. Debe mencionarse, asimismo, la falta de planificación y medidas para la demanda de salud mental de los adolescentes, que deben enfocar asuntos biológicos, tales como: sexualidad, embarazo adolescente e infecciones de transmisión sexual para las adolescentes. Los enfermeros tienen dificultades para comprender, identificar y prevenir indicios de ideas suicidas, basando su práctica en experiencias empíricas.* ***Conclusión:*** *el enfermero de atención primaria debe conocer el territorio y el perfil de salud de los adolescentes. Además, la educación permanente debe permitir la construcción de nuevos conocimientos necesarios para enfocar dicho tema en la práctica de los enfermeros, así como la de otros profesionales que trabajan en la atención primaria. Se sugiere fortalecer el área de salud mental en la educación de enfermeros, ya que el suicidio entre los jóvenes ha ido en aumento y, por lo tanto, requiere atención integral de enfermería a adolescentes.*

Palabras clave*: Atención de Enfermería; Atención Primaria de Salud; Salud del Adolescente; Ideación Suicida; Suicidio.*

INTRODUCTION

Adolescence is a part of the natural process of human growth, configuring itself as a period when the adolescent is not an adult, but is no longer considered a child. It is necessary that, during this phase, the individual expands and develops abilities to acquire experiences and fundamental values to adapt to the adult phase. It is at this stage that adolescence can revert to a phase of conflict that often makes behaviors risky for the individual's life, including the problem of suicidal ideations and/or even the act itself.[1]

Suicide is a concrete act, carried out by a person who shows conscience and notion of the final implication of the person's act.[2] The expression suicide comes from the Latin form "*sui caedere*" which expresses "killing oneself". The topic is still seen as a taboo in modern society, making it difficult to access the precise reasons that lead the subject to such a decision, no matter how much an instrument has been left as a "justification factor" - letters and statements of the suicide.[3]

Identifying that an adolescent carries suicidal thoughts or ideas is a complex task, but it is possible. Thus, not only those responsible, but society as a whole, need to pay attention to the signs, such as: self-injurious behaviors and previous suicide attempts. Self-injurious behaviors are not related to a single cause, but to the consequence of complex mutual influences between genetic, biological, psychological, social and cultural factors. Thus, they are acts that cannot be independently evaluated.[4]

When the young person experiences a conflictive adolescence, self-injurious behaviors (SIB) appear followed by a psychological condition that can lead the person to have suicidal thoughts. This difficulty of reflecting and thinking with a lot of pessimism can characterize suicidal ideation. The determining risk factors most linked to suicidal behavior are depression, anxiety, feelings of loneliness, anguish, sadness, discouragement, physical and emotional abandonment, sexual abuse, family breakdown and the end of a romantic relationship.[5]

Suicide is assessed as a major public health problem, as the data show that in the world, every year, more than 800,000 people put an end to their lives, totaling one death every 40 seconds, which represents a standardized global annual percentage by age of 11.4 per 100 thousand inhabitants (15 for men and eight for women). Thus, suicide is instituted one of the 10 biggest reasons for death in all countries and one of the three in the 15 to 35 age group.[2]

In this scenario, Brazil is the eighth country in the Americas in terms of suicide data and the fourth Latin American country with the highest growth in the suicide rate from 2000 to 2012. Thus, Brazil was the leader among the Latin countries: with 11,821 suicides between 2010 and 2012.[2] In 2013, there was a significant increase, about 10,000 suicide cases, with the Southeast accounting for 36% of this total, that is, 3,636 suicide deaths. The other regions have a low index: adding to the Center-West and North, 16.7% of the total are found, while the Northeast and South have the rates of 23.7 and 23.3%. Among this total percentage, 66% were caused by self-harm caused by aggressive acts, such as suffocation and hanging, being mostly male (5,561 men).[6]

Thus, Primary Health Care (PHC) as part of the psychosocial care network (PCN) must also play a fundamental role in preventing suicidal behavior. Its purpose is to expand and enlarge health care facilities for individuals with some suffering or mental disorder, as well as problems related to the use of crack, alcohol and other drugs, within the sphere of the Unified Health System (*Sistema Único de Saúde*, SUS).[7]

As a result, it is essential to train primary health care teams with regard to suicide prevention, since it is this team that maintains the closest and most direct contact with the

community, in addition to being primary care, it is the main entrance to health services. In this regard, nurses play an important role in working holistically with adolescents during Nursing consultations, home visits, support groups and educational activities, as this public is resistant to seeking the service, which makes difficult the provision of comprehensive assistance.[8]

Understanding that PHC and nurses must play a fundamental role in assisting the mental health of adolescents and young people, especially with regard to the decrease in suicide statistics, as well as the need for studies in the Northeast region, since it has been showing a significant tendency to increase the suicide rate in recent decades[6], the question arises: how does the health care of adolescents with suicidal ideations occur by nurses in primary care? Thus, the objective of this study was to understand how health care for adolescents with suicidal ideations happens by nurses in primary care.

METHOD

For this research, a descriptive and exploratory study was carried out, with a qualitative approach[9], in a medium-sized city in the countryside of the Brazilian Northeast. The scenario consists of eight basic health units (BHU) in that region.

The study participants were nurses who worked in the Family Health Strategy (FHS) of eight BHUs. Some criteria were adopted: nurses with one year of experience in the FHS, as an inclusion criterion, and nurses who were on vacation during the collection period, as an exclusion criterion. One of the nurses was removed by the exclusion criterion and the final sample has the number of eight nurses.

Data collection took place from April to May 2019, through interviews guided by a semi-structured script previously elaborated. The interview is a method of data collection that is very appropriate for the acquisition of information about subjective issues, such as cognitive and affective issues of the participant.[9]

The interview was conducted in a closed room, with the sole presence of the researcher and the respondent, the latter being contacted beforehand and invited to participate in the previously scheduled interview and to sign the Informed Consent Form (ICF). Soon after, the consent of the interview was recorded with a mini recorder.

The questions were about understanding the actions aimed at adolescents in PHC, the challenges of Nursing care for adolescents with suicidal ideations in primary care, the methods of identifying risk factors for suicide early in the adolescent public, the form of intervention the Nursing professional in primary care in the prevention of suicide and the knowledge of the referrals that primary care has for comprehensive health care for adolescents with suicidal ideations.

The material obtained in the interviews was transcribed in full and submitted to thematic content analysis, according to Bardin's guidelines.[10] Content examination is a technique for analyzing communications, through systematic and objective procedures for describing the content of messages.

It consists of three phases: a) pre-analysis; b) exploration of the material; c) treatment of results, inference and interpretation. The first phase, the pre-analysis, is subdivided into four stages: i) fluctuating reading, which is the initial contact with the data collection information, when the knowledge of the texts, interviews and other materials to be analyzed begins ; ii) choice of information, stage of delimitation of what will be analyzed; iii) formulation of hypotheses and objectives, which will take place from the initial approximation of the elements; iv) elaboration of indicators, in order to understand the collected material.[10]

After the first phase was completed, the exploration of the material was made, which constitutes the second phase. The exploration of the material focuses on the elaboration of the coding operations, analyzing the cuts of texts in units of records, the demarcation of counting rules and the classification and association of information in symbolic or thematic categories. Finally, the third phase was restricted to the interpretation and inference of the results that aimed to extract the manifest and latent contents contained in all the collected material.[10]

The letter A was designated, followed by the numbering from one to eight, to preserve the anonymity of the participants. The research was submitted to the Ethics and Research Committee (CEP) of the *Universidade Estadual do Rio Grande do Norte* (UERN), approved with Opinion Report Nr. 3.181.302 and CAAE: 05136918.7.0000.5294 attesting its compliance with the Resolution Nr. 466/12 of the National Health Council (*Conselho Nacional de Saúde* - CNS) of *Ministério da Saúde* (BR), ensuring the rights and duties of the participants.

RESULTS

The profile of nurses in basic health units is presented: about the social profile of the nurses interviewed, this research has six females (75%) and two males. Regarding age, 25% are between 30 and 39 years old; 50% between 40 and 50 years and 25% between 50 and 60 years. Regarding the time of exercise of the profession in the chosen basic health unit, two to five years (25%) and six to seven years (75%).

From the data analysis, the categories emerged: Nursing care to comprehensive care for adolescents; professionals' knowledge about suicide: conceptions, identification and prevention and challenges in assisting adolescents with suicidal ideations.

Nursing assistance for comprehensive care for adolescents

In this category, gaps in the nurse's work with the adolescent public were highlighted, lack of planning and actions for the demand for comprehensive care, restricted and specific Nursing consultations, such as: family planning, sexuality and teenage pregnancy or sexually infections transmissible diseases (IST). The speeches of the professionals attest that the adolescent public is not included in the service and are generally aimed at female adolescents.

> *We do not have an action, a flowchart assembled [...] unfortunately we do not have care, aimed [at the teenager], for example: CeD child [Growth and development], everything is scheduled, return, see a doctor, see a nurse [...] We unfortunately do not have this program for adolescents* (A1).

> *The contact I have with adolescents is during family planning [...] Another moment is prenatal care or when we do a preventive, which is also a good demand* (A3).

> *There is no special service, there is no time for them, they come according to their needs, there is no specific thing for adolescents. [...] They are female adolescents, regarding family planning, use of contraceptive methods to avoid becoming pregnant and prevention. [...] The male ones seek too few for the service. Almost none* (A4).

The speeches are the result of a feminine vision directed towards reproduction that permeated previous strategies aimed at women's health. Adolescents, both male and female, have needs that go beyond prenatal care and sexual demands, highlighting the need to look at the mental health of these young people.

In addition, nurses reveal that their practices with adolescents are permeated by the guidelines of the Health in Schools Program (*Programa Saúde nas Escolas* - PSE) or other topics highlighted by the need for the school, as in the following statements:

> *We do some established topics [by the PSE], besides we ask the school what the doubts are, we can leave boxes of doubts and that they go like saying what they wanted us to discuss* (A5).

> *We talk to the direction of the right school together with the other teachers and will be like what are the topics that should be addressed this year* (A6).

In order to identify mental suffering and evidence of suicidal ideations in young people, it is necessary to ensure that teachers are also able to identify the adolescent's health needs.

Knowledge of professionals about suicide: conceptions, identification and prevention

In this category, the professionals' knowledge about suicide was found, that is, how they identify and what actions they take to prevent young people regarding suicide. Most speeches show a biological view of the concept of suicide, just as the act of taking one's own life, without addressing the mental suffering that the adolescent experiences before the act.

> *The act of [...] When the young person is in depression thinking about suicide, in case of undoing that pain he is feeling through death, right? [...]* (A7).

> *I think it is sick thinking, it is a disease, I think it is a disease of the soul, a mental illness that takes people to moments of sadness [...]* (A2).

The nurse views suicidal ideation and suicide as mental illnesses and can identify some risk factors for suicide in this audience. Although they do not work on this topic with young people, their knowledge will come from the empirical experiences lived in daily life. This identification of factors happens mainly in relation to the adolescent's behavior, as expressed in the following statements:

> *Observing the behavior of an adolescent, the issue of social isolation, both in the unit can be worked on [...] At home, I think this is the main place that should be worked on, don't take it as a joke [...]* (A3).

> *But usually, because of the adolescent's behavior, you identify signs of abuse, abuse during childhood, in adolescence it shows more than you can perceive [...]* (A8).

> *It is very difficult, because many times these signs are very masked, sometimes you see the person smiling, talking and suddenly they have this ideation, you know, that we don't notice [...]* (A4).

Professionals also recognize that these behaviors are often masked and mentioned that there are cases where the warning signs are not so evident, as reported in the last statement. Regarding the prevention of these cases, they show the importance of welcoming and listening, referral to

the psychologist and/or Psychosocial Care Center (*Centro de Atenção Psicossocial*, CAPS), Support Center for Family Health (*Núcleo de Apoio à Saúde da Família*, NASF), in addition to the presence of the family and religion:

> *[...] I tried to show the good side of life, asking to reach out more for God, a religion [...] When you talk about suicide, I think like this: I have God. Right?* (A2).

> *Talk to the family and understand the family issue as it is and depending on sending it to the other competent institutions. Like, low income [...]* (A7).

> *We do it like this, a reference to the psychologist, and if the person has a problem detected and uses medication, there is usually the CAPS, there they get more involved, but there isn't much, it is just about a conversation* (A2).

> *As we have no way to resolve it, we then refer it to [...] I refer to the NAS staff [...]* (A4).

It should be noted that spirituality can be a preventive and supportive factor for young people in the process of mental illness, but mental suffering is a health problem that needs, primarily, attention and therapeutic project. Nurses need to provide their care without prejudice, as this interferes with the construction of a therapeutic relationship with young people. In addition, the family needs to be incorporated into care, as it can allow for healthier relationships, helping to prevent adolescents from becoming ill.

Referrals to the specialized network should be made in cases that really need to be worked on in the CAPS, such as serious and persistent mental disorders (depression, anxiety, schizophrenia, bipolar affective disorder, obsessive-compulsive disorder, etc.) and needs arising from the use of alcohol and other drugs.[7] Prevention actions can and should occur in the Family Health Strategy.

Challenges in assisting adolescents with suicidal ideations

The main challenges mentioned by nurses are the lack of preparation to approach the topic, since it had not been previously worked on in their training, nor in the training of the municipality, lack of resources and infrastructure, as well as the lack of understanding of the points of the care network.

> *We had to have a real diagnosis of the field, because it is such a thing, you do not have a quantitative idea of an adolescent who already has this suicidal thought* (A2).

> *We already had a case in the field, but this girl, she never sought the basic health unit, but I think, I believe, I need to meet this adolescent to realize what he needs [...]* (A5).

For the care of adolescents with suicidal ideations, it is important to know the territory and the profile of the subjects' illness, in order to develop strategies of actions. Without knowing the territory, the nurse expects the adolescent to appear at the service, being ineffective in preventing suicide cases.

Mental health must be addressed within the Psychosocial Care Network, which considers multiprofessional work articulated between professionals and services as the guiding axis of mental health practices, so that it is not an exclusive area of the psychologist or a specialized sector, as evidence the lines:

> *[...] there is a psychologist and everything and together with that, you know, there is the issue of the CAPS staff [...] Which already has a psychiatrist, already has another feature* (A4).

> *[...] go to the doctor's appointment, get a referral to go to the psychiatrist and then follow up by the CAPS [...]* (A8).

PHC, as the user's gateway to health services, is an important point in the network for promoting young people's mental health. For this, nurses need to see themselves as part of this process and responsible for preventing new cases in their territory. However, as mentioned in the following statements, the nurse requires updates and training on the topic, emphasizing the need for more effective permanent education in the municipality and infrastructure that supports their practice:

> *First, we have to have a training, we have to be prepared to receive that adolescent, if we read, see something, we always try to be reading, but still we are not able to give that support that is prepared to accompany, we are not* (A1).

> *We should be much more prepared to deal with this, there is no training for us here, for the staff in general, not only nurses, but for the whole team [...]* (A6).

> *[...] we don't have any major reference center that works with adolescents, I don't know in the municipality* (A3).

> *As we are here in this unit there is no way to work with them, I have nothing to offer them but an individual consultation in my room, but I have no way of attracting the adolescent to this BHU, unfortunately, currently, we are waiting for the construction of a new BHU that has a standard that you can have what it offers, a comfortable room that you can have security, that you can call young people [...]* (A8).

Despite being a limiting factor, the structure should not be decisive so that nurses do not perform their care with quality, respecting the principles of SUS. Comprehensive care permeates the use of other technologies, such as qualified listening, groups, welcoming and bonding, that is, elements that must be part of the nurse's knowledge/practice.

DISCUSSION

Regarding assistance to adolescents, some authors claim that there are still imprecise practices, without a specific care for these individuals, so that it is not possible to cover certain specificities specific to this phase. There is a lack of more defined planning, since free/spontaneous demand, by itself, does not cover particularities of a certain public, which justifies the reasons why health care in primary care with adolescents leaves so much to be desired.[8]

As a result, some strategies neglect the specific needs of adolescents, as they do not create spaces to listen to them, either in preparation or implementation, or in the processes of weighting actions. Neglecting adolescence in its multiple extensions has generated both a failure to implement public policies and a certain difficulty in identifying the real demands of Brazilian adolescents.[11]

In addition, it is necessary, in the identification of these needs, a gender cutout, since the actions that are aimed at women reinforce the image of mother and woman reproduced in society such as family planning, prenatal care, etc. As for men, they are not incorporated into primary care actions. In this way, there is a strengthening of a historically disseminated ideology that health care in basic units is focused on the health care of women and children.[11]

It is known that suicide is more prevalent among men, although suicide attempts are more common among women. Such an episode occurs since women tend to have, during life, more suicidal ideation. However, consummated suicides resulting from the use of firearms are the most common and most adopted method among men. Women show a tendency to use less violent methods, such as poisoning, overdose of drugs and drowning, for example. Thus, it is necessary to understand the needs of female adolescents and to question the absence of a male audience in health services.[11]

Therefore, it is argued that the conception of adolescents' health demands and needs can assist in the elaboration of strategies aimed at care aimed at youth protagonism. Thus, it is expected that adolescents can be the main responsible for their own change, adhering to the strategies practiced for their comprehensive development, giving them the effectiveness of self-care for the promotion of their health.[12]

The PSE emerges as a result of a union between the Ministries of Health and Education, with the purpose of promoting health and the culture of peace, emphasizing the prevention of health problems, in order to: articulate actions in the health and education sector, appropriate the school space and its materials, face the vulnerabilities of this public and encourage community participation, collaborating for the training and comprehensive care of students in the basic network. Thus, it is an important space for nurses to appropriate and make use of suicide prevention strategies.[12]

However, as the reported and the postulates of some authors, it is emphasized that schools, as it stands, and other health units, do not cover other methods of intervention in this public, reducing their attention to the use of lectures and with format group approaches, which often do not focus on the needs and desires of these young people. In addition, the participation of adolescents in these programs is restricted and does not involve the planning, execution and evaluation of health actions.[13]

About the understanding of suicide, it stands out that it is complex, sometimes contradictory and surrounded by taboos, even today. It is known that the stigma of suicide was gradually gaining strength in Europe, so that the act itself, as well as the attempt, became a great sin, a cause for shame and, finally, a crime, all under the support from the religious tradition, which greatly contributed to this marginalization.[4] Therefore, this understanding about suicide and mental illness as lack of God appears in the speech of some nurses.

Thus, in the academic training of Nursing professionals, we are encouraged to stimulate life, heal, rehabilitate and provide the evolution of the patient under our care. However, often the training does not provide theoretical, technical and human support to deal with cases of optional death of patients.[14]

Another point to be discussed is that, by relating suicidal behavior exclusively to psychiatric problems, the scope of this phenomenon and the chances of intervention and referral of these cases are restricted. Suicidal behavior is multicausal and multi-defined, reflecting a wide web of risk and protective factors that interact over the persons. Thus, adolescent suicide is not seen as evidence of a series of problems regarding the

social context, although it occurs with an individual who has a collective implication.[15]

It should be noted that there are four main warning signs to identify individuals who decide to commit suicide, known as "the four D's" or the four indicators that a person can signal before an act of suicide: depression, disconnectedness, debility and deadly means. The warning signs exist, however, there are some signs that we can look for in people's life history and behavior. These signs warn that a particular person is at risk for suicidal behavior. Thus, one should be more vigilant with those who present them.[16]

Nurses still cultivate the biomedical, curative model as their main practice, in which the referrals of patients for drug treatment or consultation with the psychiatrist are mentioned as the only ways, in most cases, to prevent suicide.[17] We know that the Nursing care team, especially in primary health care, has a closer relationship with the community, which allows the identification of risk factors for suicide and, consequently, its prevention. The performance of these professionals is intended to promote changes in lifestyle, consider the environment where the user is inserted, identify risk factors, assist in the identification and treatment of insults, prejudiced offenses that can cause suffering and encourage inclusion of users who attempted suicide in the community.[17]

With regard to the life of any individual, the family plays a very important role. Consequently, it is in the family environment that the person seeks welcoming, support and comfort and that, therefore, distinguishing and recognizing psychological suffering enables the family to provide more adequate support to these persons.[18]

In this perspective, Nursing professionals should guide their practices in order to seek to carry them out in an comprehensive aspect, as a team, which includes an expanded view of the concept of health, so that their practice is not a reflection of this simplistic perspective and that way, the professional can perform a care based on the real needs of the patient, encompassing in various approaches.[17]

As a result, scarce training on the part of health professionals can interfere with the conduct of the professional, who may adopt an impersonal posture and present difficulties to act in a humanized way.[16] Permanent education strategies must be encouraged so that nurses can provide comprehensive care.

That said, it is understood that the health service needs to be properly prepared to receive these adolescents who are psychologically or psychically affected, whether by ideations or behaviors that supposedly cause suicide attempts. This is because an attempt causes a significant emotional imbalance, and the Nursing professional needs preparation to provide the patient with adequate care, offering more support and safety as possible.[19]

The reception of adolescents with potential or risk for suicide who arrive at primary care should not be limited to an available physical space or a punctual care of nurses in their health work. This is due to multiprofessional assistance involving an entire organization and multidisciplinary service planning. The meaning of this is an involvement that starts from management, which is also responsible for enabling an infrastructure that allows better quality of health spaces. With this, one can minimally attract and develop good assistance, also enabling the construction of a relationship of trust between teams and services, which, consequently, will also have an impact on the relationship with users.[16]

Health work should not be fully interwoven from the perspective of dead work, reflected only in equipment and in structured technological knowledge, as the object is not entirely structured and the most strategic technologies of action conform to intervention devices in acts, which are based on a technology of relationships, encounters and subjectivity.[20]

In this way, light technology should also be strengthened as a method to encompass the integrality and humanization of care. This exercise can be based on welcoming, conversation, bonding, cooperation and active listening between professionals and users of health services. This is because integrality is established in the encounter, in the conversation, in the attitude of the professional who sensibly seeks to distinguish, in addition to the explicit needs, the demands in the field of health.[20]

Thus, nurses, together with the primary care team, need to adapt to strategies that bring them closer to young people, so that they have a relationship of trust and bond that admits the feeling of comfort to express their thoughts of suicide, how to speak or express how they intend to exercise it in practice.[17] It is the responsibility of the family health team to expand primary care actions and establish the health network in their territory, as well as to require intra and intersectoral articulations, creating partnerships and assuming responsibilities for the preparation, direction and evaluation of actions designed to prevent injuries, health promotion and assistance to adolescents and young people.[2]

This study brings important contributions to the care of nurses, by identifying the need for assistance to young people with suicidal ideations in primary care. The difficulties of scheduling the interviews and the theoretical limitations of the subjects are detected as limitations of this research. And, also, the number of participating nurses, as this is a research with a qualitative approach, as it is believed that the speeches are rich for providing a reflection on the practices of health professionals.

FINAL CONSIDERATIONS

The objective of this study was achieved, making it possible to understand how health care is provided by nurses in primary care to adolescents with suicidal ideations. It is clear, therefore, that health actions for adolescents in primary care do not have a well-defined planning with regard to the care of adolescents with suicidal ideations, summarizing their actions to what is put in ministerial health programs. The approach on this topic is still a taboo and nurses have difficulties in working, being limited to a biological approach and not covering the prevention of mental suffering.

These weaknesses are a gap in the work of nurses in primary care, highlighting the need to know the territory in which they work and identify the profile of young people with risk factors associated with suicide. In addition, the strategy of permanent education is suggested, so that it can allow the construction of new knowledge necessary to address the theme in the practice of nurses and other professionals who work in primary care. It is also suggested that the mental health area be strengthened in the training of nurses, so that future professionals can incorporate this problem into their daily work, since suicide in young people is a reality that is increasing and requires Nursing comprehensive assistance to adolescents.

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