

Risk factors and suicide prevention in Primary Health Care during the COVID-19 pandemic: an integrative review of the literature

Fatores de risco e prevenção do suicídio na Atenção Primária à Saúde em tempos de pandemia por COVID-19: revisão integrativa da literatura

Factores de riesgo y prevención del suicidio en Atención Primaria en tiempos de pandemia por COVID-19: una revisión bibliográfica integradora

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Abstract

Introduction: Suicide is one of the main preventable causes of death. The COVID-19 pandemic may contribute to reinforcing risk factors and suicidal ideation, due to the reduced capacity for emotional coping in the face of the global health crisis. At the same time, Primary Health Care (PHC) services were required to produce a rapid response to issues related to mental health. **Objective:** To reflect on risk factors and possible interventions to prevent suicide in primary health care in the context of the COVID-19 pandemic. **Methods:** This is an integrative review based on the performance of a critical analysis of the international literature on risk factors and suicide prevention in PHC during the new coronavirus pandemic. This review was carried out through a survey of evidence in the international literature by accessing the following scientific databases: Web of Science, Science Direct, and Scopus using the descriptors *Suicide AND Prevention AND COVID-19 AND Primary Health Care*. Scientific articles available from December 2019 to September 2020 and published in Portuguese, English and Spanish were included. **Results:** The corpus of analysis consisted of 15 articles, with a predominance of the description of risk factors, implementation and adaptation of specific intervention strategies mediated by resources of Information and Communication Technologies (TICs) to provide mental health care. **Conclusions:** Collaborative care practices guided by the essential attributes of PHC stood out as priority strategies to offer continuous and longitudinal health care in the context of the pandemic.

Keywords: Suicide. Primary health care. COVID-19. Primary prevention. Mental health services.

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Resumo

Introdução: O suicídio constitui-se em uma das principais causas de morte evitáveis. A pandemia da COVID-19 pode contribuir para reforçar os fatores de risco e a ideação suicida em razão da diminuição da capacidade de enfrentamento emocional ante a crise sanitária mundial. Ao mesmo tempo, os serviços de Atenção Primária à Saúde (APS) foram demandados a construir uma resposta rápida a questões relacionadas à saúde mental. **Objetivo:** Refletir sobre os fatores de risco e as possíveis intervenções para a prevenção do suicídio na atenção primária no contexto da pandemia da COVID-19. **Métodos:** Trata-se de uma revisão integrativa pautada na construção de uma análise crítica da literatura internacional sobre os fatores de risco e a prevenção do suicídio na APS durante a pandemia do novo coronavírus. Esta revisão foi construída por meio do levantamento de evidências na literatura internacional, feito pelo acesso às bases de dados científicas *Web of Science*, *Science Direct* e *Scopus* usando os descritores *suicide AND prevention AND COVID-19 AND Primary Health Care*. Foram incluídos artigos científicos disponibilizados entre dezembro de 2019 e setembro de 2020 e publicados em português, inglês e espanhol. **Resultados:** O *corpus* de análise foi composto de 15 artigos, com predominância da descrição de fatores de risco, da implementação e das adaptações de estratégias de intervenções específicas mediadas por recursos de tecnologia da informação e comunicação para oferecer cuidados de saúde mental. **Conclusões:** Os cuidados colaborativos pautados pelos atributos essenciais da APS destacaram-se como estratégias prioritárias para ofertar cuidados contínuos e longitudinais no contexto da pandemia.

Palavras-chave: Suicídio. Atenção primária à saúde. COVID-19. Prevenção primária. Serviços de saúde mental.

Resumen

Introducción: el suicidio se constituye una de las principales causas de muerte prevenibles. La pandemia de Covid-19 puede contribuir a reforzar los factores de riesgo y la ideación suicida, debido a la reducida capacidad de afrontamiento emocional ante la crisis de salud global. Al mismo tiempo, se necesitaban servicios de Atención Primaria de Salud (APS) para construir una respuesta rápida a los problemas relacionados con la salud mental. **Objective:** Reflexionar sobre los factores de riesgo y posibles acciones para prevenir el suicidio en atención primaria en el contexto de la pandemia COVID-19. **Methods:** Se trata de una revisión integradora basada en la construcción de un análisis crítico de la literatura internacional sobre los factores riesgo y suicidio, prevención en APS durante una nueva pandemia de coronavirus. Esta revisión se construyó a través de una encuesta de evidencia en la literatura internacional a través del acceso a las bases de datos científicas *Web of Science*, *Science Direct*, *Scopus* a través de los descriptores de suicidio Y Prevención Y covid-19 Y Atención primaria de salud, incluidos artículos científicos disponibles desde diciembre de 2019, hasta septiembre de 2020 y publicado en portugués, inglés y español. **Results:** El corpus de análisis estuvo conformado por 15 artículos, con predominio de la descripción de factores de riesgo, implementación y adecuación de objetivos de acción específicos mediados por recursos de Tecnologías de la Información y la Comunicación (TICS) para brindar atención en salud mental. **Conclusiones:** Se destacaron la atención colaborativa guiada por los atributos esenciales de la APS como orientadas a ofrecer atención continua y longitudinal en el contexto de la pandemia.

Palabras-clave: Suicidio. Atención primaria de salud. COVID-19. Prevención primaria. Servicios de salud mental.

INTRODUCTION

The COVID-19 pandemic has resulted in the need for a reorganization of health systems and a rapid response to mental health issues in almost every nation worldwide. Suicide is a leading cause of preventable death, and since late March 2020, concerns about risk factors for suicide attempts have increased as a result of social distancing and other issues that have emerged with the pandemic.¹⁻³ Risk factors, such as increased health disparities and fear, hopelessness and anxiety, can expose users to a greater risk of suicidal ideation.^{4,5}

Priority measures to contain the transmission of the new coronavirus can contribute to reinforcing risk factors and suicidal ideation due to the decrease in emotional coping capacity in the face of the global health crisis.⁶ People with debilitating chronic diseases and diagnoses of preexisting mental disorders, major depressive disorder, and schizophrenia, which generally worsen in conditions of social isolation, may be more prone to suicidal ideation.⁷ This is also true to the portion of the population that is affected by social and economic vulnerability^{5,8} as well as to healthcare professionals who are directly involved in the fight against COVID-19.⁹

Several international studies^{5,8,9} have highlighted the association of increasing suicide rates with financial difficulties and unemployment during the 2008 global economic recession.¹⁰⁻¹⁴ The consequences

of the pandemic have an imminent impact on economies, social structures, and health systems, and scientific evidence demonstrates strong correlation between the implications of the COVID-19 pandemic and an increase in suicide rates.

Although advances have been made in the development of models for practices regarding the screening of suicidal behavior,¹⁵ risk assessment,¹⁶ specific clinical interventions,¹⁷⁻¹⁹ and follow-up protocols for suicidal individuals,^{20,21} suicide prevention has only recently begun to be incorporated, grounded on some evidence-based actions in clinical practice in health services.²²

In situations such as the context of the pandemic caused by COVID-19, the focus of research, practices of health services, actions of managers, and dissemination of news in the media is usually directed to its biological aspects, giving little attention to or underestimating psychosocial factors. However, this is a moment in world history when suicide prevention must be prioritized as a serious public health issue by health systems, especially within the scope of Primary Health Care (PHC), considering the community bond and the territorial approach, which can contribute to the implementation of comprehensive suicide prevention strategies.²³

Thus, this article aimed to reflect on risk factors and interventions for suicide prevention within PHC during the new coronavirus pandemic.

METHODS

This is an integrative review based on the performance of a critical analysis of the international literature on the risk factors and suicide prevention in PHC during the new coronavirus pandemic.

Taking this into consideration, the starting point of the integrative synthesis review of the international literature is the guiding question: what are the main risk factors and strategies adopted by PHC teams to prevent suicide due to the COVID-19 pandemic?

In this study, it is worth stating that, although not being the key object, a suicide attempt is defined as a self-injurious behavior with inferred or real intention to die; however, for the purpose of understanding the results, it is emphasized that suicidal behavior comprises intention, ideation, plan, and fatal suicide behavior.²⁴

An adaptation of the acronym PICO was used, in which P=population (PHC professionals and people with suicidal behavior who use the service); I=phenomenon of interest (suicidal behavior); and CO=context (PHC during the COVID-19 pandemic). The PICO strategy guides and allows the professional or researcher to accurately choose the most appropriate descriptors and combinations to be used.

The review was conducted in the following steps: identification of the topic and choice of the research question; establishment of inclusion and exclusion criteria for studies; definition of pieces of information to be extracted from the selected studies; sample selection; chronological organization of selected articles; evaluation of included studies; discussion and analysis of results; and presentation of the review in manuscript format.²⁵

The searches were carried out on October 23, 2020 in the Web of Science, Science Direct, and Scopus databases, by the development of research strategies adapted to the different scientific bases, using the descriptors identified in the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), namely: *suicide AND prevention AND COVID-19 AND Primary Health Care*. The inclusion criteria were studies that addressed the topic "suicide prevention" in PHC, available in full, published in Portuguese,

English and Spanish languages, between December 2019 and September 2020. Articles were not excluded based on their geographic and temporal location. There was no a priori exclusion of any methodological approach, and both qualitative and quantitative articles were included.

Initially, 99 publications were selected, from which the abstracts and titles were read. A total of 64 texts were excluded due to duplication or because they did not meet the scope of the review. Subsequently, the 35 selected articles were organized in a Microsoft Excel® table and read in full; 20 of these articles did not meet the inclusion criteria and were excluded. The final corpus consisted of 15 articles, systematized according to the topics of interest: authors, year of publication, country, title, method, risk factors, and strategies adopted for suicide prevention during the pandemic (Chart 1).

Chart 1. Systematization of scientific production on risk factors and interventions aimed at suicide prevention in the context of the COVID-19 pandemic.

Reference/ country	Title/method	Risk factors for suicide	Interventions for suicide prevention
Nelson and Adams, ²³ /USA	Role of Primary Care in Suicide Prevention/Literature review	Hopelessness; unemployment; social isolation; fear of being infected; depression	Using the Practical Guidelines of the American Psychiatric Association for assessing suicide
Schuck et al. ⁹ /Brazil	The influence of the COVID-19 pandemic on suicide risk/Literature review	Social isolation; economic vulnerability; increased fear; reduction of physical activities; psychoactive substance abuse	Identification of high-risk populations; encouragement of suicide education strategies; provision of treatment and support to those who have attempted suicide and to family members
Banerjee et al. ²⁶ /India	The dual pandemic of suicide and COVID-19: A biopsychosocial narrative of risks and prevention/Narrative review	Loneliness; social isolation; boredom; fear; uncertainty; discrimination; mental disorders; financial vulnerability; unemployment; domestic violence; access to lethal means; vulnerabilities of older people (more prone to isolation, loneliness, depression, and increased initial risk of suicide), frontline health workers, migrants and homeless people, poverty and low socioeconomic status	Mental health helplines; integration with health centers, ambulances for crisis interventions; teleconsultations with users in distress, teleconferences between primary and tertiary health care for screening and risk assessment (red flag: excessive fear due to the pandemic, death wishes, expressions of despair, helplessness, panic attacks, sadness, difficulty dealing with affected families, history of suicide, substance abuse, low self-esteem); use of online media for Information, Education and Communication (IEC) for suicide prevention; online training of professionals for crisis management; detection of abuse and domestic violence; restrictions on the sale of pesticides, medicines and firearms during the lockdown; community support for those living alone, isolated, and bereaved older people. Fighting fake news

Continue...

Chart 1. Continuation.

Reference/ country	Title/method	Risk factors for suicide	Interventions for suicide prevention
Zalsman et al. ²⁶ /USA	Suicide in the Time of COVID-19: Review and Recommendations/Literature review	Preexisting psychiatric disorders and previous suicide attempts; negative stressful life experiences; COVID-19 frontline healthcare workers; social isolation; financial difficulties	Suicide risk assessment through videoconferencing
Que et al. ²⁷ / China	Raising awareness of suicide prevention during the COVID- 19 pandemic/Literature review	Social disconnection; economic recession; unemployment; interruption of treatment to maintain psychiatric demands; insomnia associated with fear related to COVID-19; history of suicide attempts; increased access to lethal means	Use of online platforms or applications to support users and for monitoring and maintenance of psychiatric treatments; health education and information about COVID-19; use of validated scales for regular screening of vulnerable populations; decreased access to pesticides and firearms
Rosenberg et al. ³⁰ /USA	International experiences of the active period of COVID-19 – Mental health care/ Synthesis and translation of evidence and expert consensus	Economic vulnerability; fear of being infected; depression; insomnia; social isolation	Telemedicine-mediated strategies and pandemic plans, addressing the biopsychosocial problem and mental health and well-being
Wasserman et al. ²⁹ /USA	Adaptation of evidence- based suicide prevention strategies during and after the COVID-19 pandemic/ Evidence synthesis	Stress; sleep disorders; anxiety; depression; alcohol and drug abuse; unemployment; economic vulnerability	Universal-selective-indicated model for different populations and suicide preventive measures
Roncero et al. ³³ /Spain	The response of the mental health network of the Salamanca area to the COVID 19 pandemic: The role of the telemedicine/ Experience report	Hopelessness; unemployment; social isolation; fear of being infected; depression; insomnia	Implementation of telemedicine programs for mental health care in the context of the new coronavirus infection and for homeless people
Deady et al. ³⁴ / Australia	Unemployment, suicide, and COVID-19: Using the evidence to plan for prevention/Perspective article	Unemployment	Early suicide prevention measures integrated into a program to encourage social protection programs and financial support, labor market
Pfender ³¹ / USA	Mental Health and COVID-19: Implications for the Future of Telehealth/Perspective article	Suicide, suicidal ideation and mental health disorders as a result of the impact of COVID-19	Use of telemedicine as a resource for suicide prevention
Gunnell et al. ⁹ /USA	Suicide risk and prevention during the COVID-19 pandemic/Opinion article	Mental disorders; history of suicide attempts; financial instability; domestic violence; alcohol abuse; social isolation; loneliness; grief; access to lethal means; inappropriate news on the topic	Use of the universal-selective-indicated prevention model through information and communication technologies (ICTs)

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Chart 1. Continuation.

Reference/ country	Title/method	Risk factors for suicide	Interventions for suicide prevention
Reger et al. ³² / USA	Might the COVID-19 pandemic spur increased murder-suicide?/Conceptual article/Opinion article	Hopelessness; unemployment; social isolation; fear of being infected; depression; insomnia; mental disorders; restriction of access to lethal means; economic vulnerability	Limitation of access to firearms, access to evidence-based treatment for mental disorders (via telemedicine), helpline services – <i>National Suicide Prevention Lifeline</i>
Klomek ³⁹ /USA	Suicide prevention during the COVID-19 outbreak/Opinion article	Depression; social isolation	Online monitoring of individuals at risk/suicidal ideation
Sher ⁵ /USA	Are COVID-19 survivors at increased risk for suicide?/ Letter to the editor	Social isolation; fear of infecting others; admission to an intensive care unit (ICU); anxiety, distress and stress related to hospitalization	Monitoring individuals who attempted suicide and COVID-19 survivors
Singh et al. ³⁷ / Nepal/India	An urgent call for measures to fight against increasing suicides during COVID-19 pandemic in Nepal/Letter to the editor	Economic vulnerability; social isolation; mental disorders	Telephone follow-up of recovered COVID-19 patients, mental health assessment and counseling to prevent stress, depression, and suicidal thoughts

Source: Prepared by the authors

Of the selected articles, nine publications originated from the United States of America; one from Spain; one from Brazil; two from India; one from Australia; and one from China. As for the method used by the authors to address the topic, there was a mixture of descriptive-reflective approaches to the topic, with literature reviews being predominant (5), followed by synthesis and translation of evidence and expert consensus (2), opinion articles (3), letters to the editor (2), experience reports (1), and perspective articles (2).

RESULTS

Risk factors for suicide in the context of the COVID-19 pandemic

Suicide prevention in the COVID-19 era requires addressing not only pandemic-specific suicide risk factors (e.g., increased social isolation, personal and economic losses), but also pre-pandemic risk factors resulting from the interaction between predisposing (also known as distal or diathesis) and precipitating (also known as proximal, triggering or stress) factors. The identification of users and the interpretation of the multiple factors that contribute to the development of behavior, ideation, attempt, and death by suicide constitute an even greater challenge during a health crisis.

In the context of the pandemic, these challenges are exacerbated by the impacts of lockdown and social isolation. Higher levels of stress, anxiety, fear of being infected, and worse sleep quality have been studied and verified,⁹ which demonstrate strong associations with suicidal ideation, suicide attempts, and

suicide risk.²⁶ With the rapid spread of the COVID-19 crisis, cases of suicide caused by the pandemic have been reported in several countries around the world.²⁷

COVID-19 is, therefore, creating considerable stress on the population from a sanitary, economic, political, and social point of view, causing a radical change in people's daily lives.²⁸ According to some authors,^{27,29} the survivors of COVID-19 will continually experience post-traumatic stress disorder, insomnia, depression, anxiety, and obsessive-compulsive symptoms, which is even more worrisome for cases of preexisting diagnosable psychiatric illness.

The presence of associated psychiatric disorder, alcohol use, domestic violence, social stigma, negative news, neurological diseases, interruption of treatment to maintain psychiatric demands, increased access to lethal means, and restricted access to health services were also factors reported in the analyzed studies.²⁷⁻³⁰ Although any of them may be involved, their relative association with suicide risk greatly varies between individuals and may be mediated by different factors, which lead to the etiology heterogeneity of suicidal behavior.

Suicide rates are highly vulnerable to macroeconomic indicators, especially unemployment. Changes in daily habits and routines, working conditions, as well as in social behavior are expected to cause more stress, especially with the chance of an impending economic crisis and likely unemployment during the COVID-19 pandemic period, which could constitute triggering factors.^{31,32} Authors of several studies show an increase in alcohol consumption during the period of forced social isolation, which is a significant risk factor for depression and suicide, as well as for family violence, including domestic violence.^{33,34}

High rates of suicide cases were verified at the beginning of the pandemic,³⁵ and an annual increase of 25% is expected for the next five years.^{32,36} Countries with different regional and local health systems and mental health services are differently facing the challenges imposed for the continuity of health care and for meeting the demands related to the new disease.³⁰

Several studies developed in India^{26,37} demonstrate that fear of contagion and socioeconomic status are major predictors of suicide and can certainly result in peaks in the current pandemic. Restrictions on access to piped and filtered water, sanitizers for washing hands, financial resources for basic survival, the impossibility of complying with social isolation, and access to information with false content constitute an additional concern regarding the risk of suicidal behavior.^{8,27,32,38} This includes little or no access to mental health care, especially for individuals with preexisting mental health problems, exposed to domestic violence or abuse, who reside in rural areas, or who are part of marginalized racial/ethnic or sexual groups, as well as frontline health workers, who are directly involved in dealing with the pandemic – for whom economic, educational, and health disparities can be potentiated by the loneliness experienced with the restrictions of COVID-19.⁹

With the COVID-19 pandemic, the significant challenges to be faced by mental health systems are increasing throughout the world. Health systems, which are already under pressure, are now facing administrative changes, including crisis management and the integration of mental health into the public health infrastructure, and could trigger a ripple effect related to the increased spread of COVID-19, the increase in suicide ideation.

There are some barriers to psychiatric care, as some patients fear that services are overloaded and/or believe that attending face-to-face appointments can put them at risk of contagion.^{8,39} It is observed that risk factors for suicide converge with the impact of the pandemic to create double vulnerability.^{5,23,29,31,34} In this sense, it is fundamental paying attention to the discrimination experienced by users affected by COVID-19, which can result in psychological distress and need for future psychological follow-up.⁹

Thus, a proportional increase in rates of suicidal behavior during and after the current scenario of COVID-19 is expected.

Interventions and instruments for suicide prevention within the scope of Primary Health Care during the COVID-19 pandemic

Bearing in mind that the definition of PHC, according to the Alma-Ata Declaration⁴⁰, and the essential attributes (access, longitudinality, coordination of care, and comprehensiveness) and derivatives (family approach, cultural competence, and community approach) described by Starfield⁴¹ remain current, healthcare services and professionals must consider the psychosocial aspects related to the organization of health care.⁴² Particularly in PHC, a chain of continuous care has been shown to be effective in reducing suicide in at-risk individuals, by monitoring the recording patterns of diagnoses of mental illness and episodes of self-harm. Furthermore, the multidisciplinary team can provide crucial information and interventions aimed at public mental health of priority individuals or user groups, which has constituted a central mechanism to reduce the impact of COVID-19.⁴³

Given this scenario, it is clear that interventions aimed at suicide prevention should be included in the routine of patients with demands related to mental health and with greater socioeconomic and health vulnerability, not only in the clinical practice of psychologists and psychiatrists, but also of the multidisciplinary teams within the scope of PHC.

The key challenges of such prevention are: identifying people who are at risk and who are vulnerable; understanding the circumstances that influence their self-destructive behavior; and developing effective interventions. In this sense, the biopsychosocial model for suicide,²⁹ which describes the interactions of genetic, experiential, psychological, clinical, sociological, and environmental factors in the development of suicide risk and interventions, which include transdisciplinary teams, were considered more adaptable and feasible in the development of actions aimed at suicide prevention within the scope of PHC (Figure 1).

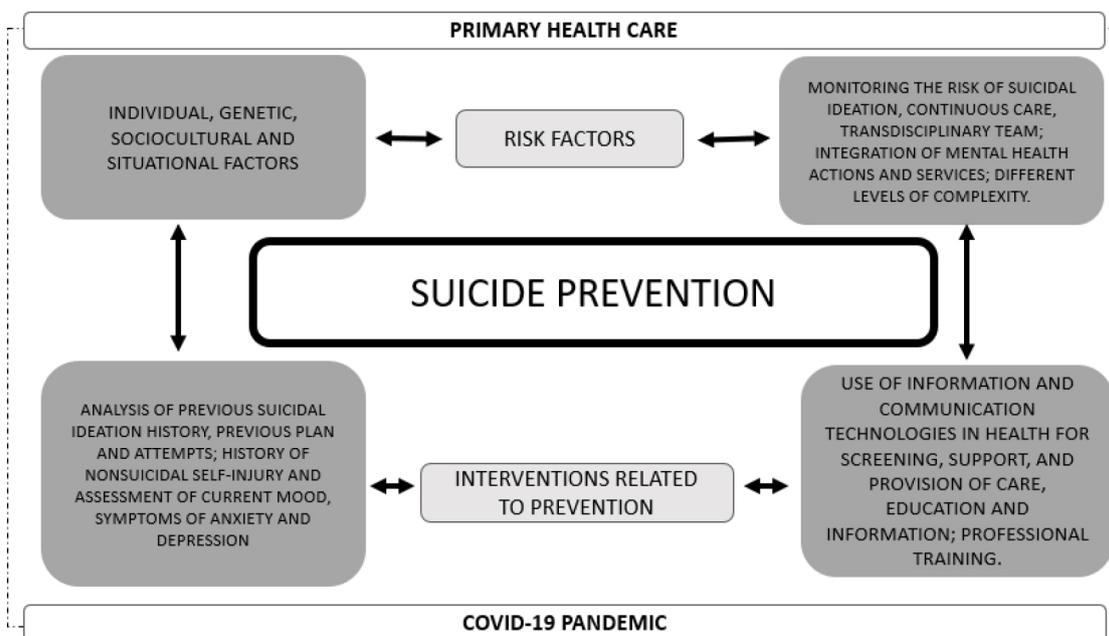


Figure 1. Theoretical model for suicide prevention within the scope of Primary Health Care during the COVID-19 pandemic.

In order to be useful in practice, interventions or approaches must be brief enough to be conducted in a PHC setting. Thus, in the context of the pandemic and within the scope of PHC, the development of strategies based on scientific evidence and interventions aimed at restrictions on access to lethal methods of suicide, health education actions, and support for people who have attempted suicide and family members, in addition to training aimed at physicians and staff involved in primary care, are recommended.^{9,26}

The interdisciplinary work in the care of users at risk of suicide is primarily based on teamwork, which requires interaction between professionals in the application of interventional techniques and coordinated planning of actions. Moreover, the multidisciplinary team can provide crucial information and interventions aimed at public mental health of priority individuals or groups of users,³² integrated with guidelines related to financial and social support.³⁴

Collaborative assessment and suicide management are intensive and specific psychological assessment strategies for suicide that can help patients to develop other ways of coping and solving problems, replacing or eliminating suicidal thoughts deemed as a solution. Studies on collaborative assessment and suicide management show reductions in suicidal ideation, depression, hopelessness, and visits to primary healthcare services.⁴³

In the case of the ongoing pandemic, Nelson and Adams²³ mention that focusing on therapeutic interventions related to situations of hopelessness will allow PHC professionals to provide scientific information on suicidal behavior. The authors mention some of the scales recommended for the assessment of suicide, such as the Practical Guidelines of the American Psychiatric Association,⁴⁴ which recommend: a survey on suicidal ideation, plan and intention; analysis of previous suicidal ideation history, previous plan and attempts; history of nonsuicidal self-injury, assessment of current mood, symptoms of anxiety, feeling of hopelessness, presence of impulsivity; history of psychiatric hospitalization and visits to the emergency department for psychiatric complaints; history of substance use disorder or change in substance use; and screening for other stressors.

Other authors^{8,9,27,28,31,39} point out that the team can develop suicide risk assessment activities using online platforms or applications, as well as, aiming to support users and monitor and maintain their psychiatric treatments, their training for supported self-care and for identifying warning signs of suicidal ideation (including changes in sleep, appetite, feelings of anxiety, fear or anger, and increased use of alcoholic substances) in addition to helpline services^{5,32,37} for caring for those with a history of suicide attempt.

Banerjee et al.²⁶ listed other comprehensive and effective primary care interventions in detecting suicidal ideation, risk behaviors, and social stress. The authors suggested the use of information and communication technologies in health for interventions in crises, through teleconsultations with users with distress and risk assessment (red flag: excessive fear resulting from the pandemic, death wishes, expressions of despair, helplessness, panic attacks, sadness, difficulty dealing with affected families, history of suicide, substance abuse, low self-esteem).

In addition, the aforementioned authors described the use of online media for Information, Education and Communication (IEC) in suicide prevention as well as training professionals for crisis management and community support for those who live alone, who are isolated, and for bereaved older people during the lockdown. Another point worth mentioning is the use of teleconferences between primary and tertiary health care to institute protocols of suicide tracking and care management for users and also concerning coordination of care incorporated into the electronic medical record and clinical workflow in PHC and other healthcare services in different levels of complexity.³⁸

Although in recent years the World Health Organization (WHO) has encouraged the development of a robust international policy response, promoting evidence-based strategies and actions to prevent suicide and establish suicide reduction goals,⁴⁷⁻⁵⁰ it is worth mentioning that countries throughout the world adopt different regional and local health systems and mental health services.³⁰ Therefore, surveillance of suicide mortality data significantly varies and is not available in real time for most regions of the world.⁴⁵

However, this is a moment in world history when suicide prevention must be prioritized as a serious public health issue. Seeking to minimize it, the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC) requested the global proposition of criteria and strategies for risk assessment and suicide prevention. The collaborative network emphasized that, during the pandemic, it is important to enable the sharing of data from information systems on suicide to allow projections and monitoring of cases, in an adequate way and covering different and varied contexts.⁵¹

There are many challenges to the screening, assessment, management, and prevention of suicide in general medical settings, including primary care. However, although there are recommendations,⁵² no universally adopted guidelines or standardized screening tests for the assessment of suicide have been identified, specifically in PHC and in the context of the ongoing pandemic. This gap can result in disconnected and ineffective operational aspects to assess suicide risk and establish prevention strategies on the part of health systems, leading to high suicide rates in the pandemic and post-pandemic periods.

CONCLUSIONS

The results of this integrative review reinforce the premise that suicide is preventable with the early identification of risk factors and the inclusion of evidence-based intervention measures by health systems, which are in fact essential for reducing outcomes. Nevertheless, considering the specific risk factors that emerged in the context of the pandemic, the adaptation of strategies and instruments must include the analysis of contextual particularities and new suicide prevention initiatives based on robust scientific evidence.

Collaborative assessment by interdisciplinary teams and technology-mediated suicide management have emerged as promising strategies in the context of the pandemic for the care of users, with the approach of staggered care at various levels. They ensure that patients receive the appropriate level of care depending on the complexity of their condition; that risk assessment strategies are maintained; and that training strategies are included to assess suicide risk. Although mentioned in most studies, it is worth noting that the identification of patients at risk of suicide precedes the existence of health systems coordinated by PHC, capable of subsidizing or redirecting surveillance information and quickly adapting actions and processes of health practices required in emergency situations.

Nonetheless, it is noteworthy that this study did not intend to provide a single and definitive answer to the question concerning suicide prevention and the identification of risk factors in the context of the pandemic, and must be interpreted in the light of important limitations. An example is the literature search, which was limited to published articles and reports available in English and to international experiences that may not be easily adaptable to the Brazilian context.

However, the analyzed evidence almost unanimously highlights some of the global recommendations, namely:

1. During and after the pandemic, health systems must engage in changes related to the identification and assessment of suicide risks and strategies to prevent this outcome;

2. Robust investments in mental health services are necessary, during and after the COVID-19 pandemic, considering the lack or discontinuity of access to care and the consequences of risk factors for suicide resulting from COVID-19;
3. It is necessary to carry out original studies in Brazil, taking into account the lack of national studies in the pandemic and post-pandemic context on risk factors and applicability of strategies for the assessment of suicidal behavior, using the theoretical and operational construct of Mental Health Matrix (referrals, unique therapeutic projects, home visits by multidisciplinary teams) as an interdisciplinary practice for the construction of the integral model of care, particularly within the scope of PHC.⁵³

All in all, it is known that suicide is a complex phenomenon and that each case must be analyzed in its particularities. However, it is paramount to emphasize that its possibilities are undeniable in the debate on the development or adaptation of interventions aimed at preventing self-destruction in contexts of health crises.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

EPROS: Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology. HLPCS: Writing – review & editing, Investigation, Methodology. FBMM: Writing – review & editing, Investigation, Methodology. ECM: Writing – review & editing, Supervision, Validation. NMBLP: Formal analysis, Conceptualization, Data curation, Writing – review & editing, Methodology, Supervision, Validation, Visualization.

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