

STRESSORS ASSOCIATED WITH SELF-INFLICTED INJURY: REFLECTIONS ON THE IMPORTANCE OF EARLY IDENTIFICATION IN PHC

FATORES ESTRESSORES ASSOCIADOS À LESÃO AUTOPROVOCADA: REFLEXÕES SOBRE A IMPORTÂNCIA DA IDENTIFICAÇÃO PRECOCE NA APS

FACTORES ESTRESORES ASOCIADOS A LA LESIÓN AUTOPROVOCADA: REFLEXIONES SOBRE LA IMPORTANCIA DE LA IDENTIFICACIÓN TEMPRANA EN LA APS

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Objective: to identify the stressors reported in the emergency and highlight the importance of their early recognition as an essential strategy for suicide prevention in primary care. **Method:** quantitative, descriptive cross-sectional study with retrospective collection of secondary data, conducted in the emergency room of a reference trauma hospital in Curitiba, Paraná. **Results:** the most reported stressors were difficulty accepting the body (13.04%), disappointment in love (11.59%) and debt (11.59%). **Conclusions:** this study highlights the crucial role of recent stressors in triggering suicidal self-restraining, reinforcing the need for their early identification in primary health care. The findings emphasize the importance of an approach in which the nurse assumes a central role through the link with patients and preventive strategies.

Descriptors: Suicide. Self-Injurious Behavior. Nursing. Disease Prevention. Primary Care Nursing.

Objetivo: identificar os fatores estressores relatados na emergência e destacar a importância de seu reconhecimento precoce como uma estratégia essencial para a prevenção do suicídio na atenção básica. Método: estudo quantitativo, descritivo de corte transversal com coleta retrospectiva de dados secundários, realizado em pronto-socorro de um hospital referência em trauma de Curitiba, Paraná. Resultados: os fatores estressores mais relatados pelos pacientes foram dificuldade de aceitação do corpo (13,04%), decepção amorosa (11,59%) e dívidas (11,59%). Conclusões:

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este estudo destaca o papel crucial dos estressores recentes no desencadeamento de autolesões com ideação suicida, reforçando a necessidade de sua identificação precoce na atenção primária à saúde. Os achados enfatizam a importância de uma abordagem na qual o enfermeiro assume um papel central por meio do vínculo com os pacientes e estratégias preventivas.

Descritores: Suicídio. Comportamento Autodestrutivo. Enfermagem. Prevenção de doenças. Enfermagem de Atenção Primária

Objetivo: identificar los factores estresantes relatados en la emergencia y destacar la importancia de su reconocimiento temprano como una estrategia esencial para la prevención del suicidio en la atención primaria. Método: estudio cuantitativo, descriptivo de corte transversal con recolección retrospectiva de datos secundarios, realizado en la sala de emergencias de un hospital de referencia en trauma de Curitiba, Paraná. Resultados: los factores estresores más relatados por los pacientes fueron dificultad de aceptación del cuerpo (13,04%), decepción amorosa (11,59%) y deudas (11,59%). Conclusiones: este estudio destaca el papel crucial de los estresores recientes en el desencadenamiento de autolesionamientos con ideación suicida, reforzando la necesidad de su identificación temprana en la atención primaria de salud. Los hallazgos enfatizan la importancia de un enfoque en el cual la enfermera asume un papel central a través del vínculo con los pacientes y las estrategias preventivas.

Descritores: Suicidio. Conducta Autodestructiva. Enfermería. Prevención de Enfermedades. Enfermería de Atención Primaria.

Introduction

Self-inflicted injury is a self-directed violence, inserted in the concept of suicidal behavior (regardless of the intention or not of lethality), encompassing acts of self-mutilation, which may be cuts or scratches in its lightest form, and, in serious cases, even the amputation of a limb or the consummated suicide⁽¹⁾. These behaviors are multifactorial: biological, psychological, genetic, socioenvironmental. Thus, often, the outcome of self-inflicted injury is suicide, constituting a global public health problem. According to estimates by the World Health Organization (WHO), of 2021, suicide kills worldwide more than malaria, war, homicide, the Human Immunodeficiency Virus (HIV) and breast cancer, being the cause of more than 700,000 fatalities per year⁽²⁾.

Approached equally by the literature as self-extermination and self-annihilation, suicide is defined as an intentional act of the victim to end his/her own life⁽³⁾. It is the fourth leading cause of death among people aged 15-29, and suicide rates in the Americas have been rising over the past 20 years, despite global numbers showing a decrease⁽¹⁻²⁾.

A study shows that there were 12,060 self-injury notifications and states that, between 2007 and 2016, there were 12,060 notifications; of these, approximately 72% occurred in victims

aged 15 to 19 years. The state with the highest number of notifications per 100,000 inhabitants was Mato Grosso do Sul, with 64.6 cases⁽¹⁾.

When looking at the Brazilian numbers, it is noticed the importance of treating suicidal ideation, self-injury and suicide with maximum attention (115,469 total in the period from 2011 to 2020). There was also an increase in the suicide trend in both sexes in all Brazilian states, with higher rates in the Southern Region⁽⁴⁾.

The importance of this theme is also found in goal 3 of the 17 Sustainable Development Goals (SDGs) of the United Nations (UN), for the year 2030, which is based on the goal of ensuring a healthy life and promoting welfare of people of all ages⁽⁵⁾.

A Ministry of Health study showed that in 2015, self-harm resulting in suicide was the third leading cause of death among young people. In Brazil, the collection of these numbers is also the responsibility of the Violence and Accidents Surveillance System (VIVA), composed by the Notifiable Diseases Information System (SINAN) and VIVA Survey, programs that were strengthened from 2014 when the ordinance that exempts the mandatory notification of self-provoked violence was effective. However,

updates to the collection methods are needed for a more accurate number⁽⁶⁾.

In the context of tertiary care (data collection site), the nurse is responsible for the patient's risk classification⁽⁷⁾ and the nursing team, in turn, is the first to attend patients who arrive at the emergency room due to suicide, characterizing much of the care after this first moment. Nevertheless, nursing professionals do not always have the skills to embrace them and employ active listening (interest and full attention to the patient, intentional, embracing and free of judgment)⁽⁸⁻⁹⁾.

A study published in 2018 addresses the perspective of this care in an emergency room, with reports from nursing staff. In it, it is shown that the greatest gap in care is the attention to the patient's mental health, prioritizing the focus on their organic characteristics (which is essential in an emergency service) to the detriment of knowledge related to the stressors factors that motivated the self-injury itself, in addition to the approach with companions and family members, which categorize the support network of this patient when they are present in the care⁽⁹⁾.

It is notable, during the literature research on the themes of suicidal ideation and self-harm, the prevalence of risk factors (drugs, alcohol, psychiatric diseases) and protective factors (social life, support network, self-esteem), however, there are no articles that include the stressors (or precipitating) factors that precede the act of self-injury. It is understood that, although suicide has roots in deep causes, motivated by much more than a recent event, there are factors that act as the drop of water. Thus, these factors are recent events (such as the rupture of a relationship, for example) characterized by taking the current suffering of the individual to an unbearable level, triggering the decision moment of taking one's own life⁽¹⁰⁻¹¹⁾.

The patient who has committed self-injury may seek the emergency room of the general hospital by own search or of a family member, referred from the emergency unit, or, more commonly, brought to the emergency room by ambulance. In the case of suicide attempts, the

path often followed is the mobile emergency service. Although the nursing care to this patient begins in the emergency room, primary care plays an essential role in the early identification of stressors that can trigger suicidal behaviors. In accordance with the principles of the National Primary Care Policy, this is the gateway to the health network and the ideal space for preventive actions, including the identification of precipitants and referral to appropriate service⁽¹²⁾.

Primary health care (PHC) is characterized by continuous contact and lasting bond with users, which positions it in a privileged way in the identification of risk factors. Despite the structural and organizational challenges, the PHC nurse has the opportunity to observe and recognize early signs of psychological or social suffering. This proximity allows the development of action plans and personalized preventive strategies, aiming to prevent these patients from needing emergency care in the emergency department. This model of action not only strengthens the care network, but also contributes to reducing the burden on emergency services⁽¹²⁾.

Therefore, the relevance of this study focuses on the identification of stressors related to self-injury, described in the medical record of the emergency room, and in the interpretation of these characteristics with the aim of promoting subsidies for the creation of means of suicide prevention in Primary Care, so that the care to this patient is safe and favorable at all levels of health care. Thus, the objective of this research is to identify the stressors related in emergency and highlight the importance of their early recognition as an essential strategy for suicide prevention in primary care.

Method

This is a quantitative, descriptive cross-sectional study with retrospective collection of secondary data, meeting the criteria of the checklist Strengthening the Reporting of Observational Studies in Epidemiology (STROBE Statement). It was performed in a general emergency room of a reference hospital for

urgencies and emergencies in the city of Curitiba, Paraná, which treats traumas by spontaneous demand or by referral from the central regulation of ambulance places.

From January 2021, the institution implemented the mandatory registration of the International Classification of Diseases (ICD) in electronic records of patients admitted with self-inflicted injuries due to suicidal ideation. With the intention of promoting mandatory notification and facilitating screening, to promote the flow of care at other levels of service attention, the bases coded between X60 and X84, which refer to intentional self-injury, according to ICD-10, were duly recorded in the medical records of patients admitted to the Emergency Room with injuries of any kind, since reported by the patient that there was suicidal intent. In cases where the patient did not have physical or psychological conditions to express the ideation, ICD was recorded by the psychiatrist in the medical record, but with the “suggestive” record. The stressors, as well as other clinical elements and socioeconomic data, were obtained through the information contained in the electronic records of the emergency room between 01/01/2021 and 12/31/2021, according to the coded underlying cause, totaling a final sample of 69 medical records. The period is justified because it was the first full year of mandatory registration of ICD related to self-inflicted injuries in the institution’s electronic records. The medical records had all the necessary information considering the mandatory notification of cases of self-injury; thus, all were consulted and used. The data collection took place between January 2022 and April 2022. The inclusion criterion for the study sample was the presence of the cause encoded between X60 and X84 in the electronic record of ICD. The exclusion criterion was the *suggestive* term, that is, when the patient, for some clinical or psychological restriction, did not refer to ideation, even if the injury was characteristic. Since it is a case of mandatory notification, the hospital epidemiology service has its own file with the registration of the medical records numbers with ICD X60 to X84; thus, the search

was carried out with the information provided by this service.

To organize the data, two instruments were built in Microsoft Excel containing the data to be analyzed, one being for socioeconomic data and another for clinical elements, highlighting the stressors. The socioeconomic data included age, sex, color, marital status, education, profession and people in the house. The clinical data refer to the means of suicide attempt used, if there was communication before the attempt, number of previous attempts, the period before the last attempt, the means used in the previous attempt, whether there is use of psychopharmacotherapy, if alcohol or other drugs are used, if there is a history of attempted suicides in the family and, finally, if there are psychosocial stressors at the time of suicidal intent. In the latter, there was a possibility that the patient did not refer to any factor considered as a stressor.

The interpretation and treatment of data were done in the program Stata (version 14)⁽¹³⁾, organized in tables and graphs. The research was approved by the Human Being Research Ethics Committee of the local institution under study, through Opinion no. 29594920.4.3001.5225, on June 12, 2020.

Results

In relation to the sociodemographic characteristics, it was possible to observe a higher incidence in the female population 75.36%. As for their age group, 47.83% were in the 18-29 years old group and 23.19% were between 30 and 39 years old, especially young adults (Table 1).

Regarding the racial issue, the predominant race was white with 62.32% of incidence; regarding marital status, singles stood out with 55.07% of patients. Concerning education, 26% completed high school and 21.74% did not complete high school, 11.59% of all patients had some degree of higher graduation. In relation to the work situation, 57.97% are currently working

and 42.03% are unemployed or not working (Table 1).

Table 1 – Demographic and socioeconomic characteristics of participants. Curitiba, Paraná, Brazil – 2022. (N=69)

Variable	n	%
Sex		
Female	52	75.36
Male	17	24.64
Age group (years)		
15 - 17	12	17.39
18 - 29	33	47.83
30 - 39	16	23.19
40 - 49	4	5.80
50 - 65	4	5.80
Skin color		
White	43	62.32
Indigenous	1	1.45
Brown	13	18.84
Black	12	17.39
Marital status		
Married	15	21.74
Divorced	12	17.39
Single	38	55.07
Widowed	4	5.80
Education		
Incomplete elementary school	6	8.70
Complete elementary school	11	15.94
Incomplete high school	15	21.74
Complete high school	18	26.09
Incomplete higher education	11	15.94
Complete higher education	8	11.59
Currently working		
No	29	42.03
Yes	40	57.97

Source: created by the authors.

Regarding the professions, students stood out with 18.84%, salespeople with 8.70%, own-account workers 7.25% and telemarketing attendants 5.80%. There was a certain homogeneity with other professions, with about 1 to 3 cases of each.

About housing, 15.94% lived alone, followed by 11.59% who lived with parents and siblings and 10.14% who lived only with the mother.

Among the clinical variables and characterization of self-injury, the most used means in suicide attempts and self-inflicted violence was the white weapon with 31.88%, followed by drug poisoning with 27.54%.

Of these patients, 60.87% communicated to someone the intention of suicide or injury. As for the number of previous attempts, 65.22% had not tried at all, 18.14% had tried once and 15.94% had tried 2 to 4 times previously. Regarding the means used, previously, there is a predominance of drugs with 14.49%.

The victims who were in psychotherapy (60.97%) and the most incident diagnoses were depression (31.82%), anxiety (20.45%) and the two concomitants (11.36%). As for the means of escape or means of defense (adaptation to the feeling of suffering, which may also be means of self-destruction, in order to escape

this feeling and reality⁽¹⁴⁾) most used, 65.22% of patients did not use drugs or alcohol, 14.49% used alcohol only, and 20.30% were users of some drug concomitantly with alcohol and not concomitant. Of the drugs that appeared most, cocaine (14.49%) is observed, followed by marijuana (5.80%). As for the history of suicide in the family, (62.32%) reported no related cases.

As a means used for self-harm, first is the knife (31.88%), followed by drug poisoning (27.54%); 60% did not communicate the intention of the act previously and 65.22% had not attempted suicide other times. The expected time before the current attempt was 6 months in most cases (17.39%). As a previous means used, there was

drug poisoning (14.48%), both variables also counted with the 65.22% who tried for the first time.

In the psychiatric field, 60.87% were under treatment, 31.82% had a diagnosis of depression and 20.47% anxiety, 45% did not use alcohol or other drugs and 62.32% had no history of suicide in the family.

Among the factors listed as stressors at the time of admission to the unit, some were more reported: body acceptance difficulty 13.04%, romantic disappointment 11.59%, debts 11.59%, stressful employment 8.70% and 10.14% did not refer (Table 2).

Table 2 – Distribution of current stressors of participants. Curitiba, Paraná, Brazil – 2022. (N=69)

Variable	n	%
Family fight	1	1.45
Bullying	2	2.90
Disappointment in love	8	11.59
Difficulty accepting one's body	9	13.04
Divorce	4	5.80
Debts	8	11.59
Debts and family fights	1	1.45
Stressful job	6	8.70
Stressful job and debts	1	1.45
Unwanted pregnancy	2	2.90
Homosexuality	2	2.90
Challenge game	1	1.45
Fears	3	4.35
Death in the family	3	4.35
Not mentioned	7	10.14
Loneliness	6	8.70
Loneliness and debts	1	1.45
Loneliness and stressful job	1	1.45
Marital betrayal	1	1.45
Sexual violence	1	1.45
Addiction and debts	1	1.45

Source: created by the authors.

Discussion

This study analyzed data that exposed the recent reality of patients admitted to the emergency unit for self-inflicted injury with suicidal intent, including in order to highlight the stressors as a strategy to promote the redirection of care in primary care directed to the needs of

these patients, and also serve as a basis for a more assertive prevention plan in Primary Care. The collection performed in the emergency room showed that the outcome of the patient entering health services (which usually occurs in PHC) has bottlenecks and great potential for improvement. The stressor factor, drop of water, or precipitating, is the object of study, trying

to distance itself from the wide range of texts present in the literature that focuses on risk factors (vices, psychological distress) related to self-inflicted violence with suicidal ideation and draw a line of reflection on recent stressors, in order to transform this small large detail into an object of the nurse's care line and fill this gap. In this section, when discussing the most important data, it is also possible to relate them with the study's sociodemographic data, such as gender, age group and schooling, and from this relationship, obtain a more comprehensive view of the patient's context.

The most incident factor was body dissatisfaction (difficulty in accepting the body). This feeling is often linked to low self-esteem, it is associated with psychological disorders such as depression and anxiety, which are significant risk factors for suicide. The negative perception of one's appearance can lead to feelings of inadequacy, shame and hopelessness, triggering self-destructive or suicidal thoughts⁽¹⁵⁾. With regard to gender, it was found that the female gender occupied 75.36% of the total number of attempts in the period. A study conducted in Piauí, which focused on suicide attempts attended by emergency and emergency, reinforced that the number of female patients exceeded that of men in all regions of occurrence⁽⁶⁾. Studies show that women are more affected by these social pressures, due to a more restrictive and widely disseminated aesthetic ideal, contributing to greater vulnerability in this group⁽¹⁶⁾, taking such a proportion that gender equity is target 5 of the UN Sustainable Development Goals for 2030⁽⁵⁾. The excessive use of social networks, where idealized bodies predominate, has been correlated with greater body dissatisfaction, negative social comparison and increased risk of depression and suicide, especially in adolescents and young adults⁽¹⁷⁾. The care of women, for example, who suffer from low self-esteem and difficulty in accepting their body, should be based on criteria that are specific to the female experience and gender, and the same with any patient, regardless of their social context⁽¹⁸⁾.

The romantic disappointment also played a role in the results, often associated with feelings

of rejection, abandonment, loss of purpose and loneliness, and some of these feelings were also listed as stressors. These feelings can aggravate pre-existing states of depression or anxiety, increasing the risk of suicide. For individuals who already face low self-esteem or lack of emotional support, the end of a relationship can be perceived as unbearable⁽¹⁹⁾. This topic gains even more relevance when considering the predominant age group in the study, composed of young adults between 18 and 29 years. In this phase of life, marked by significant transitions in lifestyle, family and interpersonal relationships, vulnerability to stressful conditions is accentuated, as evidenced by the high percentage of victims who lived alone (15.94%). Table 2 also shows loneliness, betrayal and divorce, in line with this factor. The sociodemographic data showed that most patients lived alone. Living alone may be a conscious choice, but in many situations it is the result of life circumstances, contributing to the feeling of loneliness, so that there is no support network for this person's daily life⁽²⁰⁾. According to studies, young adults are more likely to put themselves in situations that allow the occurrence of a relationship rupture and disappointment⁽³⁾. The literature highlights that, in the context of young adults, the end of relationships can be interpreted as personal failures, potentiating self-destructive thoughts⁽¹⁷⁾. These feelings can be reported for the first time in the PHC service, since its longitudinal link allows the user to relate his recent history.

Along with the love disillusion, debts are at the top of the stressors. Studies indicate that economic crises and social inequalities amplify the vulnerability to suicide. For example, during periods of economic crisis, there is an increase in suicide rates, especially among men, because they face the stigma of not meeting social expectations to provide sustenance. In addition, social humiliation and the impact on self-esteem resulting from financial difficulties are key elements that make debt a relevant risk factor for suicide⁽²¹⁾. Such high numbers may also be related to the adult life phase in which they are most exposed to work stressors and poverty; stressful jobs (Table 2) were also cited.

Among the 69 medical records, 13 were students, 6 salesmen and 5 self-employed professionals. Therefore, if we exclude student, self-employed and (informal) salesmen debts, they would be inserted in an employment context where there is no guaranteed income and the worker depends on his own labor effort. In the text *Trajectories of Informality in Contemporary Brazil*, from the Perseu Abramo Foundation, the authors address the economic vulnerability, labor precariousness and the fluctuation of informal workers' income in Brazil, highlighting that there is no guarantee of stable income associated with this type of work⁽²²⁾. Most patients had no higher education and 21% had not completed high school, thus showing schooling as a predictor of this type of work, perpetuating debt formation.

The collection in the emergency room highlights critical factors, such as romantic disillusionment, body dissatisfaction and debt, which are underestimated as transient events of the patient's life outside the emergency context. By looking at these same reports in routine care in PHC, it is possible to implement preventive strategies, such as systematic screening performed by nurses during routine care, aiming to identify signs of psychological suffering and risk behaviors, with the use of validated tools, such as PHQ-9, the Suicidal Behaviors Questionnaire-Revised (SBQ-R) or even the Suicide Assessment Five-step Evaluation and Triage (SAFE-T). Studies show that early identification of suicidal ideation can drastically reduce the risk of suicide attempts⁽²³⁻²⁵⁾.

More specifically, at the root of the problem, PHC can act as a connection point for social support programs such as financial assistance, training for the labor market and financial planning workshops, especially for low-educated populations and informal workers.

The training and permanent education of members of the multiprofessional emergency team characterizes another demand for improvement in nursing care. It is imperative that all staff are prepared for the care of this patient and provide all their needs, according to their context. The study highlighted that one

of the main obstacles in the fight against suicide prevention is the lack of technical knowledge of PHC professionals in mental health, as well as the lack of resources and limited time of service⁽²⁶⁾.

Nursing must be trained to recognize warning signs that are not seen at other times, such as a relationship termination report associated with a history of depression or anxiety, even if distant. In addition, the previous communication of suicidal intentions reported by some patients points to the need to train family members and caregivers in identifying warning signs and triggering secondary and emergency services. The training also becomes useful for addressing issues such as family conflict management, self-esteem and financial health. In this context, educational actions aimed at community awareness should be led by nurses, strengthening the social support network and expanding the early detection of self-injurious behaviors.

It is important that the nurse maintain an investigative, sensitive and careful look towards the patient who has committed self-injury. Seeking to understand subliminal reasons and not be satisfied with succinct answers, and sometimes monosyllabic, respecting the proper limits and emotional condition of each patient, it becomes essential to understand the stressful factors that preceded violence. A patient demand-focused anamnesis helps in the early detection of the environmental and mental context of the patient. Also, it is important to fill in the information in the notification, allowing a complete view of the reality when being analyzed epidemiologically.

The bond generated by active listening has a direct relationship with the patient's clinical outcome, and it is present and known to nurses everywhere⁽⁸⁾. An international study⁽⁸⁾ shows that active listening contributes directly to the patient's comfort, satisfaction, empowerment and therapeutic outcome. It also emphasizes the need for each patient to be treated in a unique way, since the bond depends on respect for each other's culture and principles. This also shows great economic importance for public health, so that the patient conducted and referred in APS to the appropriate service

should not debut (or return) in tertiary care in life-threatening situations, which reinforces the need for nurses to work with educational and psycho-educational tools in emergency care or basic care settings. Interventions, such as brief counselling and structured referrals to mental health services, should be incorporated into care practices

Moreover, it is essential to establish effective collaboration and coordination with primary care nurses, ensuring a smooth and integrated transition of patient care. One can think of the interconnection of permanent education in health with the public spheres of education and security, promoting educational actions at primary level, transforming the popular look for the individual who is inserted in a stressor context that may present an alert sign for self-aggression.

Nevertheless, the study has limitations, such as the use of retrospective data, which may have underestimated the complexity of the factors involved, and also the lack of a detailed anamnesis record, because the described did not present sufficient information about the patient's history. Another point, it is emphasized that there is a robust number of records related to the novelty of mandatory notification, underreporting of self-injury. The lack of information about the last days and the last events that are significant for the patient is also a gap in the care planning, demanding attention and importance in the risk classification performed by the nurse.

However, the findings contribute to reinforce the importance of the role of nurses in early detection, humanized care and referral of patients suffering from self-injury. Future research could explore specific interventions performed by nurses in the follow-up of these patients, both in primary and tertiary care, and their effectiveness in reducing new attempts of self-harm.

Conclusion

This study highlighted the relevance of recent stressors in the context of self-harm with suicidal ideation, emphasizing the importance of their early identification as a preventive strategy in

primary health care. It was observed that factors such as body dissatisfaction, love disillusion and financial difficulties have a central role in triggering these behaviors, often underestimated as transient events. These findings reaffirm the need for a holistic approach that recognizes the uniqueness of patients' experiences and the impact of social and cultural contexts.

The role of nurses is central in this scenario, whether in emergency care or primary care, because of the possibility of establishing lasting links and applying preventive and educational interventions. Validated screening tools should be incorporated into the routine, as well as active listening and humanized approach, elements that have been shown to be fundamental for understanding the patient's suffering. In addition, training the mental health nursing team and strengthening the link with social support networks and community programs are essential steps to increase the effectiveness of care.

Investing in community awareness, the ongoing education of health professionals and the dynamic articulation of the UHS are promising measures to transform patient care and reduce the burden on emergency services.

Future studies may explore the effectiveness of specific interventions performed by nurses in primary and tertiary care, with the objective of evaluating their impact on reducing new episodes of self-injury. Thus, the potential of nursing as a transformative force in comprehensive care and mental health promotion is reinforced.

Collaborations:

1 – conception and planning of the project: Vanessa Bertoglio Comassetto Antunes de Oliveira;

2 – analysis and interpretation of data: Vanessa Bertoglio Comassetto Antunes de Oliveira and Jenefer Segatto Braga;

3 – writing and/or critical review: Vanessa Bertoglio Comassetto Antunes de Oliveira, Miriam Aparecida Nimtz and Jenefer Segatto Braga;

4 – approval of the final version: Vanessa Bertoglio Comassetto Antunes de Oliveira and Miriam Aparecida Nimitz.

Competing interests

There are no competing interests.

Data Availability Statement

The data supporting the results of this study are available upon request from the corresponding author, VB CAO. The data are not publicly available due to privacy/ethical and legal/commercial restrictions.

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