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CHARACTERIZATION OF CASES REPORTED ABOUT SELF-CAUSED VIOLENCE AND SUICIDE IN A MUNICIPALITY IN THE AMAZON: CONTRIBUTIONS OF PSYCHOLOGY

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Abstract: The objective of this article was to analyze some epidemiological aspects of deaths due to suicide and self-inflicted violence in young adults from 2018 to 2021 in the municipality of Santarém-Pará. Additionally, learn about psychology interventions in the face of violence and self-inflicted deaths. This is a descriptive, documentary and exploratory epidemiological study, carried out in the municipality of Santarém, about deaths and self-inflicted injuries that occurred during the period from 2018 to 2021, through the Mortality Information System (SIM) and the Health Information System. Notifiable Diseases (SINAN) notified in the municipality of Santarém-Pa. In addition, 14 publications were analyzed, using the descriptors to write the article: "suicide", "self-inflicted death", "self-inflicted violence" and "psychology" in national databases. Our results show 91 recorded cases of deaths by suicide and 66 records of self-inflicted injuries in the period studied. It was evident that there was a predominance of young people and young adults in the age group of 15 to 19 years and 20 to 29 of the notifications recorded both for deaths by suicide totaling 50.54% of cases, and for self-inflicted injuries representing 59.08% of cases. notifications. As for the basic causes, the study pointed to hanging as the main cause of suicide, when compared to the means used for self-inflicted injuries, it shows poisoning as the main means, followed by hanging. The study revealed that the majority of victims of death by suicide in the municipality were male, however, when it comes to self-inflicted injuries, the greatest vulnerability was for women. It is considered necessary to understand the causes of deaths due to suicide and self-inflicted injuries so that they can direct prevention programs and actions with more efficient strategies, whether through early identification of individuals at high risk to provide them with comprehensive assistance in order to mitigate and prevent self-inflicted violence.

Keywords: Suicide; Self-inflicted violence; Psychology.

INTRODUCTION

Violence is a multicausal, complex, heterogeneous phenomenon and when it occurs in the interpersonal sphere, it must be understood as a biopsychosocial event, causing serious repercussions, and is therefore a public health issue (FIORI; BOECKEL, 2021). Self-harm is the violence that a person inflicts on themselves, and can be subdivided into suicidal behavior and self-harm (encompasses acts of self-mutilation, including from the mildest forms, such as scratches, cuts and bites to the most severe) (BAHIA et al., 2017).

Suicide is characterized by self-injurious behavior that ranges from suicidal ideation to fatal self-harm, in the context in which the victim decides to end his own life as an escape from psychic pain considered unbearable (SOUZA et al., 2011). This fact is worrying, as we live in a context in which public suicide prevention policies are still very little addressed in Brazil, as the obstacles to this issue are still the taboo surrounding the topic, neglected care, and the sensationalist approach of the media, in access to methods to commit suicide and in the abuse of chemical substances (MACHADO; LEITE; BANDO, 2014).

The Federal Council of Psychology emphasizes that there is a lack of publications that address the importance of the role of psychology professionals in preventing suicide (FEDERAL COUNCIL OF PSYCHOLOGY, 2013). It is known that public health decisions are supported by epidemiological data, which contribute to the development and evaluation of interventions for the control and prevention of health problems (ROUQUAYROL, 2013). Therefore, it becomes relevant to approach

this study, as suicide is etiologically related to a range of factors, ranging from sociological, psychological, economic, political and cultural in nature (BRAZIL, 2017).

Given this context, the general objective of the study was to characterize deaths due to suicide and self-inflicted injuries in young adults through the Mortality Information System (SIM) and Notifiable Diseases Information System (SINAN), in the period from 2018 to 2021 in municipality of Santarém in the west of Pará. And with specific objectives: defining the concept of suicide; identify the sociodemographic characteristics of deaths due to suicide and self-harm; verify the basic causes and the means used by victims of deaths due to suicide and self-inflicted injuries and learn about psychology's interventions in the face of violence and self-inflicted deaths.

From this research the following hypothesis was reached: young people aged 15 to 29 are more prone to suicide in the municipality of Santarém in Pará.

METHODOLOGY

This is an epidemiological (BANDEIRA, 2011), descriptive (LIMA-COSTA; BARRETO, 2003), documentary (CAJUEIRO, 2015) and exploratory (GIL, 2007) study. The research was carried out in the municipality of Santarém/PA, located in the north of Brazil, in the Lower Amazonas mesoregion. To achieve the objectives of this study, data were obtained through the Notifiable Diseases Information System (SINAN) reported with self-inflicted violence and the Mortality Information System (SIM) through the death certificate registered in the municipality of Santarém/PA, in the period between 2018 and 2021.

All information used to identify deaths and self-inflicted injuries in the municipality of Santarém was in DBASE FILE format, converted into a Microsoft Excel 2019 spreadsheet, to decode the information contained therein. The variables analyzed were: sex, age, race/color, education, place of occurrence and method used to commit self-inflicted violence. Deaths caused by intentional self-harm or self-inflicted poisoning with the intention of killing were considered suicides, according to the International Classification of Diseases (ICD-10), using codes X60 to X84 in the diagnosis.

In data analysis, percentage calculation was used using Microsoft Office Excel®, for presentation the information obtained was organized into graphs and tables. Subsequently, the results were discussed based on the theoretical framework on the topic.

To answer the definition of suicide and interventions in the face of Violence and Self-Inflicted Deaths, this study had theoretical contributions from some researchers on this topic and/or subjects related to it, such as: Cassorla (2004), Corrêa and Barrero (2006), Botega (1987), Baptista, 2004, Posner et al., (2007), Meleiro, Bahls and Saint-Clair (2009), Fukumitsu, (2005), Heck, (1997), Durkheim (1897), Santos, (1994), Leopolodo e Silva, (1998) and others.

Furthermore, 14 publications were analyzed, using the following descriptors to write the article: "suicide", "self-inflicted death", "self-inflicted violence" and "psychology" in the national databases (Scientific Electronic Library Online) SciELO (6) and Virtual Health Library (8), published between 2014 and 2022 and discarded materials or subjects that do not refer to the topic in question. Data from years prior to the date shown were used because it is historic. As it does not contain manipulation with human beings, research in secondary databases, whose data are publicly available, does not require approval by the Research Ethics Committee.

RESULTS AND DISCUSSION

SUICIDE CONCEPT

The word suicide has been known since the 17th century. According to Bodega (2015, p. 12), its varied definitions usually "contain a central, more evident idea, related to the act of ending one's life, and peripheral, less evident ideas, related to motivation, intentionality and lethality"

According to Meleiro and Bahls (2004, p.14), "the conceptualization of suicide and attitudes related to this phenomenon has not been an easy task for those who dedicate themselves to it". This difficulty in naming the attitude of ending one's own life indicates the uncomfortable effect that this act usually arouses among human beings, a discomfort that continues to this day. Etymologically, according to Corrêa and Barrero (2006), the word "suicide" appears to derive from Latin, from the words sui (oneself) and caedes (action of killing) from the verb: caedo, is, cedici, caesum, caedere. However, this definition is very broad and does not encompass all the details surrounding this complex behavior.

Werlang and Botega (2004) suggest that, by adopting a more comprehensive notion of suicide, such as suicidal behavior, the tendency found in different definitions mentioned above is avoided, which overvalue intentionality and lucidity of consciousness in the suicidal act.

This more comprehensive idea of suicidal behavior also allows us to better evaluate the various factors that influence thoughts, threats, plans, gestures and suicide attempts, determining which conditions do or do not lead to a progression of risk until its consummation.

Suicidal behavior would therefore be any act by which a person causes harm to themselves, be it with any degree of lethal intention and knowledge of the true reason for this act (WERLANG; BOTEGA, 2004). For Hufford (2001), suicidal behavior is behavior with the purpose of bringing immediate self-destruction. According to Meleiro and Bahls (2004), however, there is, to date, no unanimity regarding the way to classify suicidal behavior. According to Werlang; Borges; Fensterseifer (2005) suicidal behavior is a maladaptive behavior, underlying multiple determinants, which often presents itself in a gradient of severity that can range from suicidal ideation to completed suicide, constituting a more extreme self-destructive tendency.

A suicide attempt would be an act with a non-fatal outcome, in which an individual initiates unusual behavior that, without the intervention of others, could cause harm to themselves (BAPTISTA, 2004). For Bahls and Botega (2007), suicide attempts are intentional acts of self-harm that do not result in death. They are also called deliberate self-harm or parasuicide.

CHARACTERIZATION OF SUICIDES AND SELF-INFLICTED VIOLENCE

This study shows that between 2018 and 2021, 91 cases of suicide and 66 self-inflicted injuries were recorded (these values being the sum of female and male cases), as seen in table 1, which takes into account sociodemographic characteristics based on records of entries in the SIM and SINAN information systems, it was observed that the highest incidence of suicide was in the male population (n=75; 82.41%) when compared to self-inflicted injuries that were recorded in the female population (n=38; 57.57%).

This result reflects the phrase by Alvarez (1999, p. 69) "tell me your suicide rate and I will tell you your degree of cultural sophistication – for the simple reason that the act goes against the most basic of instincts, the instinct of self-preservation."

	Variable	Deaths by Suicide (YES)		Self-harm (SINAN)	
		n	%	*n*	%
Gender	Masculine	**75**	**82.41**	28	42.42
	Feminine	16	17.58	**38**	**57.57**
	Total	91	100	66	100
Age	4-9 years	-	-	1	1.51
	10-14 years	1	1.09	12	18.18
	15-19 years old	**15**	**16.48**	**15**	**22.72**
	20-29 years old	**31**	**34.06**	**24**	**36.36**
	30-39 years old	13	14.28	9	13.63
	40-49 years old	6	6.59	-	-
	50-59 years old	8	8.79	2	3.03
	60 and over	**17**	**18.91**	**3**	**4.54**
	Total	91	100	66	100
Race/ Color	White	4	4.39	7	10.60
	Black	2	2.19	5	7.57
	Yellow	-	-	1	1.51
	Brown	**85**	**93.40**	**48**	**72.66**
	Indigenous	-	-	5	7.57
	Total	91	100	66	100
Marital status	Single	**61**	**67.03**	**45**	**68.18**
	Married	20	21.97	12	18.18
	Consensual Union	3	3.29	-	-
	Widower	2	2.19	2	3.03
	Legal Separation	5	5.49	-	-
	Ignored	4	4.39	7	10.60
	Total	91	100	66	100

Table 1: Distribution of Deaths due to Suicide and Self-Inflicted Injuries according to sociodemographic characteristics of victims reported in the city of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Mortality Information System (SIM) and Notifiable Diseases Information System (SINAN). Prepared by the author, 2023.

This information corroborates other studies that demonstrate the predominance of males in suicide, ranging from 3.0 to 7.5 between sexes, worldwide (NOCK et al., 2008). Although women are more likely to attempt suicide, men are more likely to attempt suicide. This also demonstrates the expressiveness of the occurrence of suicide in men in Brazil, confirming the global trend that they are three times more likely than women to commit suicide (MACHADO; SANTOS, 2015).

In studies by Ferreira (2019), despite the number of cases of suicide ideation and attempts being higher among women; men have a higher risk of death by suicide, this factor may be associated with the use of more lethal methods among these individuals (NOCK et al., 2008).

According to the Epidemiological Bulletin published in 2021 by the Ministry of Health, it points out that "men have a higher risk of death by suicide compared to women. However, women have a higher prevalence of suicide ideation and attempts." A fact that corroborates the results found in this study, since the number of deaths among men was considerably higher (BRAZIL, 2021).

Figure 1 shows the number of victims of death by suicide and self-harm in the period from 2018 to 2021. There was a gradual increase in reports of self-harm in the years studied, however the number of deaths remained high in the years studied. Furthermore, it is necessary to highlight that the period analyzed includes the years 2020 and 2021, which were years of pandemic and social isolation. It was observed that in 2020 only 5 notifications for self-harm were registered. However, in 2021, there was a significant increase in the number of records for self-inflicted injuries (37) when compared to 2020, an occurrence of 6.4 times the number of registered notifications compared to the previous year.

In this context, emerging research points to the mental health consequences of the COVID-19 pandemic as being different from previous pandemics, with symptoms of anxiety, depression and stress being common in the general population (KUMAR; NAYAR, 2020). It is necessary to take into consideration, the

magnitude of the pandemic, whether in terms of the number of deaths and the imposition of social distancing policies, or even in terms of lockdown and isolation measures, which have had a substantial impact on the social and economic sphere. Physical distancing measures and quarantine can be associated with loneliness, which is a risk factor for self-harm and suicide in the most diverse age groups (BRODEUR et al., 2020; ZORTEA et al., 2020).

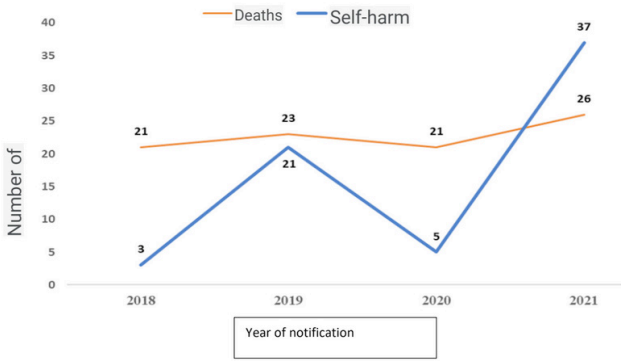

Figure 1: Distribution of Deaths due to Suicide and Self-harm according to the year of notification in the city of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Mortality Information System (SIM) and Notifiable Diseases Information System (SINAN). Prepared by the author, 2023.

The study shows in table 1 that there was a predominance of young people and young adults in terms of the age range of notifications recorded for both deaths due to suicide and self-inflicted injuries. In registered suicide deaths, the sum of the groups aged 15 to 19 and 20 to 29 were (n=15; 16.48 and n=31; 34.06%) representing 50.54% of the total cases registered in SIM. For self-inflicted injuries, it was observed that the greatest vulnerability, more than 36.36% of reports, occurred in young adults, aged between 20 and 39 years. The second age group that stood out was 15 and 19 years old, with around 22.72% of notifications. The sum of the two categories of the groups aged 15 to 19 and 20 to 29 (22.72% and 36.36%) represent 59.08% of the total in SINAN.

According to the Ministry of Health (MS), in 2011 and 2018, the age group comprising young people aged 15 to 29 was the most affected. In 2018, young people were 47.32% of victims of episodes of self-inflicted violence and of these 44,990 cases, 39.9% of them were attempted suicide.

In all cases, women were also the majority, which corroborates our study. It is possible that the high rates of suicide among young Brazilians may be related to an unfavorable professional situation such as unemployment, insufficient training, increased competitiveness in the job market, increased drug consumption, as well as impulsive practices of self-mutilation, which make them particularly vulnerable to psychological distress and the risk of suicide (LOVISI et al., 2009; ARRUDA et al., 2021; SILVA et al., 2021)

Furthermore, in studies by Gonçalves and Silva (2021), external causes of morbidity and mortality show that the main cause of death is committed by men, and they are more prevalent in young, single adults with a low level of education, a study that corroborates with the findings in our research.

As can be seen in table 1, the most predominant race/color of suicide victims was brown (n=85; 93.40%) and victims of self-inflicted injuries (n=48; 72, 66%) declared themselves brown also. It is also noteworthy regarding reported self-inflicted injuries, that the percentage of black people (adding up those who declared themselves black and brown) was 80.23%, that is, 69.63% higher than the percentage of victims of color white.

In table 1, it is also observed in relation to the marital status of suicide victims that the majority were single (n=61; 67.03%), as well as victims of self-inflicted injuries (n=

45; 68.18%). In table 2, death by suicide was evident in relation to the victim's education, with a higher incidence in the group aged 8 to 11 years (n=38; 41.75%) followed by those aged 4 to 7 years (n=27; 29, 67%). As for victims due to self-inflicted injuries in table 3, there was a greater predominance in the group of incomplete 5th to 8th grade of elementary school (n= 10; 15.15%) followed by incomplete secondary education (n=7; 10.60%) .

Variable		Deaths by Suicide (YES)	
		n	%
Education	None	6	6.59
	1 to 3 years	14	15.38
	4 to 7 years	**27**	**29.67**
	8 to 11 years old	**38**	**41.75**
	12 and more	6	6.59
	Total	91	100

Table : Data for Suicide Deaths according to the education variable of victims reported in the city of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Mortality Information System (SIM). Prepared by the author, 2023.

However, it can be seen in table 3 that (n=41; 62.12%) were ignored for schooling. It is necessary to emphasize that there is a bias in this data, since the SINAN system only provides data in relation to the occurrence of the case (reported as "yes" in the classification tables) and does not indicate non-occurrences, which ends up reduce data reliability.

Education		Self-harm (SINAN)	
		n	%
Education	Illiterate	-	-
	1st to 4th incomplete grade of EF	-	-
	Complete 4th grade of EF	-	-
	Incomplete 5th to 8th grade of EF	**10**	**15.15**
	Complete primary education	2	3.03
	Incomplete high school	7	10.60
	Complete high school	3	4.54
	Incomplete higher education	1	1.51
	Complete higher education	1	1.51
	Ignored	**41**	**62.12**
	Total	66	100

Table 3: Data for Self-Inflicted Injuries according to the education variable of victims reported in the city of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Notifiable Diseases Information System (SINAN). Prepared by the author, 2023.

Regarding the place of occurrence, it is worth highlighting that the residence itself represented (n=70; 76.92%) in self-inflicted deaths, followed by other places of occurrence (n=10; 10.98%). Regarding the data found according to the place of occurrence for victims of Self-Inflicted Injury, a higher incidence was also observed in homes (84.84%), followed by public roads (6.06%). The data are detailed in Table 4, presented as absolute frequency (n) and relative frequency (%).

Studies by Santana et al., (2022), show that 50% of deaths by suicide occur in homes in the municipality of Vilhena – RO, which corroborates the findings found in our research regarding the number of self-inflicted deaths that were predominantly at home (76.92%).

It can be seen in table 5, regarding the basic causes, the study showed an alarming number of deaths due to intentional self-harm, hanging (n=86; 94.48%), as the main cause of death.

Variable		Deaths by Suicide (YES)		Self-harm (SINAN)	
		n	%	*n*	%
Place of Occurrence	Residence	**70**	**76.92**	**56**	**84.84**
	Hospital	8	8.79	-	-
	School	-	-	1	1.51
	Public Highway	3	3.29	4	6.06
	Others	10	10.98	-	-
	Ignored	-	-	4	6.06
	Total	91	100	66	100

Table 4: Data by Place of Occurrence of victims of Deaths due to Suicide and Self-harm in the municipality of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Mortality Information System (SIM) and Notifiable Diseases Information System (SINAN). Prepared by the author, 2023.

Variable		Deaths by Suicide (YES)	
		n	%
Basic Causes	Intentional self-harm by hanging, strangulation and suffocation – residence	25	27.47
	Intentional self-harm by hanging, strangulation and suffocation - unspecified location	59	64.83
	Intentional self-harm by hanging, strangulation and suffocation - other specified locations	**1**	**1.09**
	Intentional self-harm by hanging, strangulation and suffocation - collective housing	**1**	**1.09**
	Intentional self-harm by firing another firearm and an unspecified firearm – residence	1	1.09
	Intentional self-harm caused by smoke, fire and flames – residence	1	1.09
	Intentional self-harm by blunt object - unspecified location	2	2.19
	Intentional self-intoxication by other gases and vapors - other specified locations	1	1.09
	Total	91	100

Table 5: Data by Basic Causes of victims of Suicide Deaths in the municipality of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Mortality Information System (SIM). Prepared by the author, 2023.

The findings of this research reinforce the basic causes when related in Brazil, where hanging appears as the most used means. According to the Ministry of Health, in relation to the profile of deaths by suicide in Brazil, in the period from 2011 to 2015, hanging, exogenous intoxication and shooting with firearms were the most used means (BRAZIL, 2017) and, in this sense, the World Health Organization emphasizes that restricting access to the means that an individual can use to commit suicide, such as pesticides, pesticides and weapons, is an important prevention strategy (SILVA, 2019).

Regarding the means used for self-inflicted injuries in table 6, the present study indicated poisoning (24.24%) as the main means, followed by hanging (22.72%). However, in view of self-harm, also with a considerable incidence, it is worth highlighting that the work of Silva et al., (2021) indicated that there was a significant increase in reported cases of deaths due to intentional self-harm in the state of Paraná, in the period 2009 to 2018, which corroborates the findings in the present study.

Variable		Self-harm (SINAN)	
		n	%
Means Employed	Poisoning	**16**	**24.24**
	Hanging	15	22.72
	Sharp piercing object	15	22.72
	Other ways	12	18.18
	Force corp. spank	5	7.57
	Fire gun	1	1.51
	Hot Object Subs.	1	1.51
	Total	66	100

Table 6: Data by Employed Means of victims of self-inflicted injuries in the municipality of Santarém, from 2018 to 2021.

SOURCE: BRAZIL. Ministry of Health. Health Surveillance Secretariat – Notifiable Diseases Information System (SINAN). Prepared by the author, 2023.

Despite the limitations of this research, although there are high numbers compared to the notification rates in SINAN, the data access system is not clear about the numbers, as well as there is a high incidence of information reported as "ignored or blank", which is not transparent regarding how occurrences are classified within these parameters.

It is necessary to draw attention to the improvement of information systems, as well as a visualization of more accurate data to improve the fight against the suffering of highlighted risk groups, it is necessary at all levels related to the elaboration and effectiveness of efficient proposals in the scenario current linked to notifications of self-inflicted death and self-inflicted violence in the municipality of Santarém-Pa.

PSYCHOLOGY INTERVENTIONS IN THE FACE OF VIOLENCE AND SELF-INFLICTED DEATHS

Psychological care for patients who have motivation, intentionality and the act of ending oneself must be guided by the Psychologist's Code of Professional Ethics, which establishes that the Psychologist must guide his/her conduct based on fundamental principles, which deal with respect, freedom, dignity, equality and integrity of human beings. This must contribute to the elimination of negligence, discrimination, exploitation, violence, cruelty and oppression, act with social responsibility, critically and historically analyzing reality, and seek continuous professional improvement.

He must also ensure that professional practice is carried out with dignity and take into consideration, power relations in the contexts in which he operates, as well as their impacts on his professional activities (FEDERAL COUNCIL OF PSYCHOLOGY, 2005).

Furthermore, in the Code of Ethics, articles 6, 9 and 10 indicate that professional secrecy is intended to protect the person served, and, in the case of Psychologists, it means keeping under protection information and facts known through professional relationship. Every Psychologist, in their professional practice, is obliged to maintain confidentiality, which is one of the fundamental points on which their professional work is based. If there is a need to provide information about the service to those entitled to it, only the information necessary to make a decision that affects the user must be offered (FEDERAL COUNCIL OF PSYCHOLOGY, 2006).

In the psychotherapeutic relationship, confidentiality is essential, because it allows the patient to talk about their privacy in the certainty that they will be respected and protected in terms of maintaining what is

confidential. There are cases in which secrecy needs to be broken, such as suicide, hence the importance of clear therapeutic contracts (ZANA; KOVÁSC, 2013).

The professional's posture, in the way he addresses the patient, in his way of conducting the interview, in his verbal and non-verbal expressions, all of this is part of what became known as rapport: a cordial relationship, of understanding, of acceptance and mutual empathy, capable of facilitating and deepening the therapeutic experience (BODEGA, 2015).

Initially, the psychotherapist needs to develop empathy with regard to human suffering, that is, the professional can make himself available to get closer to the place where the patient is and, through his interpersonal availability, the hope that the client can recognizing your potential - in order to expand your way of coping with your suffering - may or may not emerge. Therefore, a therapeutic relationship that focuses on care and not cure can be a facilitator for the client to give new meaning to their existential despair and discover perspectives for managing their conflicts. However, these aspects are not always enough to ensure that the person stops believing that their death is more attractive than life (FUKUMITSU, 2014).

The above-mentioned actions must be taken when there is a potential for suicide. However, it is difficult to define what constitutes the potential for suicide. The therapist may not notice signs that the patient is suicidal and may be caught off guard by a suicide attempt. That is why the therapeutic contract is important, which can protect both the patient and the Psychologist. This contract foresees the need to warn and protect the person, and is based on trust and the relationship between therapist and client (ZANA; KOVÁSC, 2013).

For a second moment in psychotherapy is to understand the meaning of the suicidal act, exploring the client's feelings and thoughts, accepting the feeling of impotence and loneliness and confirming that the situation is difficult and, therefore, he imagines that his death could be the only alternative. At this moment, the ambivalence between wanting to die and wanting to live in another way can be explored. The psychotherapist must try to remain calm, adopting a welcoming and listening stance and, if possible, involving the family (FUKUMITSU, 2014).

Other therapist actions that must be observed, such as:

> The therapist must pay attention to subtle signs, otherwise he or she may be accused of negligence or malpractice. Also, to avoid accusations, it is important to document all sessions, telephone contacts, extra sessions with the client, in addition to including in the therapeutic contract that confidentiality will be broken in cases where the client's or another person's life is at risk, always remembering that the therapist will call the family only in these cases and with the client's consent (FUKUMITSU, 2014, p. 32).

Santos (2007) reinforces that patients who attempt suicide need someone to trust, which is why the bond with the therapist is important. The professional's work must be surrounded by care, tranquility and safety. Treatment in an objective, empathetic, clear and honest manner facilitates communication without interference, promoting the establishment of trust, so that, in times of crisis, the patient feels free to get in touch with their feelings and conflicts.

We cannot help but forget that on the other side in psychotherapy we have a professional who may have a feeling of impotence and a sense of failure, due to attempts and the fait accompli of the client's death by suicide.

Such impotence can accentuate anxieties and trigger the fantasy that the psychotherapist needs to assume the place of omnipotence, positioning himself as the savior of the person who wants to kill himself,

wanting at all costs to ensure that the other person lives. The psychotherapist must not assume omnipotence, nor must he convalesce in impotence. One does not live for the other what the other must live and, for this reason, the psychotherapist must assume only his/her power, that is, remember that each person must assume their own existential responsibilities and the role of a psychotherapist is not to save lives, but to encourage the client's feeling of being alive (FUKUMITSU, 2014).

FINAL CONSIDERATIONS

The study sought to analyze epidemiological aspects of suicides and self-inflicted injuries in young adults in the municipality of Santarém in Western Pará, through the characterization of the epidemiological profile of self-inflicted injuries through Information Systems, as well as understanding Psychology interventions in the face of Violence and Self-harmed deaths according to the literature.

As results of the literature review, suicide is the death that someone causes themselves consciously, deliberately and intentionally. According to the World Health Organization (WHO), suicide is a deliberate act, initiated and carried out by a person with full knowledge or expectation of a fatal outcome. In the interventions carried out by the psychologist, according to the literature regarding violence and self-inflicted deaths, the patient needs someone to trust, which is why the bond with the therapist is essential.

The professional's performance must be surrounded by care, tranquility and security, in addition, it must be frank, clear and honest, thus facilitating communication without interference, promoting the establishment of trust, so that, in moments of crisis, the patient can feel free to get in touch with your feelings and conflicts, thus seeking to encourage the client's feeling of being alive.

The research also revealed in terms of epidemiological aspects that the majority of victims in the city of Santarém/PA due to suicide were male, and in terms of self-inflicted injuries, the greatest vulnerability was for women. Furthermore, it showed that suicide victims sought hanging as a means of access, followed by poisoning. Most of the victims had incomplete primary education, with brown color/race being the most affected.

With this, the importance of understanding the causes of deaths due to suicide and self-inflicted injuries is highlighted so that they can direct prevention programs and actions with more efficient strategies, either with measures to limit access to these methods, or with the identification of individuals at high risk to provide them with comprehensive assistance in order to mitigate and prevent self-inflicted violence.

Furthermore, in an expanded clinic, it is suggested that psychologists can actually take on the leading role of working in Basic Health Units (UBS), which are gateways to the Unified Health System (SUS), as true mental health sentinels in primary care, using strategies such as psychological shifts in these units, carrying out home visits, creating psychoeducational methods, support groups and contributing to health actions in the community itself (residents' associations and schools).

The hypothesis formulated in the study was corroborated, as it was shown that young people aged 15 to 29 are more susceptible to self-inflicted death, thus demonstrating that the majority of young adults seek suicide as an escape from intolerable pain. Finally, the development of new research on the topic addressed is suggested, in order to identify other aspects relevant to a broader knowledge of the phenomenon studied.

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