

# Self-Harm and Suicidal Behavior Among Adolescents

Lesão Autoprovocada e Comportamento Suicida de Adolescentes  
Autolesión y Conducta Suicida entre Adolescentes

## RESUMO

**Objetivo:** Conhecer as percepções de adolescentes sobre lesão autoprovocada e comportamento suicida. **Método:** Pesquisa qualitativa, realizada por meio de entrevista semiestruturada com 20 adolescentes de uma escola pública localizada na zona urbana da região noroeste do sul do Brasil, as quais foram transcritas e submetidas à análise de conteúdo. **Resultados:** Emergiram duas categorias temáticas denominadas "Autolesão e comportamento suicida: expressões do sofrimento de adolescentes" e "Raízes emocionais de lesões autoprovocadas: dores, perdas e vínculos". Os achados indicam a necessidade de intervenções precoces e intersectoriais entre saúde e educação, com foco na escuta qualificada, acolhimento e fortalecimento de vínculos protetivos. **Conclusão:** Para os adolescentes a escola configura-se como espaço para ações de prevenção e promoção da saúde mental, sendo essencial a criação de protocolos institucionais para o reconhecimento e atendimento de comportamentos autolesivos e suicidas.

**DESCRIPTORIOS:** Saúde do Adolescente; Saúde Mental; Comportamento Autodestrutivo; Suicídio.

## ABSTRACT

**Objective:** To understand adolescents' perceptions of self-harm and suicidal behavior. **Method:** This qualitative field study involved semi-structured interviews with 20 adolescents from a public school in the urban northwest region of southern Brazil. These interviews were transcribed and subjected to content analysis. **Results:** Two thematic categories emerged: "Self-harm and suicidal behavior: expressions of adolescent suffering" and "Emotional roots of self-harm: pain, loss, and bonds." The findings indicate the need for early, intersectoral interventions between health and education, focusing on qualified listening, welcoming, and strengthening protective bonds. **Conclusion:** Schools are strategic spaces for preventing and promoting adolescent mental health, and the creation of institutional protocols for recognizing and addressing self-harm and suicidal behaviors is essential.

**DESCRIPTORS:** Adolescent Health; Mental Health; Self-Destructive Behavior; Suicide.

## RESUMEN

**Objetivo:** Comprender las percepciones de los adolescentes sobre la autolesión y la conducta suicida. **Método:** Este estudio de campo cualitativo consistió en entrevistas semiestructuradas con 20 adolescentes de una escuela pública de la región noroeste urbana del sur de Brasil. Estas entrevistas fueron transcritas y sometidas a análisis de contenido. **Resultados:** Surgieron dos categorías temáticas: Autolesión y conducta suicida: expresiones del sufrimiento adolescente y Raíces emocionales de la autolesión: dolor, pérdida y vínculos. Los hallazgos indican la necesidad de intervenciones tempranas e intersectoriales entre la salud y la educación, centradas en la escucha cualificada, la acogida y el fortalecimiento de los vínculos de protección. **Conclusión:** Las escuelas son espacios estratégicos para la prevención y la promoción de la salud mental adolescente, y la creación de protocolos institucionales para reconocer y abordar la autolesión y las conductas suicidas es esencial.

**DESCRIPTORIOS:** Salud adolescente; Salud mental; Conducta autodestructiva; Suicidio.

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## INTRODUCTION

Adolescence is a period of transition between childhood and adulthood, encompassing individuals aged 10 to 19 years, 11 months, and 29 days. In the Brazilian legal context, adolescents are considered to be those between 12 and 18 years of age, which may be extended to 21 years of age<sup>(1)</sup>. It is estimated that 14% of adolescents worldwide live with some form of mental disorder, particularly anxiety and depression, and half of adults with mental disorders began experiencing symptoms during adolescence<sup>(2)</sup>. The impact of the COVID-19 pandemic has intensified this scenario, given the insecurity, social isolation, and suspension of school and leisure activities, favoring anxiety, depression, sleep disorders, and post-traumatic stress<sup>(3-4)</sup>. These repercussions are particularly serious among adolescents, for whom social interaction is essential<sup>(4)</sup>.

In this context, self-harm or self-injury is a strategy for relieving emotional pain, regulating emotions, or seeking belonging, which may or may not be related to suicide<sup>(5)</sup>. When there is no suicidal intent, it is called Non-Suicidal Self-Injury (NSSI), which can include cutting, scratching, hitting, pulling hair, biting, among others<sup>(6)</sup>. Studies show that adolescents resort to these practices to alleviate feelings of emptiness or to integrate into peer groups<sup>(5)</sup>.

Self-harm, however, is a relevant risk factor for suicidal ideation and attempts<sup>(7)</sup>. Suicide is among the leading causes of death among young people worldwide: fourth among boys aged 15 to 29 and third among girls aged 15 to 19<sup>(8)</sup>. In Brazil, in 2019, it was the eighth leading cause of death among adolescents aged 10 to 14 and the third among those aged 15 to 19<sup>(9)</sup>.

The incidence of self-harm and suicidal behavior among students is associated with negative school ex-

periences, such as bullying, social pressures, and the need to belong, coupled with social and family vulnerability<sup>(10-11)</sup>. In this scenario, intersectoral actions between health and education are fundamental for early identification and intervention in risk factors. The presence of health professionals in schools promotes qualified listening, the appreciation of individual differences, and the creation of environments that provide emotional support, prevention, and health promotion<sup>(10)</sup>.

Given the relevance of the topic, it is essential to understand adolescents' own perceptions of self-harm and suicidal behavior in order to support care and prevention strategies. In view of the above, the question arises: What are adolescents' perceptions of self-harm and suicidal behavior?

Thus, this study aims to understand adolescents' perceptions of self-harm and suicidal behavior.

## METHOD

Qualitative, descriptive, and exploratory research linked to the matrix project "Nursing Care and Health Education with Children and Adolescents at School." The qualitative approach allows for an in-depth understanding of the subjectivities involved, favoring the construction of reflections and concepts emerging from the phenomenon under investigation<sup>(12)</sup>. The descriptive nature contributes to characterizing the subjects' reality and analyzing their experiences<sup>(13)</sup>.

The data were collected between June and August 2024 at a full-time public school located in a socially vulnerable urban area in a municipality in the northwest of southern Brazil. The school has 170 elementary school students and 34 professionals.

The sample was intentional, based on the school team's recommendation, considering the age group

between 10 and 19 years old and a history of psychological distress, self-destructive and/or suicidal behavior in the last school year<sup>(14)</sup>. Twenty-seven adolescents were referred, and the study corpus consisted of 20 adolescents due to theoretical data saturation<sup>(12,14)</sup>.

A form was used for characterization and a script for semi-structured interviews, consisting of 16 questions about factors associated with self-harm, suicidal ideation and attempts, as well as support networks. The interviews lasted an average of 30 minutes, were recorded and transcribed in full in Microsoft Word® and submitted to Bardin's content analysis<sup>(15)</sup>.

The results were organized with the aid of a conceptual map created in Canva, which allowed the connections between the data to be visualized.<sup>(16)</sup> To ensure anonymity, participants were identified with the letter "A" followed by an ordinal number.

The study was developed in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>(17)</sup>, meeting the methodological rigor parameters applicable to investigations of this nature. The research was conducted in compliance with the current resolution regulating studies involving human beings, having been previously approved by the Research Ethics Committee of the Federal University of Santa Maria, under opinion No. 4,139,360.

## RESULTS

Twenty adolescents, aged between 10 and 16 years, regularly enrolled in the 5th to 9th grades of elementary school, participated in the study. The majority were female (n=14), and six participants identified themselves as male.

Regarding self-declared race/color, 11 adolescents self-declared themselves as brown, four as white,

two as black, one as yellow, and two chose not to declare. Family composition was quite heterogeneous, including arrangements such as: father and mother (n=1), mother and brother (n=1), father, uncles, grandparents, and cousins (n=1), father, mother, uncles, grandparents, cousins, and siblings (n=1), sisters and sister-in-law (n=1), mother and stepfather (n=2), mother, stepfather, and siblings (n=2), mother, grandmother, and siblings (n=2), and father, mother, and siblings (n=9). The number of residents per household ranged from three to eight people. Two adolescents reported engaging in paid work as freelancers.

Regarding health conditions, 12 participants stated that they had no previous diagnosis. Among the others, the following were reported: diagnosis of depression and bipolar disorder (n=1), anxiety (n=1), schizophrenia and autism (n=1), and asthma and/or bronchitis (n=3). One adolescent stated that he was unaware of his health condition. Regarding medication use, two participants reported use: one used clonazepam and the other could not specify the name of the drug. Only one adolescent was undergoing psychiatric follow-up at the time of data collection, and none of the participants reported being under psychological follow-up or receiving specialized mental health services.

The study findings were described in two thematic categories: Self-harm and suicidal behavior: expressions of adolescent suffering; and Emotional roots of self-inflicted injuries: pain, loss, and bonds.

### Self-harm and suicidal behavior: expressions of adolescent suffering

The statements reveal that adolescents understand self-inflicted injury, mostly in the form of self-mutilation, as a subjective resource for coping with emotional pain.

Although cutting is the most com-

monly mentioned strategy, participants mentioned various forms of self-harm, including biting, scratching, pinching, hair pulling, and hitting surfaces, which highlights the plurality of self-inflicted practices to alleviate psychological states of suffering.

*I scratched myself, you know? I bit myself like this! And I also squeeze my arm. (A1)*

*I always cut myself here on my arms! (A3)*

*Almost every day, at home, I mutilate myself! (A4)*

*When I'm very anxious, I bite or scratch myself. I've even cut myself! And I also pull my hair! (A5)*

*[...] I start hitting myself against the walls! (A9)*

*I bit myself in class, and then the teacher started yelling at me! I start scratching myself, biting myself, pulling my hair when I get irritated! (A10)*

*I cut myself once, I made five cuts [shows her wrist], here at school! (A13)*

*I cut my arms and thighs because they are places that are not visible. (A8)*

*"I've cut my wrist! [...] and I pinch myself sometimes! (A15)*

Some of the adolescents revealed that they use less visible methods of self-harm, such as pinching or biting themselves, especially in public places such as school. Such practices are used as temporary containment strategies to avoid more serious self-harm or even suicide attempts, pointing to a complex dynamic of emotional self-regulation and prevention of worsening suffering.

*When I leave school, I bite or scratch myself, and then when I get home, I cut myself to relieve what I feel! (A2)*

*I bit myself because I didn't want to cut myself so my mom wouldn't see that I was cutting myself. So I bit myself! In my head, I get this feeling of*

*wanting to kill myself, so I do it! I cut myself so I don't do something even worse and make my parents even sadder. (A4)*

*At home, I break glass to hurt myself and cut myself! Here at school, I try to control myself... to avoid it! I start biting myself to try to calm down, so I don't try to kill myself or cut myself! (A10)*

*I only cut myself at home, here at school I just pinch myself. (A15)*

In another dimension, several adolescents reported concrete experiences of suicide attempts. The strategies ranged from voluntary drug intoxication, ingestion of toxic substances, and use of sharp objects, to attempts at being run over, hanging, and suffocation. Such reports highlight the worsening of emotional pain, for which self-harm practices were no longer sufficient as a relief strategy.

*I researched and saw that if you take a lot, a lot, a lot, a lot, a lot of medicine, then you have the possibility of dying. So I took it! [...] I was like this... kind of thinking about killing myself! Then... I saw that down there [on the street], there was a lot of car traffic... [...] that's when I stood in the middle of the street while the cars were coming... But then my friend jumped on me and pulled me out of the street. (A3)*

*I took rat poison, put it in my food, and ate it. [...] And I tried to kill myself by cutting my vein [shows her wrist]. (A2)*

*I had a knife in my hand, I was making food for my father and mother to eat. Then they started fighting and said it was my fault! And that they didn't want me as their daughter! [...] So I took a knife and was going to cut my throat, but my mother arrived just in time. (A4)*

*I've tried to kill myself too! [...] I started cutting myself, and then I saw the paracetamol boxes on the table,*

*I took them and swallowed them all!* (A5)

*I tried to hang myself... But the rope broke!* (A7)

*[...] I've tried jumping out of trees to break my neck. And I tried throwing myself off the stairs here at school three times! But then my classmate stopped me!* (A10)

*I've cut my wrists, and once I tried to cut my throat, but my mom stopped me! [...] and I tried to suffocate myself with a pillow.* (A15)

*One day I took a knife and thought about cutting myself all over... Another day, I was coming to school, and I was walking back and forth on the street, waiting for a car to come and run me over! But everyone stopped when they saw me in the middle of the street.* (A19)

*I took a lot of medicine. Then I started to feel sick and my mother took me to the hospital! That was when my grandfather passed away!* (A20)

Suicidal ideation was present in several reports, even in the absence of actual attempts. The adolescents described recurring thoughts of death, interrupted plans, a desire to disappear, and an association between family crises and suicidal impulses. This manifestation indicates the existence of chronic psychological distress and the absence of effective protective networks.

*Here at school, I sometimes think about killing myself! Several times!* (A4)

*I put a rope on the tree. But then, I didn't have the courage!* (A8)

*When they start yelling at me or when the fights start at home, I start banging my head against the wall and feel a strong desire to die!* (A10)

*I just thought about killing myself. [...] and it would be with a .38 gun...* (A11)

*I never planned it, I just thought about killing myself.* (A14)

*I tried to kill myself! It's just that I heard voices telling me to kill myself, to take a knife, to jump on others, to hit myself...* (A16)

*Look, sometimes I think about killing myself with what's closest to me, which is knives!* (A17)

*Almost every day I think about killing myself! I feel like it every day, but I don't have the courage... I think about plugging a cord into the outlet.* (A20)

The statements indicate that self-harming behaviors represent, for

adolescents, an attempt to stop feelings of unbearable emotional pain, such as anger, anxiety, sadness, fear, loneliness, abandonment, and grief. These behaviors emerge as a form of body language that communicates silent suffering, which is often invisible in the family, school, and social environments.

Figure 1 presents a summary of the category "Self-harm and suicidal behavior: expressions of adolescent suffering."



Source: Authors' construction, 2024.

**Emotional roots of self-inflicted injuries: pain, loss, and bonds**

When asked about self-harm, adolescents pointed out that such behavior emerges as a strategy for coping with psychological suffering. Their statements reveal that physical pain is used as a way to alleviate intense emotional states, such as anger, sadness, fear, longing, anxiety, low self-esteem, and suicidal thoughts.

*Cutting myself relieves my fear, it relieves what I'm feeling! [...] I get a little anxious and then I feel like cut-*

*ting myself.* (A2)

*I calm down! I only calm down if I start hurting myself and feel another physical pain.* (A3)

*It's more to assess the pain of longing (for my grandmother) that I feel!* (A7)

*I hurt myself to calm down! Because when I feel the pain on my skin, it calms my thoughts.* (A10)

*I've hit myself. [...] I keep punching the wall all the time!* (A16)

*I do this [demonstrates by squeezing his arm], precisely to feel this pain and stop thinking [negative thoughts].*

(A17)

*Sometimes I really want to kill myself, and sometimes I cut myself just to relieve the anger, anguish, and stress.* (A15)

*I don't feel pain, I feel so much hatred that I don't feel [physical] pain when I cut myself!* (A20)

The experiences of adolescents also show that the fragility of family ties, marked by abandonment, neglect, or aggression, contributes to psychological suffering.

*I miss my mother because my father won't let me see her!* (A1)

*My mother often calls me lazy and says she doesn't want me as a daughter.* (A4)

*My father has never been present in my life!* (A5)

*My father, who is my biological father, you know? I never had a real father's love!* (A8)

*I feel that I am not very valued at home and I don't receive much affection from my family!* (A17)

*My mother and I started arguing because I think she doesn't pay much attention to me!* (A15)

*I don't talk to my father much... He yells at me and sometimes he and my mother say mean things!* (A18)

*My mother works and I feel very lonely, you know? And when she's at home, she has to take care of my autistic brother, go to my grandmother's, and then she doesn't have time for me.* (A19)

Grief stands out as a critical factor associated with suicidal ideation. The statements express the pain of losing central emotional figures, such as grandparents, uncles, and caregivers, demonstrating substitute parental bonds and the traumatic impact of death.

*I tried to kill myself because I didn't want to feel this way anymore, not even for another minute! So I*

*wouldn't have to suffer what I feel most... fear... I feel so much fear.* (A2)

*I wanted to kill myself because it had been three days since I lost my uncle. He was like a father to me!* (A5)

*She was my grandmother, I called her mom. One night I was lying with her, and she died by my side, I wanted to die too.* (A7)

*I miss my grandfather a little, because I haven't been able to see him yet [...] if I had my grandfather, I would miss my father less!* (A1)

*I feel like killing myself... because I feel this sadness and longing for my father who is no longer here!* (A12)

In addition to parental bonds, conflictual relationships with siblings and other family members are a constant source of suffering, marked by fights, physical aggression, and rivalries.

*My sisters are also stressed! And they like to fight... They start fighting and it bothers me. The screaming, the punching...* (A10)

*My sisters start to annoy me and then we fight! They pull my hair... a lot! Or they call me names and that bothers me!* (A12)

*Almost every day at home I cut myself because my sisters fight with me, you know!?* (A4)

*When my father comes to pick me up to go to his house, my mother gets angry because he goes there and says things about my mother! He says she doesn't take good care of my brother... But my mother works, right? To provide for us.* (A20)

Alcohol consumption in the family environment emerges as an aggravating factor. The experiences described demonstrate not only the emotional instability that alcoholism causes, but also the risk of exposure to violence and abuse.

*When my father or mother come home drunk, they start arguing. So I don't have to listen, I go and lock my-*

*self in the bathroom and cut myself.* (A10)

*My parents used to fight a lot when my father drank. He used to be much more aggressive, but now he's changing! That makes me feel down, right? It's not nice to see them fighting.* (A17)

*I get stressed and cut myself. At night, they have parties at home, and I don't like that! I hate drinking!* (A20)

Symbolic violence at school and bullying are also highlighted in the testimonies as direct triggers for self-harm. Adolescents report suffering related to physical appearance, learning difficulties, and social exclusion.

*My classmates talk in class, they say stupid things [...] to the teacher and my friends! I want to fight with them, but I don't want to hurt others, so I end up doing it to myself.* (A1)

*They talk a lot about my appearance, they talk about the way I am, the way I talk, the way I dress... I want to fight, I don't like it!* (A3)

*It's about myself, about my appearance... they call me fat and I get excluded.* (A6)

*Oh, my appearance! They call me fat and say I'm weird! I don't think I'm pretty, but it hurts me, I end up being excluded.* (A8)

*I was bullied! My sister had stuck gum in my hair, so I had to cut it really short, it looked like a boy's... And then they started calling me a dyke... And that hurt me a lot!* (A10)

*They kept calling me stupid, "tonga," because I have difficulties in school.* (A15)

In addition, insecurity about problems in interpersonal relationships, body image, and fear of the future are cited by adolescents as causes of psychological distress.

*Because I don't like myself... I don't like the way I am, my body...* (A2)

*I feel insecure, you know?! My ex-boyfriend is with my ex-sister-in-law. I just want to disappear! (A8)*

*Sometimes I think I'm not good enough for my family and friends, and I think I won't be able to achieve my dreams. And then I feel insecure too. (A17)*

*Sometimes my classmates are talking and I'm not included in the conversation. I'm right there with them and they don't include me. Sometimes they do that, they leave me behind. (A17)*

*My future! And then I start thinking that I won't be able to do it! (A17)*

The lack of emotional support in the family environment is mentioned by some of the adolescents participating in the study as one of the factors associated with self-harming behaviors.

*I tried to talk about it [self-harm] with my mom, but she said she wasn't interested. (A4)*

*I've tried talking to my sisters, but they started calling me crazy! (A10)*

*Once I told my sister, who understands a little, but she doesn't spend much time with me. And my mom is never home! (A15)*

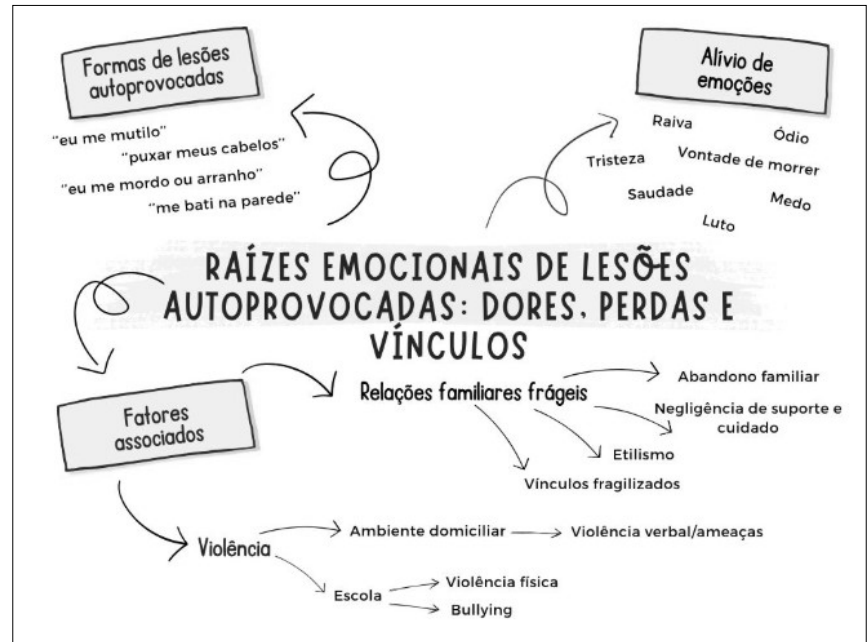
*My mom is old-fashioned, you know? Like, she doesn't understand, she says it's just us being dramatic, you know? So I prefer not to talk to her about it. (A8)*

*My mom said I should only trust her because she was my best friend, but when I talk to her, it's like she ignores me. (A18)*

These statements reveal the multiplicity of factors that permeate the experience of suffering in adolescence. Self-harm appears as an expression of pain that finds no legitimate space to be heard, being practiced in different contexts as an attempt at emotional regulation. The psychological pain of these adolescents, often invisible,

manifests itself in the body as a language of emotional and social suffering.

Figure 2 presents a summary of the category "Emotional roots of self-inflicted injuries: pain, loss, and bonds."



Source: Authors' construction, 2024.

## DISCUSSION

Adolescence consists of physiological, hormonal, cognitive, and emotional transformations, the construction of identity, and the search for belonging. Such changes, associated with social pressures and the fragility of emotional bonds, can trigger feelings of fear, anxiety, anger, and sadness, elements strongly related to psychological suffering.

The participants' statements showed that conflicts related to the construction of the "social self" and the demands for autonomy and recognition often go beyond the emotional sphere, manifesting themselves in self-harming behaviors. Intense and silenced emotional pain finds a means of expression in the body. In this context, self-inflicted injury emerges as a strategy for emotional regulation, providing momentary relief from psychological distress<sup>(18-19)</sup>.

The adolescents reported self-harm practices, including cutting, scratching, pinching, hair pulling, and physical impacts, usually in non-visible areas. These findings corroborate a study that points to a high prevalence of self-harming behaviors among school adolescents<sup>(5)</sup>. They confirm national epidemiological data that show a significant increase in reports of self-inflicted injuries since 2016, especially in the South and Southeast regions of Brazil<sup>(10)</sup>.

In several cases, self-harm was mentioned as a means of preventing suicide, even though it simultaneously represents a risk marker. Studies reinforce that adolescents who use more aggressive methods, such as deep cuts, are more likely to have suicidal ideation or attempt suicide, in addition to the risk of recurrence<sup>(11-10, 20)</sup>.

Dysfunctional family dynamics emerged as a central element. Conflicts with parents, siblings, stepfathers, and stepmothers, experienc-

es of rejection, abandonment, and emotional neglect were described as triggers for emotional pain that culminates in self-harm or suicide attempts. Alcohol abuse by family members was also presented as an aggravating factor, intensifying conflicts and increasing adolescents' exposure to violence. According to <sup>(21)</sup>, the consumption of psychoactive substances in the home environment compromises family stability and increases vulnerability to self-destructive behaviors, such as self-harm and suicide.

Another aspect highlighted was the experience of bullying in the school environment. Derogatory comments, social exclusion, and verbal aggression, often related to physical appearance, gender identity, or academic performance, were reported as factors of intense suffering. Bullying, which is still normalized in many schools, is an important trigger for depression, anxiety, and suicidal ideation among adolescents <sup>(22)</sup>.

Grief, whether due to the death of loved ones or the breakdown of emotional bonds, was also identified as a trigger for suffering and suicidal behavior. In contexts of fragile bonds, loss intensifies feelings of loneliness, anger, sadness, and guilt, with significant repercussions on mental health <sup>(23)</sup>.

In the face of fragile family bonds and emotional neglect, the school environment emerges as a potentially welcoming space. Positive emotional relationships with teachers and peers can strengthen resilience and a sense of belonging <sup>(24)</sup>.

Thus, coordination between school, family, and health services is an essential strategy for addressing these vulnerabilities and preventing mental health problems. Strengthening emotional bonds in the school environment, combined with skilled listening practices and integrated health actions, can contribute significantly to the prevention of self-harm and suicide, as well as promoting the mental health of adolescents.

## CONCLUSION

In the perception of adolescents, self-harm and suicidal behavior manifest themselves as a response to multiple factors, among which family conflicts, feelings of rejection, loneliness, and grief stand out, in addition to experiences of physical, verbal, and symbolic violence, including bullying in school, social, and home contexts. The fragility of family ties contributes to emotional vulnerability, while the school environment, when permeated by protective emotional relationships,

can represent a potential space for acceptance and support. In this context, the strategic role of the school in prevention and mental health care in adolescence is emphasized.

Given the persistence of social taboos surrounding psychological distress and the scarcity of institutional strategies to address it, there is an urgent need to broaden the debate on adolescent mental health. The study offers important insights for health and education professionals on the emerging demands of this population, emphasizing the importance of early identification of signs of suffering, self-harming practices, and suicidal ideation as forms of intervention and care.

Therefore, it is recommended that intersectoral actions in teaching, research, and extension be developed to promote mental health in schools, with a focus on qualified listening, building bonds, and addressing psychological distress. In addition, it highlights the need to create institutional protocols for the care of adolescents in distress, with coordinated interprofessional action between the health, education, and social assistance sectors, contributing to the construction of integrated, welcoming, and effective support networks.

## References

1. BRASIL. Ministério da Educação. Estatuto da Criança e do Adolescente: Lei federal nº 8069, de 13 de julho de 1990. Rio de Janeiro: Imprensa Oficial; 2002. Disponível em: [https://www.planalto.gov.br/ccivil\\_03/leis/l8069.htm](https://www.planalto.gov.br/ccivil_03/leis/l8069.htm). Acesso em: 20 nov 2024.
2. World Health Organization. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
3. Ladeia DN, et al. Análise da saúde mental

na população geral durante a pandemia de Covid-19. Rev Eletron Acervo Saude. 2020;esp 46:e3925. DOI: 10.25248/reas.e3925.2020.

4. Alamolhoda SH, et al. Adolescent mental health during covid-19 pandemics: a systematic review. Int J Adolesc Med Health. 2022;35(1):41-60. DOI: 10.1590/0102-311X00150020.

5. Poudel A, et al. Non suicidal self injury and suicidal behavior among adolescents: co-occurrence and associated risk factors. BMC Psychia-

try. 2022;22(1):96. DOI: 10.1186/s12888-022-03763-z.

6. Lloyd EE. Self-mutilation in a community sample of adolescents [tese]. Louisiana: Louisiana State University; 1997.

7. Kim HH, et al. Characteristics and risk factors of suicide among people who attempted self-harm in South Korea: A longitudinal National Cohort Study in South Korea. *Psychiatry Res.* 2023;330:115613. DOI: 10.1016/j.psychres.2023.115613.

8. World Health Organization. Live life: an implementation guide for suicide prevention in countries. Geneva: World Health Organization; 2021.

9. World Health Organization. Global health estimates: leading causes of death. Geneva: World Health Organization [Internet]. Disponível em: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>. Acesso em: 5 jan 2024.

10. Aragão CMC, Mascarenhas MDM. Tendência temporal das notificações de lesão autoprovocada em adolescentes no ambiente escolar, Brasil, 2011-2018. *Epidemiol Serv Saude.* 2022;31:e2021820. DOI: 10.1590/S1679-49742022000100028.

11. Rocha TML, Cavalcante FML, Aragão JMN. Fatores de risco para suicídio em adolescentes: revisão integrativa. *Rev Fac Paulo Picanço.* 2023;3(3). DOI: 10.59483/rfpp.v3n3.74.

12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: HUCITEC; 2014.

13. Sampaio TB. Metodologia da pesquisa. 1. ed. Santa Maria: UFSM, CTE, UAB; 2022.

14. Polit DF, Beck CT. Fundamentos da pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem. 9. ed. Porto Alegre: ArtMed; 2018.

15. Bardin L. Análise de conteúdo. 3. ed. São Paulo: Edições 70; 2011.

16. Medeiros JO, Ribeiro RC, Sousa MNA. Mapa conceitual como ferramenta de aprendizagem: revisão integrativa da literatura. *SANARE-Rev Políticas Públicas.* 2020;19(2). DOI: 10.36925/sanare.v19i2.1477.

17. Souza VRS, et al. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. *Acta Paul Enferm.* 2021;34:1-9. DOI: 10.37689/acta-ape/2021A002631.

18. Menezes MS, Faro A. Avaliação da relação entre eventos traumáticos infantis e comportamentos autolesivos em adolescentes. *Psicol Cienc Prof.* 2023;43:e247126. DOI: 10.1590/1982-3703003247126.

19. Silva RAC. Discussões sobre a adolescência entre os primeiros estudiosos da temática. *Rev Educ Saude Cienc Xingu.* 2022;1(5). Disponível em: <https://periodicos.uepa.br/index.php/rescx/article/view/5037>. Acesso em: 23 nov 2024.

20. Wu Y, et al. A meta-analysis on the lifetime and period prevalence of self-injury among adolescents with depression. *Front Public Health.* 2024;12. DOI: 10.3389/fpubh.2024.1434958.

22. Noh-Moo PM, et al. Alcohol use as a predictor of child-to-parent violence in adolescents from southern Mexico. *Rev Esc Enferm USP.* 2024;58:e20240016. DOI: 10.1590/1980-220X-REEUSP-2024-0016en.

23. Bitell NR, et al. O bullying em escolas rurais na percepção de adolescentes. *Contrib Cienc Soc.* 2024;17(10):e11228. DOI: 10.55905/revconv.17n.10-045.

24. Lucena HBN, et al. Respostas dos adolescentes no enfrentamento ao luto. *Rev Ibero-Am Hum Cienc Educ.* 2024;10(8):4167-80. DOI: 10.51891/rease.v10i8.15525.

25. Agatha EZ, Yosep I, Hernawaty T, et al. Beyond trauma: a scoping review of nursing interventions to improve psychological well-being in adolescents victims of bullying. *BMC Nurs.* 2025;24:973. doi:10.1186/s12912-025-03642-4