








ORIGINAL ARTICLE

Factors associated with suicidal thinking in school teenagers with common mental disorder*

HIGHLIGHTS

1. Sociodemographic factors and suicidal ideas in adolescents.
2. Common mental disorder and suicidal idea.
3. Female sex is more likely to present suicidal ideas.
4. Race/white color was a protective factor against aggravation.

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ABSTRACT

Objective: Verify the association between sociodemographic factors and suicidal ideas in school teenagers with common mental disorder. **Method:** Transversal study conducted with 120 schoolchildren from January to April 2023. A form containing sociodemographic variables and the evaluative scale of common mental disorder was used as an instrument. The data was processed using the *Stata* version 12. **Results:** A prevalence of suicidal ideas was obtained among adolescents with common mental disorder of 58%. As for the sociodemographic data, there was a statistically significant positive association for the female sex, not living with the parents, studying the sixth and seventh years of elementary education and the outcome suicidal idea. **Conclusion:** Adolescents with common female mental disorder, who study between the sixth and seventh years and who do not live with their parents, are more likely to present suicidal ideas. Faced with the results, it is possible to establish strategies for the prevention of suicide in the school context.

DESCRIPTORS: Adolescent; Mental Health; Stress, Psychological; Suicidal Ideation; Risk Factors.

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INTRODUCTION

The World Health Organization (WHO) notes that over the past decade there has been an increase in the number of common mental disorders (CMDs) around the world¹⁻³. There is a tendency to increase rates of this disease in the young population, with particular emphasis on the group of early adolescents, aged between 10 and 14 years^{2,4}. This scenario concerns researchers, governmental and non-governmental organizations¹.

Studies conducted on the continents of Europe, North America, Africa and Asia reveal rates of more than 31% CMD in the adolescent population^{3,5}. In a national study, prevalence of CMD was found in 17% of the 74,589 adolescents studied⁶. In other studies, rates were revealed from 33.2% to 52.2% among adolescents in Rio de Janeiro and Bahia, respectively, corroborating the first finding⁷⁻⁸. The notifications of the disease in this age group are considered important epidemiological data, since CMDs are classified as minor psychiatric disorders¹⁻².

It is worth noting that CMD generates a high degree of suffering to the affected people and its under notification is latent, after all, the non-treatment of the symptoms generates worsening of the clinical picture with considerable impacts in the field of health, education and public safety⁹⁻¹⁰. However, CMD in adolescents is still little studied⁶. It adds to the fact that professionals have difficulties in diagnosing this illness, recognized as a mental state that precedes complex psychic illnesses such as depressive disorders, anxiety and eating disorders and suicide¹.

Regarding suicide, in North, Central and South America alone in 2019, 97,339 people died by suicide, data that estimates suicide attempts are 20 times more than that total¹¹. National and international studies demonstrate association between self-induced violence, suicide and suicidal ideation, a process of mental illness in which the individual has thoughts that can predict (or not) the planning of how he intends to commit suicide¹². Studies confirm that suicide attempts and suicide are preceded by suicidal ideas¹³⁻¹⁴.

As a public health problem, suicidal behavior affects adolescents around the world. The WHO points out that 800,000 people, aged 15 to 29, die annually from suicide in the world, a serious figure that is accompanied by national data, in which 12,000 deaths are recorded annually for Brazilians in this same age group. In Bahia, there were 5,160 suicide reports in this age group between 2010 and 2019¹⁵. Due to this scenario, studies on suicide in adolescents have gained prominence today, teaching public interventions and policies of protection, especially to adolescents in vulnerability situations¹⁶.

In this regard, WHO¹⁷ recommends, through the program *"Live life"*, a series of interventions to prevent suicide, such as restricting teenagers' access to suicidal means; seeking media support in campaigns to foster discussions about suicide; developing in teenagers socio-emotional skills for life; as well as identifying, evaluating, managing and accompanying early any person with suicidal behaviors. Following these recommendations, since 2022, the Federal Senate has handled Bill No. 1773, which, if approved, will give rise to the National Policy to Combat Suicide of Children and Adolescents, whose goal is "to ensure the provision, by the public authority, of mental health care for children and adolescents."¹⁸.

For the implementation of these and other preventive and mental health care measures of the juvenile public, it is important to identify the most susceptible group to CMD, in order to reduce the chances of worsening the frame for suicidal behavior and suicide attempt. In this sense, the study aims to verify the association between sociodemographic factors and suicidal ideation in school teenagers with CMD.

METHOD

This is a cross-cutting study, conducted at a public school in a peripheral neighborhood in Salvador, Bahia and that followed the *Strengthening the Reporting of Observational Studies in Epidemiology* (STROBE). 230 students, aged between 10 and 19 years, as determined by the WHO, participated in the study. For this sample calculation the statistical package R, version 3.3.1, was considered a margin of error of 5%, level of significance 5%, and reposition of 20%.

They were adopted as inclusion criteria to be enrolled and attending school. Adolescents who had cognitive difficulties in answering the questions and/or who did not attend after three checkups were excluded. For all participants, the Terms of Free and Informed Consent and the Terms of Free and Informed Consent were forwarded to their supervisors. After signing these terms, the data collection process began.

The data collection was carried out between January and April 2023, using two standardized forms. The first is subdivided into sociodemographic variables (sex, age, religion, race, having a boyfriend, schooling, financial contribution to the maintenance of the family, family cohabitation and responsibility). The second form is the Self Report Questionnaire (SRQ-20), an instrument consisting of 20 items (yes/no) with the following variables: somatic (bad digestion, constant stomach pain, headache); depressive (anxiety, sadness, lack of appetite, sense of uselessness, failure and worthlessness, suicidal idea, difficulty thinking clearly and performing daily activities with satisfaction) and anxiety (easy scare, tension, poor sleep, nervousness, agitation, hand tremors, difficulty in school and deciding what to do).

These forms were applied by people from nursing, social care and psychology, all properly trained by researchers with *expertise* in the subject.

The initial data analysis was done by storing the data contained in the questionnaires using Microsoft's Excel 2007 software and then exported to the statistical software STATA version 12 for the analysis of absolute, relative frequencies and measurements of central trend and dispersion (average, median, standard deviation, minimum and maximum amplitude) for the continuous variables. In order to analyze the association between exposure factors and suicidal ideation (outcome), the prevalence ratio (PR) and confidence interval were estimated at 95% and the value of $p \leq 0.05$.

It is important to note that validated instruments were used to reduce biases and the collection was conducted by a trained team. In addition, potential confounders were controlled for using logistic regression adjusted for sociodemographic variables. The final response rate was 100%, considering that all adolescents identified with CMD were included in the study.

The study respected the ethical aspects regulated by the National Council of Health, in accordance with Resolution No. 466/2012, which directs ethics in research with human beings. It was approved by the Research Ethics Committee of the School of Nursing of the Federal University of Bahia (CEPEE/UFBA) under opinion 5.615.388.

RESULTS

120 adolescents were identified who presented a positive score for CMD, with the screening positive in the cases of seven or more items for male, and eight or more

for female, as recommended in SQR-20¹⁹. The prevalence of suicidal thinking among adolescents with CMD was 0.58 (70/120). Regarding socio-demographic characteristics (Table 1), of the 120 adolescents with CMD, 84 (70%) were female, 62 (51.7%) aged between 15 and 19 years, 69 (57.5%) claimed to have a religion, 100 (83.3%) declared themselves black, 71 (59.1%) attended 6th/7th year of elementary school and 83 (69.1%) had no boyfriend. The majority of schoolchildren do not contribute to family income 114 (95.0%). Regarding family cohabitation, 72 (60%) referred to residing with their parents, 106 (88.3%) having these as guardians.

Table 1. Sociodemographic characterization of adolescents with common mental disorder (CMD). Salvador, BA, Brazil, 2023

Variables	n = 120	Percentage (%)
Sex		
Male	36	30
Female	84	70
Age		
10 to 14	58	48.3
15 to 19	62	51.7
Religion		
Yes	69	57.5
No	51	42.5
Race		
Black	100	83.3
Non-black	20	16.7
Boyfriend/Girlfriend		
Yes	37	30.9
No	83	69.1
Scholarity		
6th/7th year	71	59.1
8th/9th year	49	40.9
Contribute financially to the maintenance		
Yes	6	5.0
No	114	95.0
Family gathering		
Fathers	72	60
Others	48	40
Responsible		
Fathers	106	88.3
Others	14	11.7

Source: Authors (2023).

From the bivariate analysis (Table 2), it was found that there is a statistically significant positive association for female sex (RP = 2.65; $p = 0.02$), not living with parents (RP = 1.63; $p = 0.20$), sixth and seventh-year schooling (RP = 1.72; $p = 0.15$) and the outcome Suicide Ideation among adolescents with CMD. Other positively associated variables are highlighted, although not statistically significant, such as age between 15 and 19 years (RP=1.47 and 95% CI): 0.7 – 3.06), have no religion (RP = 1.03 and 95% CI:0.49-2.15) and contribute financially to the family's maintenance (RP = 1.45 and 95% CI:0.25-8.26).

Table 2. Association between sociodemographic variables and suicidal thinking in school teenagers with CMD. Salvador, BA, Brazil, 2023

Variables	N Total CMD	Suicidal Ideation N (%)	Prevalence Ratio (PR)	IC (95%)	P value
Sex					0,02
Man	36	N= 15 (41.67)	1		
Woman	84	N= 55 (64.29)	2.65	1.19-5.91	
Age					0.38
10 to 14 years	58	N= 31 (53.45)	1		
15 to 19 years	62	N= 39 (61.29)	1.47	0.7-3.06	
Race					0.80
Not Black	100	N= 60 (60.00)	0.92		
Black	20	N= 10 (50.00)	1	0.34-2.44	
Religion					0.80
Yes	69	N= 39 (56.52)	1		
No	51	N= 31 (58.52)	1.03	0.49-2.15	
Family gathering					0.20
Fathers	72	N=38 (52.78)	1		
Others	48	N= 32 (64.58)	1.63	0.76-3.45	
Scholarity					0.15
6°/7°	71	N= 37 (52.11)	1.72	0.81-3.66	
8°/9°	49	N=33 (65.31)	1		
Contribute financially to the support					0.64
Yes	6	N= 5 (83.33)	1.45	0.25-8.26	
No	114	N= 65 (57.02)	1		
Responsible					0.97
Fathers	106	N=61 (57.55)	1		
Others	14	N= 9 (57.14)	0.94	0.30-2.91	

Source: The authors (2023).

DISCUSSION

The study points to a prevalence of 58% of suicidal ideas, and those who had schooling between the sixth and seventh years had a 1.72 times higher prevalence of developing suicidal ideas compared with the sixteenth and ninth years. A Brazilian study conducted in Piauí with 674 adolescents from public and private schools also points to a higher prevalence of suicidal ideas among students with lower schooling, compared to students with higher schooling levels²⁰. On the international scene, it is also possible to observe such a reality according to a European study with 6,643 adults that reveals the strong influence of sociodemographic factors on the studied event, and those with lower schooling levels presented three times more chances of suicidal ideation compared to those with higher schooling levels²¹.

This mental illness of the lowest school level may be associated with the fact that primary education is the longest period of Brazilian basic education, which comprises the phase that goes from 1st to 9th year and aggregates students aged from 6 to 14 years. Such a phase requires students a solid basis of literacy and arithmetic, implying the need for intensification of studies and monitoring by the responsible, which is

not possible in some cases. The development of the final years of primary education, known as primary education II, concentrates the end of childhood and the beginning of pre-adolescence. The adolescent age group, which mobilizes more concerns about health risks due to physical, mental and social changes, consists of pre-adolescence, or early adolescence, corresponding to the age between 10 and 14 years (first age) and adolescence between 15 and 19 years (second age).

Regarding age, although there is no statistical significance, schoolchildren in the age group between 15 and 19 years presented a 1.47 higher frequency of suicidal ideation compared to those under 10 to 14. A Brazilian study conducted in Macapá, involving 60 public and private school teenagers aged between 15 and 17, revealed a prevalence of 46.7% of suicidal ideas²². On an international scale, of the 841 15 and 16 year-old Danes from two indigenous tribes, almost 40% had suicidal thoughts and 18% had suicide attempts²³.

However, although it indicates a higher prevalence of suicidal thinking among adolescents aged 15 to 19 years, the analysis of the onset of the disease process is limited, as it requires monitoring of the adolescent from late childhood to early adulthood to estimate whether the common mental disorder began or intensified at a certain stage (exposure factor) culminating in suicidal thinking (event).

A retrospective observational study conducted in Northern Italy, with 174 individuals aged between 8 and 18, concluded the association between the presence of general psychological problems and suicidal ideation, while previous hospitalizations, borderline personality functioning and the presence of affective disorders were significantly associated with a suicide attempted outcome²⁴. In the meantime, it is worth emphasizing that the manifestations of illness can be associated with changes in the physical, emotional and social aspect, which compromise the process of growth and development. This shows the importance of taking care of adolescents at all stages of life, especially the youngest, in order to identify them early and avoid the worsening and greater compromise, for mental health and life.

In a population with specific legislation on the work of the minor, the study showed a positive association between suicidal ideation and contributing financially to subsistence, with those who contribute 1.45 more likely to have suicidal ideation compared to those who do not contribute. It is important to note that commitment to activities incompatible with age can generate anxiety, insecurity, low school income, reduced concentration and creativity, repetition, distortion of seriality and age, involvement in illegal activities and school evasion²⁵⁻²⁶.

In girls, this responsibility in adult assignments to children and adolescents occurs, mainly, in domestic affairs, started from early age, precipitating pressure and emotional stress. A qualitative study conducted with nine teenagers aged 14 to 16 in Pernambuco confirms that women are predominantly delegated domestic tasks such as cooking, preparing food, washing and changing clothes, and cleaning up the house; however, girls are committed to performing these tasks daily²⁶.

On the international scale, a study with secondary data conducted with 66,705 children and adolescents aged 5 to 17 in Bangladesh, shows that almost 40,000 infants are performing child labor, and the domestic activities are predominantly concentrated on girls²⁵.

Several national studies also signal a greater vulnerability to suicidal thinking in girls, such as the study with 60 teenagers aged 15 to 17 at Amapá²² and the study with 674 students from public and private schools in Teresina, Piauí reports that the highest

frequency of suicidal thinking exposed was by girls students²⁰. Another study, with 841 indigenous teenagers aged 15 and 16 in the Arctic region of North America, confirms that suicidal behavior is linked to female sex²³.

In addition to the issues related to the belief that girls should be good homeowners, as discussed, their greater susceptibility to suicidal ideas may be linked to the socially constructed idea of a woman while being fragile and sensitive. This is because within a misogyny thought, which is anchored in discrimination against the female sex, everything that is considered "weak" has to do with the "female", from the absence or decrease of attributes of the considered "physical force", to more conservative thoughts such as the conviction that it is lacking or has little rationality and intelligence.

It is important to point out that the gender dichotomy, which requires the framing of people within patterns, limits certain bodies to be visited with the possibility of being in this role of sensitive people or not. This is because, from the perspective of binarity²⁷, either she is a woman, vulnerable, weak, defective, part of a whole that is the man; or she is of the particularly strong male sex, full of rational posture, insensitive and endowed with what the woman needs to be and be complete. When one leaves aside a dual view, one starts to the fluidity and possible transitionally of someone's characteristics, enabling a combination of attributes considered masculine and female and, thus, the unveiling of the unique and full of particularities individual.

The reflection about these gender stereotypes is directly related to mental health issues, since aspects that are less than expected for men and women are questioned. Meanwhile, the body, which somatizes expectations in the form of illness, attempts to cope with them and survive. Thus, it is understood that the inability to adapt to socially defined standards can compromise individuals' mental health.

Another aspect with statistical significance with suicidal ideation in adolescents refers to cohabitation with individuals other than the parents, presenting a prevalence of 1.63 suicidal ideation in relation to those who cohabit with the parents. A study conducted in the northeast of Brazil with 674 school teenagers points to a higher prevalence: those who do not reside with their parents have 2.27 times more chances of suicidal idea compared to those who live with their parents²⁰.

These findings reflect the importance socially attributed to the nuclear family and the belief that thus the minors are (more) happy²⁸. However, the reference of the maternal and paternal figure can and should be valued even if mothers and fathers do not reside with the minors, as revealed by a collective case study conducted in Rio Grande do Sul with three parent duos with the aim of understanding the experience of co-parenthood of separate parents who had shared custody of the child(s) and which showed that it is possible to preserve the exercise of parenthood by both parties despite the conflicts between the couple²⁹.

Understanding the relevance of the family context to ensure the healthy development of adolescents, it is essential to mention the multiple family arrangements that exist today²⁸. Over the last few decades, the concept of family has undergone several changes that distance it from the traditional nuclear model. Currently, gay affective union may have similar rights for heterosexual couples as regards medically assisted reproduction and adoption of children and adolescents. Thus, in the face of the multiple configurations of families, it is worth mentioning that the maternal and paternal figure may not necessarily be of the biological mother and father, but may also be extended to other individuals who care as they do. Therefore, in addition to the nuclear family, in order to ensure healthy growth for minors it is essential to provide love, respect, nutrition, education and leisure⁵.

Although no statistical significance was presented in this study, race/color was presented as a protection factor. These findings suggest that the white race/color has 0.92 times less risk of having suicidal ideas compared to the black race/color. Corroborating these results, a retrospective ecological study conducted in Mato-Grosso in Brazil, with adolescents aged 10 to 19, also points to a higher prevalence of suicide among black people ³⁰.

CONCLUSION

The study showed that adolescents with female CMD, with lower schooling between 6th and 7th year, who do not live with their parents are more likely to present suicidal ideas. The identification of this profile is fundamental for formulating public policies and interventions within and outside the school context with a view to preventing suicide by this public.

Therefore, a differentiated early look at the care of children and adolescents by health professionals, especially nurses, is needed to recognize signs of mental illness and associated psychopathological frames, including suicidal thinking and behavior, in order to prevent and promote care that ensures that this public reaches its human development potential.

Through this study we can realize the importance of revisiting strategies in areas of priority actions in the Youth Health Program (PROSAD) such as growth and development, mental health, school health of adolescents and family. These strategies will serve as incentives for local practices that support promotion, identification of adolescents vulnerable to suicidal behavior due to prior illness, early detection of risk situations as early as childhood, appropriate follow-up/treatment in a comprehensive, intersectoral and interdisciplinary manner.

Because it is a cross-cutting study, the study is limited to not identifying at what point in life these adolescents started the illness, and such an event may have been precipitated even at a younger age and worsened over time.

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REFERENCES

1. Karaye IM. Differential trends in US suicide rates, 1999-2020: Emerging racial and ethnic disparities. *Prev Med* [Internet]. 2022 [cited 2024 May 10];159:107064. Available from: <https://doi.org/10.1016/j.ypmed.2022.107064>
2. Lucas MAOF. A influência do UNICEF e da UNESCO na educação infantil brasileira contemporânea. *Rev HISTEDBR On-line* [Internet]. 2009 [cited 2024 Jan 10];35:126-140. Available from: <https://doi.org/10.20396/rho.v9i35.8639618>

3. Tellez LP. La importância de la inteligência emocional em la población masculina. Rev Dig Univ [Internet]. 2021 [cited 2024 Jan 10];22(6):1-8. Available from: <http://doi.org/10.22201/cuaieed.16076079e.2021.22.6.3>
4. Ministério da Saúde (BR). Mortalidade por suicídio e notificações de lesões autoprovocadas no Brasil. Boletim Epidemiológico: Secretaria de Vigilância em Saúde, Ministério da Saúde [Internet]. 2021 [cited 2024 Jan 10];53(33):1-10 Available from: https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/edicoes/2021/boletim_epidemiologico_svs_33_final.pdf
5. da Silva JL, Costa MJF, Távora RCO, Valença CN. Planning for homoaffective families: a re-reading of Brazilian public health. Rev Bioét [Internet]. 2019 [cited 2024 Jan 10];27(2):276-80. Available from: <https://doi.org/10.1590/1983-80422019272310>
6. Vilar CMLN, Santos AP, Santos IN, Laureano FGGB, Colares V, Menezes VA, et al. Fatores da desigualdade social e a sua associação com a gravidez na adolescência: uma revisão integrativa. R Saúde Públ Paraná [Internet]. 2022 [cited 2024 Jan 10];5(3):1-18. Available from: <https://doi.org/10.32811/25954482-2022v5n3.629>
7. De Almeida CS. Feminismos negros: resistências, ativismos e efetivação de direitos fundamentais no Brasil. Destaques Acadêmicos [Internet]. 2022 [cited 2024 Feb 15];14(2):131-46. Available from: <http://www.univates.br/revistas/index.php/destaques/article/view/3161/1992>
8. Shannonhouse L, Hong J, Fullen M, Westcott J, Mingo CA, Mize MC, et al. Racial differences in the relationship between pain and suicide desire in older adults. J Appl Gerontol [Internet]. 2020 [cited 2024 Feb 15];42(5):972-980. Available from: <https://doi.org/10.1177/07334648221145854>
9. Lerner C. A construção do gênero no discurso conservador: uma análise de comentários em rede social. Perspect Diálogo [Internet]. 2023 [cited 2024 Feb 16];10(23):145-60. Available from: <https://periodicos.ufms.br/index.php/persdia/article/view/16895/>
10. de Baére F, Zanello V. O gênero no comportamento suicida: uma leitura epidemiológica dos dados do Distrito Federal. Estud Psicol [Internet]. 2018 [cited 2023 Jul 10];3(2):168-178. Available from: <http://dx.doi.org/10.22491/1678-4669.20180017>
11. Dantas ESO, Meira KC, Bredemeier J, Amorim KPC. Suicídio de mulheres no Brasil: necessária discussão sob a perspectiva de gênero. Ciên Saúde Coletiva [Internet]. 2023 [cited 2023 Jul 10];28(5):1469-77. Available from: <https://doi.org/10.1590/1413-81232023285.16212022>
12. Diabelková, J, Rimárova K, Dorko E, Urdzík P, Houžvičková A, Argalášová L. Adolescent pregnancy outcomes and risk factors. Int J Environ Res Public Health [Internet]. 2023 [cited 2023 Jul 10];20(5):4113. Available from: <https://doi.org/10.3390/ijerph20054113>
13. Saffioti HIB. A mulher na sociedade de classes: mito e realidade. Petrópolis: Vozes; 1976. 384 p.
14. da Silva MF. O dilema do cuidado: as masculinidades e os cuidados a saúde mental [[undergraduate thesis]. Goiânia, GO: Faculdade de Educação, Universidade Federal de Goiás; 2023 [cited 2024 Jan 10]. 34 p. Available from: <http://repositorio.bc.ufg.br/handle/ri/22183>
15. Assis T de SC, Martinelli KG, da Gama SGN, dos Santos Neto ER. Recurrence of teenage pregnancy: associated maternal and neonatal factor outcomes. Ciênc Saúde Coletiva [Internet]. 2022 [cited 2024 Jul 11];27(8):3261-71. Available from: <https://doi.org/10.1590/1413-81232022278.00292022>
16. Beauvoir S. O segundo sexo: a experiência vivida. 2. ed. São Paulo: Difusão Europeia do Livro, 1967. 500 p.
17. Frois ES. A construção da expressão de gênero na infância: do gesto à palavra. Pesqui Prát Psicossociais [Internet]. 2020 [cited 2023 Jul 23];15(2):e-3048. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-89082020000200006
18. Herênio ACB, Zanini DS. Ideação e tentativa de suicídio em adolescentes. Psicol Am Lat [Internet]. 2020 [cited 2023 Jun 3];34:233-243. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1870-350X2020000200013&lng=pt&nrm=iso

19. Correa Júnior AJS, Souza TCF, de Souza YM, Rodrigues ARS, de Farias DLS, Carvalho JN, et al. Assessment of non-traditional family units and implications for nursing care. *Rev Eletr Enferm* [Internet]. 2020 [cited 2023 Apr 22];21:54933. Available from: <https://doi.org/10.5216/ree.v21.54933>
20. Sousa CMS, Mascarenhas MDM, Gomes KRO, Rodrigues MTP, Miranda CES, Frota KMG. Suicidal ideation and associated factors among high school adolescents. *Rev Saúde Pública* [Internet]. 2020 [cited 2023 Apr 10];54:33. Available from: <https://doi.org/10.11606/s1518-8787.2020054001637>
21. Edwards AL, Gentry AE, Peterson RE, Webb BT, Móscicki EK. Multifaceted risk for non-suicidal self-injury only versus suicide attempt in a population-based cohort of adults. *J Affect Disord* [Internet]. 2023 [cited 2023 Jun 10];333:474-481. Available from: <https://doi.org/10.1016/j.jad.2023.04.040>
22. de Abreu TB, Martins MGT. A presença de ideação suicida em adolescentes e terapia cognitivo-comportamental na intervenção: um estudo de campo. *Revista Ibero-Americana de Humanidades, Ciências e Educação* [Internet]. 2020 [cited 2024 Jan 10];8(5):1341-1362. Available from: <https://doi.org/10.51891/rease.v8i5.5525>
23. Granheim IPH, Silviken A, Larsen CVL, Kvernmo S. Socio-demographic, psychosocial and environmental factors associated with suicidal behaviour in Indigenous Sami and Greenlandic Inuit adolescents; the WBYG and NAAHS studies. *Int J Circumpolar Health* [Internet]. 2021 [cited 2024 Jan 10];80(1):1913939. Available from: <https://doi.org/10.1080/22423982.2021.1913939>
24. Raffagnato A, Iannattone S, Fasolato R, Parolin E, Ravaglia B, Biscalchin G, et al. A pre-adolescent and adolescent clinical sample study about suicidal ideation, suicide attempt, and self-harming. *Eur J Investig Health Psychol Educ* [Internet]. 2022 [cited 2024 Jan 10];12(10):1441-1462. Available from: <https://doi.org/10.3390/ejihpe12100100>
25. Thi AM, Zimmerman C, Ranganathan M. Hazardous child labour, psychosocial functioning, and school dropouts among children in bangladesh: a cross-sectional analysis of UNICEF's Multiple Indicator Cluster Surveys (MICS). *Children* [Internet]. 2023 [cited 2024 Jan 10];10(6):1021. Available from: <https://doi.org/10.3390/children10061021>
26. Carvalho JB, Melo MC.; A família e os papeis de gênero na adolescência. *Psicol Soc* [Internet]. 2019 [cited 2024 Jan 10];31: e168505. Available from: <https://doi.org/10.1590/1807-0310/2019v31i168505>
27. Vergueiro V. *Sou travestis: estudando a cisgeneridade como uma possibilidade decolonial*. Brasília, DF: Padê Editorial; 2018. 72 p.
28. Rinaldi AA. Novos arranjos familiares e os múltiplos sentidos da adoção. *Antropolítica* [Internet]. 2019 [cited 2024 Jan 10];43:101-29. Available from: <https://doi.org/10.22409/antropolitica2017.0i43.a41711>
29. Weber AS, Machado MS, Pereira, CRR. A experiência da coparentalidade na guarda compartilhada. *Psicol Ciênc Prof* [Internet]. 2021 [cited 2024 Jan 10];41:e221957. Available from: <https://doi.org/10.1590/1982-3703003221957>
30. Martins PB, Azevedo JTB, Lourenção LG, da Silva TF, Nodari PRG, da Silva LS, et al. Predição de suicídio entre adolescentes a partir da última década pré-pandêmica em Mato Grosso. *Arq Ciênc Saúde UNIPAR* [Internet]. 2023 [cited 2024 Jan 10];27(2):625-39. Available from: <https://revistas.unipar.br/index.php/saude/article/view/9366>

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