

Suicide among the young population and the urgency of public health policies

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Alves and colleagues¹ carried out a remarkable diagnosis of trends related to self-harm and suicide rates in Brazil between 2011 and 2022, identifying sociodemographic and regional characteristics. The article is a call for discussion and an invitation to highlight the need of protecting young people at the centre of the Brazilian public debate, as Abrucio² claims.

We emphasise that public health policies exclusively for the young population are necessary for society's individual and collective development. It is essential to understand that the condition of youth brings together people with very different sociocultural and economic characteristics. The UN recognises that the concept of "youth" is a social construction because the ages typically associated with this period of life vary considerably from society to society and in different communities of specialists and may correspond to the period between 10 and 24 years (WHO), 15–24 years old (IBGE, UN, and UNESCO) and 12–18 years old (in the Child and Adolescent Statute).³ This conceptual discrepancy reinforces the idea that age groups are just operational definitions, minimising that youth experience is very different for ages, classes, and social contexts.

Brazil is experiencing a current demographic transition phase in which there is a decreasing number of children and young people.⁴ Hence, policymakers can create policies and public health strategies for this age groups without the pressure of expanding demand. By assuming that youth is a phase of bio-psychosocial transition, government policy must make a distinction between early adolescents (10–14 years old), late adolescents (15–19 years old), full-fledged young people (20–24 years old), and young adults (25–29 years old), with young adults as a starting point. Therefore, it is essential to establish which social group is the target of public policy.

Alves and colleagues¹ use accurate information from Brazilian information systems and rightly draw attention not only to the most severe event, suicide, but suicide attempts and self-mutilation. An additional limitation of the article is the timid discussion of the effect of the Covid-19 pandemic on the mental health of young people. The suicide trend among young people in Brazil was already growing before the pandemic.⁵

However, this phase of global crisis accelerated this trend, affecting some subgroups unevenly, such as people who had precarious employment relationships, with temporary contracts, or who received wages for products that depended on social interaction.⁶ Some hypotheses suggest that population subgroups were affected with different intensities, especially concerning sex and ethnic identity and the situation of the original peoples.

At first, evidence suggested that older adults were more likely to experience more severe illness and death.⁷ As a consequence, some families tried to protect this age group, preserving them with social distancing,⁸ placing the younger population in several front-line activities, exposing them to a dangerous situation for exposure to the previously unknown virus.⁹ We highlight that this scenario is quite characteristic of countries with a peripheral economy, such as Brazil, and the fragility created during the COVID-19 pandemic seems to have developed a long-term effect. In this sense, it is worth mentioning that suicide joins a group of diseases recognised as deaths of despair—those that have a different pattern from general mortality in the context of fiscal austerity measures that weakened the federative pact of the Brazilian Unified Health System.¹⁰ However, this phenomenon has only gained prominence in the last ten years among middle-aged adults. We speculate that the phenomenon of deaths from despair may be moving towards younger age groups.

The successful participation of young people in civic life and the job market is crucial not only for their economic prospects but also for social development in intergenerational terms. For this reason, investing in young people must be a priority on the political agenda. In line with the results obtained by Alves and colleagues¹ regarding suicide among young people, the following steps should include a similar effort to evaluate other structural inequities among the young population. In the end, for these issues to be appropriately addressed, it is crucial to strengthen the relationship between the young population and political institutions, reinforcing their ability to influence the country's social agenda and minimising the moral and religious issues that have dominated the national debate.



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Declaration of interests

All authors declare they don't have any conflict of interests, nor financial or political.

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