I FNGFS I U I RFAIMFNI-RFS DEPRESSION AND SUICIDAL BEHAVIOUR

Therapeutic inertia

Comprehensive approach to treatment-resistant depression considering factors such as psychological and social support, avoiding exclusive dependence on medication or lack of accessibility.

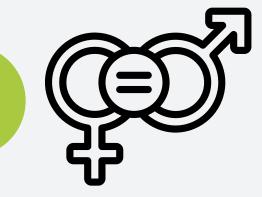


The responsibility for suicide prevention must be tackled collectively and efficiently. With the involvement of the health system, education, justice, universities, the state and society in general.



Multidisciplinary strategy

Given the complexity of the problem, it is necessary to combine approaches to find an effective response.



Gender mainstreaming

Suicide prevention must take into account gender differences by designing strategies that address life moments of vulnerability.

Interdepartmental approach

Caring for survivors

Enhance the role of mutual aid groups (GAMs) in suicide prevention and survivor support.

Primary care



Integration of new actors

The role of the *patient peer* can provide emotional support and share valuable experiences that help people in crisis feeling understood and less isolated.



Informal support networks

It is essential to design specific preventive policies for different types of populations, fostering resilience and emotional management from the earliest stages of life.

Reinforce with initiatives the crucial role of primary care in suicide prevention, integrating proactive and collaborative interventions to identify and treat people at risk of suicide.



Access to innovation

Innovation applied to pharmacological treatments, circuits and services. Accessibility and efficiency of depression and suicide prevention and treatment services is important.

Identifying risk factors

Develop strategies to address risk factors, enhance protective factors and achieve social awareness.



