

Suicide in Chile: from macro to micro

Suicidio en Chile: de macro a micro

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Abstract

Suicide is a critical public health issue, representing one of the leading causes of death globally, with significant biopsychosocial implications. This study analyzes the phenomenon in the Chilean context, exploring risk factors such as socioeconomic inequalities, mental health, trauma, and cultural stigmas. The methodology included the analysis of national statistical data from 2000 to 2020, qualitative interviews with 186 individuals, and a bibliographic review of recent scientific publications. The results highlight the relevance of factors such as family support, experiences of violence, educational challenges, and economic crises in shaping suicide rates. The research reinforces the need for intersectoral strategies, including emotional interventions in education, inclusive public policies, and strengthening of support networks, to reduce the prevalence of suicide and promote mental well-being.

Keywords: Mental health; Suicide; Biopsychosocial factors; Socioeconomic factors; Cultural stigma.

Resumen

El suicidio es un problema crítico de salud pública y representa una de las principales causas de muerte a nivel mundial, con importantes implicaciones biopsicosociales. Este estudio analiza el fenómeno en el contexto chileno, explorando factores de riesgo como las desigualdades socioeconómicas, la salud mental, el trauma y los estigmas culturales. La metodología incluyó el análisis de datos estadísticos nacionales de 2000 a 2020, entrevistas cualitativas a 186 personas y una revisión bibliográfica de publicaciones científicas recientes. Los resultados resaltan la relevancia de factores como el apoyo familiar, las experiencias de violencia, los desafíos educativos y las crisis económicas en la configuración de las tasas de suicidio. La investigación refuerza la necesidad de estrategias intersectoriales, incluyendo intervenciones emocionales en educación, políticas públicas inclusivas y fortalecimiento de redes de apoyo, para reducir la prevalencia del suicidio y promover el bienestar mental.

Palabras clave: Salud mental; Suicidio; Factores biopsicosociales; Factores socioeconómicos; Estigma cultural.

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Introduction

World Health Organization (WHO, 2021) suicide is one of the main causes of death in the world, more than 720,000 people die by suicide each year, being the third cause of death among young people aged 15 to 29. Three quarters (73%) of global suicides occurred in low and medium income countries in 2021. Every 40 seconds, someone dies by suicide, which represents a critical global public health problem.

According to the *Estatus de la salud mental en Chile* (Chile, 2024), Chile is the sixth country in South America with the highest suicide rate, with 9 per 100 thousand inhabitants. Furthermore, 23.2% of years of life lost due to disability or death in Chile are determined by neuropsychiatric conditions. Suicide is frequent among young people aged 15 to 29 and older adults in the country, mental health problems and social inequalities are aggravating factors in the Chilean context. The report presents an increase in mental and psychosocial health problems such as addictions, intrafamily violence, depression, suicidal ideation, personality disorders and anxiety (Chile, 2022).

When investigating scientific references on the topic of suicide, we find ourselves with a large number of texts, each of which explores the topic from different perspectives and approaches. Publications such as Riera-Serra *et al.* (2024) presented as a result of a meta-analytic analysis that the severity of despair prevents suicidal thoughts and suicide attempts. Similarly, a history of suicide attempts, suicidal thoughts, severe depression and psychotic symptoms predicted later suicide attempts and death by suicide. The investigation by Grant *et al.* (2023) says that worry, insomnia and anxiety that interfere with daily tasks indicate a resurgence of suicidal thoughts. Concerns about the future and the past, the diminished appetite and the conviction that life is not worth living were risk factors for subsequent suicide plans and attempts.

For Schönfelder *et al.* (2021) emotional abuse was the most prevalent type of abuse on the internet, directly associated with suicide attempts

and indirectly with suicidal thoughts through the perception of emotional overload. Oexle, Mayer e Rüsche (2020) state that recent studies have revealed that social rejection of suicidal thoughts and actions (the stigma of suicide) is an additional stress factor for people who experience or have experienced suicidal tendencies, as well as for their family members. Furthermore, the stigma of suicide is considered an obstacle to seeking help and revealing suicidal practices. However, as per the authors, there are only a few measures available to reduce the stigma of suicide among the general population and help those affected to confront it.

First impressions

Given the different perspectives on the topic of suicide, we realize that it is a complex topic, in which there is no single determining factor for suicide to occur, but rather a combination of multiple variables. Seeking to highlight the complexity of the phenomenon, we used the PubMed database, which supports the search and retrieval of biomedical and biological science literature. 34,540 results were identified in the last five years with the descriptor “suicide” (January 2025). The analysis of the abstracts (text) of these results allowed us to extract the main biopsychosocial indicators directly related to suicide.

The literature identifies multiple suicide risk factors. (1) Mental disorders—such as depression, anxiety, and personality disorders marked by impulsivity—are strongly linked to suicidal behavior (Grant *et al.*, 2023; Riera-Serra *et al.*, 2024; Sadler *et al.*, 2021). (2) Personal and family history, especially suicide attempts in the family and adverse childhood experiences like abuse and neglect, increase vulnerability (Grafiadeli *et al.*, 2021; McGraw *et al.*, 2022; Schönfelder *et al.*, 2021). (3) Social and cultural stressors, including stigma and minority stress, particularly affect LGBTQ+ individuals (Lyons *et al.*, 2022; Oexle; Mayer; Rüsche, 2020). (4) Economic and environmental factors—unemployment, financial insecurity, and exposure to conflict—also contribute (Dawes; Franklin, 2025;

Eskin *et al.*, 2020; Younis; Lafta, 2023). (5) Biological and medical aspects, such as chronic illnesses, persistent pain, and low cholesterol levels, are associated with higher risk (Dimény *et al.*, 2021; Hamilton *et al.*, 2021; Zhang *et al.*, 2023). (6) Psychosocial factors—hopelessness, isolation, and weak school or community ties—are particularly relevant among youth (Levi-Belz; Feigelman, 2022; Palmu; Koskinen; Partonen, 2023; Sparks; Mitchell; Leduc, 2023). (7) Lastly, violent methods are more lethal than poisoning or overdose (Large; Corderoy; McHugh, 2021; Palmu; Koskinen; Partonen, 2023; Persett *et al.*, 2022).

Given this context, our study examines how specific socioeconomic indicators (*e.g.*, unemployment, income inequality, access to health care) correlate with regional suicide rates in Chile, with the aim of identifying which factors present statistically significant associations. By analyzing these relationships through geospatial and statistical methods, we seek to determine the relative influence of each indicator, recognizing the complex and multifactorial nature of suicide causality.

Methodology

The methodological process adopted to analyze the variations between population proportions and socioeconomic indicators in Chile and its regions in the period 2000 to 2020, extracted from public statistical bases provided by the National Institute of Statistics (INE), Unholster and territorial statistics there Library of the National Congress of Chile. The reports “Extending the view on poverty and inequality: methodologies, diagnoses and challenges for Chile and its territories (2006-2015)” from the Ministry of Social Development (Chile, 2015), and the “National report on victims of homicides completed in Chile first semester 2024” (Chile, 2024) and “1st national report on completed homicides: integrated and institutional vision 2018-2022” of the Center for the Prevention of Homicides and Violent Crimes (Chile, 2024), and “Evolution of Poverty 1990-2017: How has Chile changed?” of the Ministry of Social and

Family Development (Chile, 2022). Data selection criteria prioritized temporal coverage (2000-2020), geographic granularity (national and regional level), and thematic relevance for socioeconomic indicators. Raw data were organized into tables (Excel/Python), normalized for consistency across units and periods, and subjected to treatment of incomplete or discrepant values (exclusion of incomplete records and simple interpolation).

To understand changes over time, we use the calculation of relative differences ($\Delta\% = [(current\ value - previous\ value) / previous\ value] \times 100$), which measures the proportional variation of a variable between two periods, in this case, between one year and the previous year. This approach allows us to analyze percentage trends, which makes it easier to identify increases or decreases over time.

The analysis is based on numerical data from the variables of interest, which were processed to ensure temporal and spatial correspondence. The implementation was carried out using Excel tools and the Pandas library in Python, allowing greater efficiency and precision in data manipulation. The results obtained are consolidated in graphs and tables, allowing a clear visualization of trends over time.

The analysis focuses on relative percentage changes and does not encompass causal interpretations. Despite this, the results provide valuable support for understanding demographic and socioeconomic dynamics in the period analyzed.

Results

In 2015, 2017 and 2020, the years for which the data are presented, the female population was consistently larger than the male population, probably both in the country and in all the regions analyzed. This reflects a common demographic pattern in many countries, where women generally live longer than men, which contributes to a higher female proportion.

In Chile, despite the larger female population, the percentage of households with a male head of household is higher than that of those with

a female head of household in all the years evaluated. This indicates a cultural and social aspect in which men still largely play the role of heads of household, probably due to traditional gender norms and structural inequalities.

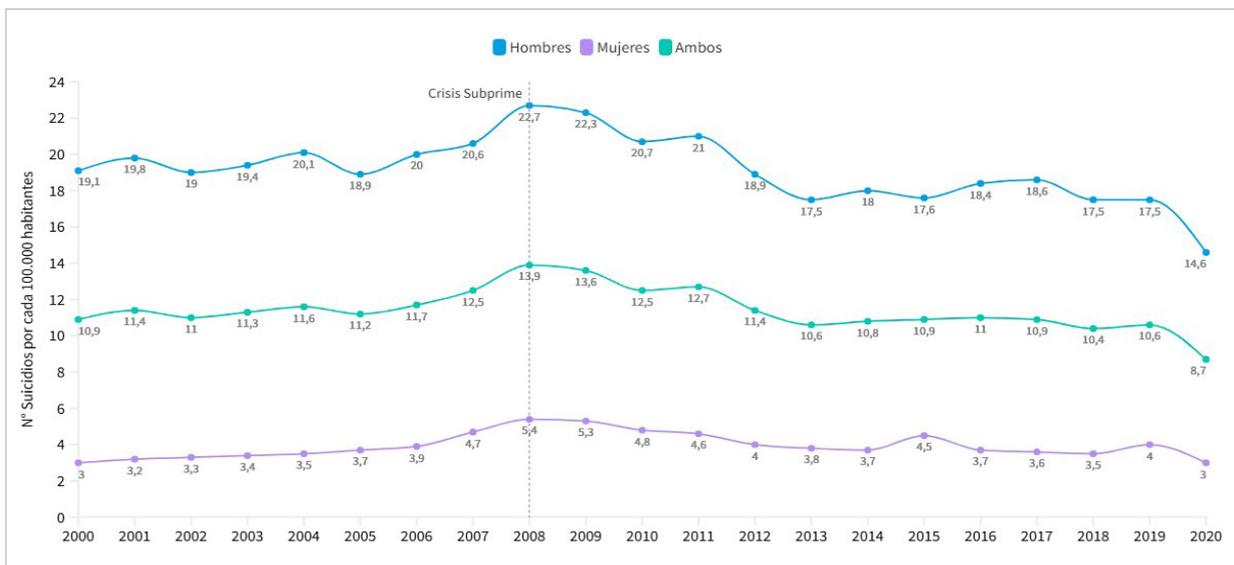
This discrepancy suggests that although women are the majority of the population, they may be underrepresented in family leadership positions, which may reflect cultural, social and economic barriers that restrict their autonomy or participation as heads of household. The trend can be interpreted as a reflection of gender inequalities that may be present in the contexts of work, income and family responsibility.

However, during this period, there has been a consistent increase in the proportion of female-headed households: 2015 (39.5%), 2017 (42.4%), and 2020 (50%). If this trend continues, women could overtake men as the primary breadwinners

by 2024. This shift may reflect broader societal shifts, such as increased female labor force participation, evolving family structures, or changing gender roles. While these trends may suggest progress in women's economic and social autonomy, the relationship between female empowerment and suicide rates remains complex and context-dependent. More research is needed to explore how these demographic shifts interact with mental health outcomes.

When we separate suicides by gender, we see something interesting: suicide is a predominantly male problem (Chart 1). Between 2000 and 2020, approximately 80% of suicides in Chile occurred among men, revealing a consistent gender disparity. In some years, such as 2019, a significant increase was reported among women. However, men represent more than 4 times the percentage of suicides compared to women in most years.

Chart 1 – Suicide rate in Chile, gender (2000-2020).



Source: Analysis and processing of Unholster data based on information from the DEIS, between the years 2000 and 2020 (DecideChile, 2024a).

An analysis of the age distribution of the Chilean population in 1992, 2002, and 2017 reveals an ongoing process of demographic transition, marked by a reduction in the proportion of young people (0-14 years), stability and growth in the working-age population (15-64 years), and a

significant increase in the group aged 65 or over. This dynamic reflects changes in reproductive patterns, greater access to contraceptive methods, and increased life expectancy. Although such transformations are associated with advances in health and quality of life, they also entail structural challenges,

especially in the field of mental health. Population aging, for example, requires greater attention to the emotional health of the elderly, a group in which suicide rates tend to be higher. At the same time, socioeconomic pressure on the working-age population and changes in the social role of young people also impact the risk factors associated with suicidal behavior, requiring public policies that are sensitive to these demographic changes.

These data show that Chile is going through an advanced stage of demographic transition, characterized by a decrease in the proportion of young people, a growth in the economically active population, and an increase in the elderly population. This transformation requires strategic planning that takes advantage of the potential of the active workforce, combined with the creation of active aging policies and structural adjustments in health and social security systems to meet the demands of a rapidly aging society.

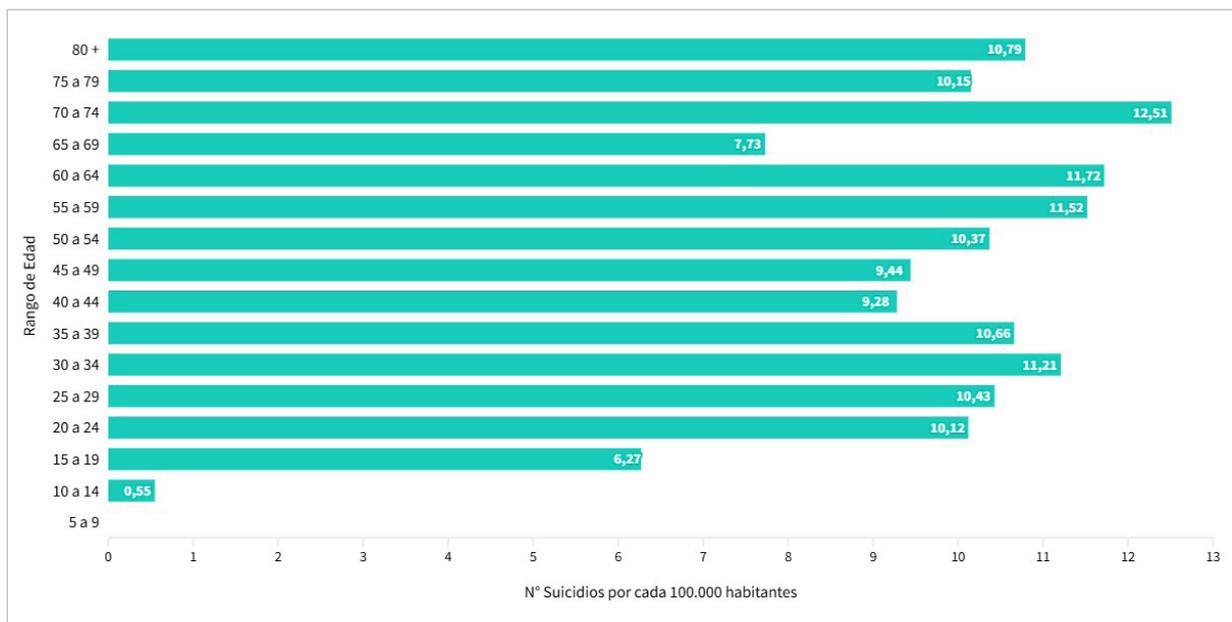
If we incorporate data on the age range of people who committed suicide, the relevance of mental health at different stages of life in Chile is highlighted. Between 2000 and 2020, the DEIS recorded 10 cases of suicide in children aged 5 to 9

years, highlighting the urgency of early interventions in emotional care and prevention of risk factors in this age group. In the same period, suicide was also a major cause of mortality among adolescents, with 433 cases in the 10-14 age group and 2,587 cases between 15 and 19 years, reflecting emotional vulnerabilities during the transition to adulthood.

In the adult context, the 2018-2019 biennium highlighted the highest suicide rate, with 13.4 per 100,000 inhabitants, with the 45-49 age group being the most affected in 2020, with a rate of 16 per 100,000 inhabitants. These data suggest the influence of factors associated with work, family and social pressures at this stage of life, indicating the need for psychological and emotional support policies adapted to the demands of this group.

Among older people, the prevalence of suicide is even more significant in old age (Chart 2). In 2000, the rate reached 20.7 per 100,000 inhabitants, revealing the challenges faced by this population in a context of increasing ageing. The increase in the proportion of older people in Chile, combined with the phenomenon of suicide, reinforces the importance of interventions aimed at active ageing, with emotional and social support.

Chart 2 – Suicide rate by age in Chile 2020.



Source: Analysis and processing of Unholster data based on information from the DEIS, between the years 2000 and 2020 (DecideChile, 2024a).

These data reveal how changes in the age structure of the Chilean population are directly associated with mental health challenges. The decline in birth rates and the increase in the elderly population increase the demand for public policies that integrate emotional education in childhood, preventive strategies for adolescents and adults, and specialized support for the elderly. Thus, suicide is presented as a sensitive indicator of the emotional difficulties that permeate all stages of life, requiring a comprehensive and planned approach to promote well-being and mental health.

Economic dimensions

The economy is a determining factor in suicide, especially when analyzed from a global perspective. Economic conditions affect quality of life by generating unemployment, financial insecurity, and social inequality, all of which have a direct impact on the mental health of the population. However, the severity of these effects is related to the level of state intervention to address the crisis. Effective public policies, such as social protection systems, accessible mental health programs and economic support strategies, can significantly mitigate the adverse impacts of an unstable economy. Let's see.

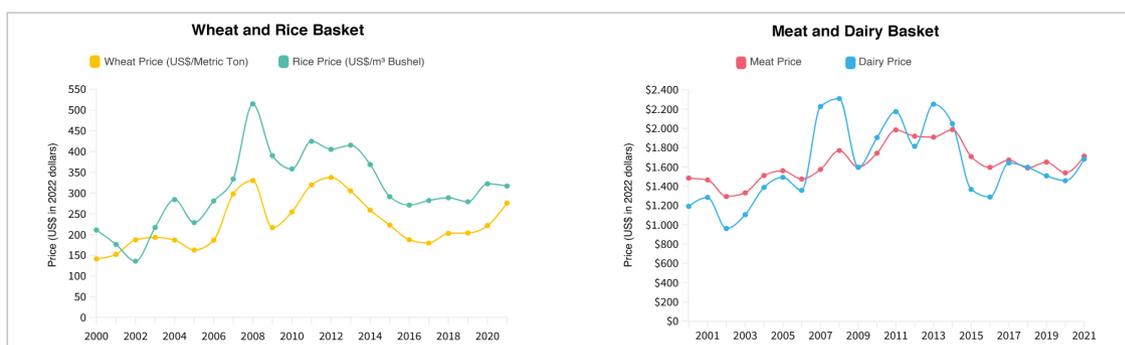
Analyzing the report “Evolution of Poverty 1990-2017: How has Chile changed?” From the Ministry of Social Development and Family (Chile, 2022), poverty was analyzed from two main perspectives: by income and multidimensional. The

income-based approach is based on poverty lines established from the cost of a basic food basket, while the multidimensional approach assesses deficiencies in dimensions such as education, health, work, social security, housing and social cohesion.

The document reveals important advances in poverty reduction in Chile, especially in urban areas, but highlights the coexistence of marked inequalities. The reduction in income poverty, although significant, was accompanied by high levels of inequality and social vulnerability, highlighting the urgency of integrated actions that combine economic growth with social justice. It also highlights persistent challenges, such as the need for more inclusive policies that address structural inequalities and ensure equitable access to opportunities and services. This year 2019 would culminate in a social explosion, which we will discuss later.

If we look at the economic figures mainly by the Gross Domestic Product, we can make a mistake in interpretation, given that in 2008 the Chilean GDP grew by 3.8% compared to 2007. However, the GDP per capita in Chile had a variation of -4.0% compared to 2007, ending a series of growth since 2004 (Datosmacro, 2024). In other words, the GDP measures the total economic performance of a country, but it does not capture how wealth is distributed or how it directly affects the population. We can see this in the purchasing power of the population (Chart 3). Hunger causes suicide (Koyanagi *et al.*, 2019; McIntyre *et al.*, 2013; Stickley *et al.*, 2018).

Chart 3 – Price of products in Chile 2000-2021.



Source: Analysis and processing of Unholster data based on information from the Central Bank, between the years 2000 to 2021 (DecideChile, 2024b).

Hunger represents a significant societal trauma, one among several factors that may contribute to variations in suicide rates. While the 2008 global economic crisis might be expected to correlate with increased suicide incidence, certain indicators paradoxically demonstrate an opposite trend. In 2019, Chile experienced one of its biggest social crises: the Social Crisis of 2019. Precisely when a relative difference of -17.76 was noted in the number of suicides (Chart 1), a decrease compared to a fall in the Chilean economy that year.

#Chiledespertó. The social upheaval of 2019, caused by structural inequalities and rising living costs, exposed collective unrest. This context highlighted how broad social factors interact with mental health and suicide, especially in an exclusionary neoliberal model (Jiménez-Yañez, 2020).

The 2019 protests exposed the political and economic contradictions of the Chilean system, presenting themselves, in the words of Jiménez-Yañez (2020), as simultaneously a “disease and a cure”: an expression of dissatisfaction and, at the same time, a search for transformation. The mobilization culminated in concrete changes, such as the call for a plebiscite to draft a new Constitution, demonstrating the significant impact of collective action.

In this period, GDP, which reached 280 billion dollars in 2019, fell by 13.7% in the second quarter of 2020, accentuating the country’s structural problems, such as poverty (30.3% of the population in 2019) and inequality, with a Gini index of 0.47 (2018). Massive social discontent translated into protests against Sebastián Piñera’s policies in 2019, which were repressed with authoritarianism, generating international criticism.

The labor market was already facing structural deterioration, with an employment rate of 58.3% in 2019 and large gender disparities: 68.7% for men and 48.4% for women. The overall unemployment rate was 8%, while youth unemployment was three times the world average, reflecting a deep crisis in the Chilean economic and social system.

Previously, with a reduction in multidimensional poverty rates in general, from 27.4% in 2009

to 20.7% in 2017, this coincides with improvements in living conditions and public policies focused on education, health, housing and social security. However, as we are seeing, the persistence of inequalities in specific occupational groups and social exclusion are factors that negatively impact mental health and contribute to suicide rates in more vulnerable groups, such as women.

Indicators of inequality in access to essential resources, such as lack of social security, inadequate housing and discrimination on socioeconomic grounds are factors that reflect conditions that may be associated with chronic psychological stress, increasing the risk of suicidal behavior in affected populations (Felipe *et al.*, 2021; Sampaio *et al.*, 2023). Regions such as Arica and Parinacota, Los Lagos and Magallanes and Chilean Antarctica increased their suicide figures in 2019 compared to 2018, while regions such as Biobío and Atacama decreased their suicide figures, that is, multidimensional. Poverty rates and inequality in access to essential resources are stress factors that, depending on the particularity of the regions, the most affected in years of economic crisis, can contribute to the number of suicides.

However, it is important to highlight the role of the minority group of foreign workers in the context of the labor market during the 2019 crisis. Between the months of October and December, a reduction in the number of unemployed foreigners was observed, which indicates a different behavior in relation to the rest of the active population. In the following months, the workforce of this group shows an increase in the number of active workers, evidencing a trend towards greater insertion in the market.

Nonetheless, this apparent ‘benefit’ of foreign labor must be critically examined. While the data show increased employment rates, they do not capture improvements in working conditions or wages – key factors in assessing job quality. Our findings reveal that migrant workers face significant vulnerabilities (*e.g.*, job precariousness, discrimination) that standard quantitative indicators often miss. Regarding mental health outcomes, the

parallel rise in reported mental distress and suicide rates among this population suggests a concerning correlation. However, as our study design is observational, we cannot establish direct causation between labor conditions and suicide risk. This relationship likely involves multiple socioeconomic mediators that future research should investigate with longitudinal or mixed methods approaches.

Educational dimensions

Analyzing the statistics of Enrollment Rates by educational level and dependency in the period 2004-2023, it can be stated that there was relative stability in enrollments by educational level over time, with moderate fluctuations. Some areas, such as average enrollment in technical-vocational education, have shown a slight and constant decline in recent years, which may reflect changes in the interest or supply of this type of education.

The Covid-19 pandemic may have been an impact factor. The sharp drop in enrollments in preschool (early childhood) education in 2021 indicates a possible impact, with families postponing or giving up enrolling their children in this educational level. During this period, other levels, such as technical-vocational secondary education, also showed significant declines, potentially associated with the logistical and economic difficulties derived from the pandemic.

Despite these fluctuations, secondary humanistic-scientific education showed a gradual growth trend, especially in the years 2022 and 2023, indicating an increase in more academic training, with a view to entering university.

We have a negative fluctuation in enrollments in preschool education, which may be a worrying point, as it indicates a possible reduction in access or interest in early childhood education, with potential negative impacts on school performance at later stages. Another phenomenon that deserves attention is the reduction in enrollment rates in Basic Education: in 2005, 2,236,465 enrollments were registered, while in 2023 the number fell to 2,052,875, having reached, in 2015, a rate

of 1,955,687 enrollments. This represents, in the period from 2004 to 2023, a decrease of 10.00% in Basic Education. On the other hand, there was an increase of 20.93% in enrollment in Pre-Basic education and 16.46% in Scientific Humanistic Secondary Education, while Technical Professional Secondary Education showed a significant decrease of 37.38%.

However, if we analyse these numbers in isolation, we will make a mistake. We need to cross-reference these numbers with the population size. To analyse the population, the 1992, 2002 and 2017 Censuses were used; the data reveal a contrasting dynamic in population evolution between the age groups 0 to 14 years and 15 to 29 years. A reduction in the population aged 0 to 14 years is observed, with a fall of -1.00% between 1992 and 2002 and a cumulative fall of -9.42% until 2017. These figures may reflect changes in factors such as birth rates or family planning policies. In contrast, the 15-29 age group showed a moderate increase of 0.69% in the initial period (1992-2002), followed by a significant growth of 11.77% until 2017, indicating a positive demographic impact that may be associated with the aging of the young population and the entry of new cohorts. These trends have important implications for the planning of educational and employment policies, considering the changing needs and challenges of these population groups.

Between 2010 and 2020, Chile experienced a significant decline of 31.29% in the Birth Rate, reflecting a national trend of reduced births. This phenomenon was observed in all regions of the country, with emphasis on Arica and Parinacota, which registered the largest reduction, with a rate of -40.52%. Other regions, such as Atacama and region Aysén del Gral. Carlos Ibáñez del Campo, also showed significant declines, of -37.58% and -37.34%, respectively. These data indicate a consistent demographic change at the regional and national level, possibly related to factors such as socioeconomic transformations, access to contraceptive methods or cultural changes, which may have implications for population planning and long-term public policies.

Now, why are these data relevant to the phenomenon of suicide? Furthermore, why do we argue that specific data from basic education are of greater importance? The literature points out that early emotional experiences shape children's personality and psychological development, directly influencing resilience in the face of situations of suffering in adulthood (Bekh, 2021; Ceron-Litvoc, 2020; Costa; Gomes, 2017; Prasetyo, 2020; Tatlıhoğlu, 2022).

The formation of personal and social identity in childhood, especially within the school environment, is essential for emotional development (Benjamin; Benjamin, 2021; Delgado *et al.*, 2023). Emotional education, supported by collaboration between school and family, fosters skills such as emotional regulation and conflict resolution, helping to prevent self-destructive behaviors like suicide (Márquez-Cervantes; Gaeta-González, 2017). Schooling also expands social and economic opportunities, serving as a protective factor against isolation and vulnerability. Nevertheless, schools must go beyond academic instruction to openly address psychological suffering, including suicide, thereby breaking the silence and the taboo surrounding the issue. Education, therefore, plays a dual role: it can protect by mitigating risks and expanding opportunities, but when marked by inequality or excessive pressure, it may also contribute to emotional distress in specific contexts.

Another look

Qualitative data on suicide remain scarce, particularly with respect to underlying motivations—a gap stemming from the challenges inherent in studying a complex and stigmatized phenomenon. Although survivorship bias (the focus on observable groups, such as survivors of suicide attempts, while neglecting excluded populations) poses risks of distorted interpretations, we employ it here as a diagnostic tool to: 1) identify systemic gaps in data collection (*e.g.*, unreported suicide methods, marginalized groups); 2) contrast patterns among survivors with known risk factors for fatal outcomes.

Furthermore, when studying suicidal thoughts, it is common to focus only on individuals who have verbalized these ideas, excluding those who, for various reasons—such as stigmatization or social isolation—have not sought help or have not been identified. This gap may underestimate the true prevalence of suicidal ideation in marginalized groups and, consequently, limit the scope of preventive strategies.

Thus, using our field data (Rodrigues-Filho; Castillo, 2025), we complemented our analysis with 186 interviews with patients undergoing psychological/psychiatric treatment, including cases of attempted suicide in Chile (Los Lagos, Aysén, Los Ríos) and Brazil (SP/PR), collected between October and December 2024. In these data, we found some behavioral patterns and biopsychosocial conditions. We will use this bias to highlight some characteristics and living conditions, seeking more in-depth reflections on the phenomenon of suicide.

The completed schooling of these interviewees shows that 1.08% are illiterate, 1.08% attended kindergarten, 12.90% attended basic/primary education, 47.31% attended secondary education, 4.30% have some postgraduate education and 33.33% have higher education. The majority are students (19.89%), while 15.59% are unemployed and 6.99% are housewives.

The percentage distribution of the main reasons reported by individuals shows that the most frequent categories are anxiety (30.11%) and depression (15.59%), trauma (4.84%), grief (3.76%) and substance use (3.23%). Most records did not specify chronic diseases, only anemia with 1.08% and epilepsy with 1.08%. For the question “Do you have a history of suicide attempts or self-harm?”, if the answer was affirmative, the interviewee was able to describe the events. The results show a wide range of descriptions, including suicidal thoughts, self-harm, suicide attempts by overdose, hanging, cutting and other specific situations. There are also blank records or where participants preferred not to describe.

Up to this point we can draw some considerations. The factors mentioned in this article such

as the economy, education, employment, etc. cannot be directly observed in the interviewees, however, we believe that suicide can play the role of a “scapegoat”, especially when we have trauma as one of the main factors associated with the triggering events reported by the interviewees. Situations such as domestic violence, abuse, bereavement and family conflicts appear as important catalysts for suicidal ideation or attempts, traumatic experiences shape both the vulnerability and the emotional and behavioural response of individuals to situations of extreme stress. Traumas also seem to be interconnected with other reported factors, such as anxiety and depression; these disorders are often direct consequences of traumatic events.

This can be confirmed when 83.87% reported having experienced a traumatic event, such as: separations and relational conflicts (separation and betrayal, divorce, end of marriage), diverse family events (separation from relatives, witnessing many fights between parents), non-explicit violence and abuse (physical and verbal aggression, rape by his uncle at age 7), social or cultural trauma (when his family discovered his sexuality, allegations of harassment or social exclusion).

As for significant losses, there are multiple family losses (father, grandparents, uncles (within a small month difference), parents and brother, mother, father and stepfather), losses in emotional relationships (end of relationship, end of a toxic relationship, ended a 19-year relationship with her ex), deaths of people close to her (she lost two friends, her grandfather and her father-in-law, her best friend committed suicide, her grandfather died of a stroke, her uncles from cancer, death of a maternal relative, grandfather) and losses due to specific conditions or events (arrest of father, arrest of older brother).

We come to an important factor in the analysis of suicide: the family or support network. As we have seen so far, the family is always involved in the stories, whether through grief, abuse or violence, as well as in welcoming family environments (loving, calm and welcoming, peaceful, very

pleasant). The family in these cases can be understood in extremes, sometimes loving and welcoming, sometimes chaotic or problematic (chaotic, conflictual with insults, toxic, in a hurry, children screaming, fights for trivial reasons on a daily basis). However, when asked about family support, the majority reported some level of family support, with “always” being the most common category (27.42%), while “never” appears with 9.68% of cases, “sometimes” (22.58%), “rarely” (20.97%) and “frequently” (17.74%).

Family support in suicide prevention, especially among university students and adolescents, becomes an important factor when thinking about suicide intervention and prevention actions. Research indicates that family support moderates the relationship between loneliness and suicide risk, acting as a buffer against depressive symptoms and suicidal ideation (Chang *et al.*, 2017). For at-risk adolescents, family support interacts with self-esteem to protect against suicide risk behaviors (Sharaf; Thompson; Walsh, 2009). However, family members caring for suicidal individuals often have unmet support needs, including practical support, recognition, and consistency in care (McLaughlin *et al.*, 2016). From an attachment and family systems perspective, therapists should utilize family resources to expand perceived support options for suicidal individuals. Three new family concepts are proposed in suicide prevention: family cohesion, family attachment, and forming a new family (Prabhu *et al.*, 2010). These findings highlight the importance of involving and supporting families in suicide prevention efforts.

This family support is important precisely when 59.68% of respondents reported experiences of violence or abuse, while 38.17% reported no experiences of violence or abuse. And this violence or abuse is often perpetrated by family members themselves, with complaints of sexual abuse or attempted sexual abuse (in childhood a cousin played at sleeping and put his hands on her private parts and asked for them to be put on hers, attempted abuse by her stepfather, abused by her

uncle), physical or domestic violence (her father beat her, her sister and her mother, aggression from her boyfriend, violence from her husband), harassment or emotional abuse (glances from her grandfather and father, various situations of harassment, psychological violence).

This lack of support, on the part of those who should contribute to the emotional and psychological development of the individual, further aggravates the consequences of experiences of violence or abuse. The family environment, when marked by abandonment, abuse or lack of support, can become an important risk factor for mental health problems and self-destructive behavior.

Among those interviewed, the accounts of violence perpetrated by family members point to a cycle of vulnerability, where the home, which should be a safe space, becomes the place of greatest threat. From the micro to the macro, when this space of security, support and emotional learning, during childhood and adolescence, leaves the family space, in the adult world, without this emotional learning, all stressors such as work, economic crises, domestic violence, among others. Others will be stressors that, taken to the extreme, will lead to violence or suicide.

Final considerations

The study on suicide in Chile revealed an intrinsic complexity of the phenomenon, characterized by the interaction of multiple biopsychosocial factors. The data indicate that suicide rates cannot be attributed to a single isolated element, but to a combination of elements such as mental health, domestic violence, socioeconomic inequalities and demographic changes.

The analysis demonstrated the relevance of family support as a significant protective factor, especially in light of the frequent reports of experiences of violence and abuse in the family context. On the other hand, the absence of this support amplifies the risks associated with emotional disorders, such as anxiety and depression, frequently observed in individuals with a history of suicide attempts.

Furthermore, the influence of macroeconomic factors, such as financial crises and structural inequalities, highlights the need for political and social interventions that seek to mitigate the negative effects of economic precariousness on the mental health of the population.

Finally, the role of education has emerged as a central element in suicide prevention, not only by promoting emotional well-being from childhood, but also as a way to reduce inequalities and increase opportunities. Integrating emotional education programs in schools and training educators and families to address mental health issues are essential steps to address the problem in a comprehensive manner.

Recognizing that suicide is a multifaceted phenomenon, this study reinforces the importance of intersectoral approaches that consider the cultural, social and economic nuances specific to each context. Only with integrated and data-driven strategies will it be possible to advance effective suicide prevention, promoting a more welcoming and resilient society.

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