

Challenges for Family Physicians in Identifying and Preventing Suicidal Behavior

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Dear Editor

Suicidal Behavior (SB) represents a highly complex health challenge involving biological, psychological, and sociodemographic factors. Its global impact is so significant that it ranks among the top ten causes of death in the general population, causing destabilization within the family unit that often overwhelms the coping mechanisms of those affected [1].

According to estimates from the World Health Organization (WHO), SB shows an upward trend, establishing itself as one of the critical causes of mortality in the 15-19 age group. This phenomenon is the result of a multifactorial interaction, where psychosocial variables play a leading role, as confirmed by various studies in the Cuban and international contexts [1,2].

A comprehensive approach to suicide requires programs that integrate prevention, direct intervention, and postvention. These actions must be based on scientific evidence and the implementation of community-based strategies, with Primary Health Care (PHC) at the center. In Cuba, this effort is operationalized through the National Program for the Prevention of Suicidal Behavior, which must move beyond statistical recording to focus on process evaluation, knowledge sharing, and fostering resilience and creativity among healthcare personnel [3].

Effective prevention in PHC is an epidemiological emergency. Primary care professionals are uniquely positioned for the early detection and support of vulnerable groups, given the specific characteristics of their development. In light of the sustained increase in suicide rates, ongoing training for these physicians is imperative to transform clinical practice into a life-saving tool [4].

Based on this premise, the WHO proposes the technical guide "Live Life" [5].

This framework suggests interventions with proven effectiveness, such as:

- Limiting access to lethal methods.
- Promoting responsible media coverage of information.
- Strengthening socio-emotional skills in adolescents.
- Early identification and systematic follow-up of individuals with suicidal ideation.

Family medicine offers unparalleled continuity of care and in-depth knowledge of the individual's biopsychosocial environment. However, evidence indicates that gaps remain in risk identification methodology and interdisciplinary cohesion. It is essential to strengthen the technical training of these professionals to mitigate morbidity and mortality associated with suicidal ideation and ensure high-impact preventive intervention.

Conflict of Interest

The authors declare no conflict of interest in this research.

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