

Suicide Prevention: The Role of Psychiatric Nurses A Narrative Review

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Abstract—Suicide is a major public health concern and a leading cause of preventable mortality. Psychiatric nurses play a vital role in suicide prevention through early identification of risk, therapeutic communication, safety planning, crisis intervention, patient and family education, and continuity of care. This narrative review summarizes current evidence regarding suicide prevention and emphasizes the responsibilities of psychiatric nurses in different healthcare settings. A multidisciplinary, evidence-based approach is essential to reduce suicidal behaviour and improve patient outcomes.

Index Terms—Suicide; Suicide prevention; Psychiatric nursing; Mental health nursing; Risk assessment; Therapeutic communication

I. INTRODUCTION

Suicide is a complex phenomenon influenced by biological, psychological, social and environmental factors. Depression, bipolar disorder, schizophrenia, substance use disorders and stressful life events substantially increase risk. Nurses working in psychiatric settings have continuous contact with patients and are therefore in a unique position to identify warning signs, perform suicide risk assessments and provide timely interventions. Modern suicide prevention emphasizes person-centred care, collaborative safety planning and long-term follow-up.

II. OBJECTIVES

1. Review the burden of suicide.
2. Describe risk and protective factors.
3. Discuss warning signs and assessment.
4. Review evidence-based prevention strategies.
5. Explain the role of psychiatric nurses.

III. METHODOLOGY

A narrative review was prepared using peer-reviewed literature, WHO publications, PubMed-indexed articles and professional guidelines published mainly between 2020 and 2025. Relevant evidence was synthesized into thematic sections.

IV. GLOBAL BURDEN

According to the WHO, more than 720,000 people die by suicide annually. Suicide affects people of all ages and remains a major cause of death among adolescents and young adults. Early recognition and access to mental healthcare are key public health priorities.

V. RISK FACTORS

Important risk factors include previous suicide attempts, depression, bipolar disorder, schizophrenia, alcohol and substance misuse, hopelessness, trauma, chronic illness, unemployment, financial hardship, social isolation, family conflict and easy access to lethal means.

VI. PROTECTIVE FACTORS

Protective factors include supportive family relationships, strong social networks, access to quality mental healthcare, resilience, effective coping skills, religious or cultural beliefs promoting hope, and timely follow-up.

VII. WARNING SIGNS

Talking about wanting to die, expressing hopelessness, withdrawing from others, giving away possessions, sudden mood changes, reckless

behaviour, increased substance use and searching for methods of suicide should always be taken seriously.

VIII. EVIDENCE BASED PREVENTION

Evidence supports routine suicide screening in high-risk groups, comprehensive risk assessment, collaborative safety planning, restriction of lethal means, cognitive behavioural therapy, dialectical behaviour therapy, appropriate pharmacotherapy, family engagement and follow-up after discharge.

IX. ROLE OF PSYCHIATRIC NURSES

Psychiatric nurses establish therapeutic relationships, assess suicidal ideation, intent and plans, maintain patient safety, monitor medication adherence, provide psychoeducation, involve families, document assessments, coordinate multidisciplinary care and support recovery. They also advocate for stigma reduction and continuity of care.

X. CHALLENGES

Common challenges include inadequate staffing, stigma, limited resources, insufficient training, emotional burden and fear of adverse outcomes. Continuing education and institutional support are necessary.

XI. IMPLICATIONS FOR NURSING PRACTICE

Mental health nurses should receive regular competency-based training in suicide assessment, safety planning and crisis intervention. Standardized protocols, multidisciplinary collaboration and community follow-up should be integrated into routine practice.

XII. CONCLUSION

Suicide is preventable through early recognition, evidence-based assessment and coordinated multidisciplinary care. Psychiatric nurses play a central role across the continuum of care and significantly contribute to reducing suicide risk through compassionate, patient-centred practice.

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