ISSN Print: 2581-8546 ISSN Online: 2582-2934

Review Article

Suicide Prevention in Mental Health Settings : A Review of Effective Strategies and Interventions

Arpana Sagar Singh[1], Pinki Das[2], Neethu Jose[3], Abhishek Singh[4], Fazl Ur Rahman Wani[5], Tarun Sharma[6]

[1]Assistant Professor, GNIOT Institute of Medical Sciences and Research, Greater Noida, Knowledge Park II, Uttar Pradesh

[2]Associate Professor, Sharda School of Nursing Science and Research, Sharda University

[3]Senior Tutor, Department of Medical Surgical Nursing, Sharda School of Nursing Science and Research, Sharda University

[4]Nursing Tutor, College of Nursing, Government Institute of Medical Sciences, Greater Noida

[5]Assistant Professor, Medical Surgical Nursing, GNIOT Institute of Medical Sciences and Research

[6]Vice Principal, Ganpatig Keshorai College of Nursing, RICCO, Mansarovar, Jaipur.

Corresponding Address : Arpana Sagar Singh, Assistant Professor, GNIOT Institute of Medical Sciences and Research, Greater Noida, Knowledge Park II, Uttar Pradesh

Corresponding E-mail : arpanasagar@gmail.com

Abstract

Background : Suicide is still a major public health issue, especially in mental health settings where people are more vulnerable. Effective methods and treatments for preventing suicide in clinical settings are examined in this review. Tools for risk assessment, crisis intervention techniques, therapy modalities, medication, and postvention techniques are important tactics. The significance of a multidisciplinary approach to suicide prevention and implementation challenges are also covered in the paper. Mental health practitioners can endeavor to lower suicide rates and enhance patient outcomes by comprehending the complex nature of suicide risk and management.

Keywords : Suicide prevention, Mental health, Interventions, Risk assessment, Crisis intervention

GFNPSS Global Nursing Journal of India is a journal of Open access. In this journal, we allow all types of articles to be distributed freely and accessible under the terms of the creative common attribution- non-commercial share. This allows the authors, readers and scholars and general public to read, use and to develop non-commercially work, as long as appropriate credit is given and the newly developed work are licensed with similar terms.

How to cite this article : Singh S, Das P, Jose N, Singh A, Wani FUR, Sharma T. Suicide Prevention in Mental Health Settings: A Review of Effective Strategies and Interventions. Glob. Nurs. J. India 2024; 8: I: 768-771.

Submitted : 08/03/2025, Accepted : 17/03/2025, Published : 06/05/2025

Introduction

Suicide is a major global cause of death, especially for those who suffer from mental health conditions[1]. In order to diagnose, manage, and prevent suicide risk, mental health settings are essential[2]. According to research, suicide can frequently be avoided with prompt and efficient interventions[3]. However, because of structural impediments, lack of awareness, and stigma, many people who are at risk do not receive the care they need. The best methods for preventing suicide in mental health settings are examined in this review, with an emphasis on evidence-based interventions and the difficulties faced by mental health practitioners.

Risk Assessment and Screening Tools

A key component of suicide prevention is accurate risk

DOI:10.46376/GNJI/8.I.2025.768-771

assessment[4]. Assessing a person's psychological, social, and environmental characteristics that might influence suicidal thoughts is known as suicide risk assessment. Risk levels are evaluated using a number of standardized instruments, such as :

- **Columbia-Suicide Severity Rating Scale (C-SSRS) :** A widely used tool for identifying the severity of suicidal ideation and behaviors[5].
- **Patient Health Questionnaire-9 (PHQ-9) :** A screening instrument that includes a suicide risk item to detect depression and associated suicidal thoughts[6].
- **Suicide Behaviors Questionnaire-Revised (SBQ-R) :** Helps clinicians determine an individual's past suicide attempts and future risk[7].

To identify those at risk and carry out prompt interventions, routine screening and follow-up evaluations are essential.

Crisis Intervention Strategies

Techniques for crisis intervention are crucial for urgent risk management. Emergency psychiatric care services, suicide crisis hotlines, and round-the-clock crisis response teams offer prompt assistance to people who are having severe suicidal thoughts. It has also been demonstrated that safety planning greatly lowers the chance of suicide. Planning for safety entails :

- Identifying warning signs and triggers.
- Developing coping strategies to manage distress.
- Establishing emergency contacts and support networks.
- Removing access to lethal means.

Suicide attempts can be avoided and people in distress can be stabilized with prompt, kind, and organized crisis intervention.

Psychotherapeutic Interventions

Various therapeutic approaches have proven effective in suicide prevention[10] :

- **Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) :** Helps individuals recognize and modify maladaptive thought patterns that contribute to suicidal ideation[11].
- **Dialectical Behavior Therapy (DBT) :** Developed for individuals with borderline personality disorder, DBT is highly effective in reducing suicidal behaviors through emotion regulation and distress tolerance skills[12].
- **Psychodynamic Therapy :** Addresses underlying emotional distress, past trauma, and unresolved conflicts that may contribute to suicidal thoughts[13].
- **Mindfulness-Based Cognitive Therapy (MBCT) :** Integrates mindfulness techniques to help individuals manage negative thoughts and prevent relapse into suicidal ideation.

Therapists and clinicians should tailor interventions based on individual needs, ensuring that treatment is comprehensive and patient-centered.

Pharmacological Interventions

When it comes to treating mental illnesses linked to suicide risk, pharmacotherapy is essential[14]. Typical pharmaceutical interventions consist of :

- **Antidepressants :** Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly prescribed for depression-related suicidality.
- **Mood Stabilizers :** Lithium has been shown to significantly reduce suicide risk in individuals with bipolar disorder.
- **Antipsychotic Medications :** Clozapine is effective in reducing suicidal thoughts in patients with schizophrenia.
- **Ketamine :** Emerging research suggests that ketamine infusions can provide rapid relief for individuals with severe depression and suicidal ideation.

Medication should always be administered under careful supervision, with regular monitoring for side effects and treatment adherence.

Postvention and Follow-up Care

Postvention strategies aim to support individuals who have attempted suicide and those affected by suicide loss. Structured follow-up care is crucial in preventing future suicide attempts. Effective postvention strategies include :

- **Regular Mental Health Check-Ins :** Continued assessment and monitoring to identify changes in mental health status.
- **Psychoeducation :** Educating individuals and families about suicide risk factors, warning signs, and coping mechanisms.
- **Peer Support Groups :** Providing a safe space for individuals to share experiences and receive encouragement from others who have faced similar

DOI:10.46376/GNJI/8.I.2025.768-771

challenges.

- **Family Interventions :** Engaging family members in therapy and support to create a protective environment for individuals at risk.

After a suicide attempt, those who receive regular follow-up care are much less likely to try suicide again, according to research.

Barriers to Effective Suicide Prevention

Despite the availability of effective interventions, several barriers hinder suicide prevention efforts. These include:

- **Stigma and Cultural Attitudes :** Many individuals avoid seeking help due to fear of judgment or social repercussions.
- **Limited Access to Mental Health Care :** A shortage of mental health professionals and financial constraints often prevent individuals from receiving necessary treatment.
- **Underfunding and Resource Limitations :** Many mental health facilities lack the funding to implement comprehensive suicide prevention programs.
- **Lack of Training Among Healthcare Providers :** Many general healthcare practitioners have limited training in suicide risk assessment and intervention.

Addressing these barriers requires policy changes, increased funding, expanded mental health services, and public awareness campaigns.

The Role of a Multidisciplinary Approach

Suicide prevention initiatives are strengthened by a multidisciplinary strategy incorporating social workers, nurses, psychologists, psychiatrists, crisis counselors, and community support networks. Working together guarantees:

- Comprehensive patient care through coordinated treatment plans.
- Early identification of suicide risk factors and warning signs.
- Effective crisis intervention and long-term management strategies.

The integration of mental health professionals, healthcare providers, and community organizations plays a pivotal role in suicide prevention.

Conclusions

A comprehensive strategy that incorporates risk assessment, crisis intervention, psychotherapy, medication, and postvention techniques is necessary for suicide prevention in mental health settings[15]. Suicide rates can be considerably decreased and patient outcomes can be enhanced by removing systemic obstacles and implementing a multidisciplinary strategy. Future studies should concentrate on improving therapies, investigating creative approaches, and expanding access to mental health care. Together, mental health providers and legislators can significantly lower the suicide rate and assist those who are at risk.

Financial support and sponsorship : Nil

Conflicts of interest : The author declare that they have no conflict of interest with regard to the content of the report.

References

1. American Psychiatric Association. (2020). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.
2. Beck, A. T., & Steer, R. A. (1991). Manual for the Beck Scale for Suicide Ideation. Psychological Corporation.
3. Bryan, C. J., & Rudd, M. D. (2018). Brief cognitive-behavioral therapy for suicide prevention. Guilford Press.
4. Centers for Disease Control and Prevention. (2022). Suicide prevention strategies. Retrieved from https://www.cdc.gov
5. Cramer, R. J., &Kapusta, N. D. (2017). A social-ecological framework of theory, assessment, and prevention of suicide. Frontiers in Psychology, 8, 1756.
6. Hawton, K., &Pirkis, J. (2017). Suicide prevention strategies: A systematic review. The Lancet Psychiatry, 4(1), 68-79.
7. Joiner, T. (2005). Why people die by suicide. Harvard University Press.
8. Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide. Psychological Review, 122(2), 575-600.
9. Mann, J. J., & Michel, C. A. (2016). Prevention of suicide. The Lancet, 387(10024), 1227-1239.
10. Miller, M., Azrael, D., & Barber, C. (2012). Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. Annual Review of Public Health, 33, 393-408.

DOI:10.46376/GNJI/8.I.2025.768-771

11. O'Connor, R. C., &Kirtley, O. J. (2018). The integrated motivational-volitional model of suicidal behavior. Philosophical Transactions of the Royal Society B, 373(1754), 20170268.
12. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice, 19(2), 256-264.
13. Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. Psychological Review, 117(2), 575-600.
14. World Health Organization. (2019). Suicide prevention strategies and interventions. Retrieved from https://www.who.int
15. OS TanujRajvanshy, GFNPSS-International Journal of Multidisciplinary Research 4 (8), 2356-2357. https://scholar.google.com/citations?user=2GqENO8AAAAJ
16. Yip, P. S., Caine, E., Yousuf, S., Chang, S. S., Wu, K. C., & Chen, Y. Y. (2012). Means restriction for suicide prevention. The Lancet, 379(9834), 2393-2399.