

Role of Psychiatric Nurses in Suicide Prevention: Aligned with SDG 3

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ABSTRACT

Suicide is one of the leading causes of preventable deaths worldwide, claiming more than 700,000 lives each year and disproportionately affecting young people and individuals with mental health disorders. The growing prevalence of suicide underscores the need for effective prevention strategies, with psychiatric nurses playing a pivotal role due to their close and continuous interaction with patients. This study examines the role of psychiatric nurses in suicide prevention, highlighting their responsibilities in suicide risk assessment, therapeutic communication, crisis intervention, family involvement, and advocacy. It also explores the challenges faced by psychiatric nurses, including inadequate training, stigma, heavy workloads, and emotional burnout, which hinder their ability to maximize their preventive role. The findings suggest that empowering psychiatric nurses through targeted training, policy support, and systemic reforms can significantly enhance suicide prevention efforts and reduce the global burden of suicide.

KEYWORDS: Suicide Prevention; Psychiatric Nursing; Mental Health; Risk Factors; Therapeutic Communication; Crisis Intervention; Nursing Challenges; Global Health, SDG 3 (Good Health and Well-being).

How to Cite: Role of Psychiatric Nurses in Suicide Prevention: Aligned with SDG 3, (2025) Role of Psychiatric Nurses in Suicide Prevention: Aligned with SDG 3, Vascular and Endovascular Review, Vol.8, No.3s, 393-401.

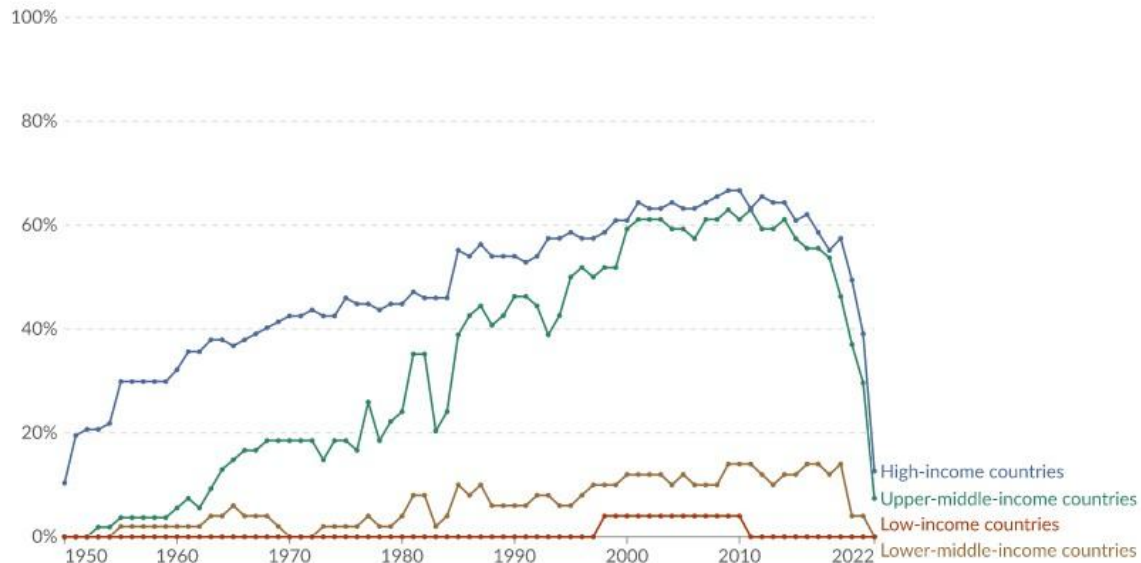
INTRODUCTION

Suicide has become a burning issue of the contemporary world public health agenda as well as one of the top causes of early deaths among people. Suicide claims the lives of almost 700,000 people annually based on the information provided by WHO and it is not even the most of those people who attempt it. Suicide is a multidimensional phenomenon and it depends on several factors which are interconnected like psychiatric diseases, social loneliness, stigmatization, financial stressors, inaccessibility of timely medical help. Psychiatric nurses are also frontline practitioners in preventing suicide due to the direct and constant contact with the patients in mental crises. Psychiatric nurses can be in the best position to detect precursors of suicidal ideations, deliver therapeutic conversations, and deliver evidence-based procedures that can mitigate risks (Tamanna, 2024). They are not limited in their duties only to clinical observation but may also accept empathetic assistance, psychoeducation, crisis intervention, and collaboration with multidisciplinary teams to care of their patients in a complex manner. Besides, psychiatric nurses can act as the medical professionals in raising mental health awareness, challenging perceptions, and the creation of spaces that support help-seeking actions. Both in the hospital and in the surrounding community, they act as the connection between vulnerable persons and the entire healthcare system, making the intervention timely and supporting them long-term. Since the number of individuals with mental health issues and acts of suicide is rising among various populations, the work of psychiatric nurses is needed more than ever. By their participation in suicide prevention, not only are patient safety increased, but so is resilience and recovery. This article aims to discuss the multidimensional nature of psychiatric nurses in suicide prevention, their roles, difficulties and the approach they use to lower the suicidal risk and achieve mental health.

Share of countries that have reported suicide data to the World Health Organization



Causes of death are unreported in countries with poorly functioning vital registries. Suicide deaths are underreported in many countries due to social stigma and cultural or legal concerns.

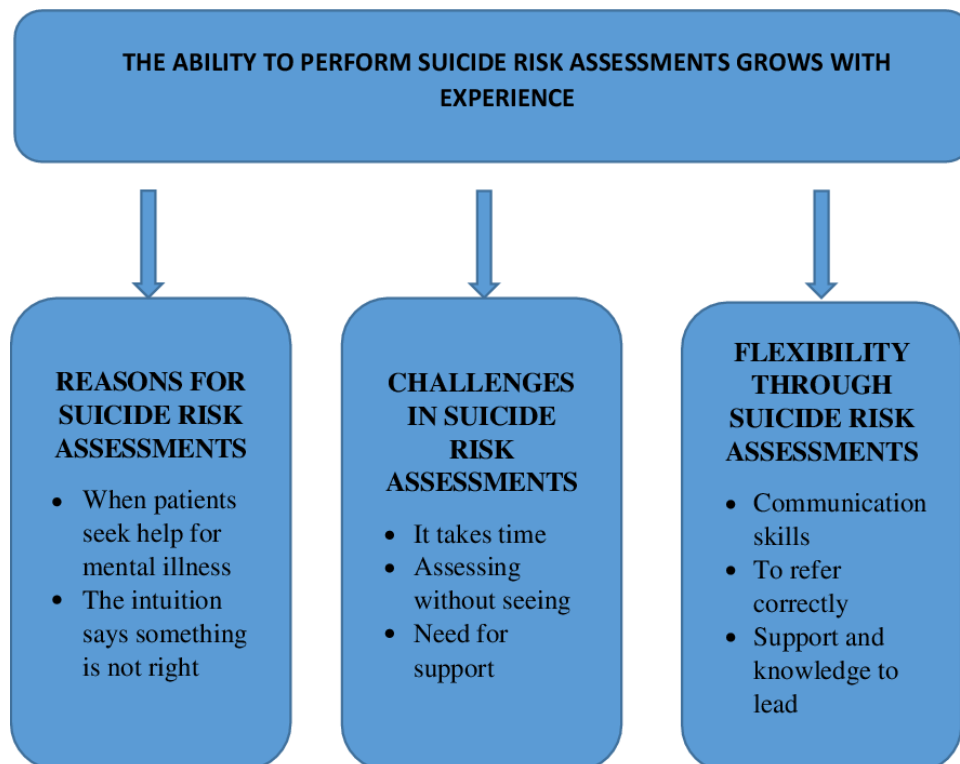


Data source: WHO Mortality Database (2024)

OurWorldinData.org/suicide | CC BY

Note: Data refers to the years for which suicide data has been reported. Data from the most recent years is unavailable due to time lags in reporting.

Suicide has become one of the greatest international health crises of the 21st century. According to the World Health Organization (WHO), the fourth leading cause of death among individuals between the ages of 15-29 years exceeds that of war, homicide or even some of the bad illnesses. Suicide creates significant impacts not only at the psychological level but also at financial cost and burden to the families, peers and communities at large. Besides, the stigma surrounding suicide tends to inhibit open communication and provision of help in a timely manner thereby aggravating the situation (Tuncay and Sarman, 2024). This underscores the importance of effective prevention measures that could not only capture the situation regarding mental health conditions, but also be able to accommodate the social determinants and risk aspect of suicidal behaviors.



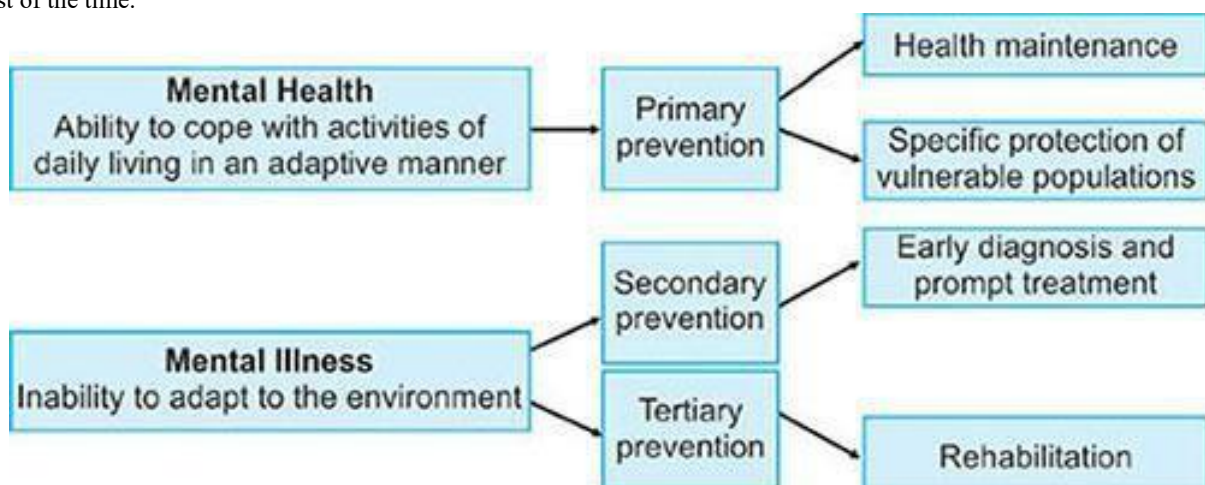
Most people who commit suicide have an underlying mental health illness such as depression, bipolar disorder, Schizophrenia or substance use disorder. It is important to detect it early and treat it properly. Mental health professionals, in particular psychiatric nurses, play a decisive role both at inpatient facilities and outpatient clinics where people at risk are likely to enter or receive care. The increased contact time of the psychiatric nurses compared to physicians can allow them to understand changes in mood, manner, and communication that can be signs of suicide ideation. The use of psychiatric nurses helps suicide prevention due to their relentless evaluation, plan of communication, handling calls and crises, and care planning based on individual needs (Wells, 2024). They utilize suicide risk assessment tests, keep close watch of patients with suicidal tendencies, and strategies with families to reinforce support measures. In addition to their clinical work, psychiatric nurses can also serve as teachers and activists, bringing awareness to suicide and eliminating stigma and encouraging the development of resilience in the communities. Their understanding and sensitivity and their capacity to build relationships on a trusting basis in most cases enable them to be the first to detect certain danger signs and take preventive measures.

COMMON SAFETY CONCERNS IN PSYCHIATRIC NURSING ROAR



RATIONALE OF THE STUDY

However, since the increasing awareness of suicide as one of the leading health challenges, the contribution of psychiatric nurses to preventing suicide is not always reflected in the mental health policies and practices as much as it should be. The contributions help to understand how to reinforce both institutional and community-based suicide prevention frameworks. This paper seeks to examine the important role played by psychiatric nurses in suicide prevention, the obstacles they encounter in this delicate aspect of care, and what measures can be put in place to allow them to have an improved capacity in dealing with this global crisis (Tamanna, 2024). Suicide is a huge societal problem that must be addressed immediately and not only a personal tragedy. Suicide rates are very high across the world especially among the vulnerable populations including adolescents, young adults, and those with severe mental illness even after the improvement in the quality and accessibility of psychiatric care in the recent past, and the provision of evidence-based techniques of suicide prevention. This shows that there are deficiencies in first-time detection and prevention and long-term support. Since suicide is a preventable one, more attention should be paid to enhancing the frontline mental health services and maximizing the capacities of the healthcare providers who are directly involved with at-risk individuals most of the time.



Psychiatric nurses find themselves in an ideal place to be front and center in suicide prevention, as they are competent and available in both clinical and community settings. To their roles, they also add therapeutic communication, comprehensive risk assessment, crisis intervention, and the development of trusting relations with patients and families. This constant interaction helps them to recognize hints and other warning signs which might have been overlooked otherwise. Nevertheless, Psychiatric nurses largely contribute to this despite facing a number of challenges including insufficient training, workload, stigma attached to suicide, and non-promotion in multidisciplinary teams. With the focus on the role of psychiatric nurses in suicide prevention, the given study helps to conclude on the improvements in nursing practice that are necessary to consider suicide issues more closely (Tuncay and Sarman, 2024). This knowledge is vital in the creation of strong suicide prevention measures, health policy formulations and in the enablement of the mental health systems to respond to the rising suicide burden. Additionally, the demonstrated contribution made by psychiatric nurses plays a role in the evolution of nursing practice, patient outcomes, and eventually in the decrease in suicide rates not only on a national but also on a global scale.

LITERATURE REVIEW

3.1 Overview of Suicide as a Global Health Concern

Suicide has become one of the key health issues in the world and one of the leading causes of preventable deaths. WHO (2021) estimates that over 700,000 individuals die every year through suicide, thus, one person is killed every 40 seconds. These numbers underline the magnitude of the issue as well as its acuteness. Research indicates suicide as the fourth leading cause of death to individuals in the age bracket of 15-29 years indicating that an epidemic of suicide is severe among young populations since they are the future contributors to labor and society (Hawton and Pirkis, 2024). The personal cost to suicide is much more than a handful of mortality statistics. It is estimated that to each suicide caused, there are more than 20 attempted suicide cases and many others report on suicidal thoughts. This generates a ripple effect that affects families, friends, the health care system, and communities and, in most cases, costs individuals psychologically, socially, and economically. Business costs A large number of people are lost through suicide as identified by the World Bank to be a source of huge loss of productivity which comes at costs to the already stretched resources of the nations in managing their health care.

Suicides all over the world are highly differentiated concerning the differences in cultures, social factors, and economies. Nearly 77 percent of world suicides are realized in low- and middle-income nations, a large number caused by the unavailability of mental health support, insufficient awareness, and stigma of mental illnesses (Desai et al. 2024). But it is not confined to high income countries, as stress levels and related social problems have led to the fact that suicide is a continuing problem in global health. Another factor is the COVID-19 pandemic that aggravated the situation as anxiety, depression, and suicidal behavior increased to levels associated with social isolation, unemployment, and uncertainty. Suicide is highly multifactorial, and biological, psychological, social, cultural and environmental factors play a role in its complexity. This poses great difficulty in prevention because there is no single prevention strategy that is adequate to handle the issue. Rather, suicide requires a broad multi-sector plan that involves health professionals as well as educators, policymakers, families, and communities (Parpio et al. 2024). In this context, psychiatric nurses can be discussed as important front line respondents, providing not only medical assistance but also emotional, educational, and advocative services to those who are at risk.

3.2 Risk Factors and Warning Signs of Suicide

Suicide is a complex phenomenon that depends on a complicated interrelation of biologic, psychological, social, and environmental factors. It is critical to understand such risk factors and be aware of warning signs to effectively prevent and early intervene, especially if one is dealing with psychiatric nurses, who are likely to be the first on the scene in terms of mental health care. Suicidal risk is highly correlated to mental health disorders. Research indicates that over 90 percent of the people who take their own lives have some diagnosable mental condition, including depression, bipolar, schizophrenia or substance abuse problem (Pirkis et al. 2024). Depression, specifically, is the most common psychiatric disorder that leads to suicide and is typified by an existence of a sense of worthlessness, hopelessness and despair. Schizophrenia and bi-polar disorder also increase the risk of suicide because of its psychotic symptoms, lack of judgment, and the changes in mood. Substance abuse also occurs concomitantly and enhances susceptibility, causing the augmentation of impulsivity and loss on coping power.



In addition to psychiatric disorders, social and environmental stress play a fundamental role in suicidal behavior. The leading social determinants include un-employment, poverty, homelessness, loss of relationships, and being exposed to violence or trauma. In most societies, stigma negatively affecting persons with mental illness denies them the much needed early assistance to their relief. Easy access to a lethal method, e.g., guns or pesticides, has also been noted as a key environmental determinant, and means restriction a critical suicide prevention option. Suicide is also affected by age, gender, and cultural context. Men are much more likely to die of suicide opposed to women who attempt more times (Lilhore et al. 2024). Adolescents and young adults are at a higher risk because of changes in development, peer pressure and identity issues, and though older adults because they feel isolated, have chronic illness, or have lost someone close to them. Societal attitudes and cultural beliefs are protective factors in suicide or a risk factor where there is stigma and silence.

Certain understandable behavioural, verbal and emotional clues usually precede suicidal ideation. Some typical warning signs and symptoms consist of expressions of hopelessness, withdrawal of social interactions, increased use of alcohol or drugs, giving items away and sudden changes in mood or behavior. Verbal communication indicating that one wants to die or that he or she is a burden is essential. By observing patients regularly, the psychiatric nurses are well placed to detect the signs and start the intervention process in time (Lilhore et al. 2024). Our understanding of the collection of risk factors and warning signs cannot be ignored as the basis of suicide prevention. Psychiatric nurses should strongly contribute to this information by shifting it into the identification of those who are at risk and ensuring appropriate response to this challenge of early identification of suicidal individuals through effective interventions that eliminate the possibility of fatal suicide.

3.3 Suicide Prevention in Mental Health Care

Suicide prevention is critical in mental health care and this approach needs to be very broad based and have multi disciplinary groups to address the various needs that such persons may have. Mental care is critical to early detection, prompt treatment, and subsequent care, and thus mental care will be critical in the reduction of suicide rates globally. The research also confirms that when mental illness is detected early and treated the probability of suicide greatly decreases. Most people will display psychiatric symptoms, substance abuse problems, or psychosocial stressors several months in advance of suicide attempts (Sweeney et al. 2024). Routine screening of healthcare facilities especially primary care and psychiatric units will help the professionals in realizing at-risk individuals early before they reach a suicidal crisis. Safety planning, cognitive-behavioral treatment, and pharmacological treatment have the best results when implemented early. Mental health care systems that are robust and easily accessible are the key to effective suicide prevention. Such systems need to promote a seamless care in the inpatient, outpatient, and the community. Crisis hotlines, emergency psychiatric care treatment, and follow-ups with those who attempted suicide have proven useful in preventing repeat attempts and enhancing the safety of the patient. The incorporation of suicide prevention services into routine mental health care delivery also makes sure that vulnerable persons are under constant care and supervision.



The work of suicide prevention cannot be entrusted to one particular profession: efforts are needed on the part of psychiatrists, psychologists, psychiatric nurses, social workers, counselors, and community health workers. The strength is that each professional can offer his/her expertise—psychiatrists can implement a course of pharmacology, psychologists can offer psychotherapy, social workers are able to deal with socioeconomic factors, and psychiatric nurses can aid in the process by supervising the patient and providing him/her with support. A team-based approach with, multidisciplinary collaboration, increases overall evaluation, decreases service fragmentation, and improves the support systems of patients and their families. Suicide prevention involves mental health care that goes beyond the hospital. Community-based interventions can contribute to stigma reduction and promote the help-seeking attitude, as they include the presence of awareness campaigns, peer support groups, and school-based mental health programs, or workplace programs. Such projects are especially important in low- and middle-income states, where access to professional mental care is restricted. Suicide has been established as a priority public health issue and most countries have come up with a national suicide prevention strategy. Such strategies may involve things like limiting access to lethal means, training healthcare providers to understand and identify risk to suicide, and mental health literacy. Nonetheless, there are still disparities in how it gets implemented, notably in resource-limited-environments. Mental health policy reinforcement, provision of sufficient resources, and meticulous incorporation of suicide prevention into primary care are the critical steps that should make suicide prevention sustainable and effective (Hua et al. 2024). Suicide prevention in mental healthcare is complex, and it involves identifying it early, applying evidence-based practices and other interventions, and interdisciplinary cooperation. In the given context, it is vital to note that psychiatric nurses can be regarded as a bridge between clinical care and compassion, which makes them indispensable when it comes to suicide prevention and enhancement of mental health measures.

The Role of Psychiatric Nurses in Suicide Prevention

Psychiatric nurses have obtained a key role in suicide prevention since they are the direct caregivers on the frontline in clinical and community settings. Compared to other mental health professionals that only have a limited time to interact with patients, psychiatric nurses have regular and long term contacts with patients, which make them be able to monitor, evaluate, and take appropriate action in response to slight variations in behavioral, mood, and thought processes that might signify a risk of suicide. A mainstay of the task of the psychiatric nurse is thorough suicide risk evaluation. Regular screening with standardized examination tools and clinical evaluation can help the nurses to find people possessing different degrees of risk (Woods et al. 2024). Close follow-up will help to note any shifts in suicidal thought patterns and behavioral cases in time. The fact that they are in direct contact with the patients in the hospital wards or in their community programs positions them in a good position to enforce safety, including applying suicide precautions when the case arises. Psychiatric nurses build a rapport that results in trust and openness where the patients communicate freely without the fear of condemnation. Communication skills provide the ability of the nurses to explore suicidal thoughts without sounding intimidating, tackle feelings of emotional pain, and build hope. Such exchanges are especially important since not all patients may express their suicidal desire unless they feel like they are understood and supported.

In acute cases, the psychiatric nurses are one of the first responders in cases of suicidal crises. They de-escalate the situation with the help of crisis intervention methods, provide the momentary safety of the individual, and cooperate the rest of the health care team to start the treatment process. The preoccupation with the analysis of the responsibility of the nurse to prevent suicidal deaths should include safety planning, identifying coping measures, minimizing access to self-harm methods, and involving social assistance. Psychiatric nurses also expand their role and incorporate families and caregivers as a part of prevention process (Calabrese et al. 2024). By enlightening families on risk factors, warning signs, and supportive interventions, they make the support system of an individual stronger. At the community levels, psychiatric nurses can be involved in outreaching programs, awareness activities, and intervention programs in schools or workplaces to help decrease stigma and increase mental health literacy. In addition to direct clinical practice, psychiatric nurses can facilitate suicide prevention roles as advocates by educating populations about mental health in addition to challenging stigma and encouraging suicide prevention policies (Özkan and Karakaya, 2025). They also play roles in professional learning by educating other health care professionals, community members and teachers on how to recognize and manage suicidal behavior. Whether it is a suicide prevention program or everyday practice,

psychiatric nurses play a critical role in preventing suicide due to their constant presence, multisystem approach, and the unique capacity to collaborate clinical knowledge with the caring attitude. Their services are used in assessment, communication, crisis intervention, and advocacy to limit suicide risk and help with recovery.

METHODOLOGY

The research is on qualitative literature review design where the evidence is not based on a primary study rather than peer reviewed articles, and reports of international health institutions. Articles that aimed at examining the role of psychiatric nurses in suicide risk assessment, preventing strategies, and difficulties in clinical, or community practices were considered. Global and regional positions were examined to bring out an overall picture of the matter. Qualitative content analysis was conducted and several key components were identified including world burden, risk factors, preventive measures, nursing level, and systemic factors. The approach guaranteed a comprehensive view of the versatile opportunities and issues of psychiatric nurses as the ones involved in suicide prevention.

RESULTS AND DISCUSSION

The research reveals that suicide remains a major global health problem, claiming over 700,000 lives annually, with young people between the ages of 15 and 29 being particularly vulnerable. The burden is especially high in low- and middle-income countries where access to mental health services is limited, and stigma prevents individuals from seeking help. The findings also indicate that the majority of suicides are linked to underlying psychiatric conditions such as depression, schizophrenia, bipolar disorder, and substance use disorders. In addition, social and environmental factors such as poverty, unemployment, family conflict, social isolation, and availability of lethal means contribute significantly to suicide risk (Calabrese et al. 2024). Importantly, suicide is often preceded by warning signs such as expressions of hopelessness, withdrawal from social life, mood fluctuations, and verbal cues of self-harm, which can be identified by healthcare providers for timely intervention. Within the context of mental health care, the literature emphasizes that early detection and comprehensive intervention are critical to reducing suicide risk.

Category	Subcategory
A suicide attempt evokes strong emotions	• Strengthened relationship and compassion with the individual
	• Manipulated and a feeling of frustration
Health-care efforts changed after the suicide attempt	• The team was strengthened with increased efforts
	• The nature of the conversations changed
Experiences for the rest of one's professional life	• Daring to ask about suicidal thoughts
	• Risks of a superficial relationship

Efficient prevention demands robust mental health infrastructure and inter-disciplinary cooperation and community-based efforts that increase awareness and destroy stigma. National suicide prevention plans have been implemented in most countries though it is still lacking considering implementation, provision of resources and follow up of the patients (Sweeney et al. 2024). It is against this background that psychiatric nurses become key players in suicide prevention since they spend most of their time with the patient, have the potential to perform a risk assessment, know how to communicate calmly with the patient, and can be effective during crisis episodes. They can go beyond clinical practices to educating families, creating awareness to the community, and advocating health policies that support mental health and prevention of suicide.

Theme	Findings from Literature	Discussion / Implications
Global Burden of Suicide	Over 700,000 deaths annually; 4th leading cause of death among ages 15–29; 77% of suicides occur in low- and middle-income countries.	Highlights the urgent need for comprehensive prevention strategies and stronger mental health systems.
Risk Factors and Warning Signs	Strongly linked with psychiatric disorders (depression, schizophrenia, substance abuse); influenced by poverty, unemployment, stigma; warning signs	Nurses' proximity to patients allows them to detect early warning signs and intervene before crises escalate.

	include hopelessness, withdrawal, verbal cues.	
Suicide Prevention in Mental Health Care	Early intervention, comprehensive care, multidisciplinary teamwork, and community programs shown to reduce suicide risk.	Emphasizes the importance of integrated care models where psychiatric nurses are active contributors.
Role of Psychiatric Nurses	Conduct suicide risk assessments, provide therapeutic communication, manage crises, create safety plans, educate families, advocate in communities.	Psychiatric nurses are frontline caregivers and educators, bridging clinical treatment with community-based prevention.
Challenges Faced by Nurses	Inadequate training, high workloads, emotional burnout, stigma around suicide and mental illness.	Addressing these barriers is essential for empowering nurses and maximizing their impact on suicide prevention.

Despite the appertinent roles that they play, the psychiatric nurses are caught in pitfalls that impair their efforts. The literature describes boundaries as excessive workload, insufficient personnel, lack of education on this or that intervention in a suicide, and emotional load caused by working with high-risk patients. Moreover, the constant stigma toward suicide and mental illness also diminishes acknowledgment of their value, thus, limiting the resources to fund nurse-based interventions. These observations underline the necessity of better training of psychiatric nurses, better emotional support mechanisms, and policy initiatives to make psychiatric nurses better able to exercise their preventive role (Pirkis et al. 2024). On the whole, the findings point to the fact that psychiatric nurses represent an invaluable asset in the quest to prevent suicides, although their input on the matter can never be fully unleashed until the various problems plaguing the system are solved, and their role is accorded the level of importance it should enjoy.

CONCLUSION

Suicide remains a major global health concern with devastating consequences for individuals, families, and societies. The research clearly indicates that psychiatric nurses are indispensable in suicide prevention due to their unique position as frontline caregivers who interact closely and consistently with patients at risk. Their roles in risk assessment, therapeutic communication, crisis intervention, and advocacy extend beyond clinical care to encompass community outreach and education, making them vital in bridging healthcare systems with vulnerable populations. However, challenges such as limited training, stigma, resource constraints, and emotional strain hinder their effectiveness. Strengthening the capacity of psychiatric nurses through continuous professional education, supportive workplace environments, and integration into national suicide prevention strategies is therefore essential. Recognizing and empowering psychiatric nurses not only enhances the effectiveness of mental health services but also contributes significantly to reducing suicide rates and promoting global mental well-being.

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