

Evidence-Based Nursing Interventions for Suicide Prevention: Improving Outcomes in Attempted Suicide Patients

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ABSTRACT

Suicide is a major public health concern globally, with India contributing significantly to the global burden. Nursing professionals play a pivotal role in the care and recovery of individuals who have attempted suicide. This article explores the evidenced based nursing interventions required to provide effective care for attempted suicide patients. By emphasizing mental health assessment, empathetic communication, family involvement, and community-based support, this review outlines evidence-based practices and strategies to improve the care outcomes.

Key Words: Suicide, suicide prevention, nursing, nursing interventions.

INTRODUCTION

One of the primary causes of premature death worldwide is suicide, with an increasing number of suicides across the globe. Every year, suicide claims the lives of about 720,000 people (1). This number has been rising significantly in recent years. The number of people attempting suicide has also been steadily increasing, placing a significant burden on emergency healthcare services. Suicide attempt patients frequently deal with a complex combination of psychological, social, and cultural variables

that require comprehensive and compassionate care. Nurses play a pivotal role in meeting both the immediate and long-term needs of these individuals. With an emphasis on India's distinct cultural and societal context, this article examines evidence-based nursing strategies for the effective management of individuals who have attempted suicide.

The Role of Nurses while Caring for an Attempted Suicide Individual

After a suicide attempt, emergency department nurses are frequently the patient's initial point of contact in the hospital (2). For individuals who have attempted suicide, nurses play a crucial role in their care and rehabilitation. They provide both short-term medical care and long-term psychological and social support. Acute care management, which includes stabilizing the patient's physical condition, is one of the main duties of nurses. Nurses must treat complications such as respiratory distress, organ failure, and convulsions in cases of poisoning—one of the most prevalent methods of suicide in India. Administration of antidotes and timely monitoring of vital signs are essential components of nursing care. Nurses' responsibilities extend beyond addressing physical needs. They also play a vital role in supporting the patient's

psychological and mental health needs. A thorough mental health assessment is essential, as psychiatric disorders such as depression, schizophrenia, and substance use disorders significantly increase suicide risk. Early identification and prompt treatment of these conditions are essential to prevent future attempts. Nurses must be competent in identifying warning signs, conducting suicide risk assessments, and documenting psychosocial stressors or risk factors.

Suicide risk assessment tools are essential for nurses to identify and manage patients at risk of self-harm. Tools such as the Columbia-Suicide Severity Rating Scale (C-SSRS) or the Beck Scale for Suicide Ideation (BSS) help nurses systematically evaluate risk factors, including suicidal ideation, intent, and previous attempts. Nurses must use these tools in conjunction with clinical judgment and patient interviews to ensure accurate risk stratification and appropriate interventions (3). Collaborating with psychiatrists and mental health teams enables the creation of individualized care plans, which are crucial for effective intervention.

A key component of nursing care for suicidal patients is providing emotional support through therapeutic communication. Empathy, active listening, and non-judgmental attitudes are essential for building trust with patients who may feel isolated, ashamed, or stigmatized. Research indicates that supportive nurse-patient interactions can significantly reduce feelings of hopelessness, a major risk factor for recurrent suicide attempts (4). For instance, a study by Ramesh et al. (4) highlighted the positive impact of nurse-led counseling on improving self-esteem and reducing suicidal ideation in Indian patients.

Evidence-Based Nursing Interventions

Evidence-based practices form the cornerstone of quality nursing care for suicide-attempt patients. Thomas et al. (9) demonstrated that competency in suicide risk assessment and management among

nurses improved significantly following a structured two-day training program. The training not only raised awareness of evidence-based interventions but also boosted confidence in handling at-risk cases. Incorporating structured training programs in nursing schools and continuing education can enhance the quality of patient care.

These interventions draw on both clinical expertise and the best available research evidence to improve outcomes.

Key Interventions:

Crisis Intervention: Immediate crisis intervention is crucial for stabilizing the patient and preventing further harm. This includes close monitoring, providing a secure and calm environment, and addressing the stressors that triggered the attempt. Sharma and Singh (7) demonstrated that such interventions significantly reduce repeat attempts by effectively managing acute distress.

Psychoeducation: Educating patients and families about mental health conditions, treatment options, and coping mechanisms is fundamental to recovery. Nurses can implement structured psychoeducation programs, as highlighted by Patel et al. (8), to enhance understanding, reduce stigma, and encourage adherence to treatment. Sessions on stress management, problem-solving, and medication adherence have been shown to improve outcomes.

Therapeutic Communication: Building a trusting relationship through empathetic and non-judgmental communication can significantly improve a patient's psychological state (4). Nurse-led counseling interventions have been proven to enhance self-esteem and reduce suicidal ideation.

Follow-Up Care and Rehabilitation: Continuity of care is vital to prevent repeat suicide attempts (5). Nurses can collaborate with community health workers and NGOs to organize home visits, telephonic follow-ups, and support group referrals. Successful community-based programs in Kerala have

demonstrated the effectiveness of integrated follow-up care in suicide prevention (14).

Suicide Prevention Training for Nurses: Specialized training programs equip nurses with the skills to identify and manage suicide risk factors. Thomas et al. (9) and Saini et al. (17) reported significant improvements in nurses' confidence and competence following brief suicide prevention workshops. Integrating such training into nursing curricula and professional development programs enhances care quality.

Cognitive-Behavioral Interventions: Cognitive-behavioral therapy (CBT) techniques, including cognitive restructuring and behavioral activation, have shown strong results in reducing suicidal ideation (10). Nurses trained in basic CBT principles can apply these techniques during interactions, especially in areas with limited access to psychologists.

Safety Planning: Developing a safety plan in collaboration with the patient is a critical intervention. Safety plans outline warning signs, coping strategies, and emergency contacts, providing patients with a structured way to manage crises. Evidence suggests that safety planning is linked to reduced suicidal behaviors and greater feelings of control (11).

Challenges in Nursing Care of Suicidal Patients

Nursing care for suicidal patients faces several challenges: inadequate training in suicide prevention (18,19), stigma, poor coordination among healthcare teams, limited communication skills, emotional exhaustion, and resource constraints. Maintaining therapeutic communication is especially demanding. Nurses often feel anxious or uncertain about how to approach suicidal patients, which may lead to avoidance or reduced engagement (19).

Nurses also face heavy workloads, limiting their ability to deliver individualized care. Emotional strain is another major concern; many experience guilt or fear after a patient's suicide attempt (12). Collaboration

among mental health professionals is crucial, but unclear team roles often lead to fragmented care. Staffing shortages and limited resources in psychiatric settings further affect quality of care (16).

Recommendations

1. **Strengthening Mental Health Services:** Expanding services at the primary healthcare level can improve accessibility and enable early intervention. Integrating mental health services within primary health centers, supported by trained professionals, ensures timely response to psychiatric emergencies (16).
2. **Promoting Community-Based Suicide Prevention Programs:** Community-driven initiatives can address root causes of suicide and reduce stigma. Implementing models like Gatekeeper Training empowers teachers, volunteers, and local leaders to identify and refer at-risk individuals (14,15).
3. **Enhancing Nursing Education and Training:** Suicide prevention should be prioritized in nursing education to close existing knowledge and communication gaps. Practical sessions using simulations and frequent workshops can prepare nurses to manage suicidal patients confidently (9,17,18).
4. **Promoting Nurses' Mental Health and Well-Being:** Caring for suicidal patients can be emotionally draining. Structured emotional support, peer groups, counseling, and debriefing sessions help nurses manage stress effectively (12).

CONCLUSION

Nurses play a pivotal role in the care and rehabilitation of suicide-attempt survivors. Their responsibilities extend beyond physical care to include emotional support, mental health assessment, and family-centered interventions. With proper training, support, and resources, nurses can make a profound difference in reducing the burden of suicide.

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