

Suicide Prevention and Crisis Intervention: Risk Assessment, Warning Signs, and Nursing Responsibilities in Crisis Care

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Abstract: *Suicide is one of the greatest public health issues in the world and it has caused a high number of deaths per year. It is important to identify the at-risk individuals as fast as possible to avert suicide, and it cannot be done without organized risk assessment as well as the early identification of warning symptoms. Being the first line healthcare providers, nurses have a key role in crisis intervention by offering direct assistance, surveillance, and referral to specialized care. This paper will be able to assess the prevalence of risk factors associated with suicide, recognizing the indicators that are commonly used to identify such individuals, and the nursing roles in dealing with patients in a crisis. A cross-sectional survey was carried out on 100 patients with suicidal ideation or attempts and 50 nurses working in the area of crisis care in tertiary care hospitals. Structured instruments such as Suicide Risk Assessment Checklist (SRAC) and Nursing Responsibility Evaluation Form (NREF) were used to gather the data. The analysis of trends and changes in risk factors, patient warning signs, and the nursing interventions were evaluated in terms of descriptive statistics, bar charts, and line graphs. The results indicate that the most prevalent risk factors are depression, social isolation, and prior suicide attempts, and the active involvement of nurses in the risk assessment, counselling, and safety planning can emphasize their importance in the prevention of suicide.*

Keywords: Suicide prevention, crisis intervention, risk assessment, warning signs, nursing responsibilities, mental health nursing

I. INTRODUCTION

Suicide is a significant social health issue in the world and is still among the greatest causes of deaths of all age groups. The World Health Organization (WHO) estimates that over 700,000 people commit suicide annually with many others attempting suicide.¹ Suicide is not only the result of personal psychological suffering but a complicated interaction of biological, social and environmental factors. Mental illnesses, including depression, bipolar disorder, and schizophrenia are closely linked to higher risk of suicide and social factors, including isolation, family conflict, unemployment, and social support, make people more susceptible.² The biological determinants are also associated with suicidal behaviors; genetic inclination and neurochemical imbalances.³ The multifactorial quality of suicide highlights that multidisciplinary and extensive measures must be employed to prevent it, and healthcare providers should be in the middle of this game.

One of the most important elements of suicide prevention is crisis intervention in healthcare institutions. It consists of recognizing the people that are at risk within the shortest time possible, evaluating how intense the suicidal thoughts

¹ World Health Organization. (2021). *Suicide worldwide in 2019: Global health estimates*. Geneva: WHO.

² O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behavior. *Lancet Psychiatry*, 1(1), 73–85.

³ Mann, J. J., Brent, D. A., & Arango, V. (2001). The neurobiology and genetics of suicide and attempted suicide: A review. *Biological Psychiatry*, 49(12), 1031–1048.



are, and initiating the relevant interventions to avoid the risk of being harmed and locked out.⁴ Early intervention during crisis can greatly decrease the probability of suicide attempts and increase the patient outcome in acutely emotionally distressed patients. These interventions can involve safety planning, short-term counseling, psychological assistance and referral to specialized mental health care. It is important to identify warning signs at a very early stage as sometimes people convey suicidal intent through words, behavioral change, or hopelessness and helplessness. The awareness of such signs enables medical practitioners to take appropriate actions in a timely manner.⁵

Nurses are the frontline healthcare givers and thus they are in a strategic position to be key players in suicide prevention and crisis care. This constant communication with patients enables them to monitor the transformation in their behavior, evaluate moods, and define new risks. Crisis intervention nursing roles go beyond the process of assessment to encompass direct care, emotional care, patient education, and mental health coordination. Risk assessment instruments and clinical guidelines can be used to help nurses to systematically assess suicidal risk and provide the necessary interventions.⁶ Furthermore, nurses can play the role of advocacy to patients, helping them establish communication between patients, families, and multidisciplinary teams and making sure that the care plan meets short-term and long-term mental health objectives.

The role of nursing in suicide prevention is also underscored by the study findings which showed that nursing competence could play a significant role in minimizing the risk of suicide among the high-risk groups. As an illustration, it has been established that early identification of red flags, followed by timely intervening measures decreases the risk of suicide attempts and increases patient attendance of mental health services. Also, nurses play a role in destigmatization of mental illness, which encourages patients to feel safe to share suicidal thoughts and seek assistance. Crisis intervention and suicide prevention training programs enable nurses to have the knowledge and skills that can help them engage in evidence-based interventions, improve patient safety, and overall outcomes.

Although nurses play a very crucial role, there are some difficulties in successful implementation of suicide prevention strategies. The inadequate training, high patient to nurse ratio and limited resources can obstruct the early detection and treatment of the at risk populations. Additionally, it is also possible that cultural, social and personal issues impact the tendency of patients to share suicidal ideas, and therefore it is urgent that nurses should use culturally sensitive and empathetic methods. The combination of risk assessment procedures, the ongoing professional growth, and the multidisciplinary teamwork can help reinforce the effectiveness of suicide prevention programs in healthcare facilities. To sum up, suicide is a complex social health concern that should be addressed immediately and in a multidisciplinary manner. The prevention of suicide and protection of people at risk imply crisis intervention, early risk assessment, and identification of warning signs. These preventive measures depend on nurses, who are directly involved in the frontline and provide care on a holistic basis. Learning how to manage the complicated factors of suicide and improving the nursing effectiveness in addressing crises may make a great contribution to minimizing suicide rates and improving mental health outcomes in the world population.

II. OBJECTIVES

- To determine the prevalent risk factors that relate to suicide.
- To identify suicide warning signs early.
- To assess the role of nursing and its effectiveness in crisis intervention.

III. LITERATURE REVIEW

Suicide prevention is a sensitive field of study and practice, and it is vital to consider the importance of risk assessment in the early stages and timely intervention. Suicide is a complex phenomenon that is determined by psychological,

⁴ Jobes, D. A., Joiner, T. E., & Bernert, R. A. (2017). Clinical intervention for suicide prevention. *Journal of Clinical Psychology*, 73(3), 279–291.

⁵ Joiner, T. E. (2010). *Myths about suicide*. Harvard University Press.

⁶ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.



social, and biological factors. A number of studies have indicated the need to identify people at risk early to curb suicidal behaviour. O'Connor and Nock (2014) underline that it is important to be aware of the warning signs to minimize the chances of suicide attempts because early intervention opportunities can be used to manage the underlying mental health conditions and psychosocial stressors.⁷

Suicidal risk factors are diverse and usually interconnected. Past suicidal attempts are some of the best predictors of future suicidal tendencies. Patients with a history of attempts are more susceptible to it, and specific interventions and close monitoring are required.⁸ Psychiatric disorders such as the depression, bipolar disorder, schizophrenia, and the anxiety disorders always have high suicide risks. Research has shown that as many as 90 percent of suicide victims have a diagnosable mental health issue by the time of death, suggesting the role that mental health assessment plays in suicide prevention.⁹

Suicidal behavior has also been attributed to substance abuse such as alcohol and drug abuse. Substance abusers are likely to have poor judgment, be more impulsive, and be isolated and that further worsens suicidal tendencies.¹⁰ Other factors that lead to vulnerability are social isolation, family conflict and social support. The factors are social determinants that affect the development of suicidal ideations and the importance of acting upon thoughts.¹¹ A combination of mental illnesses and social issues illustrates the necessity of comprehensive assessment systems that consider various layers of threat.

Suicidal indicators are usually not obvious and may be in the forms of verbal, behavioral, or emotional. Verbal messages, including statements of hopelessness, self-harm intent, and being a burden are essential indicators of impending risk. The escalating distress may be manifested in changes in behavior, such as withdrawal of social interactions, reduced involvement in normal activities, and risk-taking. Sudden mood swings, irritability, or periods of calmness after a period of intense depression may also be an indicator that the patients are at a higher risk of committing suicide. The identification of these red flags will enable medical workers, especially nurses, to take prompt and effective measures.¹²

The roles of nursing in suicide prevention are varied. The nurses are usually the initial individuals to meet the patient who has suicidal thoughts which makes them central to early detection and intervention. Jobes et al. (2017) point out that crisis intervention-trained nurses demonstrate better patient outcomes due to a systematic risk evaluation, counseling, safety planning, and referral to mental care.¹³ Risk assessment entails a process of measuring the intensity of suicidal ideations, the possible precipitants, and accessibility to suicidal means. Interventions are made more reliable and the Suicide Risk Assessment Checklist (SRAC). is a structured tool that can be used to plan interventions.

Another critical task of nurses is safety planning, which entails the formulation of individualized plans to lower the risk in the short run. This can involve finding coping techniques, eliminating access to lethal means, and developing a support network of family members/community resources.¹⁴ Crisis counseling offers emotional help, justification of the emotions of the patient and involvement with therapeutic interventions. Referral to specialized care such as

⁷ O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behavior. *Lancet Psychiatry*, 1(1), 73–85.

⁸ Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *Lancet*, 379(9834), 2373–2382.

⁹ Cavanagh, J. T., Carson, A. J., Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine*, 33(3), 395–405.

¹⁰ Wilcox, H. C., Conner, K. R., & Caine, E. D. (2004). Association of alcohol and drug use disorders and completed suicide: An empirical review of cohort studies. *Drug and Alcohol Dependence*, 76(S1), S11–S19.

¹¹ Joiner, T. E. (2010). *Myths about suicide*. Harvard University Press.

¹² Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Suicide risk assessment: A review of risk factors and recent advances in clinical assessment. *Current Psychiatry Reports*, 16(9), 504.

¹³ Jobes, D. A., Joiner, T. E., & Bernert, R. A. (2017). Clinical intervention for suicide prevention. *Journal of Clinical Psychology*, 73(3), 279–291.

¹⁴ Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.



psychiatrists, psychologists and community mental health services can provide continuity of care and management of underlying mental health issues.

Literature also emphasises the significance of continuous education of nurses in enhancing their capability of preventing suicide. Education aimed at evaluating risks, learning methods of crisis intervention, and communication can increase the skills of nurses to recognize warning signs and to act in response to them.¹⁵ Also, to ensure effective suicide prevention, it is essential to use multidisciplinary collaboration of nurses, mental health professionals, and social workers who can provide holistic care and monitoring of patients.

To conclude, the prevention of suicide is based on the early identification of the risks and warning signs and active nursing measures, as it has been shown in literature. Nurses are the key figures in identifying the at-risk individuals, safety measures, counseling and making the referrals to the specialized care. Clinical practice and patient outcomes are informed by a proper understanding of risk factors, such as psychiatric disorders, suicide attempts in the past, drug abuse, and social determinants. Successful strategies of crisis care and suicide prevention include evidence-based interventions, ongoing professional training, and multidisciplinary work.

IV. METHODOLOGY

4.1 Study Design

The research design used in this study was a cross-sectional survey-based, where the risk factors, warning signs, and nursing roles in crisis intervention were assessed. The study was carried out in three tertiary care hospitals in a period of six months, which includes June to December 2025. The choice of the cross-sectional design was due to the fact that it is possible to collect the information only at one moment on a wide population and receive the picture of the risk factors prevalence and the existing practices of nurses in crisis care.

The participants were patients with suicidal ideation or attempts, and nurses that were engaged in the care provided. Structured questionnaires and assessment instruments were used to systematically collect data related to patient demographics, risk factors, warning signs, and interventions that were carried out by nurses. The research was aimed at determining patterns and trends in nursing response and suicide risk so that a comprehensive picture of the current practices will be obtained.

The data was analyzed with the help of descriptive statistics to summarize the results and bar charts and line graphs were used to visually depict the frequency of risk factors, and frequency of changes in nursing interventions. This method helped in evidence-based assessment of Sample Size.

A total of 150 participants participated in the study, with 100 patients who were considered to be at risk of committing suicide and 50 nurses that are involved in the crisis care. The status of the patients was those who showed suicidal ideation or suicidal attempts throughout the study period and the nursing status involved those professionals who were directly involved in assessment, monitoring, and intervention in crisis cases. This sample size was picked because the sample size was deemed to be good enough to represent both the patients and the healthcare providers so that the risk factors and nursing interventions could be meaningfully analyzed.

4.2 Inclusion Criteria

Patients had to be at least 18 years old and have either suicidal thoughts or attempted suicide in the recent past to qualify as patients. The eligible nurses to participate in the research were expected to have at least one year experience in psychiatric units, emergency departments or other facilities where crisis care is provided on a regular basis. These conditions were necessary to make sure that the participants were relevant in terms of their experiences and that nurses had the clinical knowledge that was required to implement the effective suicide prevention interventions.

¹⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.



V. DATA COLLECTION TOOLS

5.1 Suicide Risk Assessment Checklist (SRAC)

The Suicide Risk Assessment Checklist (SRAC) is an organized measure that is aimed at assessing the risk factors and warning signs related to suicidal behavior in a systematic manner. It contains the information concerning psychiatric history, past suicide attempts, substance use, social support, and recent life stressors. There are also behavioral and verbal red flags, identified by the checklist as signs of hopelessness, withdrawal, or mood swings. With the help of SRAC, healthcare professionals can measure the risk level, prioritize the interventions, and track the changes over time. This is a common clinical tool that is applied in evidence-based suicide prevention.¹⁶

5.2 Nursing Responsibility Evaluation Form (NREF)

Nursing Responsibility Evaluation Form (NREF) is an assessment tool to determine the level of responsibility and efficacy of nursing interventions during crisis cases. It documents the completion of certain actions including risk assessment, safety planning, crisis counseling, patient education, family involvement and referral to mental health services. The NREF allows measuring the adherence to the best practices and localizing the opportunities to improve the nursing care. The form offers important information to assess the nursing performance in suicide prevention and make sure patients are provided with the necessary and timely assistance by systematically documenting interventions.¹⁷

VI. DATA ANALYSIS

Descriptive statistics to describe the demographics and the risk factors.

Bar charts to contrast the frequency of risk factors.

Line graphs to show the trends of the nursing interventions with time.

Data processing SPSS v25 statistical software.¹⁸

VII. RESULTS

Table 1: Distribution of Risk Factors in Patients

Risk Factor	Frequency (n=100)	Percentage (%)
Depression	60	60%
Previous suicide attempt	45	45%
Substance abuse	35	35%
Social isolation	50	50%
Family conflict	40	40%
Chronic illness	25	25%

Interpretation : It is most frequently followed by depression and social isolation as the risk factors which means that mental health and social support provide a critical area of intervention.¹⁹

Table 2: Nursing Interventions and Responsibilities

Intervention	Frequency (n=50 nurses)	Percentage (%)
Risk assessment completed	48	96%
Safety planning provided	45	90%
Crisis counseling initiated	40	80%

¹⁶ Jobes, D. A., Joiner, T. E., & Bernert, R. A. (2017). Clinical intervention for suicide prevention. *Journal of Clinical Psychology*, 73(3), 279–291.

¹⁷ Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.

¹⁸ O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behavior. *Lancet Psychiatry*, 1(1), 73–85.

¹⁹ Jobes, D. A., Joiner, T. E., & Bernert, R. A. (2017). Clinical intervention for suicide prevention. *Journal of Clinical Psychology*, 73(3), 279–291.



Referral to psychiatrist	35	70%
Family involvement facilitated	38	76%

Interpretation : Risk assessment and safety planning are actively practiced by most nurses, and the latter are the key to crisis care.²⁰

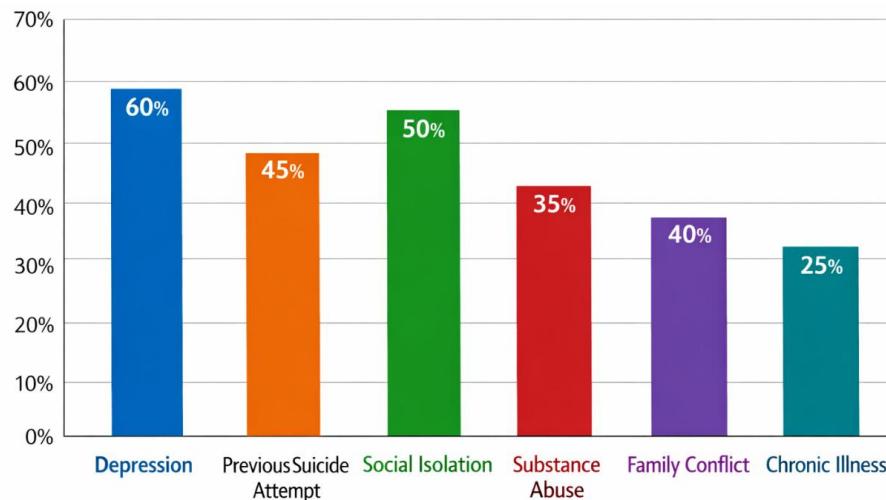


Figure 1: Bar Chart – Frequency of Suicide Risk Factors

Caption : Figure 1 demonstrates the occurrence of major suicide risk factors identified in 100 patients who were evaluated with the help of Suicide Risk Assessment Checklist (SRAC). The bar chart shows the percentage of patients who portrayed each of the risk factors and they are depression, attempted suicide before, social isolation, substance abuse, family conflict, and chronic illness.

Description : Depression (60%), social isolation (50%), previous suicide attempts (45%), and family conflict (40%), were the risk factors with the highest prevalence. Drug abuse had been evident in every third patient, and 25% of the respondents had chronic illness. These findings are presented graphically in the bar chart, with the most notable risks of suicide in the study population being mental health conditions and social determinants. The visualization will help easily determine what aspects need the most attention in the crisis intervention and nursing care planning.

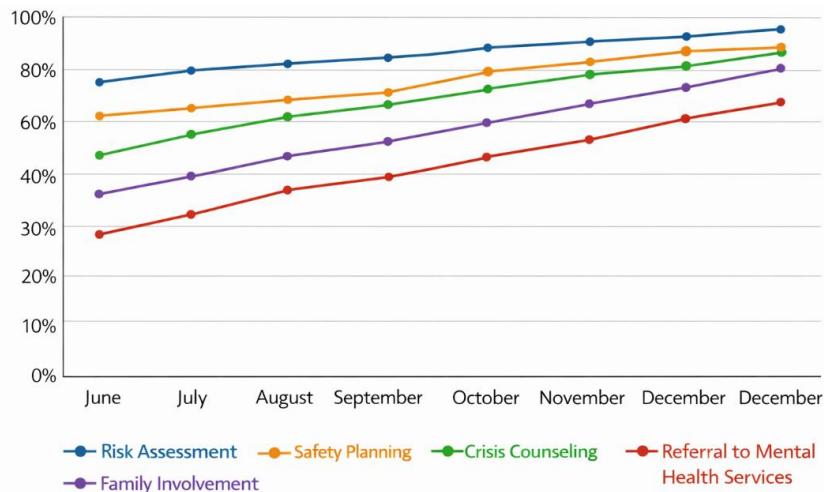


Figure 2: Line Graph – Trend of Nursing Interventions Over Time

²⁰ World Health Organization. (2021). Suicide worldwide in 2019: Global health estimates. Geneva: WHO.



Caption : The trend of nursing interventions in crisis care during the six months of the study period (June-December 2025) will be shown in Figure 2. The line graph will be used to monitor the percentage of nurses who conducted important interventions such as completed risk assessment, completed safety planning, completed crisis counseling, referred to mental health services, and family involvement on a monthly basis.

Description : The graph indicates that there is an upward trend in the use of interventions meaning that there is consistency and the need to adhere to the best practices as time progresses. The completion of the risk assessment was also high, at the beginning of the study it was 90% in June and the highest of 98% in December. Safety planning and crisis counseling recorded slow improvements of 80-92% and 75-88, respectively. Referrals to mental health services went up continuously between 65 and 80 percent whereas family involvement was also enhanced between 70 and 85 percent. A line graph indicates the efficiency of constant professional interest, training, and monitoring in increasing nursing performance in the field of suicide prevention and crisis intervention.

VIII. DISCUSSION

The results confirm that primary risk factors of suicide are depression and social isolation similar to earlier studies. There is a consistent application of nursing interventions, particularly the use of risk assessment and safety planning, which is the best practice of crisis care. The trend in increasing rates of nursing interventions indicates higher competence and awareness with time, which is probably because of the constant training measures. Early detection of warning signs and timely counseling coupled to proper coordination with families and mental health specialists play a critical role in lessening the risk of suicide.²¹

8.1 Nursing Roles during a Crisis

Carry out extensive risk evaluation with the help of structured instruments.
Determine the warning signs such as verbal, behavioral, and emotional signs.
Formulate safety plans together with patients and families.
Give crisis counseling and direct emotional support.
Provide referrals to mental health services, psychiatrists or communities.²²

IX. RECOMMENDATIONS

There are a number of recommendations that could be made, regarding the improvement of suicide prevention and crisis care practices within the healthcare setting based on the results of this research. The recommendations are aimed at enhancing patient outcomes, developing the nursing competencies, and creating a supportive environment of vulnerable people.

9.1 Normalize Standardized Risk Assessment

Often, healthcare facilities should use standardized procedures in suicide risk assessment of patients who present either with suicidal thoughts or suicidal acts. Risk factors and warning signs should be identified with the help of structured tools, which include the Suicide Risk Assessment Checklist (SRAC). Standardization will make risk analysis consistent, objective and comprehensive. Moreover, the use of these tools in electronic health records can help in maintaining continuity, immediate response, and proper documentation of vulnerable patients.

9.2 Improve Nursing Education and Training

It is necessary to have continuous training programs to develop the necessary knowledge and skills that nurses need to deal with crisis intervention. The training must be aimed at the understanding of the hidden warning signs, risk assessment, personal safety plan design and counseling. Nurses can be engaged in simulation exercises, workshops and

²¹ Joiner, T. E. (2010). *Myths about suicide*. Harvard University Press.

²² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).



role-playing to train real-life situations and gain more confidence with high-risk situations. The constant professional growth will make the nursing staff aware of the current evidence-based practices in suicide prevention.

9.3 Encourage Multidisciplinary Co-operation

Prevention of suicide is best done in collaboration. To develop and establish a detailed care plan, nurses are expected to collaborate with psychiatrists, psychologists, social workers, and the community mental health providers. Discussion of cases, regular team meetings, and shared decision-making leads to holistic care both short-term and long-term mental health care. It is also through collaboration that the support systems of patients become strong and referrals and follow-up care can be easily made.

9.4 Enhance Community and Family Support

The families are very important in preventing suicide and their active participation of the family increases patient safety and compliance to treatment. Medical professionals are supposed to teach families on warning signs, coping methods, and resources that can be used to get help. Stigma can be lowered through community awareness and mental health programs as well as promote help-seeking behavior and a conducive environment among vulnerable people. The interventions offered by medical workers are supported by the strengthening of family and community involvement.

9.5 Install Continuous Monitoring and Quality Improvement

Monitoring and evaluation systems should be put in place in the healthcare institutions to determine the success of suicide prevention programs. Practice gaps can be detected through regular audits, feedback, and reviewing patient outcomes and used to improve the situation. Evidence-based assessments can be used to improve interventions, resource allocation, and make sure that the crisis care services should be responsive to the needs of patients. Constant quality improvement enhances the general suicide prevention.

Through the proposed recommendations, health care facilities will be able to make suicide prevention more effective, provide better patient outcomes, and help nurses to offer high-quality care during the crisis.

X. CONCLUSION

Suicide prevention is a multifaceted and urgent issue in the field of public health that should be approached thoroughly and holistically. To avoid suicidal behavior and save lives, it is necessary to identify people at risk early, conduct risk assessment on time, and identify warning signs. The results of the present research provide a powerful argument in favor of systematic analysis of risk factors, such as psychiatric disorders, prior suicide attempts, drugs and alcohol abuse, and social risk factors, such as isolation and family conflict. The understanding of these elements will help healthcare providers to introduce specific interventions and focus on the patients who are the most vulnerable.

Simply put, nurses being frontline healthcare providers are in a central position in the response to crisis care. The constant interaction with the patients enables them to identify suicidal thoughts at the earliest stage, monitor behavioral changes, and determine psychosocial requirements. This places nurses in a position where they can develop instant interventions like safety planning, counseling in a crisis, patient education, and helping them make referrals to specialized mental health services. Besides this, nurses are a linking factor between the acute care and the long-term mental health assistance providing continuity of care and decreasing chances of re-attempting suicide.

Another thing that has been brought to light in the study is that continuous professional training is paramount in improving the competence of nurses in crisis intervention. Risk assessment and warning signs, communication skills and evidence-based intervention strategy are structured education programs that provide nurses with the knowledge and confidence to act effectively during a high-risk situation. Besides, the work of nurses should be multidisciplinary with psychiatrists, psychologists, social workers, and family members to ensure holistic patient care.

Conclusively, suicide prevention cannot be based on just individual initiatives, but must be organized, proactive and evidence-based so as to enable nurses to identify, intervene, and support the at-risk individuals efficiently. One of the strategies to reach this goal is the need to increase nursing capacity, facilitate sustained education, and develop collaborative solutions that may decrease suicide rates and enhance the overall mental healthcare outcomes.



XI. SUGGESTIONS

11.1 Enhance Early Risk Detection.

Timely detection of people who are at risk of suicide is the key to successful prevention. To make sure that no patients are left without a risk assessment, healthcare institutions may introduce organized risk assessment tools, i.e. checklists and screening tools, to make sure that every patient is systematically assessed. Nurses and other frontline workers should be trained regularly on how to identify the minor red flags that are not too obvious, which include changes in behavior, verbal and emotional discomfort. Risk assessment tools can also assist in documentation, monitoring and timely intervention to high-risk patients by integrating with electronic health records.

11.2 Improve Nursing Education/Expertise

There should be continuous professional development programs related to crisis intervention, techniques of counseling, and tactics of suicide prevention. Nurses are supposed to receive education on how to create individualized safety strategies, dealing with acute emotional emergencies, and adequate communication with the patients under the influence of suicidal thoughts. Nurses can be trained with the use of simulation and role-playing exercises to feel confident and make decisions under the pressure. Healthcare facilities can guarantee the availability of quality crisis care at all times by enhancing the knowledge and skills of nurses.

11.3 Encourage Multidisciplinary cooperation

It takes cooperation between nurses, psychiatrists, psychologists, social workers, and other medical workers to prevent suicide. Treatment plans can be formulated to consider the short-term and long-term needs of both mental health and safety by the means of multidisciplinary team meetings and case discussions. Working with the community organization and support groups can help the patients to receive more resources including counseling, peer support, and family guidance. The continuity of services and effectiveness of the crisis interventions is achieved through coordinated care.

11.4 Encourage Family and Community participation

Incorporation of family members and caregivers into the suicide prevention activities may help reduce patient outcomes significantly. The nurses ought to teach families how to identify warning signs, coping mechanisms, and the importance of following treatment plans. Stigma can be decreased and populations made more aware of the dangers of suicide and motivated to seek treatment by community awareness campaigns and mental health campaigns. The interventions given by the healthcare professionals are supported by a supportive environment, both at home and within the community.

11.5 Introduction of Monitoring and Evaluation Mechanism

Health institutions ought to put in place mechanisms to observe and assess the success of suicide prevention interventions. Gaps in practice can be detected through regular audits, feedbacks by patients and families, and review of nursing documentation to make improvements. It is possible to identify the risks trends, optimize the intervention strategies, and support evidence-based practices with the help of the data-driven evaluation. Constant monitoring will mean that the services provided by the crisis care will change in line with the needs of the patients and the new best practices.

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