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*Review Paper*

# PREVENTION OF SUICIDAL BEHAVIOR IN PATIENTS WITH DEPRESSIVE DISORDER – THE ROLE OF THE NURSE

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**Abstract:** Depressive disorder represents one of the most common and complex mental illnesses of modern society, with suicidal behavior being its most severe and dangerous consequence. Suicide prevention among individuals suffering from depressive disorder requires a multidisciplinary approach in which the nurse plays a key role. Since nurses most often establish the first and most intensive contact with patients, they have a crucial role in the early recognition of suicidal risk indicators, providing support, and implementing appropriate interventions. The aim of this paper is to highlight the importance of the nurse's role in the prevention of suicidal behavior among patients with depressive disorders, through the analysis of responsibilities, competencies, and duties arising from everyday clinical practice. Numerous studies confirm that continuous education, well-developed communication skills, empathy, and clearly defined work procedures contribute to improving patient safety and the overall quality of healthcare. Through a professional and humanistic approach, the nurse becomes a key link in the chain of suicide prevention, providing not only care but also restoring hope and dignity to individuals in a state of deep psychological crisis.

**Keywords:** depressive disorder, suicidal behavior, nurse, suicide prevention, healthcare, empathy.

## INTRODUCTION

Suicide and suicidal behavior represent a serious global public health problem with increasing social, economic, and psychological consequences. The World Health Organization estimates that around 800,000 people worldwide lose their lives to suicide each year, while the number of suicide attempts is significantly higher—ranging from 10 to 40 times the number of completed suicides (WHO, 2019). These data point to the urgent need for the development of effective preventive programs and multidisciplinary approaches, within which healthcare professionals, particularly nurses, play an indisputable and vital role.

Depressive disorder is one of the most significant risk factors for the development of suicidal thoughts and behaviors. In most cases, suicidal tendencies arise as a result of a complex interaction of biological, psychological, and social factors (Nock, Ramirez & Rankin, 2019). Due to this complexity, the process of recognizing and treating suicidal risk requires a holistic approach that includes not only pharmacotherapy and psychotherapy but also continuous nursing care and emotional support for the patient.

Nursing care for patients with depressive disorders involves constant observation, risk assessment, and the implementation of appropriate nursing interventions aimed at alleviating symptoms and preventing the occurrence of suicidal thoughts and behaviors. Through professional ethics, empathy, and expertise, the nurse acts not only as a caregiver but also as an educator, counselor, and intermediary between the patient, the family, and the medical team. It is particularly important to emphasize that every intervention should be based on scientific evidence while being tailored to the individual needs and emotional state of the patient.

The aim of this paper is to highlight the importance of the nurse's role in preventing suicidal behavior among patients with depressive disorders through an analysis of risk factors, specific interventions, and approaches that contribute to reducing suicidal tendencies. In addition, the paper aims to emphasize the need for continuous education and professional development of nurses in the field of mental health, as well as the importance of teamwork and an empathetic approach in everyday clinical practice.

## **DEPRESSIVE DISORDER AS A RISK FACTOR FOR SUICIDAL BEHAVIOR**

According to available research, approximately 70% of individuals who commit suicide suffer from depression (Aros, 2008). The prevalence of depressive disorder in the general population ranges between 3.6% and 6.8%, with a higher occurrence among women than men (Marčinko, 2011). It is estimated that 10–15% of people with depressive disorder die by suicide, making depression one of the most significant individual risk factors for suicidal behavior. When assessing suicide risk, it is essential to systematically consider symptoms of anxiety, as depression frequently co-occurs with anxiety, further increasing the risk. Diagnostic criteria for depressive disorder explicitly include recurrent thoughts of death, suicidal ideation, and/or suicide attempts; thus, suicide attempts or completed suicides are regarded as the most severe possible outcomes of depression. Suicide often occurs in the early stages of the illness, with psychotic symptoms, panic attacks, high anxiety levels, and the use of alcohol or other psychoactive substances contributing to increased risk (Brečić, 2017).

Given that depression can have an episodic course, a thorough evaluation of both personal and family medical history is crucial for a comprehensive understanding of the current risk. The likelihood of suicide is considerably higher among individuals with depression accompanied by psychotic features, a history of previous suicide attempts, a positive family history of suicide, or comorbid substance use (3,6). Conversely, protective factors such as a stable family network, social support, and community engagement have a significant mitigating effect, reducing the likelihood of suicidal behavior. Moreover, continuous therapeutic alliance, accessibility of professional help, and early intervention can act as protective mechanisms by decreasing symptom burden and strengthening coping strategies, thereby contributing to the prevention of adverse outcomes in individuals with depressive disorder.

## **NURSING CARE OF PATIENTS WITH DEPRESSIVE DISORDER**

The nursing care process represents a systematic and structured framework that enables the identification, analysis, and resolution of the patient's needs and problems within the field of nursing care. This process consists of four fundamental phases: assessment of needs, planning, implementation, and evaluation (Fučkar, 1995).

In the context of patients with depressive disorder and suicidal behavior, each of these phases holds specific importance. Particular emphasis is placed on the phases of needs assessment and evaluation, as they allow for the timely recognition of suicidal thoughts, emotional changes, and the need for additional protective measures. In this way, the nursing care process not only contributes to improving the quality of healthcare but also plays a crucial role in the prevention of suicidal behavior among at-risk patients.

## **THE ROLE OF THE NURSE IN THE PREVENTION OF SUICIDAL BEHAVIOR**

The process of nursing care is based on professional knowledge and a rational approach to recognizing and solving the patient's problems. It includes assessing the patient's condition, identifying existing difficulties, developing a care plan, and providing continuous nursing attention throughout the treatment and rehabilitation process.

Nurses and technicians play a key role in assessing and managing patients with suicidal behavior. The assessment process begins at the very first contact with the patient, whether they have sought help due to symptoms, or have been hospitalized following a suicide attempt or self-harming behavior. Professional knowledge of the phenomenology of suicidality enables nursing staff to provide appropriate support, recognize risk factors, and intervene promptly. Patients at increased risk require continuous monitoring and observation, and every verbal or non-verbal threat of suicide must be taken seriously,

since most attempts do not stem from a true desire to die but represent a cry for help and a need for understanding (Muk, 2014).

In providing care, the nurse should establish a relationship of trust and empathy with the patient, encouraging them to express their feelings and thoughts. Through active listening and non-intrusive conversation, it becomes possible to gain insight into the patient's life attitudes and assess the level of suicidal risk. If there is suspicion, the patient must be asked directly about possible suicidal intentions. Special attention should be given to observing nonverbal cues, depressive behavior, and mood changes.

During nursing care, it is essential to ensure a safe environment—removing potentially dangerous objects, regularly checking the patient's belongings, and preventing access to medications. Nursing staff should be particularly cautious during periods of apparent improvement, as sudden calmness or symptom withdrawal may precede a suicide attempt (Marčinko, 2022).

The primary goal of nursing care for suicidal patients is to strengthen their will to abandon suicidal thoughts and find new ways of coping with difficulties. It is important to motivate them to participate in sociotherapeutic activities and develop positive behavioral patterns. All interventions and observations must be carefully documented in nursing records, including circumstances, consequences, and all forms of self-harm (Muk, 2014).

The nurse's role extends beyond direct care to include patient education about risk factors and methods of preventing suicidal behavior. A professional approach excludes criticism, judgment, or superficial reassurance, while emphasizing adherence to ethical and communication standards. Continuous education, professional development, and emotional maturity of nurses and technicians form the foundation of high-quality and safe care for patients at risk of suicide (Muk, 2014).

The nurse is often the first contact for patients with pronounced suicidal thoughts or behavior, whether working in a family medicine practice, emergency medical service, or hospital emergency department. In such cases, the nurse must approach the patient seriously and empathetically, carefully listen to their concerns, try to understand the cause of the problem, and refer the patient or their companions to appropriate professional help. A person showing suicidal tendencies should never be left alone; it is necessary to assess and remove access to potentially dangerous objects, medications, or substances to ensure safety for the patient and others.

Patient assessment is based on a rapid and comprehensive evaluation of mental and emotional status, including observation of appearance, behavior, mood, and general emotional expression. Patients with mental health difficulties most often arrive accompanied by healthcare or police officers, social workers, or family members, and rarely alone. In such cases, the nurse must urgently assess the level of risk—particularly in patients with previously diagnosed mental illnesses, acute crises, or symptoms suggesting self-harm or potential harm to others (Slavetić & Važanić, 2012).

The Australasian Triage Scale is used in assessing patients' mental health, determining the urgency of medical intervention. If the nurse assesses that the patient poses an immediate danger to themselves or others, it is necessary to implement safety measures and establish constant visual supervision. Such patients should not wait in the waiting area but receive immediate medical evaluation and intervention (Slavetić & Važanić, 2012).

## DISCUSSION

Suicide prevention within nursing care—especially among patients with depressive disorder—requires a comprehensive and coordinated approach that includes professional expertise, experience, and emotional competence of nurses. Research shows that nurses are crucial in the early recognition of suicidal

thoughts and risks, building trust with patients, and implementing preventive interventions across different levels of healthcare (11, 12). Their role in acute and intensive care is particularly significant, as they are often the first to encounter suicidal patients and thus bear responsibility for initial risk assessment and environmental safety.

Studies indicate that experience significantly enhances nurses' confidence and readiness to engage in discussions about suicidal thoughts. A lack of experience, formal education, and clear guidelines often leads to uncertainty and fear of misjudgment, particularly among younger staff. In situations where procedures are not clearly defined, nurses often rely on intuition and personal experience—highlighting the need for standardization and continuous education in this field (13, 14). In accordance with World Health Organization recommendations (WHO, 2014), it is essential to strengthen the competencies of healthcare professionals in suicide prevention through formal educational programs that enhance knowledge, attitudes, and confidence in working with suicidal patients (Giacchero Vedana et al., 2017).

One of the most prominent challenges in clinical practice is the lack of time for individual conversations with patients. Numerous studies have confirmed that it is precisely through conversation that the nurse can best identify suicidal thoughts and build the trust essential for uncovering the patient's true psychological state (17, 18). Lack of time and staffing, combined with high emotional demands, create barriers to effective suicide prevention. Therefore, it is vital that healthcare institutions provide organizational support—by allocating uninterrupted time for communication and implementing clear protocols for risk assessment and monitoring.

Beyond experience and organizational limitations, research emphasizes the importance of education and emotional literacy among nurses. Those who have undergone training in suicidality and mental health display higher professional confidence, greater readiness to ask direct questions about suicidal intent, and increased empathy when communicating with patients. Even short educational formats—such as brief workshops—have proven effective in improving competence and shifting attitudes toward suicidal patients (Solin et al., 2021).

Another critical factor is the stigma surrounding mental illness, which remains a barrier to effective suicide prevention. Negative attitudes and fear toward mentally ill individuals, especially among less experienced nurses, can lead to avoidance of communication, inadequate risk assessment, and a lack of empathy in care provision (Hastings et al., 2017). Education helps reduce stigma, enhances professional motivation, and strengthens nurses' commitment to active participation in suicide prevention.

Organizationally, unclear responsibilities and poor collaboration between somatic, primary, and psychiatric healthcare levels have been observed. The absence of clear protocols increases nurses' personal sense of responsibility and stress—especially in cases where suicide occurs under their supervision (Vandewalle et al., 2019). Improving intersectoral collaboration and involving family members in care can significantly enhance suicide prevention, as relatives often possess valuable information about the patient's condition and behavior.

According to humanistic nursing models, success in suicide prevention depends not only on technical competence but also on the nurse's ability to establish a "human-to-human" relationship based on trust, respect, and active listening (Staskova & Tothova, 2015). By integrating professional knowledge with a therapeutic approach, the nurse can alleviate suffering, restore hope, and strengthen the patient's desire to live.

Finally, findings point to the need for systemic support in the form of clear guidelines, continuous education, emotional supervision, and adequate work organization. Suicide prevention requires nurses to possess both formal and practical competencies as well as emotional stability. Only through the combina-

tion of expertise and empathy can the ultimate goal be achieved—timely recognition and prevention of suicidal behavior among patients with depressive disorder.

## CONCLUSION

Depressive disorder represents one of the most severe and widespread mental illnesses of modern society, with suicidal behavior as its most dangerous and tragic manifestation. Although depression and suicide are still often discussed in society with insufficient understanding, their significance extends far beyond medical boundaries — they constitute phenomena with deep psychological, social, and ethical dimensions. Within this complex framework, the nurse occupies an exceptionally important position, being the healthcare professional who spends the most time with the patient and bridges the clinical and human aspects of care.

Effective suicide prevention requires nurses to possess highly developed skills of observation, communication, and assessment, as well as an understanding of the psychopathological processes and emotional reactions of those affected. The essence of nursing care lies not only in performing therapeutic interventions but also in the ability to recognize suffering, offer support, and build a relationship of trust that restores the patient's sense of value and belonging. Through empathy, professionalism, and open communication, the nurse can become a crucial factor in breaking the cycle of hopelessness that leads to suicidal thoughts and actions.

Although science and medicine today provide advanced methods for treating depression and preventing suicide, they alone are not sufficient. A joint, multidisciplinary effort of all actors is needed to create a system that not only heals but also understands and supports. At the same time, it must be acknowledged that despite all efforts, it is not always possible to save every life. Nevertheless, what can and must always be done is to offer understanding, time, and presence — for that is the true essence of the nursing vocation: to stand by a person in their deepest crisis and help them rediscover hope where it once seemed lost.

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