Review Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2025; 17(3):623-632
doi: 10.18863/pgy.1506867

Suicide Prevention Research from Individual to Social Approach

Bireysel Yaklaşımdan Toplumsal Yaklaşıma İntihar Önleme Araştırmaları

Zeynep Uludağ[1], Esra Daşçı[2], Ali Eşref Keleş[1]

[1]Ardahan University, Ardahan
[2]Kastamonu University, Kastamonu

ABSTRACT

Suicide and self-harm are worldwide problems affecting thousands. There are many reasons and factors to be understood regarding suicide in order to help professionals to intervene before it happens. The studies focusing on individual factors as well as environmental factors need to be well understood in order to be able to make a well-established health policy that is better at preventing suicide. In this review, the concept of suicide, prevalence and prevention of suicide, and the factors related to it have been reviewed. Individualistic and social factors have been taken into account in order to understand the prevention of suicide. Consequently, both an individual and the environment people live in is often important for professionals to understand suicide. Also, the prevalence of suicide might be missing in many cases where people do not report suicide or self-harm related to suicide. Therefore, the screening process must be widened to cover all the people in the area rather than only people who report to the healthcare services. The prevention methods of suicide vary and include both individual approaches and social approaches; therefore, the implication of these various approaches into a prevention intervention seems to be vital. In that regard, education about both mental health problems and suicide, especially for young adults, seems to be effective in preventing suicide. Also, the intersectional approach and social cure for prevention should be considered by professionals for more effective suicide prevention intervention. Lastly, one of the factors seems to be the access to health services in local areas where people feel safe.
Keywords: Suicide prevention, intersectionality, social cure

ÖZ

İntihar ve intihar teşebbüsü sonucu bireylerin gördükleri zararlar, dünya çapında binlerce kişiyi etkilemektedir. Bu sebeple, intihar eylemi gerçekleşmeden önce intiharı anlamak ve profesyonellerin müdahalesine yardımcı olmak önemlidir ve bunu sağlamak için birçok etken vardır. İntiharın önlenmesinde daha iyi bir sağlık politikası oluşturulabilmesi için çevresel faktörlerin yanı sıra bireysel faktörlere de odaklanan çalışmaların iyi anlaşılması gerekmektedir. Bu derlemede, intihar kavramı, intiharın yaygınlığı ve önlenmesi ile ilişkili bireysel ve sosyal faktörler araştırılmıştır. Böylece, bireyin yanı sıra bireyin yaşadığı ortamın da profesyonellerin intiharı anlaması açısından önemli olabileceği anlaşılmıştır. Ayrıca, insanların intihar ya da intihara bağlı kendine zarar verme vakalarını bildirmediği birçok durum söz konusu olduğundan intiharın yaygınlığı konusundaki bilgiler yetersiz olabilir. Bu nedenle tarama sürecinin genişletilmesi gerekmektedir. Sadece sağlık hizmetine başvuran kişileri değil, bölgedeki tüm insanları kapsayan tarama süreçleri gerçekleştirilmelidir. Ayrıca intiharı önleme yöntemleri de farklılık göstermektedir ve hem bireysel yaklaşımları hem de toplumsal yaklaşımları içermektedir. Bu yaklaşımların intiharı önleme çalışmalarına dahil edilmesi hayati önem taşımaktadır. Özellikle genç yetişkinlere ruh sağlığı sorunları ve intihar konusunda eğitim verilmesi intiharın önlenmesinde etkili görünmektedir. Ayrıca, intiharla daha etkili bir müdahale için kesişimsel yaklaşım ve önleyici sosyal tedavi, profesyoneller tarafından dikkate alınmalıdır. Son olarak intihar önleyici etkenlerden birinin de insanların kendilerini güvende hissettikleri yerel bölgelerde sağlık hizmetlerine erişim olduğu görülmektedir. Mevcut araştırma, bu bilgiler ışığında intihar, sağlık sistemleri, toplumsal yapılar ve potansiyel risk ve koruyucu faktörleri inceleyen kesişimsel intihar araştırmaları ile hassas grupları etkileyebilecek toplumsal ve kesişimsel faktörlere odaklanmayı amaçlamaktadır.
Anahtar sözcükler: İntiharı önleme, kesişimsellik, sosyal tedavi

Introduction

Suicide is frequently characterized as self-inflicted death and the act of taking one's own life deliberately. The Online Etymology Dictionary indicates that the word suicide is rooted in modern Latin and consists of the words sui "self" and cidium "a killing", which is derived from the word caedere "the act of slaying" (Cholbi 2021). As linguistic, discursive, and historical contexts are discussed further, this paper avoids any judgmental, moral, or religious superior stance regarding suicide, and it assumes a critical and intersectional stance to discuss raising

Address for Correspondence: Zeynep Uludağ, Ardahan University Faculty of Human Sciences and Literature Department of Psychology, Ardahan, Türkiye **E-mail:** zeynepuludag@ardahan.edu.tr
Received: 08.07.2024 | **Accepted:** 03.12.2024

concerns regarding suicide issues. This study endeavours to rethink prevention strategies, risks, and scientific knowledge with a multifaceted intersectional approach. Thus, it is essential to provide a historical context with a psychosocial frame since suicide cannot be degraded to the individual's behaviour. Following this, we proceed with societal structures like the health care systems and policies regarding suicidality and the intersectional suicide research examining the potential risk and protective factors. The current review, therefore, aims to focus on societal and intersectional factors that might affect vulnerable groups.

Suicide involves two components, according to the literature: ideation and behaviour. Suicide ideation formation and the transition from ideation to real behaviour, such as suicide attempts, are recognised as distinct processes (Klonsky et al. 2017). It is vital to note that the suicide rate available comes from the suicide attempts reported to the health system. There may be incidents of self-harm with suicidal intent that go unreported, possibly due to insufficient mental health resources or as people may be discouraged from seeking mental health care.

Society, and religion, like many other institutions, define suicide from a negative perspective, expecting an individual to avoid any decision to die whenever they wish to. This perception of suicide has a significant impact on discourses on suicide, such as the term "commit suicide," which implies sin and crime. Olson (2022) suggests that 'death by suicide' or 'died by suicide' might be more appropriate terms to avoid any judgments of subjects, claiming these more neutral terms are significantly important for bereaved ones and the community to converse and raise awareness about such phenomena without being callous and insensitive. Adopting considered terminology by scholars, the media, and society will greatly contribute to suicide prevention efforts. Recent socioecological prevention models indeed support the notion that reframing the discourse around suicide in media and public discourse would greatly affect suicide ideation (Cramer & Kapusta 2017).

It is important to understand the factors related to suicide such that an appropriate prevention method can be applied. While trying to find the best prevention method for an individual act like suicide, we might need to highlight that individuals do not live in isolated places by themselves. Instead, we live in a society where we are influenced by others and in turn influence others. Therefore, social determinants affect how we live and how we die, and can be shaped by political, social and economic forces (World Health Organisation (WHO), 2008). There are limited sources to be able to stop suicide from happening and one-to-one health services for suicide is almost impossible since there are not enough experts working on the issue (Pirkis et al. 2024). Even though suicide is a mental health problem, in this review we would like to point out that there are more social approaches to intervene to prevent suicide. We would also like to point out the social factors leading to suicide that can be altered by social policies, as social health policies have been shown to be effective in decreasing the rate of suicide (Stone 2021). Therefore, it is important to understand current intervention and prevention studies of suicide, especially those that adopt a more collective approach to prevent it from happening rather than intervening in people after a suicide attempt, since it will help the health services to use the sources more effectively and decrease the rate of suicide. Even though there are some prevention implementations that have been examined, there are no review papers focusing on the preventions that can be adopted at a policy-making level available; therefore, the current paper aims to review how an individual action, like suicide, can be influenced by social factors and to emphasize that suicide, as a public health issue, can be prevented through the implementation of public health policies.

Prevalence

The World Health Organisation (WHO) reported that suicide is causing around 800.000 deaths worldwide every year (WHO 2021). The international and national records of suicide are freely accessible. The World Mental Health Surveys across seventeen countries investigate suicidal ideation and suicide attempts, and results suggest a suicide is a major concern (9.2%, 2.7%, respectively) (Nock et al. 2008). Similarly, the European study of the epidemiology of mental disorders has reported that the prevalence of suicidal ideation and suicide attempts are 7.8% and 1.3%, respectively during adult life (Bernal et al. 2007). Recent sources from the WHO about suicide rates across various regions of the globe are given in the table below (Table 1.)

Table 1. Suicide rates according to WHO (2021)

Region	Year	Suicide rates(%)
Global	2019	9.2
Europe	2019	12.8
Americas	2019	9.6
Turkey	2019	2.4

The prevalence of suicide-related self-harm is substantially larger than the number of suicide incidents reported. Hawton et al. (2012) highlighted that suicide, suicide attempts, and self-harm reported within the health system can be a minor part of the overall picture. As a result, the problem might be larger than it appears to the healthcare system. This is also a sign that there may be numerous individuals the experts fail to intervene with to prevent suicide. Suicide-related self-harm, for example, is considerably prevalent in the community, and proactive suicide interventions for those who have suicide-related self-harm might minimise the suicide rates.

Risk Factors and Prevention

When an individual presents with suicidal thoughts and ideation also seems to be a good time to intervene, since suicide occurs after that and requires some factors to be met. As seen in the intentional motivation and volition model, certain risk factors might lead to suicide. Even though inequality, poverty, and social disadvantages might be an immersing factor in suicide, suicide still might be avoided by access to a well-established health system. Clearly, access to a high-quality health system is an inequality problem, however, the state might have an important responsibility on balancing these inequalities. The importance of access to a high-quality health system is that when accessible, when a person feels trapped in suicide ideation or intention it does not necessarily mean they will end up in suicide unless some additional factors are met (O'Connor & Kirtley 2018). Based on the implementation of the motivation and volition model, people would be more likely to suicide under the following circumstances; when they have access to the means of suicide; when they start strategizing on suicide when they witness someone else's suicide in the family or environment; when they have feelings of increased physical or psychological pain. Also, impulsivity and fearlessness about death, mental imagery about suicide, and, finally, a history of suicidal behaviour or self-harm also seem to be important risk factors. Recent research suggests that psychological pain can also be a strong predictor of suicide (Zou et al. 2017, Demirkol et al. 2019). Therefore, it is crucial to take into account specific factors contributing to psychological pain which might ultimately leads to suicidal ideation and suicide. Psychological pain can be described as a type of mental distress that can result from situations such as loss, exposure to traumatic events, disappointment, unexpected negative circumstances, and being unable to meet basic needs. (Demirkol et al. 2019). These are personal and psychological factors and are important for personalised preventions. Zou et al. (2017) suggested interventions specifically for psychological pain to prevent suicide, while other intervention models are based on the implementation of the motivation and volition model. Beside these personal and psychological components contributing to psychological pain and suicide ideation, research points out that unmet interpersonal needs, that is unmet needs for belongingness and social competence, might also be related to suicide and suicidal ideation. Van Orden and coworkers (2012) suggest that these unmet needs for belonging and social competence might result in 'thwarted belongingness and perceived burdensomeness'. Following this evidence from different research lines, societal and intersectional models are important to reach potentially vulnerable groups in a society, which takes social and interpersonal components associated to suicide and suicide ideation into consideration.

Despite rising rates, suicide can be avoided if necessary and practical measures are taken (Stanley & Brown 2012). Brief psychotherapies, according to psychology intervention and prevention models, are typically beneficial for people who experience suicidal thoughts. However, the intersectional approach is absent from these intervention and prevention models, and research testing these models, in which only white and western samples are typically tested (Park et al. 2022). Therefore, traditional suicide prevention programs are neither generalizable nor pliable to those groups in which suicide rates are recently increasing. As novel suicide research has indicated, there are numerous social risk factors leading to self-harm and suicide. Thus, the newly developed prevention models should take those social factors as a focal point to eliminate those social risk factors and any interaction between them.

It is important to understand why there are many unreported cases of suicide or suicide related self-harm, and why people are not seeking help in the case of mental health problems, especially suicide-related self-harm. Based on the literature, the factors can vary. However, trust in the healthcare system seems to be one of the reoccurring factors. Ozawa & Sripad (2013) have suggested that trust in the healthcare service is highly connected to self-reported health status and continuity of care. Thus, the policies used in healthcare services are related to people's trust in the healthcare system (Rowe & Calnan 2006). Rowe & Calnan (2006) has also suggested the use of healthcare services also increases when the trust in the healthcare system is high. It is, therefore, important to let people know that they can get help from the healthcare system when seeking help. To do this, people might need to be taught how to use the health care system, and mental health wards should be made more accessible since accessibility and the presence of mental health services also seem to be vital factor (Rowe & Calnan 2006, Niederkrotenthaler et al. 2020).

Also, the physical or online availability to see a professional can be an important factor in prevention. For example, when people have to travel to see a psychologist or psychiatrist in a well-equipped hospital where they have to book a time in advance, it is possible that people are less likely to go to the appointment because of the mental, physical, and economic costs related to it. This is especially true if it requires a complicated process, which in turn affects the trust in the health care system (Rowe & Calnan 2006). Additionally, high-quality mental health services are percieved to be expensive. When people are suffering from mental health issues, they might not know about accessible and affordable therapy which enables them to get treatment without any help from the experts.

When considering prevention methods, some individual differences need to be considered, such as trust in the health care system as discussed above, and differing knowledge of mental health. Limited knowledge and understanding of mental health problems might lead to ignorance of the severity of these problems. Recent systematic reviews suggest that educational learning for young adults and adolescents is the most effective in suicide prevention, when compared to education for other age groups (Song et al. 2023). In particular, educating youth on mental health problems and health care services might be an effective tool for the prevention of suicide. Additionally, when to seek help should also be included in any educational learning.

Studies indicate that evidence-based extensive courses about suicide also have a positive impact on suicide prevention (Song et al. 2023). Theses courses should involve functional coping mechanisms for suicide ideation and objective information about suicide. Note that these courses are not necessarily for those who are vulnerable but also for those who are concerned about or supporting others with suicidal ideation. If we can reach the population who needs help or teach people how to react and support people in their circle who feel trapped, we could decrease the risk of suicide. Suicide rates could also be decreased by normalizing both mental health issues and the seeking of help through prevention strategies within these courses.

Lack of knowledge regarding mental health issues and suicide is also a significant risk factor for suicide. Lack of knowledge can also result in significant stigma in even attending mental health services (Carpiniello & Pinna 2017), which in turn can deter people from seeking available help. For example, people might be afraid of being stigmatised for going to mental health care professionals. Education for young people would also create a better understanding of mental health problems and the available opportunities for seeking help. In many cases, in young adults help is first sought from peers rather than professionals. Therefore knowledge about the issue among adolescents and young adults will help to decrease the uncertainty and, consequently, the stigma related to mental health and suicide.

As discussed above, there are many cases in which people are avoiding going to mental health services because of the stigma related to mental health illnesses. Stigma, in particular, can be one of the issues driving desperate people to suicide. The solution also seems to be seen as part of the problem, which may result in labelling people negatively. Another important point about stigma is a very practical one. Some countries have this stigma deeply rooted both culturally and politically, such that it affects both individuals and government policy.. For example, in Turkey it is often the case that people who have been prescribed antidepressants or anxiety medication will not be employed in particular roles, such as the police, or the military. This also validates the fear of going to mental health services.

Another factor in suicide risk is the lack of high-quality treatment in the local healthcare system (Abelson et al. 2006). So the education of the staff working in the mental health care ward might be important for preventative measures. The interpersonal trust between the health care employee and the patient is an important factor that might end up increasing the perception of abuse of power if the interpersonal trust has not built up (Gilson 2006). For example, every employee in the mental health care ward should be aware of the importance of their behaviour which might affect the patients' motivation to seek help and might decrease the stigma related to it.

Poverty has emerged as a major reason for suicidal ideation as well as inaccessibility to mental health services. Suicide is now the 15th leading cause of death on a global scale, and more than 75% of suicide cases come from low-income and middle-income nations, where there is a positive correlation between poverty and suicide as well as between suicidal ideation and unemployment and impoverishment (Iemmi et al. 2016).

Various disciplines examine the root causes and prevention measures of suicide, as suicide is one of the major causes of death in the modern world. Specifically, adolescents and young adults are more likely to attempt suicide (Shain 2016). Adolescents and young adults are still going through their biological, psychological, and social development. Therefore, these age groups have limited coping mechanisms. However, suicide can be prevented by focusing on the unique experiences of adolescents and young adults and examining specific risks and protective factors for these age groups (see Table 2.)

Table 2. The risk factors and preventive measures for suicide from various studies

Factor	Risk/Preventive Factor	Reference
Poverty	Risk factor	Poverty is a strong predictor of suicide (Iemmi et al. 2016)
Social support	Preventive factor	Social support is a preventive factor for suicide (Standley & Foster-Fishman 2021)
The presence and high accessibility of the healthcare system	Preventive factor	The presence and high accessibility of the local health system appear to be a reliable predictor of suicide prevention (Rowe & Calnan 2006, Niederkrotenthaler et al. 2020)
Trust in the healthcare system and employees	Preventive factor	The interpersonal trust between the healthcare employee and the patient is an important factor (Gilson 2006)
Stigma related to mental health problems	Risk factor	Stigma related to suicide and mental health problems is important to consider in population measures since it deters people from seeking help (Hawton et al. 2012)
Educational learning	Preventive factor	Recent systematic reviews suggest that educational learning for young adults and adolescents is the most effective in this period to prevent suicide (Song et al. 2023)
Screening for suicide	Preventive factor	Screening at-risk young people is a growing prevention strategy to decrease suicide in young adults (Hawton et al. 2012)
Physical and psychological pain	Risk factor	Physical and psychological pain is a strong predictor of suicide (Hawton et al. 2012, Demirkol et al. 2019)

Based on the literature, suicide prevention efforts have addressed numerous suicide-related behaviours such as deaths, attempts, thoughts, and plans (Ahmedani et al. 2014). It is important to mention proper screening for suicidality which refers to examining the actual numbers of suicide and suicide related self harm and risk factors for those who had suicidal ideation (O'Connor et al. 2018). Screening is particularly important to find specific social, psychological, and structural risk factors for intersectionality between marginalized groups (Joe & Bryant 2007). Research indicates that if the screening was held in the community, people would have information on how to access mental health services. Moreover, access to support groups on all social levels from family to the community for people who feel vulnerable seems to play an essential part in suicide prevention.

Intersectional Approach to Suicide Research

As stated above, suicide rates are rising in society, and more significantly, suicide attempts that end in death are just the tip of the iceberg because there are psychiatric behaviours related to suicide and self-harm that do not result in death. In suicide research, there has traditionally been an emphasis on only psychological aspects and demographics in an attempt to understand suicidal behaviour. Although demographic factors can be used to identify groups of people who are at a high risk of suicide, they are not very beneficial when evaluating a particular person's suicidal ideation and behaviour (Beck at al. 1979). As a result, popular methods for identifying people at risk of suicide are unable to fully investigate the important social or structural correlations that might be connected to suicidality (Snoberger 2020). Social structures and processes should be taken into consideration in strategies to properly understand and prevent suicidal ideation and behaviour.

As discussed above, one of the first scholars to investigate the impact of social cohesion and belonging on those who reported suicidal thoughts was Durkheim (2005). Ever since, other researchers and disciplines have been expanding on the notion that people are impacted by the relational networks they are part of. Intersectionality Theory (Crenshaw 1989) has been one of the most productive studies in providing a more thorough explanation for societal disparities and diverse experiences of diverging social groups. The concept of intersectionality describes how a person's various group affiliations interact with one another and shape their individual experiences (Crenshaw 2013). Crenshaw argues that interactions people experience on a regular basis are dominated by relationships based on inequality. Socially constructed characteristics like race and gender can allow inequity to spread through networks in the workplace, with teachers, and even with doctors and other healthcare professionals (McCall 2005). These inequalities may also affect psychological coping mechanisms and mental health problems, such as suicidal ideation and behaviour.

More focus has been placed on socio-demographics in the research since social variables are crucial for suicidality. Research has shown that suicide is not a frequent coping strategy among all social groups. In the risk groups, there are observable variations. For instance, early attempts at quantitative research indicated a gender difference in suicidal ideation and behaviour. In a study looking at the gender gap in suicidality, it was found that women are more prone than men to attempt suicide, despite the fact that this is sometimes overlooked because men complete suicide at a larger rate than women do (Beautrais 2006). Research has also indicated that socioeconomic status (Kim et al. 2016), and sexual orientation (Marshall et al. 2011) could be important factors among people who are prone to suicide. Also, there is a research line examining the link between racial discrimination and suicidal thoughts (O'Keefe et al. 2015). However, focusing on a single sociodemographic characteristic can limit the full understanding of what leads to suicide (Ferlatte et al. 2020). Researchers also need to debate the influences of social structures and systems on suicidal ideation and behaviour as a result of studies that concentrate on the interaction of multiple socially constructed identities.

Therefore, it is essential to approach the issue with the knowledge that numerous risk variables could interact and generate a very unique experience for particular groups and subgroups of society rather than singling out the risk factors. Applying an intersectional perspective to the problem did, in fact, show that marginalized groups in society specifically have more negative experiences that influence their mental health. For instance, a systematic review of intersectional studies with minority adolescents in the US showed that minority adolescents were at greater risk for depressive symptoms (Patil et al. 2018). Middle-class Black women were shown to have a higher risk of depression, similar to the adolescent population (Walton & Boone 2019). These findings suggest that by applying an intersectional lens, it is possible to better comprehend the negative experiences of marginalized groups.

Similar findings from intersectional research on suicide indicate that specific minority groups are more likely to engage in suicidal behaviour and ideation. For instance, fairly recent studies in the USA have shown that Black American kids aged as young as 5 to 12 have greater suicide rates than White children of the same age group (Bridge et al. 2018). In another study, Wiglesworth and their colleagues (2022) examined the association between suicide thoughts/attempts and intersectional identities of Black and Native-American youth. They found that besides identifying with a racial minority group being a sexual minority was a prominent identity among young people who attempted suicide. This underlines the possibility that young people may have distinct and potentially more detrimental experiences as a result of having several marginalized identities. Similarly, in a study, researchers have found that during the pandemic suicide rates increased among Black females aged 12-17 and White non-Hispanic females aged 12-17 while it was high and stable among Black females aged 18-25 (McCoy & Kohlbeck 2022). Also, Niederkrotenthaler et al. (2020) suggested that focusing on the high-risk groups might help decrease the rate of suicide during the recent pandemic, aka COVID-19. Research has repeatedly demonstrated that the intersection of race and gender increases the risk of young people's suicide. However, these are not the only risk factors. According to research, being a member of a minority, struggling with mental health problems, or having a low socioeconomic background are all possible risk factors for suicidality. In order to identify the protective variables that can lower the risk of suicide, it is crucial to focus on specific risk factors, and thoroughly explore how those factors interact.

For instance, a study examining the link between discrimination, mental health, and suicide ideation found that LGBTQ-based discrimination had an indirect impact on suicidal thoughts through mental health (Sutter & Perrin 2016). According to the study, one of the main areas that should be targeted in programs for preventing suicide is the effect that being a member of a sexual minority has on mental health. Another comprehensive study indicated that having a sexual minority status which is discriminated against, being non-white, and being female was related to higher risks of experiencing suicidal ideation compared to sexual majorities, white, and male population (Snoberger 2020).

By examining the available data in the literature, Opara et al. (2020) proposed an intersectional model of suicide in order to provide a complete picture of Black American children. In their conceptual work, Opara and colleagues stressed the significance of the interaction of gender, race, socioeconomic background, mental health, and sexual orientation generating a distinctive experience for Black American youth. They concluded that in order to eliminate the stigma associated with mental health illnesses, prevention programs for Black children should invest in critical protective variables and target locations where risk factors are more likely to be present. Researchers and clinicians should be aware of the potential mistrust that Black families and children may harbour toward healthcare professionals. In addition, a significant risk factor that has to be addressed in order to solve this issue is the lack of access to culturally appropriate mental health care clinics in urban neighbourhoods. Their paradigm is interpersonal and intersectional.

Intersectional Suicide Prevention Models

An intersectional and socioecological perspective might be quite new when it comes to practice, according to a search for suicide prevention approaches. Suicide is directly tied to social identities; thus an effective prevention strategy should be intersectional and socioecological, according to a recent article (Standley 2022). One of the first attempts to adopt an intersectional and socioecological perspective explored the relationship between young people's suicide risks and social support. They discovered that family, school, and community support were the most prominent protective factors for gender, race, and sexual minority groups (Standley & Foster-Fishman 2021). This study emphasizes how each social group and its subcategories have specific risk and protective factors for suicide. Based on the evidence, Standley proposed that intersectionality and socioecological theories be incorporated into suicide prevention models (Standley 2022). While an intersectional viewpoint may make it possible to identify risk and protective variables for people who identify with various marginalized groups, a socioecological framework may make it possible to examine the structural and societal elements that influence suicidality risk. Therefore, models should look closely into the social, economic, and policy-level relationships of an individual (Mehtala et al. 2014).

Social psychology of health and well-being suggests that one's group memberships with different social groups enable them to be more resilient and healthier, which is termed a social cure (Jetten et al. 2012). People are found to cope better with prejudice and feel more able to resist it if they embrace their group identity (Jetten, Haslam & Haslam 2009). In a study using social cure as a framework, researchers examined whether community volunteering would predict the overall well-being of the members through social identity and social support (Bowe et al. 2020). Their results indicated that Social Cure based community identification and social support would benefit community health and interventions. Therefore, an important aspect of prevention is social support and connectedness when dealing with suicide risk. Similarly, several studies found that self-esteem and peer support could be used to mitigate suicide risks among adolescents (Sharaf et al. 2009, King et al. 2019).

According to a meta-analysis of social cure studies, social support and social integration are significantly more important for preventing mortality than many other well-established behavioural risks, such as smoking, heavy drinking, inactivity, and obesity, which are the usual targets of medical research (Holt-Lunstad et al. 2010). However, the meta-analysis did not include injury and suicide-related deaths. As a result, there is insufficient evidence to make a firm conclusion about whether social cure components would help people who have suicidal risk. Social networks, on the other hand, might be viewed as a social cure for reducing the risk of suicide, as Durkheim (2005) proposes in his work on social cohesiveness and suicide. The social cure framework should, however, be taken into consideration in the prevention processes, according to research on social support and the prevention of suicide.

Conclusion

One of the things that need to be considered is that we should battle suicide proactively, specifically at a young age since adolescence and young adulthood seem to be the riskiest period in life. Developing educational training about suicide seems to be a good place to start a proactive intervention. Suicide ideation and behaviour are complicated and influenced by social networks, connections, and structures, in addition to psychological processes, according to recent advancements in the field of suicide research. Therefore, in order to understand the complexity of suicide, researchers need to employ more thorough techniques and procedures. An intersectional approach could be helpful in identifying the risk factors since it helps to look into particular risk factors for people who have several marginalized identities. Particularly, minority status identities including sexual minorities, immigrants, and gender are linked to a higher risk of suicide ideation and behaviour among young people. More intersectional research is therefore required to identify particular risk factors for intersecting identities. Studies on protective variables have also shown that social context and relationships are important. Social support, a sense of belonging, and improved self-identification are crucial suicide prevention strategies, according to social cure research. In addition, socioecological approaches enable an identification of the protective characteristics of particular groups and subgroups that are ingrained in social structures, systems, and environments. Based on recent research and evidence, a comprehensive strategy for preventing suicide should therefore include i) an intersectional approach to examine the particular difficulties of interacting identities, ii) a socioecological methodology to identify systemic and structural risks and protective factors, and iii) a social cure perspective to create community-based, resilient societies that support its members.

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Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript
Peer-review: Externally peer-reviewed.
Conflict of Interest: No conflict of interest was declared.
Financial Disclosure: No financial support was declared for this study.