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Psychosocial Interventions for Suicide Attempts in Emergency Departments: A Social Work Perspective

Acil Servislerde İntihar Girişimlerine Yönelik Psikososyal Müdahaleler: Sosyal Hizmet Perspektifi

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ABSTRACT

Suicide attempts are among the most frequently encountered psychosocial crises in emergency departments, and timely intervention is vital for preserving life and preventing further risk. Social workers are integral members of multidisciplinary emergency teams due to their training and competencies in addressing the psychosocial determinants of suicidal behavior. However, in Türkiye, the role of social workers in suicide prevention and emergency department practices remains limited due to challenges related to institutional role clarity, staffing, training, and systemic functioning. This review aims to examine current clinical and psychosocial procedures applied to individuals presenting to emergency departments following suicide attempts and to clarify the roles and functions of social workers within these processes. Literature was reviewed to analyze intervention stages, existing social work practices, challenges, and gaps in education and policy. Findings indicate that social workers play a critical role particularly in psychosocial suicide risk assessment, crisis intervention, support and empowerment, interagency collaboration, and referral processes. The paper provides recommendations for standardizing social work interventions in emergency departments, strengthening social work curricula, and integrating a social work perspective into suicide prevention policies.

Keywords: Suicidal behavior, suicide attempt, emergency service, social work, psychosocial intervention

ÖZ

İntihar girişimleri, acil servislerde en sık karşılaşılan psikososyal krizlerden biridir ve etkili müdahale, yaşamı korumak açısından kritik önem taşır. Sosyal hizmet uzmanları, intihar davranışının psikososyal belirleyicilerine odaklanan eğitimleri ve müdahale becerileri doğrultusunda multidisipliner acil servis ekiplerinin önemli bir bileşenidir. Bununla birlikte Türkiye'de hem intiharı önleme çalışmalarında hem de acil servislerde sosyal hizmet uygulamalarında kurumsal rol tanımları, istihdam, eğitim ve işleyiş açısından çeşitli sınırlılıklar bulunmaktadır. Bu derlemenin amacı, acil servislere intihar girişimi sonucu başvuran bireylere yönelik klinik ve psikososyal müdahale süreçlerini güncel literatür ışığında incelemek ve sosyal hizmet uzmanlarının bu süreçteki işlevlerini ve mesleki rollerini açıklığa kavuşturmaktır. Derleme kapsamında ulusal ve uluslararası literatür değerlendirilmiş; müdahale basamakları, sosyal hizmetin mevcut uygulamaları, güçlükler, eğitim ve politika alanındaki eksiklikler analiz edilmiştir. Bulgular, sosyal hizmet uzmanlarının özellikle intihar riskinin psikososyal bağlamda değerlendirilmesi, kriz müdahalesi, destekleme–güçlendirme, kurumlar arası işbirliği ve yönlendirme rollerinde kritik bir konumda olduğunu ortaya koymaktadır. Çalışma, acil servis bağlamında sosyal hizmet müdahalesinin standartlaştırılması, sosyal hizmet eğitiminin güçlendirilmesi ve intiharı önleme politikalarına sosyal hizmet perspektifinin entegrasyonu için çeşitli öneriler sunmaktadır.

Anahtar sözcükler: İntihar davranışı, intihar girişimi, acil servis, sosyal hizmet, psikososyal müdahale

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Introduction

Suicide is a major public health problem with far-reaching consequences for individuals, families, and societies worldwide (World Health Organization [WHO] 2024). Since the publication of Le Suicide by Émile Durkheim in 1897, suicide has been conceptualized not only as an individual act but also as a socially embedded phenomenon shaped by levels of social integration and regulation. Contemporary approaches further emphasize the multifactorial nature of suicidal behavior, highlighting the interaction of psychiatric disorders, psychological pain, hopelessness, cognitive constriction, social isolation, and broader contextual stressors (Riera-Serra et al. 2024).

Current literature conceptualizes suicide as a continuum that extends from passive death wishes and suicidal ideation to planning, attempts, and completed suicide (Rizvi et al. 2024). Within this continuum, suicide attempts represent a critical clinical and public health concern. Although mortality data on completed suicides are systematically recorded in many countries, suicide attempts are substantially underreported due to definitional inconsistencies and sociocultural barriers. Available evidence suggests that suicide attempts occur 10 to 30 times more frequently than completed suicides (Alves et al. 2017, Bachmann 2018), underscoring their importance as both markers of acute crisis and strong predictors of subsequent suicide risk.

Globally, more than 720,000 people die by suicide each year, and suicide remains one of the leading causes of death among young people aged 15–29 (WHO 2024). In Türkiye, the suicide rate (4.8 per 100,000) remains below the global average; however, a gradual increase has been observed, with deaths concentrated among men aged 15–49 and emerging trends among individuals with higher education levels (Yekdeş et al. 2024). Research conducted in Türkiye—largely descriptive and single-center—indicates that young women with mental disorders constitute a prominent group among those who attempt suicide, often through medication or toxic substance ingestion in the context of interpersonal or family-related stressors (Güneysu and Çınar 2025, Kırkan and Kalyoncu 2025, Yeşiloğlu et al. 2025).

Beyond national patterns, suicide risk is widely recognized as multifactorial, encompassing prior suicide attempts, psychiatric disorders (particularly mood disorders), substance use, psychosocial stressors, and limited social support. Among these, a history of prior suicide attempts consistently emerges as one of the strongest predictors of future suicide (WHO 2024). These findings highlight the importance of timely identification and comprehensive psychosocial assessment of individuals who present after a suicide attempt.

Social workers, as members of multidisciplinary mental health teams, frequently encounter individuals experiencing suicidal ideation or presenting after suicide attempts (Sanford et al. 2025). Despite this frequent engagement, the contribution of social work scholarship to the suicidology literature remains relatively limited, particularly in studies that explicitly examine the profession's role in suicide risk assessment, intervention, and prevention. Existing research in social work is predominantly descriptive, and structured suicide prevention education within undergraduate programs is often insufficient (Joe and Niedermeier 2006, Slater et al. 2015, Maple et al. 2017, Levine and Sher 2020, Sanford et al. 2025).

In the Turkish context, particularly within the emergency departments of high-capacity urban tertiary hospitals, the roles and responsibilities of social workers in managing suicide attempt cases are not clearly defined and vary across institutions; nevertheless, these professionals typically perform multifaceted tasks, including psychosocial assessments, crisis interventions, family communication, facilitating referrals to community resources or protective services, and coordinating safe transportation or institutional placements (Yıldırım and Başer 2019, Çamcı et al. 2025). These roles lack national standardization, resulting in unclear job descriptions and significant institutional variation. Common inconsistencies include over-reliance on medical treatment with limited attention to social determinants (e.g., homelessness, lack of family support, domestic violence), gaps in consultation practices during off-hours or night shifts, variability in resource allocation and intervention protocols across hospitals, and high demand for social work interventions among disaster-affected populations, such as survivors of the 2023 Türkiye earthquakes, whose psychosocial needs often remain unmet (Çamcı et al. 2025). This lack of role

clarity and institutional variation limits the effectiveness of social work practice, leads to problems related to continuity (e.g., incomplete follow-up assessments and fragmented referrals) and standardization of services for individuals who attempt suicide, and increases the risk of repeated attempts due to unaddressed psychosocial needs (Yıldırım and Başer 2019, Şahin et al. 2021, Çamcı et al. 2025).

Furthermore, due to increasing patient volume in emergency departments, staff shortages, and the pressure of medical prioritization, psychosocial interventions are often relegated to a secondary position within predominantly biomedical care models (Yıldırım and Başer 2019, Afzal et al. 2024, Çamcı et al. 2025). Collectively, these factors highlight the need to more clearly define and strengthen the role of social work within emergency department processes. Taken together, these considerations indicate a clear need to better conceptualize and articulate the role of social work in the management of suicide attempt cases, particularly within emergency department contexts. Accordingly, this review aims to examine the intervention processes for individuals presenting after a suicide attempt and to clarify the functions and contributions of social work within this framework. By synthesizing existing literature, the study seeks to contribute to the development of a more structured and contextually grounded understanding of social work practice in suicide-related emergency care, particularly in Türkiye.

Intervention in Suicide Attempt Cases in Emergency Departments

Emergency departments are specialized hospital units providing uninterrupted 24-hour services, where rapid interventions are delivered for acute medical conditions such as sudden illnesses, injuries, and accidents. Globally, emergency departments manage a broad spectrum of cases under substantial workload pressures (Ahmed et al. 2026). Suicide attempt cases are most commonly encountered in emergency settings. Individuals are typically brought by relatives, friends, or ambulance services, and in some cases present independently (Alves et al. 2017). Interventions delivered at this stage are critical not only for life-saving purposes but also for identifying suicide risk factors and preventing recurrence. Multiple studies demonstrate that approximately 40% of individuals who die by suicide had presented to an emergency department at least once within the year preceding their death for any reason, with a substantial proportion having prior suicide-related visits. Similarly, more than half of individuals who attempt suicide had sought emergency care during the same period, often in connection with self-harm or suicidal ideation (Ata et al. 2021, Çelik Erden et al. 2023, Akman and Öksüz 2024, Güneysu and Çınar 2025, Kırkan and Kalyoncu 2025). These findings underscore the importance of comprehensive psychosocial assessment in addition to medical stabilization. Despite this opportunity, psychiatric consultation rates for suicide attempt cases remain low (Polat et al. 2016, Ercan et al. 2016, Devrimci Özgüven and Sönmez 2017, Ata et al. 2021). Given the well-established association between psychiatric disorders and suicidal behavior, consultation has been recommended as essential in all suicide attempt cases (Çelik Erden et al. 2023). However, high patient volume, time constraints, limited availability of on-call psychiatric specialists, and prioritization of acute medical stabilization reduce consultation requests (Polat et al. 2016, Ercan et al. 2016). These structural pressures create gaps in comprehensive suicide risk evaluation. Importantly, inadequate psychiatric engagement has clinical consequences. In one study, patients who received only initial medical intervention in the emergency department but refused hospitalization, were not referred for psychiatric consultation, and were subsequently discharged were found to have a higher likelihood of engaging in repeated suicide attempts (Şahin et al. 2021). This finding connects directly to the broader discussion of multidisciplinary gaps in Türkiye, underscoring how the absence of timely psychosocial (including social work) assessment contributes to increased recurrence risk and emphasizes the need for routine integration of social workers in post-medical stabilization phases.

Crisis theory suggests that individuals in acute distress may be more receptive to intervention, and even brief therapeutic contact can reduce immediate risk and facilitate engagement in longer-term care. Contemporary international approaches therefore emphasize rapid, coordinated, multidisciplinary interventions in emergency departments (Tom et al. 2023). In contrast to these multidisciplinary models, evidence suggests that suicide attempt management in Türkiye often follows relatively uniform procedures regardless of method or contextual factors (Akman and Öksüz 2024). The general framework

typically includes the following stages (Ercan et al. 2016, Devrimci Özgüven and Sönmez 2017, Çelik Erden et al. 2023):

1. Medical intervention: Stabilization, safety measures, forensic documentation, and potential psychiatric consultation.
2. Psychiatric assessment: Establishing therapeutic contact; evaluating sociodemographic characteristics, mental health status, prior attempts, suicide intent, and psychosocial stressors.
3. Post-assessment planning: Informing relatives and determining hospitalization or outpatient referral, including psychosocial support services.

However, literature indicates that the Psychosocial Support and Crisis Intervention Program for Suicide Attempts in Emergency Departments implemented by the Ministry of Health has not been widely institutionalized (Cansız Kösesoy and Şahin 2022, Ulucan Özkan and Daşbaş 2023). Although not fully discontinued, the program operates in limited hospitals and under constraints such as staff shortages, lack of dedicated space, and organizational barriers. In routine practice, intervention often remains limited to psychiatric evaluation, and referrals to psychosocial services may not translate into sustained engagement.

Suicidal Behavior and Social Work

There is growing recognition that complex social factors are strongly associated with suicide, many of which fall within the traditional domain of social work intervention (Slater et al. 2015). Because suicidal behavior extends beyond individual psychopathology, its assessment requires a perspective that situates risk within broader relational and structural contexts. Unlike psychiatric assessment, which primarily focuses on symptomatology and diagnostic formulation, social work assessment is grounded in the person-in-environment perspective, enabling practitioners to examine suicide risk within socio-economic conditions, family systems, and rights-based vulnerabilities (Maple et al. 2017). This orientation allows social workers to contribute beyond general mental health roles by conducting holistic psychosocial assessments, implementing empowerment-oriented interventions, and bridging gaps between emergency care and community resources through advocacy and coordinated referrals (Levine and Sher 2020, Christensen et al. 2023).

Social workers have long been involved in mental health teams and in addressing suicidal behavior. They seek to understand the impact of social conditions on health and promote well-being by addressing barriers that limit access to social and community resources. Professional education prepares social workers to identify suicide risk factors, interpret screening outcomes, conduct psychosocial risk assessments, and provide initial crisis interventions in diverse practice settings, including emergency departments (Christensen et al. 2023, Tom et al. 2023). Nevertheless, existing literature indicates that social work education often allocates insufficient emphasis to suicide and crisis intervention, which may constrain practitioners' preparedness in complex clinical settings (Levine and Sher 2020, Sanford et al. 2025). In Türkiye, although approximately 70 undergraduate social work programs operate nationwide, courses specifically focused on suicide remain limited and are typically offered as electives rather than core components of training.

Empirical findings further demonstrate the relevance of social work intervention in suicide-related cases. A qualitative study involving individuals who had attempted suicide and their relatives identified that many precipitating problems—including family conflict, domestic violence, social isolation, unemployment, chronic financial hardship, and loss of social functioning—fall directly within areas of professional social work practice (Cansız Kösesoy and Şahin 2022). Beyond addressing macro-level social problems, psychosocially oriented social work interventions also engage with how individuals interpret life events and construct meaning in crisis situations. Supporting this perspective, Erdem et al. (2024) demonstrated that social work-based interventions can contribute to transforming meaning-making processes and reducing suicidal tendencies.

Consistent with its professional values, social work places strong emphasis on the protection of human life and the promotion of well-being as a fundamental human right. Frequently described as a human rights profession (Zengin and Altındağ 2016, Reynaert et al. 2022), social work approaches suicidal behavior not only as an individual crisis but also as a social and ethical concern requiring collective responsibility. From this perspective, suicide prevention aligns with broader interdisciplinary efforts emphasizing that timely psychosocial support and community-level interventions can substantially reduce suicide risk.

Social workers operate across a wide range of practice settings—including family welfare, child protection, youth services, poverty and social assistance programs, and substance use services—where contact with individuals at risk for suicidal behavior is highly probable. Despite this proximity, empirical knowledge regarding the frequency and characteristics of interactions between social workers and individuals with suicidal tendencies remains limited. A secondary analysis of the Adult Psychiatric Morbidity Survey in England found a significant association between recent contact with social services and lifetime suicide attempts, suggesting increased engagement with social workers among high-risk individuals rather than a causal relationship (Slater et al. 2015). These findings highlight the need for expanded empirical research examining social work interventions, outcomes, and policy integration within suicide prevention systems (Joe and Niedermeier 2006).

Suicide-related scholarship generally categorizes responses into three domains: prevention, intervention, and postvention. A systematic review by Rasnayake et al. (2024) demonstrated that social workers play important roles across all three domains by working with individuals, families, communities, and organizations while simultaneously facing structural barriers such as insufficient training, limited research development, and professional uncertainty when responding to suicidal crises.

These limitations become particularly visible in postvention practices. Although postvention is widely recognized as a core component of suicide response, it remains comparatively underdeveloped within social work scholarship. Existing literature has predominantly focused on gatekeeper-style prevention programs, while structured postvention models addressing grief, trauma, and suicide contagion remain limited (Maple et al. 2017). This gap is especially relevant in contexts such as Türkiye, where strong family and community ties may intensify the psychosocial consequences of suicide loss.

Within the scope of the present study, and based on evidence synthesized from the literature, the potential roles that social workers can assume across prevention, intervention, and postvention domains are systematically summarized in Table 1.

Table 1. Roles that social workers can assume in suicide-related work

1. Prevention	2. Intervention	3. Postvention
Screening and identifying risk groups	Assessing suicide risk within its psychosocial context	Preventing recurrence of suicidal behavior
Facilitating access of risk groups to mental health services	Working with psychosocial stressors	Reducing the impact of suicidal behavior on family and the social environment (preventing contagion, addressing complicated grief and unresolved trauma)
Organizing volunteer activities	Providing support and empowerment	Monitoring and follow-up
Contributing to community education (raising public awareness and sensitivity, combating stigma)	Collaborating with and referring to other community institutions	
Conducting social work research on suicidal behavior		
Supporting the development and implementation of national/regional suicide prevention programs		

References: Alptekin et al. 2008, Alptekin and Duyan 2014, Maple et al. 2017, Levine and Sher 2020, Christensen et al. 2023

An examination of practice in Türkiye reveals that one of the most striking issues is the limited contribution and weak impact of social work across all three programs proposed within the scope of suicide-related work. At present, the social work profession is not sufficiently utilized in suicide prevention, intervention, or postvention efforts. Factors such as the limited employment of social workers in the health sector, ambiguities in role and task definitions, deficiencies stemming from social work education, difficulties in translating professional knowledge and skills into practice, and the continued lack of recognition of the social work profession by certain individuals and groups restrict the contribution of social work in this field (Alptekin et al. 2008, Cansız Kösesoy and Şahin 2022).

The Function of the Social Work Profession in Emergency Departments

Emergency departments constitute an important point of social work intervention for individuals with diverse medical, psychiatric, and social needs who have little or no prior interaction with social services. The presence of social workers in emergency departments enables patients' social service–related needs (e.g., access to home health care, placement in residential care facilities, utilization of social assistance programs) to be addressed effectively and promptly (Tom et al. 2023). In this regard, as emphasized by Christensen et al. (2023), the fact that social workers are professionals well suited to integrated health care models facilitates the establishment of connections between health services and social services.

The roles assumed by social workers in emergency departments may vary from one setting to another (Auerbach and Mason 2010). These variations can be attributed to differences in the extent to which emergency department staff and management recognize the social work profession and its functions. Factors such as the urgency of patients' medical needs, rapid patient turnover, overcrowded environments involving patients' relatives, constant activity, and the tendency for social indications in cases to be overshadowed by medical indications may lead to the social work role being overlooked in emergency departments (Yıldırım and Başer 2019, Tom et al. 2023). In some instances, these conditions also result in disruptions in consulting suicide attempt cases to social work units (Yıldırım and Başer 2019). Furthermore, the fact that the contribution of social work to medical emergency services is not always clearly recognized by other health professionals (Auerbach and Mason 2010) negatively affects the functionality of social work in emergency departments.

Findings from a study conducted in a large teaching hospital in the New York Metropolitan area, using a three-year dataset based on social workers' own reports of emergency department outcomes, indicate that social workers are typically assigned to the most complex cases. Another striking finding of the study is that only 16% of the patients seen by social workers were hospitalized, thereby reducing unnecessary admissions and associated hospital costs (Auerbach and Mason 2010). In a systematic review synthesizing the literature on the role of social work in emergency medical services across pre-emergency, emergency, and post-emergency phases, the following conclusions were reached: during the pre-emergency phase, social workers assume roles as educators, communicators, advocates, and awareness raisers; during the emergency phase, they act as search and rescue workers, advocates, facilitators, network builders, psychosocial assessors, referral agents, and counselors; and in the post-emergency phase, they function as planners, liaisons, interdisciplinary collaborators, researchers, evaluators, and follow-up coordinators (Kamrujjaman et al. 2023).

A different picture emerges when examining practice in Türkiye. In this context, social workers may be assigned tasks that range from relatively simple to highly complex. In emergency departments, social workers are primarily expected to carry out activities such as referring unaccompanied and homeless patients to institutional care, working with abandoned infants, adolescent pregnancies, child neglect and abuse, violence against women, arranging transfers for patients who are dependent on care or have disabilities, and addressing crisis and suicide cases (Yıldırım and Başer 2019). In suicide attempt cases presenting to emergency departments, the need for and referral to social workers following psychiatric consultation is sometimes addressed directly through medical social work units in accordance with relevant regulations (Ulucan Özkan and Daşbaş 2023). The Medical Social Work Practice Directive (Sağlık Bakanlığı 2011) defines one of the professional responsibilities of social workers in hospital-based Medical

Social Work Units as "providing psychosocial support for suicide attempts in emergency departments and implementing crisis intervention programs."

As indicated under the "intervention" heading in Table 1, the roles of social workers in suicide attempt cases primarily focus on assessing suicide risk within its psychosocial context, working with psychosocial stressors, providing support and empowerment, and collaborating with and referring to other community institutions. Integrating this information into the emergency department context adds specificity by adapting Table 1's general framework to acute crisis settings: it highlights how social workers bridge immediate crisis response with long-term psychosocial recovery, ensuring that interventions address not only acute risk but also underlying social vulnerabilities, thereby enhancing overall service continuity and reducing recurrence potential in line with the review's emphasis on multidisciplinary integration.

Conclusion

Suicide attempts represent one of the most intensive and critical areas of intervention within emergency departments, requiring both medical and psychosocial responses. Rapid, comprehensive, and well-coordinated interventions in these settings offer important opportunities to prevent the recurrence of suicidal behavior. In this context, social workers hold a distinctive position due to their competencies in assessing psychosocial determinants, analyzing environmental conditions, and developing empowerment-oriented interventions. However, in Türkiye, the contribution of social work within emergency departments remains below its potential due to institutional, structural, and educational limitations.

Social workers in Türkiye are positioned within procedural frameworks such as the Medical Social Work Practice Directive (Saglık Bakanlığı 2011), which includes responsibilities such as providing psychosocial support and implementing crisis intervention programs for individuals presenting to emergency departments after a suicide attempt. Yet, the effectiveness of these practices in real-world settings remains limited. Addressing these limitations requires a multi-level approach encompassing policy, practice, education, and research.

At the policy level, there is a need for national guidelines and regulatory frameworks that clearly define role descriptions, responsibilities, and mechanisms for interdisciplinary collaboration, thereby institutionalizing the role of social workers within emergency department protocols. Strengthening psychosocial support and crisis intervention units within hospitals should also be prioritized. At the institutional level, hospital administrators and healthcare organizations should focus on improving working conditions by reducing excessive workloads, ensuring continuity in psychiatric consultation processes, addressing staffing shortages, and allocating structured time and space for psychosocial assessments. Recognizing social workers as integral members of the emergency care team would further facilitate comprehensive and coordinated interventions.

From an educational perspective, undergraduate social work curricula should place greater emphasis on suicide behavior, risk assessment, crisis intervention, and emergency-focused psychosocial practice. Enhancing field training opportunities in medical and emergency settings would also improve practice readiness and professional competence. At the professional level, social work organizations should develop continuing education programs, certification pathways, and supervision models specific to suicide intervention in emergency contexts, while also engaging in advocacy to increase the profession's visibility within national suicide prevention strategies. At the research level, there is an urgent need for empirical studies examining social work interventions in suicide attempt cases in Türkiye, as strengthening the evidence base will support more effective policy and practice development.

Taken together, stakeholder-focused structural reforms, educational enhancements, institutional support, and expanded research capacity would not only improve the quality of interventions within emergency departments but also contribute to the development of a sustainable and human-centered approach to suicide prevention.

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