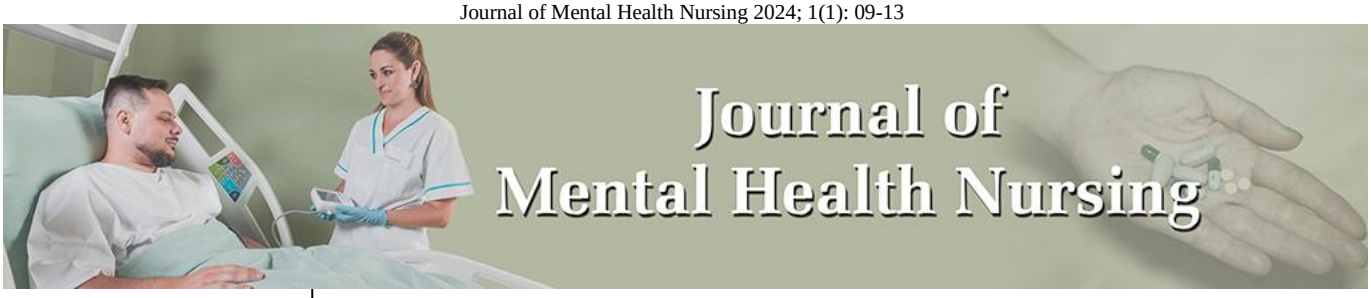

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Nursing strategies for suicide risk assessment in adolescents with major depressive disorder

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Abstract
Adolescents suffering from Major Depressive Disorder (MDD) are at heightened risk of suicide, a public health crisis that continues to claim young lives globally. Nurses, especially those in psychiatric and community settings, hold a critical position in identifying and mitigating this risk. This paper investigates comprehensive nursing strategies for suicide risk assessment among adolescents with MDD, addressing the pathophysiological basis of adolescent depression, the psychological and social dimensions of suicidal behavior, and the essential nursing interventions. Drawing upon evidence-based practices, the study emphasizes the need for structured assessment protocols, effective communication, interdisciplinary collaboration, and continuous professional training. The discussion also highlights existing barriers and ethical considerations in clinical practice, offering recommendations for policy and educational reforms that strengthen nursing competencies in adolescent suicide prevention.

Keywords: Adolescent mental health, Major depressive disorder (MDD), Suicide risk assessment, Psychiatric nursing, Therapeutic communication, Suicide prevention in youth

Introduction
Adolescence is a critical developmental phase marked by intense emotional, cognitive, and social changes. While it is a time of exploration and identity formation, it is also a period of increased vulnerability to psychological disturbances, particularly depressive disorders. Among these, Major Depressive Disorder (MDD) stands out as one of the most prevalent and debilitating mental health conditions affecting adolescents today. Characterized by persistent sadness, loss of interest or pleasure in activities, impaired concentration, changes in appetite and sleep, and feelings of worthlessness or hopelessness, MDD significantly impairs academic, social, and emotional functioning. Most alarmingly, MDD is closely associated with suicidal ideation and behaviors, which have become leading causes of morbidity and mortality among youth worldwide.

According to the World Health Organization (WHO), suicide is currently the second leading cause of death among individuals aged 15-29 globally, with a large proportion of these suicides occurring in individuals under the age of 20. In many cases, adolescents suffering from depression are either undiagnosed or inadequately treated, often due to social stigma, lack of mental health literacy, or systemic inadequacies in healthcare delivery. The silent progression of depression in youth masked by irritability, academic decline, withdrawal, or somatic complaints often leads to a delayed response, where the warning signs of suicide are missed until it is too late. The increasing frequency of such tragic outcomes underscores the need for proactive, evidence-based strategies that can identify and mitigate suicide risk at an early stage.

In this complex and sensitive context, mental health nurses play an indispensable role. As frontline healthcare providers who often spend the most time with patients and their families, nurses are in a unique position to observe subtle behavioral shifts, recognize non-verbal cues of distress, and establish the rapport necessary to facilitate disclosure of suicidal thoughts. In both inpatient psychiatric units and outpatient community settings, the nurse's responsibility extends far beyond medication administration or physical assessments. Nurses are ethically and professionally obligated to engage in comprehensive suicide risk assessment, initiate timely interventions, and advocate for safety and continuity of care.

However, the process of suicide risk assessment in adolescents with MDD is far from straightforward.

Adolescents often struggle with articulating their emotions, especially suicidal thoughts, for fear of being misunderstood, stigmatized or institutionalized. Furthermore, many nurses particularly those without specialized training in mental health report feeling ill-equipped to navigate the intricacies of suicide assessment. A nurse's failure to detect or adequately respond to suicide risk can result in devastating outcomes, making competence in this domain not just a desirable skill, but a life-saving imperative. A comprehensive nursing strategy for suicide risk assessment involves multiple layers: establishing therapeutic communication, using validated screening tools, conducting clinical observation, assessing family and social dynamics, and collaborating with multidisciplinary teams. Structured instruments such as the Columbia Suicide Severity Rating Scale (C-SSRS), the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T), and the Beck Scale for Suicide Ideation (BSS) are crucial tools in a nurse's assessment arsenal, but they must be complemented by contextual understanding and interpersonal sensitivity. Moreover, given the fluidity of suicidal risk which can fluctuate daily or even hourly risk assessment must be continuous and adaptive, not a one-time event. This paper seeks to explore and analyze the most effective nursing strategies for suicide risk assessment in adolescents with MDD, grounded in clinical evidence and best practices. It aims to provide an in-depth understanding of the adolescent depressive experience, delineate the core components of suicide assessment, and offer practical recommendations for improving nursing education, training, and policy. The paper will also highlight existing barriers to effective assessment such as time constraints, lack of training, stigma, and interprofessional communication gaps and propose solutions to overcome them. It is important to note that the stakes in adolescent suicide prevention are exceptionally high. The loss of a young life not only devastates families but also signals systemic failures in mental health identification and intervention. As such, the nurse's role becomes both a professional duty and a moral calling. A well-trained nurse who can accurately assess suicide risk, respond empathetically, and mobilize resources in a timely manner holds the power to interrupt the progression from ideation to attempt potentially saving a life. In the chapters that follow, this paper will provide a holistic overview of adolescent depression, examine the psychological and physiological underpinnings of suicide risk, and present a framework of actionable nursing interventions. It will emphasize the integration of theoretical knowledge with real-world practice, the importance of continuing education and simulation-based training, and the role of ethical and legal considerations in handling adolescent mental health disclosures. By advancing the discourse on nursing strategies in suicide prevention, this study seeks to contribute to the broader goal of safeguarding adolescent mental well-being and reinforcing the essential role of nurses in the mental health care continuum.

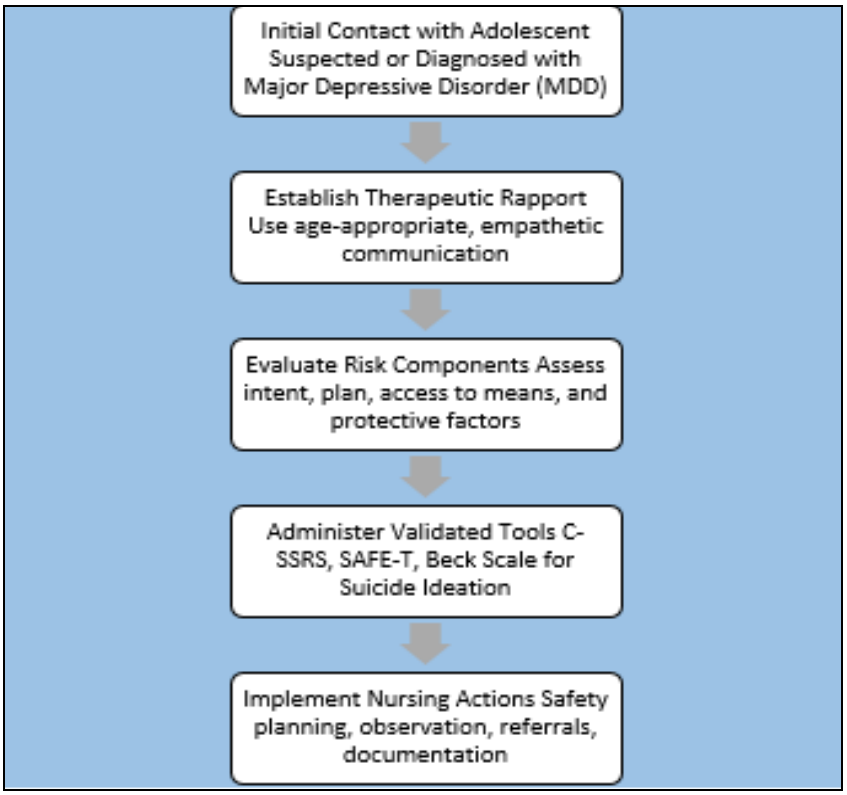

Fig 1: Nursing suicide risk assessment flow in adolescents with MDD

2. Background and Significance

The global burden of mental health disorders among adolescents continues to increase, with depression being one of the leading contributors. The World Health Organization (WHO) estimates that up to 20% of adolescents globally experience mental health issues, with depression and anxiety disorders constituting a large proportion. Suicide, as a consequence of untreated or undertreated mental disorders, is the second leading cause of death among young people aged 15 to 29, and a considerable portion of these suicides are directly linked to Major Depressive Disorder.

In adolescents, depression is often underdiagnosed or misdiagnosed due to atypical presentation and overlapping developmental behaviors. Unlike adults, adolescents may

display irritability instead of sadness, withdrawal instead of verbal disclosure, or somatic symptoms rather than emotional complaints. This under-recognition contributes significantly to delayed treatment and increased suicide risk. Moreover, the stigma surrounding mental health, especially in conservative and underserved communities, further impedes adolescents from seeking help or articulating suicidal thoughts.

Nurses working in schools, community health centers, hospitals, and psychiatric institutions are uniquely positioned to detect these risk factors. However, they often encounter systemic limitations, such as time constraints, lack of specialized training, or inadequate support systems, which hinder effective suicide risk screening. The significance of improving nursing strategies in suicide assessment lies not only in preventing self-harm but also in enabling holistic, trauma-informed, and recovery-oriented care for adolescents with MDD.

3. Pathophysiology and psychosocial dimensions of MDD in adolescents

Major Depressive Disorder in adolescents is a complex interplay of biological, psychological, and social factors. From a biological standpoint, neurochemical imbalances, especially involving serotonin, norepinephrine, and dopamine, contribute to the mood disturbances observed in depression. Neuroimaging studies have also revealed structural and functional abnormalities in brain areas involved in emotion regulation, such as the prefrontal cortex and amygdala.

Hormonal changes during puberty further complicate the picture, creating emotional volatility that can blur the boundaries between normative adolescent mood swings and pathological depression. Genetic predisposition also plays a role; adolescents with a family history of depression, bipolar disorder, or suicide are at increased risk.

Psychologically, adolescents with MDD often experience low self-esteem, guilt, hopelessness, and a distorted perception of self and the future. These cognitive distortions make them vulnerable to suicidal ideation, particularly when they perceive their emotional pain as inescapable. The presence of comorbid disorders, such as anxiety, substance use, or conduct disorders, exacerbates this risk.

Socially, adolescents may be exposed to bullying, academic pressure, social media toxicity, family discord, or trauma such as abuse or neglect. These stressors create an environment of emotional vulnerability. Many adolescents also face difficulty articulating their emotions, especially in environments where mental health literacy is low or where emotional expression is discouraged.

Given the multidimensional nature of MDD and its close linkage to suicidality, nurses must adopt a comprehensive lens while assessing adolescent patients. Understanding the underlying biopsychosocial mechanisms enhances the precision of risk identification and subsequent intervention.

4. Suicide Risk Assessment: Conceptual foundation and clinical relevance

Suicide risk assessment in adolescents must be rooted in both theory and practicality. Theoretical frameworks such as the Interpersonal-Psychological Theory of Suicide, which highlights perceived burdensomeness and thwarted belongingness, help explain why some adolescents progress from ideation to action. Clinically, assessment must address four domains: ideation, plan, intent, and means. A structured risk assessment evaluates these domains while integrating contextual information such as recent stressors, protective factors, and mental status.

Assessment tools such as the Columbia Suicide Severity Rating Scale (C-SSRS) and the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) provide structured formats for conducting these evaluations. These tools guide nurses in documenting ideation severity, understanding planning behaviors, and stratifying risk levels as low, moderate, or high. However, these instruments are not a substitute for clinical judgment. Nurses must interpret findings in light of patient history, emotional state, and observed behavior.

Importantly, suicide risk is fluid and may vary from day to day or even hour to hour. Thus, assessments must be ongoing, particularly during high-risk periods such as psychiatric hospitalization, discharge transitions, or following a significant life event. Risk assessment should not be a one-time event but an integral part of continuous mental health monitoring.

5. Comprehensive nursing strategies for suicide risk assessment

Effective suicide risk assessment relies on nurses' ability to integrate clinical knowledge with interpersonal skill. The first step involves creating a therapeutic alliance. Adolescents are often hesitant to disclose suicidal thoughts due to fear, shame, or mistrust. Nurses must establish a safe and non-judgmental environment where adolescents feel heard and validated. Empathetic communication, active listening, and the use of developmentally appropriate language are critical in this regard.

Nurses should begin assessments by gently exploring emotional well-being, gradually progressing to more direct questions about suicidal ideation. Questions such as “Have you ever felt so sad or hopeless that you didn’t want to be alive?” may elicit more truthful responses than blunt inquiries. Once ideation is acknowledged, further questions should explore the presence of a plan, access to means (e.g., pills, sharp objects), and the intensity of the intent.

In clinical settings, direct observation is equally important. Changes in affect, grooming, appetite, sleep patterns, or social engagement may signal escalating distress. Nurses must remain vigilant, especially during staff rotations or night shifts when patients may feel most isolated.

Family engagement is another vital strategy. Adolescents exist within family systems, and their emotional well-being is closely tied to home dynamics. Nurses should assess parental understanding, stress levels, and capacity for supervision. Educating caregivers about warning signs, emergency contacts, and means restriction (e.g., securing medications and weapons) is an essential preventive measure.

Collaboration with other professionals ensures comprehensive care. Referrals to psychiatric consultants, psychologists, and social workers should be timely. Nurses must advocate for the adolescent within this network, ensuring that their observations and concerns inform clinical decision-making. Safety planning, which involves co-creating a written plan with the adolescent on how to cope with suicidal urges, is a key evidence-based intervention and should be facilitated by the nurse when appropriate.

Table 1: Suicide risk stratification framework

Risk Level	Indicators	Nursing Response
Low	Vague ideation, no plan, no intent, protective factors present	Monitor, educate caregivers, develop a basic safety plan
Moderate	Clear ideation, some planning, ambivalence, weak protective factors	Increase observation, initiate safety plan, refer to psychologist
High	Detailed plan, access to means, high intent, hopelessness	Constant observation, immediate psychiatric referral, possible hospitalization

6. Barriers to effective risk assessment in practice

Despite the availability of tools and training, several barriers impede effective suicide risk assessment in real-world settings. A major challenge is stigma both societal and internalized. Adolescents may fear being labeled "mentally ill" or "attention-seeking," discouraging them from disclosing suicidal thoughts. In cultures where mental illness is taboo, even healthcare professionals may unconsciously downplay warning signs or fail to ask the right questions.

Time constraints in busy hospital settings further compromise assessment quality. Nurses may be overburdened with administrative tasks or pressured by caseloads, leaving insufficient time for meaningful conversations with at-risk adolescents. Moreover, many nurses, especially in general medical settings, report lacking confidence in their ability to conduct suicide assessments.

Training gaps remain significant. Suicide prevention education is still inconsistently incorporated into undergraduate nursing curricula, and opportunities for in-service training are limited in many healthcare institutions. Nurses without proper supervision or peer support may feel emotionally overwhelmed when faced with suicidal patients, leading to avoidance or underreporting of risk.

Communication breakdowns within interdisciplinary teams can also undermine patient safety. If a nurse's concerns are not appropriately communicated to psychiatric professionals or if documentation is delayed, an at-risk adolescent may not receive the timely care they need.

7. Recommendations for nursing education, policy, and practice

To address the gaps identified, nursing education must prioritize suicide risk assessment as a core competency. Undergraduate programs should include modules that address adolescent mental health, risk identification, and therapeutic communication. These modules should be reinforced through simulation-based learning and clinical placements in psychiatric settings.

In-service training should be mandatory for nurses in all specialties, as suicide risk may be encountered across healthcare domains. Institutions must invest in continuing education programs that cover assessment tools, cultural competence, legal responsibilities, and crisis intervention. Peer supervision groups and mental health mentorship can support nurses in processing emotionally taxing experiences and preventing burnout.

Policy reforms must institutionalize suicide prevention as a healthcare priority. Hospitals and schools should adopt clear protocols for suicide risk screening and intervention, ensuring that nurses have both the mandate and the resources to act. Regular audits and outcome evaluations should be conducted to assess the effectiveness of suicide prevention strategies.

Finally, advocacy efforts are needed to DE stigmatize adolescent mental health and promote help-seeking behavior. Nurses, as trusted healthcare providers, can play a significant role in community education campaigns, school outreach programs, and public policy discussions.

8. Ethical and Legal Considerations

Suicide risk assessment in adolescents is fraught with ethical dilemmas. Nurses must respect the adolescent's autonomy while balancing the duty to protect them from harm. Confidentiality is a central ethical principle, but it may need to be breached if the adolescent is at imminent risk. Clear institutional policies should guide nurses in navigating these situations.

Informed consent and assent are crucial. Adolescents should be informed about the purpose and scope of assessments and interventions in age-appropriate language. Nurses must be transparent about when confidentiality will be maintained and when information must be shared with caregivers or authorities.

Documentation is another legal and ethical imperative. All risk assessments, interventions, and communications with caregivers must be clearly recorded. In legal proceedings, these records serve as evidence of the nurse's diligence and decision-making process.

Nurses must also be aware of the legal frameworks governing adolescent mental health care in their jurisdiction, including age of consent for treatment, involuntary hospitalization criteria, and mandatory reporting laws.

9. Conclusion

Suicide among adolescents with Major Depressive Disorder remains a tragic yet preventable outcome. Nurses stand at the forefront of this prevention effort, uniquely positioned to identify, assess, and intervene in the lives of at-risk youth. Through structured assessments, compassionate care, interdisciplinary collaboration, and continuous education, nurses can make a profound difference in preventing suicide and promoting recovery. As healthcare systems evolve to meet the complex needs of adolescents, empowering nurses with the skills, support, and authority to conduct effective suicide risk assessments is not just a professional imperative it is a moral one.

Conflict of Interest

Not available

Financial Support

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