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The Role of Psychiatric Nurses in Suicide Prevention Among Adolescents

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Abstract

The purpose was to determine the role of psychiatric nurses in suicide prevention among adolescents. The tenth most frequent cause of mortality for adults is suicide. Since patients frequently contacted primary health care (PHC) before committing suicide rather than seeking specialized psychiatric care, PHC plays a significant role in suicide prevention efforts. Psychiatric nurses play a crucial role in suicide prevention efforts since they frequently have the initial interaction with adolescents and are in charge of triage and assessment. The voices of psychiatric nurses are absent from prior research on suicide prevention in primary care settings. A primary health care (PHC) Rahim Yar Khan (RYK), ten (10) psychiatric nurses participated in qualitative interviews. Conventional content analysis methods were used to analyze the data. Psychiatric nurses may refrain from inquiring about suicidality out of concern for how to respond to the response. Both education and real-world experience are essential to psychiatric nurses' capacity to prevent suicide. Helping the patient proceed to the next care facility proved to be challenging, and it was unclear who was ultimately responsible for the patient. Guidelines and procedures for working together with other care actors in suicide prevention efforts were required. Nurses require favourable working conditions because the PHC-RYK organization does not assist them in preventing suicide. Education and training in the ongoing therapeutic practice, which can be done with less intensive efforts, need to offer suicide prevention more attention and space.

Keywords: psychiatric nurses, adolescent, primary healthcare (PHC), suicide etc.

Introduction

Every year, the number of people who commit suicide around the world rises (McFaul et al., 2014). Annually, the act of suicide claims the lives of more than 730,000 individuals. Within the age range of 15–29 years old, suicide ranks as the third largest cause of death. Across the world, countries with low and moderate incomes account for 73% of all suicides. The reasons for suicide are complex and multifaceted, impacted by a variety of elements that are present throughout a person's life, including social, cultural, biological, psychological, and environmental influences. Attempts at suicide are made by a significant number of persons for every single suicide.

In the general population, a previous attempt at suicide is a significant risk factor for actually committing suicide. Bryan et al. (2009), it is possible to prevent suicide by identifying risk factors such as severe mental illness, previous attempts at suicide, sleeplessness, and suicide plans and finding effective ways to intervene with these issues. Batterham et al. (2014), in order to improve risk assessment, promote compliance with treatment, and improve obtaining appropriate care, it is necessary to overcome obstacles such as a lack of therapeutic communication, stigma, and missed appointments. It has been determined that suicide rating scales, such as the Columbia-Suicide Severity Rating Scale (C-SSRS), are the most reliable method for determining whether or not an individual is having suicidal thoughts (Giddens et al., 2014).

Identification of risk factors and therapeutic partnerships have been demonstrated to be beneficial in reducing the number of people who successfully complete suicide attempts. For the purpose of preventing suicide, McFaul et al. (2014) proposed many interventions, including the promotion of active treatment for mental illness and/or substance misuse. Sun et al. (2006), a therapeutic setting fosters trust and urges individuals to communicate their feelings during a crucial moment in order to ensure the individual's safety. It is possible for patients who are contemplating suicide to seek assistance from nurse practitioners.

Bryan et al. (2009), more than half of people who had committed suicide had scheduled an appointment with a psychiatric nurse prior to carrying out their suicide. Liu et al. (2012), more than eighty percent of individuals who committed suicide had been in contact with their primary care provider within a year and had kept appointments with them, and more than seventy percent had done so within a month. Bryan et al. (2009), more than twenty percent of individuals who had committed suicide had visited a primary care practitioner within one day of the completion of their suicide. Sun et al. (2006), a slightly lower percentage of individuals who had committed suicide had received treatment in a mental facility within the preceding year. If there is not an adequate method of assessing the risk of suicide, there is a greater possibility that individuals would lose hope and end their lives. A severe mental illness can cause a change in one's way of thinking or the way one processes the events that occur in one's life. Thomas et al. (2012), these patients exhibited poor functioning and an inability to make decisions that were sensible. Suicide is an irrational choice that is made when there is no longer any hope. More than 90% of patients who commit suicide have a mental health issue that can be diagnosed and treated by treatment therapy. It is important to identify those who are at danger of committing suicide and to begin therapy as soon as possible in order to achieve the best possible results.

Cerel et al. (2016), suicide is a major public health concern and the main cause of death that may be avoided from occurring all over the world. Batterham et al. (2013), the majority of suicidal thoughts can be disengaged if sufficient treatment is provided. It is possible to benefit from effective treatment options and resources that are accessible to promote the continuation of life. Yip (2011), effective treatment programs incorporate psychotherapy sessions in conjunction with medication management in order to emphasize the importance of life-sustaining therapies.

Psychiatric nurses are at the forefront of providing treatment to patients who suffer from persistent mental disease. It is the responsibility of nurses to identify individuals who may be at danger of committing suicide and to provide appropriate treatment referrals. Studer and Quinnett (2013), psychiatric nurses may not always be able to correctly identify patients who are actively at risk of committing suicide in health care settings. McCarthy et al. (2015), it is crucial for patients to have the ability to open up about their experiences of suicidal ideation through the use of suicide assessment skills and trustworthiness. In order to identify individuals who are actively engaging in suicidal ideation, there are mental health therapies as well as evaluation skills that can be

utilized. This study was conducted with the intention of determining the extent to which psychiatric nurses play a role in the prevention of suicide among adolescents.

Research Objectives

- To determine the role of psychiatric nurses in suicide prevention among adolescents.
- To describe challenges of psychiatric nurses in suicide prevention among adolescents.

Research Questions

1. What is the role of psychiatric nurses in suicide prevention among adolescents?
2. What are the challenges faced by psychiatric nurses in suicide prevention among adolescents?

Literature Review

The ability of psychiatric nurses to effectively screen, assess, and manage a patient's suicide risk is something that has a significant impact on the prevention of suicide. Psychiatric nurses are considered to be the "front line" in the fight against suicide. Treatment and provision of proper mental nursing care to suicidal patients are the primary objectives of suicide prevention. Additionally, the purpose of suicide prevention is to reduce the possibility of a suicide attempt in high-risk patients and to minimize complications that may arise from this behavior. Suicidal behavior can be broken down into several stages: ideas, gestures, risky lifestyles, suicide plans, attempts at suicide, and lastly, the act of committing suicide itself (Bryan et al., 2009).

The diagnosis, the severity of mental disorders and suicidal ideation, the presence of risk factors for suicide, the patient's and family's ability to cope, the patient's living condition, and the availability of social support are all factors that should be considered when deciding whether or not to hospitalize a patient. It is the primary objective of the hospital to prevent patients from committing suicide when they are admitted to the facility. This is accomplished by ensuring that the environment is safe and by limiting the patient's access to potentially hazardous equipment and materials that are readily available within the hospital (Batterham et al., 2014). It is completely necessary to be aware of the patient's location at all times. A recommendation has been made that inpatient hospitals should eliminate any structural obstructions that impede psychiatric nurses from viewing patients, as well as any fixtures that can be utilized in hanging.

Caine (2013), hospitals ought to have a sufficient number of mental nursing staff members in order to carry out specific observation of patients who have expressed an intention to commit suicide. The therapeutic measures that patients get are determined by the underlying diagnosis of the patient. Patient receives antidepressant or antipsychotic medication as indicated according to the underlying causes, as well as individual therapy, group therapy, and family therapy. Additionally, the patient receives social assistance from the hospital in order to promote a sense of stability. There are some patients who suffer from severe depression and may require multiple treatment courses. Electroconvulsive therapy may be required for these patients. The provision of psychotherapy by a psychiatrist demonstrates concern and has the potential to reduce some of the extreme suffering experienced by the patient (Chesin & Stanley, 2013).

The role of psychiatric nursing in providing care to patients who have attempted suicide is an essential and significant part of the job that psychiatric nurses do. According to Christensen et al. (2014), psychiatric nurses are in a position that is unparalleled in terms of their ability to prevent suicide deaths in health care settings. It is necessary for a nurse to have extensive training in the evaluation of suicidal potential, the factors that increase the risk of suicide, and the knowledge of what to do when confronted with a client who is really attempting suicide. Patients who have attempted suicide require the psychiatric nurses to make use of their expertise of the epidemiology, etiology, and dynamics of suicidal behavior when they are providing treatment to these patients.

Crawford (2015), the knowledge in question has an effect on the efficiency of the process of mental nurse management. Due to the fact that working with individuals who are suicidal can be tough on both a professional and an emotional level. It is important for psychiatric nurses to pay attention to their own reactions to the patient, which might be communicated vocally or by non-verbal conduct. It is possible that the patient will have feelings of isolation if the nurse does not make an effort to speak with them. This is due to the fact that these reactions may interfere with the nurse's ability to provide care to the suicidal client. In this setting, talks with coworkers, whether they are informal or official, may provide valuable opportunities to gain both advice and support. It is possible that these interactions will assist to alleviate the feelings of loneliness and stress that are frequently associated with working with patients who are suicidal (Ganzini et al., 2013).

The psychiatric nurses are conscious of and vigilantly evaluate their own views and ideals around suicide. Because these can have an effect on one's verbal and nonverbal exchanges with a patient who is experiencing a suicidal crisis, it is extremely important. When the life of a patient is dependent on psychiatric nurses, it is common for the nurses to feel uneasy about the level of responsibility they are taking on. It would be extremely challenging for psychiatric nurses to travel with patients who are experiencing a significant amount of emotional anguish if they had not first taken an honest look at themselves (Hamilton & Klimes, 2015).

The stress response and symptoms reduction, as well as the improvement of psychological and social resources, are required for psychiatric nursing intervention for hospitalized suicidal patients (Suicide Prevention and Treatment). During the initial stages of hospitalization, the most effective methods for lowering stress are those that assist the patient in experiencing a greater sense of optimism and security. The assessment of suicidal patients, the maintenance of a safe environment, the utilization of effective communication skills, the application of various therapeutic strategies to the treatment of suicidal patients, and the provision of assistance to suicidal patients for rehabilitation are the primary focuses of the psychiatric nursing role for suicidal patients (Huisman et al., 2010). To arranging the level of care and the sort of care that the patient needs in order to prevent a suicidal attempt, it is essential for the nurse to identify the risk factors that might lead to the patient attempting suicide. As stated by Larkin et al. (2014), nurses are required to identify high-risk groups for suicide attempts, as well as the level of suicidal intent that individuals possessed at the moment of self-harm and the degree to which they desired to die.

One of the most important aspects of the suicide assessment is talking to the patient about their thoughts of suicide. It is possible that psychiatric nursing personnel will experience reluctance when it comes to asking direct questions about suicide intent because they are afraid of introducing the concept to the patient. On the other hand, when a direct inquiry is made, a great number of patients feel comforted. A comprehension of the patient's reasons for seeking treatment Psychiatric nurses should begin by inquiring about the patient's feelings of hopelessness and whether or not they are having thoughts of death. Next, they should inquire as to whether or not the patient has expressed thoughts of ending their own life. According to Liu et al. (2012) and McFaul et al. (2014), it is essential for psychiatric nurses to devote their attention to the characteristics of suicidal ideation, including its nature, frequency, depth, timing, and persistence.

In the event that the patient is exhibiting suicidal ideation, the nurse will proceed to inquire further about specific plans for suicide and any actions that have been done toward carrying out those plans (O'Connor et al., 2013). More particular information will be sought out. A nurse is required to be vigilant and assess the suicidal cues in order to ascertain the level of suicide risk and to assist in the prevention of a suicide attempt that has been planned. Verbal, physical, behavioral, or psychodynamic clues are all possible types of these clues. Statements such as "It is of now, soon everything will be well" are examples of covert statements that could be used as verbal signals. It

is okay now. This includes statements such as "I wish I were dead" or "Life isn't worth living anymore" (Pompili et al., 2013; Sun et al., 2006; Saini et al., 2014). Other statements include "Everything will be fine soon," "Thing will never work out," or overt statements such as "I wish I were dead." It is also important for psychiatric nurses to be on the lookout for nonverbal behavioral indicators, such as the patient giving away their goods or organizing their financial information.
An abrupt change in conduct, behavior that is isolated or withdrawal, or the giving away of a treasured asset and possession. It is possible for somatic signals, also known as physiological complaints, to conceal both physiological pain and internalized stress. Some examples of somatic clues include an odd hunger, headache, muscle ache, sleep difficulties, and fatigue. Irritability, hopelessness, helplessness, anger, or moodiness are examples of emotional signals that can indicate the presence of suicidal ideation (Stuber & Quinnett, 2013). A sudden improvement in mood accompanied by an increase in energy levels may be an indication that the patient has made the choice to end their own life. The evaluation of this shift in mood and behavior is of the utmost importance, particularly in cases when the patient has recently been prescribed an antidepressant drug (Tay, 2004; Thomas et al., 2012).
It is essential for the psychiatric nurses to inquire about previous attempts at suicide and behaviors that are self-destructive, including asking specific questions regarding failed attempts at suicide. The nurse should make an effort to acquire information regarding the precipitants, timing, intent, and outcomes of each attempt, in addition to the medical seriousness of the attempt (Yip, 2011). Intoxication can make it easier for a person to make impulsive suicide attempts, but it can also be a component of a more severe suicide plot (Thomas et al., 2012). Therefore, it is important to determine whether or not the patient consumed alcohol or drugs before to the attempt.

Research Gap

There are not many studies that specifically focus on the influence of nursing treatments on suicidal ideation and behavior, which is a significant research gap in the role of psychiatric nurses in the prevention of suicide among adolescents. Despite the fact that there is research on mental health interventions for adolescents, there is a lack of emphasis paid to the direct role that psychiatric nurses have in preventing suicide (Anderson et al., 2020). There is a lack of research about the efficacy of various nursing tactics in the prevention of suicide (Brock, 2019). These strategies include therapeutic communication, family involvement, and crisis management. Bowers et al. (2018), the role of cultural, socioeconomic, and familial factors on the success of these interventions is still underexplored, particularly in populations that are diverse. It is necessary to do additional research in order to assess the function that psychiatric nurses play in the continuum of treatment for adolescents' mental health and to determine the precise contributions that they make to the reduction of suicide rates in a variety of settings (Jones et al., 2021).

Research Methodology

In this study, psychiatric nurses' experiences of suicide prevention among adolescents in primary healthcare (PHC), Rahim Yar Khan (RYK), were examined using a descriptive qualitative approach, which was used because it allows participants to share their perspectives on a phenomenon. When describing a phenomenon in an area with little current study, content analysis—which focuses on the text's context or contextual meaning—is a helpful technique.
A convenience sample was employed to get detailed information from the appropriate respondents. Permission to conduct the study was granted by the Rahim Yar Khan Centre’s head, who also provided the research team with the names of presumed psychiatric nurses who satisfied the inclusion requirements. A registered psychiatric nurse with at least a year of experience working

at PHC-RYK was required for participation. 10 nurses, ranging in age from 30-60 years, who worked at PHC-RYK took part in the study. Three (03) of the psychiatric nurses were district nurses, and Seven (07) were registered nurses. They have between 2-35 years of experience working in PHC-RYK care. Each has firsthand knowledge of suicide prevention in a PHC-RYK. Every interview was conducted in private rooms at the health care facilities, where there was little chance of interruption.

Semi-structured interviews were used to gather data, assisted by an interview guide created with the study's objectives in mind. The researchers that worked on the study collaborated to create the interview guide. When researchers have questions about a certain subject yet want the informants to speak freely and in their own terms, they employ semi-structured interviews. Based on the interview guide, the identical questions were given to each nurse. Conventional content analysis was used to analyze the data. A study design that aims to characterize a phenomenon in areas with minimal current research uses conventional content analysis, an established research approach for examining text data.

Results

Two categories emerged from the investigation that provided insight into the psychiatric nurses' experiences with suicide prevention at PHC-RYK: organizational ambiguity and a challenging task (Figure 1). Below are the categories and their subclasses.

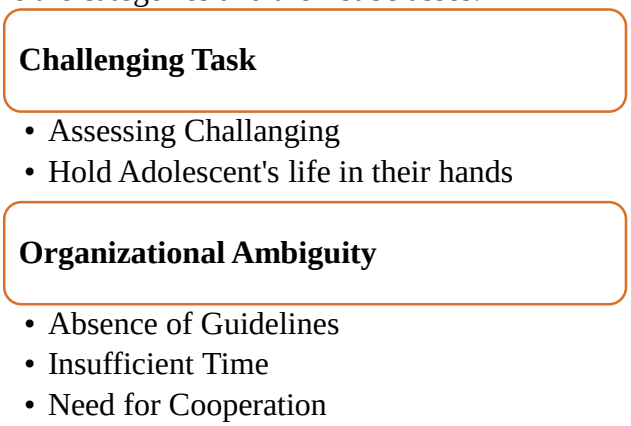


Figure 1: Categories and the Subcategories

Challenging Task

This category highlights the difficulties psychiatric nurses encounter when preventing suicide. The value of experience became clear in order to feel secure about working with suicide prevention. Meeting with individuals who suffer from mental illness and conducting assessments over the phone were particularly difficult. Additionally, it became clear how important it is to have the support of coworkers, feel secure in knowing where to refer the adolescent for additional help, and know that someone else will take over the job.

Assessing Challenging:

Compared to those with several years of experience, psychiatric nurses with less work experience indicated greater uncertainty regarding suicide prevention and conducting suicide risk assessments. Talking on the phone with adolescents was seen as more difficult when it came to suicide prevention. Since they could not read facial expressions or body language and could only rely on the adolescents' voices and verbal interactions, the assessment became more challenging.

When the adolescents were on the phone, the psychiatric nurses also reported feeling powerless because they had no idea if they would seek out additional assistance or attempt suicide.

If they are not present, you cannot hold their hand and ensure that they proceed to the next situation; if they require emergency assistance, your only option is to use the phone. It is very difficult. (P.3)

However, several of the psychiatric nurses explained that because they felt safer working over the phone, they found it simpler to deal with suicide prevention and ask questions about suicide than in person. Some found it more difficult to ask questions regarding suicide when the adolescent was there because they did not have the same access to rating scales and support inquiries as they had over the phone. Even though the psychiatric nurses knew that it was about mental illness, dealing with adolescents who had mental illness seemed more complicated because many of them presented with physical symptoms. This caused the psychiatric nurses to worry that if they discussed the adolescent's physical symptoms excessively, they would lose their trust, even if the adolescent's mental health was the real issue. One of the challenges that arose in these discussions was avoiding over-inclusion of personal values based on the experiences of individuals with mental illness. They had trouble believing these adolescents, and there was considerable doubt as to whether they were being honest about having suicidal thoughts or intents. However, psychiatric nurses were also afraid that they wouldn't be able to address mental health issues appropriately without making the adolescent' symptoms worse or inciting suicidal thoughts.

Adolescents may take action after the conversation is ended if they feel like they are not being heard. You're unaware of that. It is your greatest dread. (P.6)

Hold Adolescent's life in their hands:

The psychiatric nurses believed that their job was to refer the youngster to another person for assistance in order to prevent suicide. The psychiatric nurses found it difficult to end the contact and ask the adolescent to wait until someone else phoned if the chat revealed that the adolescent was ill. Until someone else took over, they believed that they held the adolescent's life in their hands. When the adolescent was turned over to a more knowledgeable person, the psychiatric nurses felt more secure and confident. The psychiatric nurses became frustrated when the adolescent was referred on without a thorough evaluation or when no one else was available to take on the case. After work, they took this with them to their house. Therefore, it seemed crucial to identify a suitable person to whom the adolescent could be referred and to keep track of them until they were in the correct place.

Assist! Do I now have authority over someone else's life here? It becomes quite clear. (P.7)

The psychiatric nurses believed it was their duty to schedule a doctor's appointment for additional evaluation when they suspected an adolescent of being at risk of suicide. This was difficult because they were rarely available. If the psychiatric nurses had determined that a adolescent needed to visit a doctor, they might have encountered opposition from other professionals. The question of whether PHC-RYK was to blame for the adolescent may then come up. Work on suicide prevention was seen as burdensome. The psychiatric nurses thought that the difficult conversations had a detrimental effect on their own mood, and the visits might be taxing. The psychiatric nurses brought up the necessity of ventilating after the adolescent had been referred, despite the fact that they believed it was human to be impacted.

I don't know if it's related to personal anxiety, but I'm having a terrible time. Until someone else takes over, you want to keep them in your hand. (P.1)

It was said that preventing suicide was difficult and that training on how to handle adolescents with mental illness was necessary. While they are the ones that interact with the adolescents and inquire about suicide, the mental nurses were also untrained. Additionally, the psychiatric nurses

wanted both internal and external education to feel safer in the evaluations they are facing because they did not receive lectures from their company on how to work in a way that prevents suicide. They believed they lacked the expertise necessary to support adolescents who exhibit suicidal ideas. Additionally, it was shown that neither the district nurse education nor the foundational training for becoming a nurse adequately addresses mental illness and suicide prevention. To a lesser extent, the psychiatric nurses who believed they lacked education in the field said that they were responsible for preventing suicide since they lacked the necessary understanding.

Suicide risk assessments are a very challenging chapter, and we most likely require training for psychiatric nurses who do telephone counselling. Make sure you have the courage to ask, manage, and then know what to do. (P.2)

Psychiatric nurses who had been trained on suicide risk factors and had access to guidelines on how to handle suicidal adolescents and what actions to take were more aware of the significance of working with suicide prevention. It became increasingly natural for psychiatric nurses to inquire about suicide as their understanding grew. Following the training, they were less afraid of making inappropriate inquiries, which encouraged them to ask adolescents about suicidal ideation more frequently.

I believe that because of the excellent training, mental nurses today feel more comfortable asking questions. (P.3)

Organizational Ambiguity

This category seems to reflect the psychiatric nurses' perception of ambiguity and uncertainty in PHC-RYK suicide prevention, which was particularly noticeable to those without expertise. Suicide prevention conditions are poor due to a lack of guidelines and time constraints for visits. Additionally, there was uncertainty about working with outside care actors.

Absence of Guidelines

There are no rules on how to work with suicide prevention in PHC-RYK, according to the psychiatric nurses. Assessments of suicide risk were frequently associated with suicide prevention. The psychiatric nurses only inquired about the adolescent's mental health and whether they had any plans to commit suicide when they had reason to believe that they were experiencing mental illness. There was a lot of ambiguity among the less experienced psychiatric nurses since they believed it was their duty to assess if an adolescent was suicidal. Both how they would approach the adolescent in the sessions and what questions to ask to identify suicide thoughts were unclear. In addition, they were unsure about how they would respond practically in the event that suicidal intentions were discovered. The psychiatric nurses relied heavily on their intuition in the assessment and the actions it resulted in because there were no rules for suicide prevention.

I am aware that there are explicit rules in other sectors. but not in this region, based on what I've heard and seen. (P.5)

Some of the psychiatric nurses employed a suicide evaluation tool, despite the lack of recommendations. It was then thought that the tests were less subjective and more standardized, which made it simpler, particularly for novice psychiatric nurses. Even if it was simpler, the psychiatric nurses believed that there were dangers to adhering too closely to rating scales since they prevented the subjective and intuitive aspects of the assessment from occurring. Adolescents' potential suicidality was assessed using a fingertip feeling, and subjective evaluations also required to be taken into account. It became evident, meanwhile, that rating scales lessened the ambiguity in evaluating individuals with less expertise.

Yes, rules We can utilize a suicide evaluation tool. (P.4)

It became apparent that there was also uncertainty regarding the proper documentation of suicide prevention efforts. In order to have their "backs free" in the event that something were to happen to the adolescent, the psychiatric nurses were extremely careful to record the adolescents' mental illness as well as the fact that they had inquired about suicide.

Insufficient Time

The lack of time for suicide prevention activities was a stressful experience for the psychiatric nurses. Adolescents were only allowed to talk for a few minutes throughout the PHC-RYK work. It takes time to get the adolescent to disclose whether they are contemplating suicide, according to the psychiatric nurses. The psychiatric nurses felt that it was simple to make an incorrect assessment if they did not take the time to listen to the adolescent. The fact that documentation would be part of the time constraint was also problematic. Because there was no time to deal with suicidal ideas, the psychiatric nurses may not dig deeper into the conversations out of fear of what might come out, which could have an impact on the assessments.

You run the risk of not asking because you believe you don't have the time to consider the response. It turns becomes a moral dilemma. (P.6)

Nevertheless, the psychiatric nurses made an effort to give priority to adolescents who were mentally ill and, if feasible, extended their visiting hours. The psychiatric nurses expressed a desire for time for adolescents with mental illness, which was a crucial component of the suicide prevention effort. You simply let them to finish telling for an additional minute. You may need to put in a lot more effort later to get the adolescent to join you if you are overly anxious at first. On that, neither you nor the adolescent win time. (P.8)

Several years of experience, according to some psychiatric nurses, have given them greater confidence when it comes to evaluations and handling the time pressure that comes with having brief visits and chats as mental nurses at PHC-RYK. Even though it stressed them out and they knew they would fall behind in the planning for the following working day, the more seasoned psychiatric nurses demonstrated that time was set up for these discussions. Because statistics are kept on the number of calls the psychiatric nurses handle throughout their work shift, they felt that they exposed themselves and their coworkers to stress.

Need for Cooperation:

A number of psychiatric nurses at PHC-RYK reported positive collegial support; however, they did not receive the same level of assistance from other medical professionals when dealing with suicidal adolescents. Referring them on was challenging, and the nurses were frustrated that they couldn't do more to assist the adolescents. At the same time, they believed it was their duty to direct the adolescent to the appropriate medical professional. Working with other medical professionals was made simpler by the psychiatric nurses' experience. Psychiatric nurses who have worked for a number of years may find that their personal connections make it easier to connect with other medical professionals. To prevent the adolescents from being sent back and forth between other actors, the mental nurses felt compelled to work together. Given how difficult it was to get expert psychiatry, some psychiatric nurses believed that the adolescents had no option but to go to PHC-RYK.

They come here because they don't come anywhere else. You can't just call psychiatry. They will simply make reference to primary healthcare, which is what everyone does. (P.9)

The psychiatric nurses viewed PHC-RYK accessibility to adolescents and lack of distance compared to specialized psychiatry as a strength. The psychiatric nurses at PHC-RYK believed

that they knew the adolescent well enough to help with the evaluations. Positive experiences were reported about the adolescent' primary use of PHC-RYK in the event of mental illness.

We ought to be the first step in the healthcare process, in my opinion. The fact that you can go to your primary care facility for any reason if you're feeling under the weather should be somewhat comforting. (P.10)

Discussion

The study's findings showed that the experience of psychiatric nurses was the most crucial factor in their efforts to prevent suicide. Since the psychiatric nurses frequently followed their instincts, their experiences became even more significant in the absence of rules and procedures. The organization was unclear about who was in charge of the adolescent, and the psychiatric nurses said it was challenging to assist the adolescent in moving on to the next facility for care. The task of preventing suicide was also characterized as arduous, involving a lot of personal responsibility, complex assessments, a lack of local knowledge, and a lack of time. According to the study, many psychiatric nurses found it difficult to focus on suicide prevention when they first started their careers, and experience was cited as a crucial requirement.

The psychiatric nurses' boldness and self-confidence to deal with suicidal adolescents were bolstered by experience. A skilled and self-assured healthcare team is necessary to deliver the best suicide prevention (Mughal et al., 2021). In addition to PHC-RYK, emergency care (Shin et al., 2021) and other professions, such medicine (Solin et al., 2021), also face difficulties in their efforts to prevent suicide (Hogan & Grumet, 2016). Nursing students report that they do not acquire sufficient skills and information during their education to feel secure in their work preventing suicide (Ferguson et al., 2020). This is important because the study's findings indicate that psychiatric nurses, regardless of their level of training, have a significant role to play in suicide prevention efforts. Since the WHO stresses the need of improving healthcare workers' proficiency in suicide prevention, an attempt must be undertaken in this area (WHO, 2014).

In addition to strengthening healthcare professionals' work, suicide prevention training has been shown to improve their attitudes and confidence in their ability to work in this field (Björkman et al., 2018; Dueweke & Bridges, 2018). It was shown that the psychiatric nurses in this study felt that their work on suicide prevention became more significant and prioritized after receiving education regarding mental illness and suicidality. It has been demonstrated that even less intensive suicide prevention training (Giacchero et al., 2017), which consists of a brief lecture, discussions of the experiences of healthcare professionals, and viewing a film featuring a specialist with a lived experience of suicidality, produces positive outcomes (Solin et al., 2021). After completing a three-hour suicide prevention training, psychiatric nurses felt more comfortable asking questions and voicing concerns when caring for suicidal adolescents (Solin et al., 2021).

Staff training should be tailored to the field, and all medical personnel who interact with adolescents should be aware of suicidality symptoms and the necessary follow-up actions (Hogan & Grumet, 2016). All of this suggests that measures to prevent suicide should be given more attention and space in both continuing clinical work and education, and that smaller, more focused initiatives can have a significant impact (Bolster et al., 2015). Our findings demonstrated that as psychiatric nurses' experiences grew, they felt more comfortable posing queries regarding suicide. Questioning an adolescent about potential suicidality is also a well-established fact in all Swedish treatment, including psychiatric and somatic care. Thus, it is better to ask too many questions once than not at all. However, it could be problematic to constantly inquire about specific details or offer suicide techniques. When a person's inner self repeatedly imagines the occurrence, these

kinds of queries might evoke mental imagery and lead to a causal relationship (Ng et al., 2016). This is known as "flash forward" and hasn't gotten much attention in earlier studies.

One overlooked but possibly important aspect of suicidal ideation is mental picture of suicide (Hales et al., 2011). Psychiatric nurses found it difficult to incorporate their own values based on prior experiences when caring for adolescents with mental illness. Nursing students already exhibit negative attitudes toward mental illness (Hastings et al., 2017; Ihalainen-Tamlander et al., 2016). Students run the risk of losing interest in working with adolescents who have mental illness after they graduate if they bring these unfavourable attitudes into their clinical work (Hastings et al., 2017). According to certain research, medical personnel typically provide less thorough and efficient care to patients with mental illness (Thornicroft, 2011). They are sometimes not referred to additional care despite having medical needs (Sebastian & Beer, 2007).

Adolescent with mental illness is often feared and subjected to social prejudice by less experienced psychiatric nurses (Ihalainen-Tamlander et al., 2016). The nurse must treat mental health issues with discipline and intelligence in order to build a relationship with the adolescent (Staskova & Tothova, 2015). Adolescents may react negatively to a nurse's lack of empathy, which may influence their acceptance or rejection of their condition. Relationship conditions are established when the nurse views the adolescent as an individual rather than as a stereotype, which empowers the adolescent to take charge of their own treatment. According to the study's psychiatric nurses, adolescents frequently sought treatment for physical symptoms when their true cause was mental illness. Adolescents with mental illness may report bodily symptoms more easily because they feel stigmatized. Psychiatric nurses may see adolescents as more erratic and demanding as a result of this (Karlsson et al., 2021). Additionally, our study revealed that the psychiatric nurses had trouble believing whether or not adolescents with mental illness were telling the truth. It's critical to recognize that stigmatized adolescents may find it more difficult to bravely voice suicidal concerns (Leavey et al., 2017). It has been observed that education lessens these stigmatizing beliefs and biases, which is necessary to pique students' and psychiatric nurses' interest in working with individuals who suffer from mental illness (Ihalainen-Tamlander et al., 2016).

District psychiatric nurses' confidence in meeting individuals with mental illness has been demonstrated to be enhanced by both formal competences, as demonstrated by education, and real competence, as demonstrated by experience (Janlöv et al., 2018). If the psychiatric nurses who treat the adolescents have the necessary skills, the positive improvements that education brings about can assist adolescents who seek PHC-RYK help for mental illness feel less stigmatized and face fewer challenges (Björkman et al., 2018). More psychiatric nurses will encounter adolescents with mental illness who are at a higher risk of suicide as a result of the changes in healthcare, which have placed a greater emphasis on PHC-RYK (Mughal et al., 2021). The human-to-human interaction model states that providing care for an adolescent alone is insufficient; in order to provide quality care, a therapeutic approach must be combined with the integration of extensive information (Shelton, 2016; Smith, 2020).

The nurse can provide hope and lessen pain in this way (Shelton, 2016). According to the study, psychiatric nurses believed that a shortage of time was a barrier to their efforts to prevent suicide. It wasn't until the psychiatric nurses made time for discussions that it was evident whether or not the adolescent was suicidal. Lack of time hinders the adolescent's ability to establish trust and may prevent them from discussing their mental illness and potential suicide risk (Leavey et al., 2017; Poghosyan et al., 2019). The nurse bears the responsibility for establishing and preserving the relationship between the adolescent and the nurse (Shelton, 2016). According to medical experts, suicidal adolescents may experience emotional isolation, which makes it challenging for them to discuss suicidal ideas (Björkman et al., 2018; Vandewalle et al., 2019a).

For the adolescent to have the means to communicate their mental illness, a loving relationship must be developed (Grundberg et al., 2016). The relationship can be improved and expanded by allowing the nurse time for the discussion. The study's findings also revealed that several psychiatric nurses claimed that they did not feel they had enough time to assist adolescents exhibiting signs of mental illness, thus they refrained from asking detailed inquiries. According to earlier research, psychiatric nurses at PHC-RYK felt so pressured by time constraints that they neglected the adolescent's mental health issues because those discussions typically took longer (Janlöv et al., 2018; Maxwell et al., 2013; Obando Medina et al., 2014).

The combination of stigma and time constraints suggests that more time should be allocated for discussions on mental illness in PHC-RYK in order to identify suicidal thoughts in adolescents. According to the study's findings, there is organizational ambiguity and a dearth of procedures and policies regarding the treatment of adolescents who have been diagnosed with suicidal thoughts. To feel more secure, a number of the psychiatric nurses employed rating scales when assessing the danger of suicide. If utilized properly, the tools can operate as a security measure and forge an alliance while providing educational support for less experienced healthcare personnel. Nonetheless, there have been doubts raised about the scientific data about the instruments' ability to support the clinical evaluation in a particular case (Medical & Social Evaluation Agency of Sweden, 2015). Even though several instruments can have precise sensitivity and specificity, there aren't enough research to support them for accuracy evaluations (Runeson et al., 2017). The study's psychiatric nurses discuss challenges in working with other healthcare providers and assisting the adolescent in moving on to the next facility. Björk Brämberg et al. (2018), a lack of coordination between somatic and psychiatric care might have detrimental effects on the adolescent and raise stress levels in family members. According to the results, the psychiatric nurses felt a great lot of personal responsibility for their work in suicide prevention and expressed dread of being held accountable in the event that an adolescent died by suicide. According to earlier research, this lack of cooperation lengthens the process and causes stress for the nurse caring for adolescents who commit suicide while under their supervision (Janlöv et al., 2018; Vandewalle et al., 2019b).

Maybe working more closely with family members would help in the efforts to prevent suicide? According to earlier studies, the family frequently has valuable information about the suicidal adolescent but feels excluded from helping with care (Hultsjö et al., 2022). Being able to prevent suicide requires open communication and healthy family relationships. It can be difficult to involve family members and acknowledge their role in providing treatment, but medical experts can serve as the intermediary between the adolescent and family members, which is essential for creating a safe environment for a suicidal adolescent (Edwards et al., 2021). In a PHC-RYK environment, family members' experiences and expertise about the adolescent might therefore be beneficial and should be considered.

Conclusion

The lack of support from the primary care organization for psychiatric nurses in their efforts to prevent suicide emphasizes the necessity of policies and procedures for working together with other care actors. Because psychiatric nurses may be afraid of receiving affirmative responses and lack the time and expertise to address this, PHC-RYK as it is now structured runs the danger of overlooking suicidal youth. Working to prevent suicide involves both actual skills gained from experience and formal competence in the form of education. Therefore, more attention needs to be paid to suicide prevention efforts in both continuing clinical work and education. Since it has been demonstrated to lessen stigma among adolescents and force psychiatric nurses to focus more on and prioritize suicide prevention efforts, psychiatric nurses must be equipped to deal with suicidal

adolescents. Psychiatric nurses must have the time and skills necessary to interact with adolescents who may have trouble expressing suicide ideas. Nowadays, relatives don't play a clear part in PHC-RYK. They could be very helpful in efforts to prevent suicide because they have vital knowledge and understand how the adolescent is in their routine condition.

Recommendation

1. For healthcare workers, including psychiatric nurses, it is crucial to create and execute thorough and focused training programs that emphasize crisis intervention, mental health treatment, and suicide prevention. The goal of these programs should be to give medical professionals the information, abilities, and self-assurance they need to recognize and effectively address adolescent suicidality.
2. Both academic knowledge and practical methods, such as the use of assessment instruments and the communication skills required to establish trust with suicidal people, should be covered in training. Incorporating expert views, real-world case studies, and interactive discussion opportunities would also improve the training experience.
3. Maintaining healthcare workers' ability to handle the intricacies of suicide prevention will be facilitated by providing them with continual access to refresher courses, particularly for those employed in primary and emergency care settings.

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