



SUICIDAL BEHAVIOR: A CLINICAL ANALYSIS FROM THE PERSPECTIVE OF MODERN PSYCHIATRY AND PUBLIC MENTAL HEALTH

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Abstract

Suicidal behavior remains one of the most critical public health challenges worldwide. It is not merely an individual psychiatric condition but rather a complex phenomenon resulting from the interaction of biological, psychological, and social factors. This article reviews the key risk factors, clinical characteristics, early detection strategies, and preventive approaches related to suicidal behavior. Special attention is given to risk assessment in psychiatric practice and the importance of timely intervention strategies. The study highlights the necessity of a multidisciplinary approach and the role of public mental health systems in reducing suicidal behavior.

***Keywords:** suicide; suicidal behavior; depression; psychiatry; risk factors; prevention; mental health; crisis intervention*

Introduction

Suicide and suicidal behavior are among the most important and challenging issues in modern psychiatry and public health[1]. According to the World Health Organization, hundreds of thousands of people die by suicide each year, while millions more attempt suicide, creating a significant psychological, social, and economic burden on society[2].



Suicidal behavior is rarely the result of a single cause; rather, it is a multifactorial process involving psychiatric disorders (such as depressive disorders, bipolar disorder, and schizophrenia spectrum disorders), psychosocial stressors, traumatic experiences, and social isolation[3].

In clinical practice, early identification of suicide risk is of critical importance. Comprehensive assessment includes evaluation of the patient's mental state, history of previous attempts, level of impulsivity, and availability of social support systems[4]. Preventive strategies should not be limited to healthcare services alone but must also involve educational institutions, family systems, and community-level interventions.

The aim of this article is to analyze the clinical and social aspects of suicidal behavior, systematize its risk factors, and review modern preventive and intervention strategies[5].

Materials and Methods

Study design

This article was designed as a narrative review aimed at analyzing the clinical, psychological, and social aspects of suicidal behavior, with a focus on risk factors, early detection, and preventive strategies in psychiatric practice.

Data sources and literature search strategy

A structured literature search was conducted using peer-reviewed scientific databases, including PubMed, Google Scholar, and WHO publications. Relevant studies published in English focusing on suicidal behavior, suicide risk assessment, psychiatric comorbidities, and prevention strategies were included. Keywords used in the search included: *suicidal behavior, suicide risk factors, depression and suicide, psychiatric emergency, and suicide prevention.*

Inclusion and exclusion criteria

Studies were included if they:



Focused on suicidal ideation, suicide attempts, or completed suicide

Addressed psychiatric or psychosocial risk factors

Discussed clinical assessment or prevention strategies

Were published in English-language peer-reviewed journals

Studies were excluded if they:

Were unrelated to mental health or suicide

Lacked scientific methodology (opinion pieces without evidence)

Were duplicate publications

Data extraction and analysis

Relevant data were extracted and categorized into key thematic domains: psychiatric risk factors, psychosocial determinants, clinical assessment tools, and preventive interventions. A qualitative synthesis approach was used to summarize findings due to heterogeneity of the included literature.

Ethical considerations

As this study is a literature-based review, no direct patient data were collected. Therefore, formal ethical approval was not required. However, all included sources were handled in accordance with academic integrity and ethical publication standards.

Results

The reviewed literature consistently demonstrates that suicidal behavior is a multifactorial phenomenon arising from the interaction of psychiatric, psychological, and social determinants. Across studies, depressive disorders were identified as the most prevalent psychiatric condition associated with suicidal ideation and suicide attempts. Bipolar disorder, schizophrenia spectrum disorders, and substance use disorders were also strongly correlated with increased suicide risk.

A prior history of suicide attempts emerged as the strongest predictor of future suicidal behavior. Individuals with previous attempts showed significantly higher recurrence rates compared to those without such history. Impulsivity, hopelessness,



and severe emotional dysregulation were repeatedly highlighted as key psychological risk factors contributing to suicidal crises.

Social determinants such as social isolation, unemployment, family conflict, and exposure to traumatic life events were frequently reported as significant contributing factors. Lack of social support and poor interpersonal relationships were associated with increased vulnerability to suicidal ideation.

Clinical assessment tools and structured risk evaluation strategies were shown to improve early identification of high-risk individuals. However, several studies emphasized that no single predictive tool is sufficient on its own, and clinical judgment remains essential.

Preventive interventions, including crisis intervention, psychotherapy (particularly cognitive-behavioral therapy), and pharmacological treatment of underlying psychiatric disorders, demonstrated effectiveness in reducing suicidal ideation and attempts. Multidisciplinary approaches involving psychiatrists, psychologists, and social support systems were found to be the most effective in suicide prevention strategies.

Overall, the findings highlight that suicidal behavior cannot be attributed to a single cause but should be understood as a dynamic interaction of multiple risk domains requiring comprehensive clinical and public health approaches.

Discussion

The findings of this review highlight that suicidal behavior is a complex and multidimensional phenomenon that cannot be explained by a single etiological factor. The strongest and most consistent association was observed between depressive disorders and suicidal behavior, which aligns with existing psychiatric literature emphasizing the central role of mood disorders in suicide risk.

A history of previous suicide attempts remains one of the most reliable clinical predictors of future suicidal behavior. This supports the concept that suicidal behavior often follows a recurrent and escalating pattern, where prior attempts



significantly increase vulnerability to subsequent crises. Psychological factors such as hopelessness, emotional dysregulation, and impulsivity further intensify this risk, suggesting that suicide prevention strategies must address both affective instability and cognitive distortions.

Social determinants also play a crucial role in the development of suicidal behavior. Social isolation, poor family support, unemployment, and exposure to traumatic life events significantly contribute to psychological distress. These findings reinforce the biopsychosocial model of suicide, emphasizing that effective prevention requires interventions beyond the healthcare system, involving community, educational, and family-based support structures.

Although clinical assessment tools are useful for structured evaluation of suicide risk, the literature consistently indicates that they cannot fully replace clinical judgment. Suicide risk is dynamic and may change rapidly depending on situational stressors, meaning that continuous reassessment is essential in clinical practice.

The effectiveness of multidisciplinary interventions, including pharmacotherapy, psychotherapy (particularly cognitive-behavioral approaches), and crisis intervention strategies, underscores the importance of integrated mental health care. However, barriers such as limited access to psychiatric services and stigma toward mental illness remain significant challenges in many healthcare systems.

Conclusion

Suicidal behavior is a multifactorial psychiatric and public health issue driven by the interaction of biological, psychological, and social factors. Depression, previous suicide attempts, impulsivity, and social adversity represent the most significant risk domains[6].

Effective prevention requires early identification of at-risk individuals, comprehensive psychiatric assessment, and timely intervention strategies. A



multidisciplinary and community-based approach is essential for reducing the burden of suicide and improving mental health outcomes at both individual and population levels[7].

Strengthening mental health services, improving accessibility to psychiatric care, and reducing stigma associated with mental illness are key priorities in suicide prevention efforts[8].

References

1. o'g'li, Q.O.Z., *GUT–BRAIN AXIS DYSFUNCTION AS A BIOLOGICAL TARGET IN SUICIDE PREVENTION*. INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT, 2025. **12**: p. 1534.
2. o'g'li, Q.O.Z., *BIPOLYAR BUZILISHLARDA PSIXOFARMAKOTERAPIYANING O'ZIGA XOS XUSUSIYATLARI*. UNIVERSAL JOURNAL OF MEDICAL AND NATURAL SCIENCES, 2025. **21**: p. 101.
3. o'g'li, Q.O.Z., *BIPOLYAR BUZILISHLARDA PSIXOFARMAKOTERAPIYANING O'ZIGA XOS XUSUSIYATLARI*. Universal Journal of Medical and Natural Sciences, 2025. **3**(21): p. 75.
4. Zoxidjon o'g'li, Q.O., *THE IMPORTANCE OF PSYCHOPROPHYLAXIS AND PSYCHOHYGEN AMONG ADOLESCENTS AND GERON AGES*. SHOKH LIBRARY, 2025.
5. Djuraev, N., et al., *Social parameters characterizing personalities of patients with incomplete suicides*. ACADEMICIA: An International Multidisciplinary Research Journal, 2022. **12**(4): p. 377-381.
6. o'g'li, Q.O.Z., *ВЛИЯНИЕ ПРОФИЛАКТИКИ НА ДЛИТЕЛЬНОСТЬ ЕЕ ФАЗ ПРИ БИПОЛЯРНЫХ РАССТРОЙСТВАХ*. Journal of modern medicine, 2025. **1**(1): p. 1145.



7. o'g'li, Q.O.Z., *Социальные параметры, характеризующие личности пациентов с незавершенными суицидами*. Pedagog, 2025. 6(10): p. 126.
8. o'g'li, Q.O.Z., *ХАВОТИРЛИ ҲОЛАТЛАРДА ПСИХОТЕРАПЕВТИК ЁРДАМНИНГ САМАРАДОРЛИГИ*. Journal of New Century Innovations, 2025. 5(63): p. 69.