


## Prevention, intervention and postvention of suicidal behaviour: A social work perspective

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**ENG Abstract.** Suicide is a global public health problem, with around 800,000 people taking their own lives annually worldwide. In Spain, 2022 marked the fourth consecutive year of record highs in suicide deaths. This study focuses on the involvement of social work professionals in suicide prevention, intervention and postvention. To this end, an exhaustive review of the scientific literature published in the databases of Dialnet, Scopus, Web of Science and Google Scholar was carried out. It is important to note that suicide and suicidal behaviour have far-reaching effects on individuals, families and the wider community. Social workers have regular contact with people who are at risk of suicide or exposed to suicidal situations, which underlines the importance and necessity of understanding the scale of their intervention at each of the three intervention levels: prevention, intervention and postvention. The aim of this research is to shed light on the crucial role played by social work in the fight against suicide and its impact on individuals and society.

**Keywords:** Social work, suicide, suicidal behaviour, prevention, intervention and postvention.

### ES La prevención, intervención y postvención de la conducta suicida: Una mirada desde el Trabajo Social

**Resumen.** El suicidio representa un problema de salud pública a nivel global con alrededor de 800,000 personas que se quitan la vida anualmente en todo el mundo. En España, el año 2022 marcó el cuarto año consecutivo de máximos históricos de defunciones por suicidio. Este estudio se enfoca en la implicación de los y las profesionales del Trabajo Social en las labores de prevención, intervención y postvención del suicidio. Para ello, se llevó a cabo una revisión exhaustiva de la literatura científica publicada en las bases de datos de Dialnet, Scopus, Web of Science y Google Scholar. Es importante destacar que el suicidio y la conducta suicida tienen efectos de largo alcance a nivel individual, en las familias y en la comunidad en su conjunto. Los y las trabajadores sociales tienen un contacto regular con personas que se encuentran en riesgo de suicidio o expuestas a situaciones de suicidio, lo que subraya la importancia y necesidad de comprender la magnitud de su intervención realizada en cada uno de los tres niveles de actuación mencionados: prevención, intervención y postvención. Esta investigación busca arrojar luz sobre el papel crucial que desempeña el Trabajo Social en la lucha contra el suicidio y su impacto en las personas y en la sociedad.

**Palabras clave:** Trabajo Social, suicidio, conducta suicida, prevención intervención y postvención.

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## 1. Introduction

### 1.1. Conceptualising Suicide: Dimensions and Perspectives

The WHO (2014) defines suicide as an individual's deliberate act to initiate and carry out an act that results in their fatality. They are fully aware of the lethal outcome, and they intend to cause desired changes. Suicide is a multi-causal and universal phenomenon present across cultures and ages, and it has significant economic, social, and psychological repercussions on individuals, their families, and the community. The various perspectives, shaped by the historical context, religious beliefs, philosophical thought, value systems, and prevailing socio-political and cultural norms, have contributed to shaping the theoretical stances underpinning the discourse on suicide (Cañas, 2002).

Table 1, as presented below, displays commonly used definitions in research on suicidal behaviour, based on Turecki et al.'s (2019) suggested definitions. It is crucial to use these terms with precision, distinguishing between the various phenomena they describe and taking into account the level of harm each one causes to individuals, even though they are often grouped under the general concept of "suicidal behaviour".

Table 1. Definitions of commonly used terms in research on suicidal behaviour.

Term	Definition
Suicide	Intentionally ending one's own life.
Suicidal behaviour	Behaviours that may end one's life, whether fatal or not. Excludes suicidal ideation.
Suicide attempt	Self-destructive and non-fatal behaviour with inferred or actual intent to die.
Ideación suicida	Contemplation of ending one's own life could be either active, involving a definite plan to execute suicide, or passive, with mere thoughts of desiring to die.
Non-suicidal self-harm	Self-injurious behaviour without intent to die.

Source: Own elaboration based on Turecki et al. (2019).

Emile Durkheim's "Suicide" (1897) was the inaugural effort to analyse, conceptualise and theorise suicide in a scientific manner from sociology and the social sciences. According to Durkheim, society constitutes the framework, instrument and model for individual development, leading to the conclusion that contextual phenomena are responsible for all suicides in a given society, not individual motivations.

There are various individualistic psychosocial theories that concentrate on analysing the qualitative and individualistic facets of suicide behaviours, instead of the quantitative and social ones (Blandón et al., 2015; Morfín, 2018; Munera, 2013). Bronfenbrenner's Ecological Theory (1992) highlights the existence of an environment system that impacts the cognitive, moral, and relational development of individuals as they move through various environments. This study of multidimensional causes offers valuable insights into the complex interplay between people and their surroundings. Individual actions reveal the social systems and structures that underpin the social order, including policies, laws, and economic regulations (Wyatt et al., 2015). Societies that fail to meet the needs of their inhabitants create conditions of risk.

### 1.2. Epidemiology of Suicide: Analysis of Incidence and Risk Factors

Suicide is a significant global public health issue. The World Health Organization (WHO) estimates that approximately 800,000 individuals commit suicide annually worldwide, equating to one in every 100 deaths (WHO, 2021). On average, there is one suicide death every 20 seconds and one suicide attempt every one to two seconds (Sánchez-Serrano et al., 2016). The literature suggests that the suicide rates may potentially be underestimated due to high numbers of deaths resulting from drug overdoses and traffic accidents (Wilson & Marshall, 2010). As per the National Institute of Statistics (INE, 2023), a total of 4,097 people had committed suicide in Spain during the year 2022 with an average of 11.2 people per day. The majority of these individuals were male, accounting for three-quarters of the total number of deaths (3,042). Suicide is the fourth leading cause of death among adolescents and young people aged 15-29. It should be noted that in the year 2022, for the first time, the number of male deaths exceeded 3,000. Furthermore, this marks the fourth consecutive year of record high suicide death rates in Spain.

The existing scientific literature, which has recently investigated the complexity of related factors, postulates that there is no solitary root cause of suicide. The phenomenon emerges predominantly when stressors, mental health disorders, and emotional turmoil intersect, culminating in insurmountable hopelessness. The most prevalent risk factors include a family history of suicide, depression, social isolation, and low self-esteem (Cuesta et al., 2021), alongside suboptimal physical health, impulsivity, bullying, or perilous behaviours like substance abuse (Hernandez-Bello et al., 2020). Although there are differences among countries, particularly between Europe and North America where certain circumstances are more common, ultimately all countries associate the same risk factors with the phenomenon (Sánchez-Serrano et al., 2016).

Different social concerns present within society necessitate the involvement of public authorities through the implementation of political planning measures that can deter potential occurrences and safeguard against them. In the case of suicide, such measures are especially critical due to the severe ramifications of

inaction. Most countries, including the United Kingdom, lack state-level suicide prevention strategies, leading to insufficient awareness of the global social and public health issue among citizens and public authorities (Castillo, 2022).

### 1.3. Social Work in suicidal behaviour

The formal object of Social Work is located in the phenomena associated with the psychosocial distress felt by people caused by their social structure, personal experiences, and life situations, as well as their own personal history (Martínez & Torrecilla, 2015). As a scientific discipline, Social Work is accountable for providing psychosocial interventions to prevent the emergence of psychosocial conflicts or, whenever necessary, to diminish and alleviate their effects. Therapeutic tools are available to help people overcome and alleviate the personal suffering that results from situations of discomfort (Ituarte, 2022). Social workers possess attributes such as involvement and affectivity that are inherent to their professional performance. These qualities enable them to act as positive role models for the individuals they assist. The main tool in their professional practice is the educational relationship, which is grounded in unconditional acceptance, empathy towards individual situations, authenticity, and the importance of affection (Navarro-Pérez et al., 2023).

Their actions have a significant impact on both the group and community levels, enhancing the quality of life for society as a whole. This is especially crucial because the current pressing social problem has lowered overall wellbeing. Social workers are trained to address this phenomenon, drawing from their professional expertise, social research and policy, in order to carry out preventative work that contributes to lowering suicide mortality rates. They aim for early detection of signs of risk in both individual and community contexts, as well as designing personalised and person-centred intervention plans. Social workers also aim to promote emotional support, safety nets, and access to therapeutic resources, as well as intervening in bereavement after suicide (Sánchez-Serrano et al., 2016).

## 2. Methods

The purpose of this investigation is to explore the role and capabilities of social workers in managing suicidal behaviour across varying spheres and frameworks of intervention.

A literature review was undertaken, with an initial search between 15th and 18th June, utilising databases such as Dialnet, Scopus, Web of Science, and Google Scholar. The primary search terms encompassed concepts related to suicidal behaviour, professional focus, and Social Work. Boolean operators OR and AND with truncation were utilized in the title, abstract, and keyword fields for the key search descriptors. The utilized search string was: ("suicid\*" OR "attempted suicide" OR "suicidal" OR "suicidal behaviour") AND ("attention" OR "intervention" OR "prevention" OR "investigation" OR "postvention") AND ("social work\*"). Studies on the general population were included as the dependent variable, with suicidal behaviour and professional attention to it by social workers (prevention, intervention and postvention) as the independent variable. Exclusion criteria were applied for studies that did not solely focus on suicidal behaviour, analyse professions other than social work, have an exclusive focus on parasuicidal behaviour, or were grey literature.

The selected studies were incorporated into the RefWorks bibliographic manager (<https://refworks.proquest.com>) to arrange the data. Through our investigation, suicide was conceptualised, the prevalence of the issue was analysed, and the two primary ideological currents analysing it were identified as individualistic and environmental. Following an analysis of the scarce available literature, this study identifies the three key domains in which Social Work addresses suicidal behaviour: prevention, intervention, and postvention or bereavement work. The authors of this study conducted a thorough search, selection, data extraction, and narrative analysis to reach these conclusions.

## 3. Results and discussion

### 3.1. Social Work as a key agent in suicide prevention

In today's society, the prevention of suicidal behaviour is an unavoidable challenge to be faced. In this scenario, social workers are professionals with a particularly relevant role in the performance of this task (Joe & Niedermeier, 2006). The 2015 report by the Official College of Social Work in the Region of Murcia underscores the significance of preventive measures aimed at addressing the root causes behind individual and collective issues, originating from human interactions and the societal landscape. To facilitate this, it is crucial to devise and execute intervention schemes for social groups who are at risk and whose fundamental rights are being violated. This approach advocates a proactive method for social workers, aiming to prevent problematic situations from escalating and manifesting into more critical forms (Díaz, 2003). Therefore, it prioritises the promotion of well-being and the protection of vulnerable lives, or those at risk of being in such situations.

In the field of social work, addressing suicidal behaviour has traditionally been viewed through a clinical lens, which has been a fundamental aspect of the profession since its inception. According to Mary Richmond's (1962) argument, professional practice should incorporate comprehensive, holistic, and lengthy interventions to gain insight into the lives of our clients and enhance their overall welfare. From this perspective, enhancing

people's subjective and objective well-being is not confined to healthcare, but extends to other areas where instances of discomfort and suffering arise. In this regard, the communal approach is of great significance. García-Fonseca et al. (2015) emphasise the importance of enhancing and widening social connections when addressing situations of social hardship.

Suicide can be triggered by different personal and social crises, and Social Work plays a vital role in early identification of risk factors to identify these situations in advance. This occupation has the resources and tools to alleviate the adverse effects of different personal, family, and social circumstances that affect individuals. Clinical Social Work, hereinafter referred to as TSC, aims to provide emotional and psychosocial care and establish a therapeutic relationship between social workers and individuals facing conflicts. TSC deploys a series of fundamental actions to address suicidal behaviour. These interventions, as documented by Díaz (2003) and Sánchez-Serrano et al. (2016, 2019), includes:

1. Identification of Risk Factors and Situations of suicidal behaviour. The identification of factors and situations that may increase suicidal behaviour requires careful examination of personal, family, and social circumstances that may contribute to emotional distress.
2. Development of Intervention Plans. Thorough investigations of the individual's surroundings are conducted and social intervention plans are devised to supplement comprehensive care. These plans facilitate effective intervention to decrease the suicide risk, and it is essential that they are executed in cooperation with a multidisciplinary team.
3. Direction and Psychosocial Assistance. Guidance, psychosocial support and advice are offered to individuals experiencing crisis situations, along with their families and the wider community. This is crucial in aiding and supporting individuals in managing their emotional and social challenges.
4. Participation in Developing Healthy Environments involves encouraging health professionals to participate in community activities aimed at creating healthier surroundings, thereby contributing to the prevention of future crises and the promotion of mental health among the population.
5. Health Promotion and Disease Prevention. Encourage engagement in health promotion and prevention programmes, with the objective of preventing the onset of mental health issues and cultivating emotional well-being within the wider population.

It is important to note that TSC is a fundamental component of the wider field of Social Work. In their professional capacity, social workers confront a significant dilemma in tackling the public health issue of suicidal behaviour in the youth and elderly populations (Joe and Niedermeier, 2006). In their professional capacity, social workers confront a significant dilemma in tackling the public health issue of suicidal behaviour in the youth and elderly populations (Joe and Niedermeier, 2006). Their endeavours are essential to enable timely detection, cost-effective intervention and the fostering of mental health throughout society.

Several studies, including Tarín-Cayuela's (2022) work, emphasize the importance of social intervention professionals receiving the most specific training possible in their respective fields. Similarly, Almeida et al.'s (2017) study highlights the need to include specific training in suicide prevention and intervention in undergraduate and graduate Social Work curriculums. It is recommended that this training is a compulsory requirement before entering the profession of Social Work. This is due to the higher likelihood of encountering problems surrounding self-harm, self-inflicted violence and cases of suicide, compared to more widely known and researched issues such as homicides or gender-based violence. It is notable that, although self-harm and suicidal behaviour are prevalent in the field of Social Work, researchers in this area have made limited contributions to studying this issue (Joe and Niedermeier, 2006).

To achieve effective prevention of the phenomenon, a comprehensive approach is necessary that considers both the positive and resilient aspects of the person we intervene with, as well as the negative factors that require compensation. Social work should participate in all levels of prevention, beginning with promoting health through primary prevention to avoid discomfort development (Vignolo et al., 2011). In terms of secondary prevention, implementing measures enabling the reduction of the impact of pre-existing discomfort via early detection is recommended (Sim et al., 2023). Furthermore, with respect to tertiary prevention, activating protocols and measures that aim at preventing relapses and potential moments of future crisis are essential (Hightower et al., 2023). In this regard, public institutions and administrations can play a crucial role while being guided by social workers in addressing crisis situations in multiple areas. This involves promoting self-care programmes, providing emotional and psychological education, establishing counselling and information services, conducting awareness and dissemination campaigns, and formulating public policies to provide support at the personal and family level (Castellví & Piqueras, 2018).

Similarly, as highlighted by Zabaleta et al. (2023), it is crucial to enhance society's awareness regarding mental health and suicide, thereby reducing the stigma and silence surrounding this issue, advocating for prevention and early detection, and dispelling the myth that discussing suicide can encourage suicidal behaviour. Furthermore, this effort facilitates access to resources and specialist support for all. Addressing the stigma associated with suicide at the community level is a pressing need. The suggested literacy programme should provide knowledge and equip individuals with tools to enhance communication skills, interpersonal support, and help-seeking. This will foster a more empathetic society, better able to contend with the multiple challenges that arise from the social issues they give rise to.

In summary, Social Work has a crucial role in identifying risk factors commonly associated, in scientific literature, with suicidal behaviour. Its contributions are highlighted in the design and execution of preventive



programs in vulnerable communities and environments; also, in promoting awareness and education about suicidal behaviour, breaking down the taboos usually attached to it. In this manner, the approach concentrates on proactive efforts toward society as a whole, dealing with personal sentiments and encouraging understanding. Ultimately, working in conjunction with other professions and resources within suicide prevention showcases the significance of interdisciplinary methods in combatting this critical public health issue.

### 3.2. Social Work in intervention with suicidal behaviour

Social work is a scientific discipline responsible for psychosocial intervention that aims to prevent the emergence of psychosocial conflicts or to reduce and alleviate their effects. It provides means of treatment that aid in overcoming or alleviating the personal suffering caused by the situation of psychosocial discomfort in which individuals find themselves (Ituarte, 2022). From an individualistic or case perspective, the contribution of the profession to the phenomenon of suicide is based on the intrinsic professional need to promote and enhance personal change, facilitating and accompanying the task of facing the challenges and problems that arise throughout people's lives and contributing as much as possible to increasing the objective and subjective well-being of the people with whom it works. Social workers are well-trained professionals who are equipped to tackle the phenomenon of suicide. They intervene in preventive actions to contribute to the reduction of mortality rates due to suicide and provide support in the grieving process with survivors in post-suicide intervention, as outlined in the study conducted by Sánchez-Serrano et al. in 2016.

The functions that a social worker can perform when intervening with individuals at risk of suicide vary depending on the context of their professional work. Guerrini (2009) states that the professional intervention involves accessing the micro-social spaces in which subjects lead their daily lives and intervening on them. Sánchez-Serrano et al. (2016) highlight some professional functions, such as:

1. Developing a lasting relationship is vital for effective support of individuals at risk. Building a strong and trustworthy connection facilitates open communication and collaboration in reconstructing their experiences. This entails creating a sense of support for the individual in need.
2. The central problem must be identified and a therapeutic contract must be established between the social worker and the person in question. The central problem must be identified and a therapeutic contract must be established between the social worker and the person in question. Objective assessment of the underlying factors causing suicidal tendencies is critical. An action plan must be agreed upon by both parties, and the patient must commit to its compliance (Rocamora, 2013).
3. Assessment of suicidal potential. It is essential to conduct a meticulous, ongoing assessment to ascertain the degree of suicidal risk, taking into account factors such as the intensity of ideation and previous planning.
4. The identification and mobilization of external resources, such as family support, community support networks or mental health services, can enhance safety and improve the well-being of individuals at risk.
5. The development and implementation of therapeutic plans should be formulated and initiated in accordance with a structured approach. As previously highlighted, the crucial aspect of intervention is developing an individualised therapeutic plan that caters to the unique needs of the person at risk. This plan may involve individual therapy, support groups, and family therapy, amongst others. Cabe destacar que la efectividad de estas funciones puede variar según el contexto y la gravedad del caso, pero el rol del Trabajo Social en la prevención y la intervención de la conducta suicida es fundamental para brindar apoyo y cuidado a las personas en crisis.

### 3.3. The postvention: Accompaniment from Social Work

Grief is a response to loss that occurs when an individual loses someone or something significant from their life. Meza et al. (2008) provides a definition of this response, which encompasses psychological, physical, emotional, social, and spiritual processes. The process of grieving is intricate, partly because of the irreversible nature of the separation and the resulting distress. This complexity is exacerbated when death occurs due to unnatural circumstances. Individuals bereaved by suicide are deemed to be at a notably higher risk of developing mental and physical health concerns, particularly when coupled with inadequate support systems (Schneider et al., 2011; De Groot & Kollen, 2013). However, despite its challenging nature, grief is a crucial personal process that individuals must undergo to assimilate the loss into their own life journey, even in cases of unforeseen and sudden loss (Arredondo, 2013).

Grief is present in the field of intervention that spans across the discipline of social work. According to González (2006), the intervention of social work professionals is characterised by their dedication to addressing the losses encountered by those who are served, especially people and families. In essence, a significant portion of their professional practice is devoted to helping and supporting individuals through their grieving process. Nevertheless, the involvement of social workers in postvention has been constrained (Maple et al., 2016), despite being an integral aspect of their profession. Effective engagement with grief necessitates profound comprehension of the emotional procedures that ensue in such scenarios.

Table 2. Phases of Bowlby's Normal Grief Process (1993)

<b>Phase 1</b>	Shock	Daze and denial
<b>Phase 2</b>	Yearning	Search for the deceased
<b>Phase 3</b>	Despair	Heartbreak
<b>Phase 4</b>	Reorganization	Integration

Source: Own elaboration based on Bowlby (1993).

Survivors refer to family members or individuals who have undergone the bereavement of a loved one due to suicide (Madrid City Council, 2023). For those experiencing bereavement, death is perceived as an interruption of life that should not have occurred. Consequently, the search for the meaning of their loss is intricate, resulting in a disruption of the social order based upon survival instincts. This journey usually encompasses feelings of anger towards the deceased individual, guilt for not preventing their death or for the loss of their loved one, shame, fears, and potential social stigma (González, 2006). The Official College of Psychologists of Madrid (2019) reports that around 135 people undergo distress or are impacted in some capacity for each suicide incident. Additionally, it is approximated that for every individual who takes their own life, there are ten survivors, signifying the presence of ten individuals who are at a high risk of displaying suicidal behaviour or at the least, not coping with grief adequately. The death of a son or daughter cannot be substituted by anything, not even by the birth of another child. Parent-child relationships are notably complicated since parents doubt their own competence in safeguarding their children. The survival of children gives purpose to parenthood. Moreover, there exists a phenomenon known as narcissistic loss, whereby the death of a child results in a corresponding loss of a part of the parent, including the end of any aspirations and ideals invested in the child (González, 2006; Sánchez-Serrano et al., 2016). During periods of bereavement, it is commonplace to experience suicidal ideation as a result of losing a child, although such thoughts seldom materialise (Bowlby, 1983).

The following are the essential functions of the Social Work practitioner who intervenes in the grieving process (Fiorentino, 2008; Gómez, 2007; González, 2006):

1. Emotional and psychosocial support following bereavement: Social workers play a crucial role in providing a secure and empathetic environment where affected individuals can candidly express their emotions, process traumatic experiences, and explore healthy means of managing the pain and guilt associated with the loss of a family member or close friend to suicide.
2. Establishing Safe Spaces for Grief and Recovery: This involves creating therapeutic environments that promote the free expression of emotions and thoughts without judgment, enabling individuals to explore their feelings and develop strategies for advancing their recovery.
3. Linkage with support groups and long-term care services: It is crucial to facilitate access to support groups and continuing care services. This could involve connecting with therapists or support groups that are specific to individuals who have experienced loss from suicide.
4. Contribution to the resilience and rehabilitation of affected individuals: Assist in strengthening their resilience and help them develop effective coping strategies. This involves identifying personal and community resources that can support long-term recovery.

During the process of grieving and attempting to return to a sense of normalcy, it is imperative that professionals support the family members and allow them the necessary time and space to cope in their own ways. This involves creating a secure environment for the expression of feelings and navigating the journey of grief together. It is crucial to honour the individual needs and requirements of the family, their partners, friends and other close individuals during this time. As social workers, it is critical to understand that during times of loss, our professional duty is not to provide encouragement, but rather to offer support through silence and to be present with the other person, helping them feel that they have a supporting hand. Although the person must navigate their grief individually, having support can make a significant difference (Martínez, 2019).

When dealing with grief in the field of Social Work, it can be approached from two relational perspectives: Individual or case social work should involve conducting a private and personalised intervention. Social work with groups, on the other hand, should involve implementing mutual aid groups where members can connect and share their personal experiences. This helps establish new social support networks (Lema and Constanza, 2021; Ruiz, 2020). Both areas of intervention should aim to enhance the resilience and rehabilitation of individuals who have been affected by loss.

### 3.4. La investigación del fenómeno desde el Trabajo Social

Although several decades of research have been devoted to suicide prevention and prediction, the progress in this field has been limited. The amount of published research on suicide by social workers is quite limited (Maple et al., 2016). To date, the emphasis has predominantly been on evaluative factors. However, elements such as childhood harm, defining societal variables and subjective self-assessments have been undervalued. Protective factors, which are frequently overlooked in the literature and during professional interventions, have a crucial role in suicide prevention, as denoted by Kearns et al. (2020). Marraccini et al. (2021) argue

that carrying out comprehensive research is necessary for understanding the causes of suicide and tackling the issue with an emphasis on mental and social health. Identifying effective preventive mechanisms and considering a comprehensive range of related factors are crucial in addressing the problem of suicide. The complete investigation of the problem of suicide mandates the consideration of cultural and social factors that exert an influence, according to the viewpoint of this author.

Typically, practitioners primarily depend on literature produced by their own profession for practical knowledge. Suicide research in social work must integrate distinct perspectives, such as the study of the individual in their surroundings, the approach to individuals and families, and interventions at the community level (Joe and Niedermeier, 2006). Scientific evidence can be applied in a practical manner by professionals in their day-to-day activities. Understanding suicide allows for a wider perspective, enabling the identification and evaluation of socioeconomic groups most vulnerable to this phenomenon (Maple et al., 2016). Social work researchers are well-positioned to advance research on the impact of a person under care's suicide on subsequent risk assessment and management, as well as to analyse risk and protective factors, and to design and evaluate preventive proposals (Joe and Niedermeier, 2006). However, it is important to acknowledge that the current literature on suicide from a social work standpoint is restricted.

The essence of Social Work's professional practice is to acquire relevant and valid knowledge that directs intervention with the individual. Nevertheless, social work has traditionally overlooked research that supports evidence-based practices (Martínez and Torrecilla, 2015). Social research conducted within the discipline enables the identification and diagnosis of existing societal needs and problems, thereby stimulating focus towards the barriers to transforming structural elements that sustain and propagate particular social scenarios.

Research in the field of Social Work is founded on the ability to critically scrutinise the order and system that prevails in diverse historical periods and social and cultural contexts. This discipline examines extant social structures and systemic challenges while recommending viable alternatives to spur desirable change. When investigating suicide, Social Work professionals significantly contribute to emphasising the importance of addressing this phenomenon comprehensively by society, while avoiding stigmatization of individuals who experience it and eliminating the surrounding sensationalism (Sánchez-Serrano et al., 2016).

In summary, Social Work is crucial to suicide research from an objective standpoint. Through our holistic approach, we analyse contextual and systemic factors that impact suicidal behaviour. By exploring family and community dynamics related to suicide, we can unveil a comprehensive picture of this complex phenomenon. Similarly, our assessment of preventive policies and strategies from a social stance permits us to appraise their efficacy and suggest enhancements. Ultimately, social work makes a notable contribution to developing knowledge and evidence-based protocols, geared towards preventing and aiding those in jeopardy. This consolidates our commitment to the personal and social wellbeing of the individuals and communities we serve.

#### **4. Conclusion**

The Social Work professional plays an essential role in society and is prepared to address various crisis situations, such as suicide. People who present suicidal behaviours usually have stressors such as misunderstanding, hopelessness and social isolation, feelings that can hardly be overcome without adequate professional support. Ituarte (2022) argues that Social Work employs therapeutic tools to overcome and alleviate personal suffering resulting from psychosocial discomfort. Social Work is a profession that recognizes people as active agents of their own change and supports them through accompaniment and conviction. Its interventions aim to restore hope, lost at times due to a lack of awareness about controlling one's own life. At different levels, the need to control the different facets of life is a desire for all people, so working on this reconstruction of life history, especially focused on the conviction that there is a hopeful future, can be very helpful for people with suicidal behavior.

Thus, Social Work collaborates with other disciplines to intervene and take responsibility for planning and executing preventive measures aimed at reducing mortality rates caused by suicide, as stated by Sánchez-Serrano et al. (2016). This involves the creation, development, and assessment of strategies for suicide prevention, as well as the promotion of society's mental health and suicide literacy, as emphasised by Zabaleta et al. (2023). It also has a crucial role in identifying risk factors linked to suicidal behaviour in the early stages, managing and evaluating suicidal crises, enabling access to therapeutic and support resources, and involving family members and support networks in the intervention process. Furthermore, it aids in raising awareness and education around suicidal behaviour, thereby helping to reduce the stigma associated with it.

Finally, in the field of bereavement counselling, it provides crucial assistance to individuals impacted by the suicide of a loved one, guiding them through this arduous and sometimes unmanageable process. Social workers appreciate that the reasoning behind a single symptom, such as a family member taking their own life, conceals various beliefs that hinder the healthy processing of grief. Losing a loved one to suicide requires accepting the loss and enduring the pain of no longer having contact with that person. Survivors must also confront various cognitive distortions that mask reality and prompt them to generate a "logical" response to the tragedy – one that aligns with their perception of coherence. For instance, some survivors may believe their actions precipitated the suicide or that they could have averted the tragedy. The intervention of a social work professional is crucial in minimizing distortions. Accompanying the elaboration of the discourse of the events and providing tools to reduce the effects of suicide on those impacted is a vital aspect of their role.

An extensive examination of the factors linked with suicide is carried out by social researchers in order to improve knowledge of the phenomenon, disseminate it and promote social transfer. Professionals involved in intervention, politics or social research frequently come across individuals impacted by suicide. However, their opinions have traditionally been omitted in scientific literature. Social workers take a critical perspective and thoroughly investigate the social, environmental, and familial factors that contribute to the phenomenon. Instead of solely providing preventative recommendations, social work research must centre on producing fresh explanatory insights and crafting programmes, or participating in empirical assessments of current interventions (Maple et al., 2016).

Social work holds a privileged position in carrying out prevention, intervention, and postvention actions in suicide cases. It promotes mental health, social awareness, and exercises continuous research to effectively and comprehensively approach this issue. Additionally, it always supports critical thinking as a basis for their daily work. Social workers must maintain loyalty to their values and professional ethics which, ultimately, demand a solid demonstration of social commitment to urgent social problems in the current historical and social context.

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