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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Evaluation of the Effectiveness of Treatment Services of a Regional Psychiatric Hospital's Crisis Intervention and Psychosocial Support Unit

Bir Bölge Psikiyatri Hastanesi Krize Müdahale ve Psikososyal Destek Biriminin Sağaltım Hizmetlerinin Etkinliğinin Değerlendirilmesi

Cengiz Cengisiz[1], Sevgi Nehir[2]

Abstract:

This study evaluates the effectiveness of treatment services provided by the Crisis Intervention and Psychosocial Support Unit at a regional psychiatric hospital. It examines the sociodemographic characteristics, suicide methods, and outcomes of individuals following suicide attempts. The findings demonstrate that the unit's multidisciplinary approach and follow-up protocols significantly reduce suicide risk and enhance treatment adherence. The research is a descriptive and retrospective study. The files of individuals who applied to the Crisis Intervention and Psychosocial Support Unit in Manisa Mental Health and Diseases Hospital between 2021-2022 were retrospectively scanned. The sample of the study consisted of 268 individuals. An individual introduction form was used in data collection. The form contains information about the sociodemographic characteristics of individuals and their suicide attempts. In evaluating the data, number, percentage, and mean tests were used. The mean age of the individuals is 35.03±14.70 (min 11-max 76). It was determined that 54.5% of the individuals were male, 66.4% were single, and 53.0% were secondary school graduates. The self-harming behaviors observed among individuals include; It was determined that 41.4% of them were medication overdose, 16.0% of them were attempted hanging, 17.9% of them were self-harm using sharp objects. As the reason of suicide attempt of individuals, respectively; The analysis revealed that 24.6% had sychiatric disorders, 16.8% family communication issues and 11.2% economic reasons. It was concluded that these units serve with a multidisciplinary team and ervices should be tailored to provide the most appropriate intervention through a multidisciplinary approach. The absence of suicide fatalities among individuals followed by the unit is a notable outcome.

Keywords: Crisis, Psychosocial Support Unit, Suicide Attempt.

[1]Dr., Manisa Mental Health and Diseases Hospital, Department of Psychiatry, Manisa, Türkiye, E-mail: ccengisiz@gmail.com, Orcid Id: 0000-0001-5552-8767

[2]Asst. Prof., Manisa Celal Bayar University, Faculty of Health Science, Department of Psychiatry Nursing, Manisa, Türkiye, E-mail: sevginehir78@gmail.com, Orcid Id: 0000-0003-1761-786X

Address of Correspondence/Yazışma Adresi: Sevgi Nehir, Manisa Celal Bayar University, Faculty of Health Sciences, Department of Psychiatric Nursing, Manisa, Türkiye, E-mail: sevginehir78@gmail.com.

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Öz:

Bu çalışma, bir bölge psikiyatri hastanesinde bulunan Krize Müdahale ve Psikososyal Destek Birimi'nin sağaltım hizmetlerinin etkinliğini değerlendirmeyi amaçlamaktadır. Çalışma, intihar girişimi sonrası bireylerin sosyodemografik özelliklerini, intihar yöntemlerini ve birim tarafından sağlanan hizmetlerin sonuçlarını incelemektedir. Bulgular, birimin multidisipliner yaklaşımının ve takip süreçlerinin intihar riskini azalttığını ve tedaviye uyumu artırdığını göstermektedir. Araştırma, tanımlayıcı ve retrospektif nitelikte bir araştırmadır. Çalışma Manisa Ruh Sağlığı ve Hastalıkları Hastanesi'nde 2021-2022 yılları arası Krize Müdahale ve Psikososyal Destek Birimine başvuran bireylerin dosyaları geriye dönük tarandı. Araştırmanın örneklemini 268 birey oluşturmuştur. Veri toplanmasında birey tanıtım formu kullanılmıştır. Formda, bireylerin sosyodemografik özellikleri, intihar girişimleri ile ilgili bilgiler yer almıştır. Verilerin değerlendirilmesinde ise sayı, yüzdelik ve ortalama testleri kullanıldı. Bireylerin yaş ortalaması 35.03±14.70 (min 11-max 76)'dır. Bireylerin %54.5'i erkek, %66.4'ü bekar, %53.0'ı ortaokul mezunu olduğu belirlendi. Bireylerin kendine zarar verici davranış özelliklerine bakıldığında ilk üç sırada; %41.4'ü ilaç içme, %16.0'ı ası ile kendini asma, %17.9'u kesici delici alet ile kendine zarar verdiği belirlendi. Bireylerin intihar girişim nedeni olarak sırasıyla; %24.6'sı ruhsal hastalık, %16.8'i aile içi iletişim ve %11.2'si ekonomik nedenler olduğu belirlendi. Krize müdahale ve psikososyal destek birimi sağlık bakanlığı hastanelerinde aktif olarak çalışmaya başlamıştır. Bu birimlerin multidispliner bir ekip ile hizmet veriyor olması servis kullanıcısı olan bireylerin bir çok disiplinden faydalanarak kendisi için en uygun müdahaleyi alması planlanmalıdır. Birimin takip ettiği bireylerde tamamlanmış intihar görülmemiş olması oldukça umut vericidir.

Anahtar Kelimeler: Kriz, Psikososyal Destek Birimi, İntihar Girişimi.

Introduction

Studies on suicide attempts in Turkey show that socioeconomic and cultural factors influence the risk of suicide. Tatlı and others (2020) reported that low education levels and unemployment increase suicide attempts in Ankara. Aslan and Deveci (2025) documented an increase in suicide attempts during the pandemic in Antalya, attributed to economic stress and social isolation. Sönmez and colleagues (2024) indicated that socioeconomic factors increased the risk of suicide in forensic psychiatry cases during the pandemic. Köse and others (2012) found that drug toxic substance use was common among women in Bursa. Taktak (2023) suggested that unknown reasons might be related to socio-cultural taboos. Van Bergen and colleagues (2021) reported that family pressure and gender roles trigger suicide attempts among young women (Tunçay and others, 2024). Ocakoğlu and others (2020) reported that low socioeconomic status and domestic violence are associated with suicide attempts in Batman. In the international literature, Kapur and others (2008) found that psychosocial assessments reduce suicide risk, and WHO (2014) emphasized the importance of rapid and coordinated interventions.

The World Health Organization (WHO) defines a suicide act as intentionally harming oneself with awareness of the purpose and with varying degrees of lethal intent. In our country, according to TÜİK data for 2023, a total of 4,061 people have lost their lives due to suicide. Of these individuals, 3,062 are men, and 999 are women (TÜİK, 2025). According to WHO data, many more people attempt suicide each year—about 703,000. Every suicide is a tragic event that affects families, communities, and entire countries, leaving long-lasting impacts on those left behind. Suicide occurs throughout a person's life, and most suicides happen in low- and middle-income countries (WHO, Suicide, 2023). Suicide attempts are more numerous than completed suicides and are the most significant risk factor for potential future suicides (Nock et al., 2013). The most common reason cited for suicide is economic hardship.

It requires adequate planning to ensure that individuals who attempt suicide receive an empathetic response at their first point of contact, a comprehensive psychosocial assessment, effective discharge planning, and rapid, close follow-up and coordinated care after discharge (Kapur et al., 2008; Lahoz et al., 2016; Large et al., 2016; Spittal et al., 2016; Lindgren et al., 2018; Miller et al., 2017; Shand et al., 2018; Hawton et al., 2016).

It has been found that individuals feel validated and can share their feelings when psychosocial care is completed. They are also less troubled and feel less lonely. Despite this, many patients do not receive psychosocial assessments. For patients who repeatedly seek care, a management plan should be developed in collaboration with hospital staff, primary care providers, and specialist caregivers (Kapur et al., 2008).

The Crisis Intervention and Psychosocial Support Unit was established in January 2021 at Manisa Mental Health and Disease Hospital. Information was provided to the central district of Manisa and all district health directorates of Manisa province. All individuals who attempted suicide in the Manisa center and districts were directed to our hospital's emergency department upon their request. These individuals can either apply themselves directly or be referred by emergency or specialty physicians. The unit is staffed with one psychiatry specialist, one child and adolescent psychiatry specialist, three psychologists, one nurse, two social service specialists, and one child development specialist. Support from other disciplines is also obtained based on the person's age and needs. A psychiatry specialist conducts the initial assessment of the referred individual. After the first consultation, the psychiatrist develops a treatment plan. Follow-up and records of the subsequent process are maintained by the nurse assigned to the unit. During the initial application, with the consent obtained, periodic calls are made to invite the individual to the unit and to remind them of their appointment. For those who do not attend follow-up, a phone call is made first to ask them to attend. For

individuals who still do not come despite calls, a letter is sent to the family and social services unit of the person's residence, requesting support.

The study was conducted to highlight the sociodemographic characteristics of individuals who attempted suicide, to guide crisis intervention and psychosocial support units in preventing suicide attempts, and in post-suicide rehabilitation programs.

Research Questions

1- How does the Crisis Intervention and Psychosocial Support Unit affect the survival rate of individuals after a suicide attempt?

2- What are the sociodemographic characteristics and methods of suicide among individuals who have attempted suicide?

3- Do the reasons for suicide attempts differ based on gender?

Materials and Methods

The research is a descriptive and retrospective study. In the study, the files of individuals who applied to the Crisis Intervention and Psychosocial Support Unit between 2021 and 2022 were retrospectively reviewed. The study population consisted of files for individuals who applied to the Crisis Intervention and Psychosocial Support Unit at Manisa Mental Health and Disease Hospital. In the research, the aim was to reach the entire population without selecting a sample. The study sample consisted of 268 individuals. Individual Introduction Form: For data collection, a form was used that included questions about the sociodemographic characteristics of the individuals (age, gender, education level, employment status, self-harm status, etc.).

Data Collection Process and Ethics

Before starting the research process, written permission was obtained from Manisa Mental Health and Diseases Hospital and Manisa Provincial Health Directorate. Approval for the research was also obtained from the Manisa Celal Bayar University Faculty of Medicine, Health Sciences Ethics Committee (21.12.2022 / 20.478.486 / 1611 number).

Statistical Analysis

The data were analyzed using SPSS for Windows 22.0 on a computer. Descriptive statistics, such as counts, percentages, and means, were used to evaluate the data. The relationship between the method of suicide attempt, the reason for the suicide attempt, gender, and education level was assessed using the chi-square test and Fisher's exact test.

Findings

The average age of individuals was 35.03±14.70 years (min 11 - max 76). It was determined that 53.0% of individuals were 35 years or younger, 54.5% were male, 66.4% were single, and 53.0% had a middle school education (Table 1).

Table 1. *Sociodemographic characteristics of individuals with suicide attempts (N=268) (2021-2022)*

Characteristic	n	%
Age group (35.03±14.70, Min:11, Maks:76)		
35 years and below	142	53.0
Above 35 years	126	47.0
Gender		
Female	122	45.5
Male	146	54.5
Marital status		
Married	90	33.6
Single	178	66.4
Educational status		
Illiterate	6	2.2
Literate	11	4.1
Secondary school	142	53.0
High school	90	33.6
University	19	7.1

49.6% of individuals applied to the emergency department, 83.6% were hospitalized in the clinic, and 43.7% had previously attempted suicide. Regarding self-harming behaviors, the top three were: 41.4% taking medication, 16.0% hanging themselves, and 17.9% harming themselves with a cutting or stabbing tool. The reasons for suicide attempts were identified as follows: 24.6% due to mental illness, 16.8% due to family communication issues, and 11.2% due to economic reasons. All individuals who applied (100%) were alive (Table 2).

Table 2. *Basic sociodemographic characteristics of individuals with suicide attempts (N=268) (2021–2022)*

Characteristic	n	%
Mode of admission		
Emergency department	133	49.6
Service	116	43.3
Outpatient clinic	19	7.1
Hospitalization status		
Yes	224	83.6
No	44	16.4
Previous suicide attempt		
Yes	117	43.7
No	151	56.3
Method of suicide attempt		
Drug/toxic substance	111	41.4
Hanging	43	16.0
Jumping into water/drowning	1	0.4
Sharp object	48	17.9
Firearm	10	3.7
Jumping under a vehicle	7	2.6
Jumping from a height	30	11.2
Unknown	18	6.7
Reason for suicide attempt		
Family communication problems	45	16.8
Domestic violence	7	2.6
Children	4	1.5
Parental conflict	17	6.3
Death/loss	7	2.6
Loneliness	26	9.7
Harassment	2	0.7
Communication problems	18	6.7
Rape	2	0.7
Sexual problems	1	0.4
Work-related problems	6	2.2
Homelessness	1	0.4
Economic problems	30	11.2
Developmental period problems	6	2.2
Exam anxiety	1	0.4
Alcohol and substance use disorder	17	6.3
Marital problems	4	1.5
Physical illness	6	2.2
Mental illness	66	24.6
Unknown	2	0.7
Presence of psychiatric diagnosis		
Yes	183	68.3
No	85	31.7
Psychiatric treatment in the last 6 months		
Yes	216	80.6
No	52	19.4
Harm to others		
Yes	39	14.6
No	229	85.4
Family history of suicide attempt		
Yes	26	9.7
No	242	90.3
Survival status		
Alive	268	100.0

The relationship between the method of suicide and gender was evaluated using Fisher's exact test, and it was found that women more frequently ingested toxic substances. At the same time, men more often hanged themselves, with this difference being statistically significant ($p<0.05$) (Table 3).

Table 3. *Gender distribution according to suicide method*

Suicide Method	Female	Male	χ^2	p*
Drug/toxic substance	59 (53.2%)	52 (46.8%)		
Hanging	12 (27.9%)	31 (72.1%)		
Jumping into water	1 (100%)	0 (0%)		
Sharp object	22 (45.8%)	26 (54.2%)	**17.235**	**0.016**
Firearm	1 (10.0%)	9 (90.0%)		
Jumping under a vehicle	4 (57.1%)	3 (42.9%)		
Jumping from a height	17 (56.7%)	13 (43.3%)		
Unknown	6 (33.3%)	12 (66.7%)		
Total	**122 (45.5%)**	**146 (54.5%)**		

**Fisher's exact test*

The relationship between the reason for suicide attempt and gender was also evaluated using Fisher's exact test, and it was found that family reasons were more common in women. At the same time, loneliness was a more common reason in men, with this difference being statistically significant ($p<0.05$) (Table 4).

Table 4. *Gender distribution according to the reason fort he suicide attempt*

Reason for Suicide Attempt	Female	Male	X^2	p*
Family	28(%62.2)	17(%37.8)		
Domestic violence	6(%85.7)	1(%14.3)		
Children	1(%25.0)	3(%75.0)	X^2:58.985	p=0.000
Parental conflict	12(%70.6)	5(%29.4)		
Death/loss	2(%28.6)	5(%71.4)		
Loneliness	6(%23.1)	20(%76.9)		
Harassment	2(%100.0)	0(%0)		
Communication problems	9(%50.0)	9(%50.0)		
Rape	1(%50.0)	1(%50.0)		
Unknown	1(%50.0)	1(%50.0)		
Sexual problems	1(%100)	0(%0)		
Work-related problems	0(%0)	6(%100.0)		
Homelessness	0(%0)	1(%100.0)		
Economic problems	3(%10.0)	27(%90.0)		

**Fisher's exact test*

The relationship between the method of suicide and education level was evaluated using Fisher's exact test. It was determined that individuals with less than a high school education are at higher risk compared to those with higher education, and this difference is statistically significant ($p<0.05$). When examining suicide methods according to education level, it was found that 58.6% of individuals with less than high school education used toxic substances, and 81.4% preferred hanging as a method ($p<0.05$). On the other hand, jumping from a height was more common among individuals with a high school education or higher, at a rate of 66.7%. These findings indicate that education level has a statistically significant effect on the choice of suicide methods (Fisher's exact test, $p<0.05$) (Table 5).

Table 5. *Educational level distribution according to suicide method*

Suicide Method	Below High School	High School and Above	X^2	p*
Drug/toxic substance	65(%58.6)	46(%41.4)		
Hanging	35(%81.4)	8(%18.6)		
Jumping into water	1(%100)	0(%0)		
Sharp object	24(%50.0)	24(%50.0)	X^2:23.026	p=0.001
Firearm	5(%50.0)	5(%50.0)		
Jumping under a vehicle	5(%71.4)	2(%28.6)		
Jumping from a height	10(%33.3)	20(%66.7)		
Unknown	14(%77.8)	4(%22.2)		
TOTAL	**159(%59.3)**	**109(%40.7)**		

**Fisher's exact testi*

Discussion

In this study, the files of individuals who applied to the Crisis Intervention and Psychosocial Support Unit of Manisa Mental Health and Diseases Hospital between 2021 and 2022 were examined through retrospective records.

In international comparisons, Kapur and others (2008) reported that psychosocial assessments reduce suicide risk, while Shand and others (2018) found that psychosocial support decreases feelings of loneliness. The WHO (2014) emphasized the importance of crisis intervention units' rapid intervention capacity. The study findings indicate that the unit at Manisa Mental Health and Diseases Hospital prevented completed suicide cases; however, the increase reported by Aslan and Deveci (2025) during the pandemic suggests that these units need to be expanded.

As a research finding, it was determined that the majority of individuals who attempt suicide are male. The literature reports that suicide attempts are more common in women than in men. This situation has been discussed as possibly related to societal expectations regarding gender roles, domestic violence, and women's inability to express their opinions in close relationships openly (Tüik, 2025; Rızalar and Öztürk, 2015; Wei et al., 2013; Tatlı et al., 2020; Keleş et al., 2023). In this study, unlike the literature, it may be related to women not seeking medical help after each suicide attempt. Due to the culture of our society, factors such as men bearing the burden of providing for the family, increased responsibilities, heightened stress levels, and the deterioration of close relationships due to problems may have led to a higher rate of suicide attempts among men compared to women. Additionally, women may be less aware of crisis intervention and psychosocial support units. Since men are more involved in working life, they may be more aware of the establishment and activities of these units.

The study found that the suicide attempt rate is higher among singles. Research indicates that being unmarried (for example, divorced, widowed, single) is associated with a higher risk of suicide compared to being married (Kyung-Sook et al., 2018; Balint et al., 2020). Living within a marriage provides social and economic support, and spouses can also protect each other from depression and encourage healthy lifestyles. Most findings suggest that the protective effect of marriage is more pronounced. Being together in a marital relationship and taking responsibility may nurture an individual's psychological resilience. The study's findings highlight the need for gender-sensitive interventions in suicide prevention strategies by addressing the different psychosocial and cultural factors influencing suicidal behaviors among men and women.

The study found that the rate of suicide attempts is higher among individuals with a lower level of education. In our country, when looking at the average rate of suicide attempts based on educational status, it has been determined that the rate increases as the level of education decreases (Tatlı et al., 2020). An increase in individuals' educational level may indicate cognitive maturity and better problem-solving skills. Similarly, educated individuals may find it easier to access professional support through help-seeking behavior.

The findings of the study also showed that the rate of suicide attempts is higher among unemployed individuals. Low socioeconomic status is a risk factor for suicide attempts. Unemployment may intensify suicidal thoughts as a result of the severe stress it causes to the individual. Socioeconomic hardships can increase the individual's stress levels and make existing psychiatric conditions more apparent.

The study found that the suicide rate is higher among individuals aged 35 and under, and it was determined that the rate of suicide attempts decreases with increasing age. Most of the suicide attempt cases occurred in the 18-65 age group, followed by the 15-18 age group, and the frequency of suicide attempts significantly decreased in those over 65 years old (Tatlı et al., 2020). This may be due to reduced peer relationships and economic problems experienced during youth as individuals age.

In this research, the most commonly used method for suicide attempts across all age groups was the ingestion of toxic substances or medications. This was followed by the use of cutting or piercing tools. Among those under 18, the second most common method was cutting or piercing tools, while in the 65+ group, hanging was the most common. Women are more likely to attempt suicide using medications or toxic substances compared to men (Tatlı et al., 2020). Other studies conducted in Turkey have also

shown that women have higher rates of suicide attempts involving medications or toxic substances than men (Tatlı et al., 2020). The reason for the higher incidence of suicide attempts with drugs or toxic substances may be the easy availability of these substances. In completed suicides, it has been observed that methods with a high risk of death, such as hanging and the use of firearms, are employed (Cengisiz et al., 2022). In suicide attempts, less fatal methods may be preferred. However, regardless of the method used, the attempt itself should be considered and interpreted as a cry for help. Every individual who presents with a suicide attempt should be listened to very carefully, and an appropriate psychotherapeutic intervention plan should be tailored specifically for that person. Hawton and colleagues (2015), in a study conducted in England, reported that low educational level is an important determinant in the preference for fatal methods such as hanging. The finding that 81.4% of individuals with less than a high school education used hanging supports this, while the dominance of toxic drug use at 58.6% may be related to the ease of access to such methods and cultural acceptability in Turkey. This presents a different local dynamic from Hawton et al.'s (2015) findings. Lorant and colleagues (2021) reported that socioeconomic inequalities influence the choice of suicide methods and that individuals with lower educational levels tend to opt for more lethal methods. The prevalence of hanging (81.4%) and toxic drug use (58.6%) among individuals with less than high school education supports this view, and the prominence of drug use may also reflect the socioeconomic conditions in Turkey and the ease of access to medications. Smith (2025) emphasized that low educational levels are associated with fatal outcomes among older individuals. However, the finding that drug and toxic substance use is dominant among individuals with an average age of 35.03 ± 14.70 differs from Smith's (2025) focus on the elderly population. This difference may stem from the sociocultural dynamics and disparities in access to support systems among the young and middle-aged populations in Turkey. Pistone and others (2019) reported that education-based interventions reduce the risk of suicide and that individuals with higher education levels may prefer less lethal methods (for example, jumping from a height). The study's finding that 66.7% of individuals with a high school education or higher used jumping from a height supports this. The finding that 100% of individuals survived supports the hypothesis that higher education levels encourage help-seeking behavior and increase the effectiveness of psychosocial support units.

In the study, when suicidal motivations were examined according to gender, family communication problems (62.2%) were prominent in women, while loneliness (76.9%) and economic issues (90.0%) were more prominent in men. Chu and others (2018) reported that relational stressors are more prevalent among women, whereas economic stress is more prevalent among men. While the research findings support this trend, the prominence of loneliness among men in Turkey may indicate that social isolation related to gender roles is a local issue. Shoib and others (2023) emphasized the strong link between loneliness and suicidal behavior, reporting that this situation particularly increases the risk in men. The 76.9% prevalence of loneliness among men in the study confirms this finding, and, unlike Chu and others' (2018) study, which focused on military populations, social support deficiency appears to be a more significant risk factor among civilian men in Turkey.

According to the study findings, among methods of suicide, the use of toxic drugs is the most common method at 41.4%; this is followed by the use of cutting or piercing tools at 17.9% and hanging oneself at 16.0%. Lorant and others (2021) reported that individuals with low socioeconomic status tend to use toxic drugs. While the dominance of this method supports this view, the fact that cutting or piercing tools rank second may be associated with seeking emotional expression. Chu and others (2018) noted that this method might be linked more to self-harm behavior rather than suicidal intent. Shoib and others (2023) suggested that loneliness could play an indirect role in the choice of suicide methods. The study's findings of 41.4% using toxic drugs and a 76.9% loneliness rate among men may support the relationship between the accessibility of this method and loneliness. This is a unique finding that highlights the impact of social isolation in Turkey on method preference. The absence of completed suicide cases and a 100% survival rate among individuals followed by the Manisa Mental Health and Disease Hospital's Crisis Intervention and Psychosocial Support Unit demonstrate the effectiveness of the unit. Pistone and others (2019) reported that psychosocial support units reduce suicide risk. Zalsman and others (2016) emphasized the importance of systematic prevention strategies, and Zalsman and others (2017) reported on the success of multidisciplinary task forces in Europe. The 83.6% hospitalization rate in the study aligns with this approach, but the limited prevalence of such structures nationwide in Turkey presents an opportunity to generalize from local success.

Zalsman and others (2017) emphasized the importance of long-term follow-up. While our retrospective design cannot fill this gap, the previous suicide attempt rate of 43.7% indicates a risk of recurrence. This may require focusing on secondary prevention strategies in Turkey, differing from Zalsman and others' (2017) prevention-oriented approach. Sociocultural dynamics shape suicide behaviors in Turkey. Economic problems (11.2%) and family communication issues (16.8%) emerged as significant motivators. Chu and others (2018) described economic stress as a dominant risk factor in men, with a prevalence of 90.0% supporting this finding. The 62.2% rate of family communication problems in women reflects the influence of gender roles. Shoib and others (2023) reported that relational stress could increase suicide risk in women. Zalsman and others (2017) highlighted that cultural context should be considered in prevention strategies. The economic and gender dynamics in Turkey differ from those in Zalsman and others' (2017) Europe-focused model, suggesting that interventions tailored to local culture are necessary.

The scarcity of scientific publications on psychosocial support and crisis intervention units in Turkey, as well as the lack of systematic data evaluating their effectiveness, is noteworthy. The presence of such units in only a limited number of hospitals nationwide makes it particularly difficult to access suicide prevention services, especially in rural areas and small provinces. In the future, there is a need for more local studies to expand these units, increase crisis intervention training for healthcare workers, and develop culturally appropriate intervention strategies. Prospective and multicenter studies are critical for assessing the long-term impacts and feasibility of these units.

Result
The Crisis Intervention and Psychosocial Support Unit has begun active work in the Ministry of Health hospitals. It follows up with individuals who have attempted suicide and provides psychosocial support. Regarding completed suicides, it is known that these individuals have previously attempted suicide multiple times using different methods or have had suicidal thoughts. It is important to have centers available for individuals with these tendencies to seek help. The mentioned units should operate in collaboration with a multidisciplinary team so that service users can benefit from various disciplines and receive the most appropriate intervention. It is very encouraging that no completed suicides have been observed among the individuals followed by the unit.

Declarations

Ethical Declaration
Written permission has been obtained from Manisa Mental Health and Diseases Hospital and Manisa Provincial Health Directorate before starting the research process. Approval has been obtained from the Manisa Celal Bayar University Faculty of Medicine, Health Sciences Ethics Committee (21.12.2022/20.478.486/1611 number) prior to data collection.

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Teşekkürler
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