



A Narrative Representation of Socio-cultural Identity Issues in Suicide Prevention

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Abstract

Suicide prevention is increasingly recognized as a multidimensional challenge shaped not only by psychiatric and clinical determinants, but also by socio-cultural contexts, community norms, identity factors, gender expectations, and structural inequalities. This narrative review synthesizes evidence from recent studies (2020–2025) focusing on socio-cultural issues relevant to suicide prevention. The included literature comprises qualitative inquiries, cross-sectional surveys, longitudinal analyses, community-based frameworks, and social media co-design interventions. Findings highlight the importance of social support, cultural scripts, masculinity norms, stigma, minority stress, socio-economic disadvantages, and media/social-media communication practices in influencing suicidal ideation and attempts. The review also identifies research gaps including over-reliance on qualitative and cross-sectional methods, limited youth-centered rural evidence, insufficient evaluation of psychiatric comorbidities, and a lack of robust studies focusing on socio-cultural identity issues. Recommendations include adopting trauma-informed co-production approaches, strengthening community participation, improving media reporting, and integrating social determinants into suicide risk documentation and prevention frameworks.

Keywords: *Suicide prevention, socio-cultural determinants, identity, stigma, masculinity, community-led prevention, social support, social media*

1. Introduction

Suicide remains a leading cause of preventable mortality worldwide, posing a major challenge for public health systems. While clinical risk factors such as depression and anxiety are well established, increasing attention has been given to the socio-cultural contexts in which suicidal thoughts and behaviours emerge. Socio-cultural factors shape how distress is experienced, communicated, and responded to, as well as how suicide itself is perceived within families, communities, and societies. Understanding these dimensions is essential for designing effective, culturally responsive suicide prevention strategies. In recent years, suicide prevention scholarship has increasingly examined socio-cultural dimensions such as social support, cultural scripts, masculinity, religious influences, exposure to others' suicidal behaviour, media portrayal, and community involvement. However, evidence remains fragmented across contexts and populations.

This narrative review aims to synthesize recent literature focusing on socio-cultural issues in suicide prevention. Specifically, it examines how social support, cultural norms, gender identities, media practices, social determinants of health, and community engagement influence suicidal ideation, attempts, and preventive efforts.

2. Methodology

A narrative review was adopted to provide an integrative and thematic synthesis of existing research. Studies published between 2020 and 2025 were included, encompassing qualitative, quantitative, and mixed-method designs. The reviewed literature covers diverse populations such as students, adolescents, rural communities, veterans, and general populations across multiple cultural contexts. Given the heterogeneity of methods and outcomes, a narrative synthesis was deemed appropriate to identify key patterns, themes, and research gaps.

3. Findings and Thematic Analysis

3.1 Social Support as a Protective Socio-Cultural Factor

Social support emerges as a consistent protective factor in suicide prevention. Hussein and Yousef (2024) examined perceived social support and suicidal ideation among university students, finding higher suicidal ideation among non-medical students, while medical students showed stronger perceived social support. This reinforces the protective role of social embeddedness and support networks in mitigating suicide-related risk.

However, an important limitation noted in this work is the lack of examination of psychiatric disorders such as depression and anxiety, suggesting that socio-cultural influences should be examined alongside clinical risk factors.

3.2 Socio-Cultural Identity, Gender Norms, and Heteronormativity

Martinez (2024) explored suicide attempts through the lens of gender heteronormativity and meaning-making processes. Findings suggest that suicide attempts can reflect both a wish to die and an expression of engagement with life contexts, particularly under frustration related to socially imposed identity expectations. This indicates that suicide attempts may also function as socio-cultural expressions shaped by oppressive gender expectations and social roles.

Similarly, Mitchell et al. (2025) highlighted disparities among minoritized groups (sexual minorities, gender minorities, and youth with disabilities), reporting significantly higher odds of suicidal ideation in these populations. These findings reflect how minority stress, discrimination, and structural inequities contribute to suicide risk.

The limited number of studies directly focusing on socio-cultural identity issues indicates a significant research gap.

3.3 Cultural Scripts, Social Context, and Suicide Diffusion

The socio-cultural environment may influence suicide through collective meanings and social exposure pathways. Abrutyn, Mueller, and Osborne (2020) examined how suicide clusters and diffusion can occur when high-status suicide deaths create generalized local meanings that normalize suicide as a culturally available response. This highlights how cultural scripts develop and spread through communities, especially under conditions of collective shock and social network influence.

Mitchell et al. (2025) further strengthens this theme by showing that exposure to others' suicidal thoughts is common and linked to individual suicidal ideation, particularly among vulnerable minoritized groups. Together, these studies emphasize the importance of social exposure, cultural meaning-making, and structural context in suicide prevention strategies.

3.4 Masculinity Norms and Suicide Risk

Khan et al. (2022) investigated masculinity and suicide, identifying themes such as provider role failure, relationship strain, loss of masculine self-esteem, sexual difficulties, and physical/mental illness. These findings demonstrate how hegemonic masculinity expectations may create pressures that reduce emotional expression and help-seeking, thereby increasing suicide risk.

This theme aligns with socio-cultural interpretations of suicide as influenced by gendered social roles and identity constructs. Yet, as the study was conducted within a specific rural setting, generalizability remains limited.

3.5 Socioeconomic and Structural Determinants

Fakhari et al. (2021) examined socioeconomic status (SES) and sociocultural status (SCS) as predictors in suicide attempts and deaths. Their longitudinal findings indicated decreasing suicide and attempt trends (2014–2018), suggesting that broader socio-structural shifts may influence risk outcomes over time. However, causal inference was limited due to non-controlled design.

Blosnich et al. (2020) provided additional evidence through EHR analysis, showing significant independent associations between social determinants of health (SDH) documentation and suicide morbidity. This underscores the importance of integrating structural and social risk indicators into health systems and suicide prevention planning.

3.6 Community, Religion, and Culturally Relevant Prevention

Ongeri et al. (2023) explored perspectives on suicidal behaviour and suicide prevention in Kenya and generated six recommendations:

- Increased counselling and social support
- Mental health awareness and skills training
- Restriction of suicide means
- Decriminalisation of suicide
- Economic and education empowerment
- Encouraging religion and spirituality

These findings show that socio-cultural and structural interventions beyond individual-level clinical approaches are critical to meaningful suicide prevention in community settings.

Similarly, Grattidge et al. (2025) emphasized rural youth suicide prevention through community involvement and collaboration across local networks (schools, families, health services, peer and community gatekeepers). A key insight is that adaptable and stigma-sensitive local planning is essential, but youth voices remain underrepresented.

3.7 Media and Social Media Communication in Suicide Prevention

Thorn et al. (2020) addressed prevention through social media by co-designing a suicide prevention campaign with youth. Participants reported improved confidence in safe communication and ability to support others. This reinforces that socio-cultural prevention strategies must evolve to match digital realities and youth communication spaces.

Both studies highlight that information environments (news and social media) play a major role in shaping suicide-related meanings, stigma, and behaviours.

3.8 Co-production and Lived Experience in Suicide Prevention Research

Krysinska et al. (2025) explored co-produced suicide research and identified persistent power imbalances, heterogeneity of lived experience, and the need for trauma-informed practices. Importantly, participants perceived strong value in co-production for improving research relevance and impact.

This supports the idea that socio-cultural sensitivity is not only a topic in suicide prevention research but also a requirement in how research itself is designed, conducted, and implemented.

4. Discussion

The evidence collectively emphasizes that suicide prevention must be situated within socio-cultural realities. Cultural scripts, gender norms, social support, identity marginalization, structural inequalities, and media environments shape suicide-related thoughts and behaviours. Most studies converge on the idea that prevention requires multi-layered strategies: individual, interpersonal, community, and structural.

However, several methodological patterns limit strong conclusions:

- Many studies are qualitative, offering depth but limited generalizability.
- Cross-sectional designs dominate, restricting causal inference.
- Youth perspectives of rural youth are often indirectly represented.
- Clinical variables with depression/anxiety are not consistently integrated into socio-cultural studies.

Despite limitations, the findings strongly support integrating socio-cultural frameworks into suicide prevention programming and policy.

5. Implications for Practice and Policy

Based on synthesized findings, the following implications are suggested:

1. Strengthen social support systems in educational and community settings.
2. Develop identity-affirming interventions for minoritized youth to reduce stigma and minority stress.
3. Design culturally grounded approaches addressing masculinity norms and help-seeking barriers.
4. Integrate Synchronous Digital Hierarchy documentation into healthcare systems to strengthen suicide risk identification.
5. Improve media guidelines enforcement, ensuring help resources and educational messaging.
6. Promote youth-friendly digital interventions using safe communication strategies like co-designed campaigns.
7. Expand co-production models, ensuring trauma-informed and equitable power-sharing methods.

6. Recommendations

Based on the findings, the following evidence-informed recommendations are proposed to strengthen suicide prevention efforts by integrating socio-cultural perspectives:

6.1 Strengthen social support systems in educational institutions

Universities and colleges should implement structured student support systems in peer mentoring, support groups, counselling access, gatekeeper training. Special attention must be given to non-medical students, who may report higher suicidal ideation despite lower perceived support.

6.2 Integrate socio-cultural assessment in suicide risk evaluation

Suicide risk screening should not focus only on psychiatric symptoms but also include:

- family conflict and interpersonal stressors
- cultural stigma and community norms
- social isolation and reduced connectedness
- identity-based stress in gender/sexuality discrimination

This ensures a more culturally competent and holistic assessment.

6.3 Implement gender-sensitive and identity-inclusive interventions

Programs must address gender heteronormativity, masculinity norms, and identity issues by:

- supporting flexible gender role expectations
- promoting inclusive mental health environments for LGBTQIA+ individuals
- reducing stigma around male help-seeking

6.4 Improve media reporting and enforce suicide reporting guidelines

Media outlets should strictly follow international suicide reporting protocols by:

- avoiding sensational language and graphic details
 - discouraging glorification of suicide
 - including helpline details and mental health resources
 - reporting responsibly on suicide attempts and prevention narratives
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6.5 Expand youth-led digital suicide prevention strategies

Co-designed interventions (social media campaigns, videos, short content, animations) should be expanded because they:

- improve safe online communication
 - support peer-to-peer help
 - strengthen awareness of warning signs and referral pathways
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6.6 Strengthen community-based prevention approaches in rural settings

Community-led suicide prevention programs should:

- involve schools, parents, teachers, youth leaders, religious leaders, and healthcare staff
 - reduce institutional silos
 - ensure adaptability based on rural cultural needs
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6.7 Address socioeconomic and structural determinants of suicide risk

Policy-level changes must target:

- unemployment, financial stress and poverty
- housing insecurity
- reduced access to mental health services

Healthcare systems should integrate community partnerships for referral and support networks.

6.8 Promote co-production with lived experience in suicide research and programs

Research and prevention programs should include individuals with lived experience as equal partners through:

- trauma-informed safety measures
- power-sharing structures
- training for both researchers and participants

- ethical recognition and support

6.9 Increase longitudinal and intervention-based research

Future research should prioritize:

- longitudinal studies to establish causal links
- community intervention trials
- multi-site research to increase generalizability
- under-studied socio-cultural identity issues across regions

7. Research Gaps and Future Directions

The review identifies several gaps requiring urgent scholarly attention:

- Limited studies on socio-cultural identity issues in suicide prevention.
- Need for longitudinal and mixed-methods research.
- Better integration of psychiatric risk variables with socio-cultural determinants.
- Inclusion of youth voices, especially in rural and underserved communities.
- Evaluation studies testing effectiveness of community-led and culturally tailored interventions.

8. Conclusion

Socio-cultural issues play a central role in shaping suicide risk and prevention. Evidence from 2020–2025 demonstrates that social support, gender norms, minority identity stressors, community collaboration, media environments, and structural determinants are crucial in understanding and preventing suicide. Suicide prevention programs must move beyond individual-focused clinical models to integrate socio-cultural and community-informed perspectives. Future research should strengthen methodological rigor and explicitly address identity-focused socio-cultural determinants to build more inclusive and effective suicide prevention strategies.

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