International Society of Psychiatric-Mental Health Nurses

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Caring for Our Own:
Promoting Mental Health and Preventing Suicide Among Nursing Professionals

A Statement of The International Society of Psychiatric-Mental Health Nurses (ISPN)

This position statement aligns with the mission of the International Society of Psychiatric-Mental Health Nurses (ISPN) – to support advanced practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide. In this statement, ISPN aims to highlight the increasing problem of suicide among nursing professionals; the efforts of research and evidence-based interventions to reduce the risk of suicide among nursing professionals; and to provide recommendations for action based on the current state of the evidence.

Background

Nursing professionals comprise the largest segment of the healthcare workforce, with nearly 5 million nurses across the United States alone (National Council of State Boards of Nursing [NCSBN], 2024; Smiley et al., 2023). Furthermore, nurses have consistently been ranked among the most trusted professions for the last two decades (Gallup, 2025). Nonetheless, stressful work environments, occupational bullying, and workplace cultures unsupportive of personal well-being have led to a mental health crisis among nurses (Melnyk et al., 2021). Following the COVID-19 pandemic, a variety of studies over the past five years have examined mental health among nurses, highlighting that burnout and compassion fatigue contribute to adverse mental health outcomes, for which nurses are at risk (Kameg et al., 2021; Sampaio et al., 2020). A recent systematic review and meta-analysis highlighted that as many as 30% of nurses experience depression, 20% experience posttraumatic stress disorder, and 40% experience insomnia (Varghese et al., 2021). Occupational stressors, substance use, and both mental and physical health problems are associated with an increased risk for suicide among nurses (Choflet et al., 2021).

Suicide is more common among nurses relative to the general population and other healthcare professionals. For example, the suicide rate among nurses is 23.8 per 100,000 persons compared to 20.1 per 100,000 persons for the general population (Davis et al., 2021). Further, nurses have 18% and 17% increased odds of dying by suicide relative to the general population and physicians, respectively (Davis et al., 2021). Other studies have suggested that nurses are at a 64% increased risk for suicide relative to non-healthcare workers (Olfson et al.,

2023). Available epidemiological data demonstrate nurses worldwide are at a higher risk of death from suicide than the general population (Kreuze et al., 2025). A recent systematic review of suicide, self-harm, and suicidal ideation in nurses and midwives found that nurses, particularly women nurses, are at increased risk for suicide, particularly via self-poisoning (Groves et al., 2023). Expectations of incredible resilience within the context of extreme stress, pressure and repeated exposure to traumatic situations in the caregiving role, along with fears of judgment, lack of confidentiality or negative impact on career for seeking health care all combine to increase the risk of suicide for nurses (Groves, Hawton, & Lascelles, 2025). Other research has also found that nurses are more likely to die from self-poisoning and less likely to use a firearm relative to the general population (Davis et al., 2021). Given these alarming rates of suicide, academic institutions, healthcare systems, and professional organizations must address the high rates of suicide among nurses, ultimately "caring for our own."

In 2021, legislation was enacted to address the mental health of nurses. The American Rescue Plan Act of 2021 authorized over $3 billion to support improved mental health care and increased access to mental health services, with an allocation of $60 million to support and promote the mental health of healthcare professionals (Lee & Friese, 2021). Subsequently, the Dr. Lorna Breen Health Care Provider Act of 2022 (Lorna Breen Act) established grants and required other activities to improve mental health among health care providers, including the development of policy recommendations on improving mental health among health care providers, removing barriers to accessing care and treatment, and identifying strategies to promote resiliency (Sindhu & Adashi, 2022). Subsequently, the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act was introduced to the United States House of Representatives in 2025, although this remains pending. Since its initial enactment, the Lorna Breen Act has allocated over $100 million to over 40 different organizations to facilitate evidence-based interventions aimed at reducing the risk of suicide, mental health problems, and substance use disorders among healthcare workers. It also funded the Impact Wellbeing™ initiative, a National Institute for Occupational Safety and Health (NIOSH) program that provides hospital administrators with evidence-based strategies to mitigate healthcare worker burnout, maintain workplace wellbeing, and foster an environment where nurses can flourish. Given recent changes in Department of Health and Human Services funding priorities, additional funding for nurse suicide prevention might be limited. However, systems should be cognizant of implementing cost-effective strategies to address this critical issue.

Organizational programs that address suicide among healthcare professionals have demonstrated efficacy. For example, the Healer Education, Assessment, and Referral (HEAR) program, initially developed at the University of California, San Diego, has been expanded to over 60 other institutions nationally. The HEAR program is a multi-pronged intervention that includes didactic content addressing burnout, depression, and suicide prevention, followed by an encrypted, confidential, anonymous Web-based screening and assessment that is sent to healthcare providers to proactively identify and refer individuals at risk for depression and suicide (Davidson et al., 2018). The American Nurses Association's Healthy Nurse, Healthy Nation (HNHN) initiative also aims to enhance mental wellness among nurses, and evidence suggests that participation in the HNHN program improves health-related

quality of life (Pignatiello et al., 2023). Additionally, in 2024, the American Nurses Credentialing Center (ANCC) launched a new credential, Well-Being Excellence ™, designed to assess and enhance well-being programs within healthcare organizations and settings that employ nurses (ANCC, 2024). Programs that allow for identification and referral within the healthcare institution can be developed and modeled to reduce the risk of suicide among nurses and other healthcare professionals. Additionally, providing suicide prevention training for nursing leaders helps build knowledge and preparation to support at-risk team members (James et al., 2025).

Prevention Strategies and Recommendations

ISPN recommends the following strategies to alleviate the burden of suicide among nursing professionals:

Policy Recommendations

- Evidence suggests that nurse suicide is a public health burden. However, there is limited data surrounding both risk and protective factors for nurse suicide. We suggest mechanisms that improve research on the increase in nurse suicide, specifically data collection and surveillance, and protective factors. Additional federal funding is needed to support this research.
- Licensure reform and standardization are needed across the profession. Some state boards of nursing continue to require nurses to disclose their mental health history during initial licensure and upon renewal. This is not only stigmatizing but also discourages nurses from seeking mental health treatment for fear of subsequent licensure issues. Additionally, some credentialing bodies require advanced practice nurses to disclose their mental health history.
- There is a need to promote workplace wellbeing standardization. Healthcare organizations should be required to adopt evidence-based resilience in wellness programs, such as the HEAR or HNHN programs, as part of accreditation standards. Programs should include methods for early screening and subsequent referral of mental health problems and suicide risk among nurses.
- There is an additional need for crisis and peer support infrastructure among nurses. To date, there are no support hotlines tailored to healthcare workers. Additionally, peer support and post-incident debriefings should be readily available within workplaces.

Clinical and Organizational Recommendations

- Regular, confidential mental health screenings can be conducted within the context of confidential occupational health services.
- Mental health services should be accessible within the workplace. Organizations should consider offering on-site or virtual counseling services to nurses. Additionally, employers should ensure that therapy and mental health care coverage are available through employer-sponsored insurance plans.
- Nursing leaders should be trained in psychological safety to promote a culture of wellness and encourage help-seeking behaviors among individuals in need of mental health services.

- Suicide prevention education, inclusive of the increasing risk for nurses, should be a mandatory component of prelicensure education and a component of continuing education. The American Association of Colleges of Nursing (AACN) Essentials highlight entry-level competencies that involve nurses demonstrating healthy self-care behaviors, in addition to promoting wellness and resilience. Thus, academic institutions must foster a culture of well-being at the inception of nursing education, and well-being and self-care must be integrated within workplace cultures and philosophies.

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