

Review Paper

Exploring the Protective Role of Sense of Coherence in Suicide Prevention: A Systematic Literature Review of Evidence across Different Population Groups

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ABSTRACT

Suicide is a major societal problem/challenge influenced by multiple (social, psychological, biological, and environmental) factors, and is emerging as a serious societal concern in India. The present Systematic Literature Review (SLR) aimed to understand the relationship between Sense of Coherence (SOC) and suicide-related outcomes, particularly suicidal ideation (SI), suicidal tendency, and suicidal behavior (SB). The study was conducted by following PRISMA and PICO guidelines, and a systematic search of relevant studies was carried out through the Web of Science, Scopus, and PubMed databases. After applying the inclusion and exclusion criteria, nine studies were finally included in the review. The analysis of the selected studies revealed that high SOC was negatively associated with SI, psychological distress, Post-Traumatic Stress Disorder (PTSD), stress, insomnia, and other related risk factors, whereas it showed a positive association with mental health, psychological resilience, adjustment capacity, and social connectedness. In addition, social support, connectedness, and a positive family environment emerged as important factors in strengthening SOC. The findings of the review indicate that SOC is an important protective psychological factor that reduces suicide risk and should be given priority in suicide prevention policies, mental health interventions, and institution-based programs in educational settings.

Keywords: *Sense of Coherence (SOC), Suicide, Suicidal Ideation, Suicide Risk, Mental Health, Psychological Resilience, Social Support*

Although suicide is preventable, it remains a serious societal problem worldwide and continues to be a major mental health challenge influenced by biological, psychological, social, and environmental factors (Gupta & Pandey, 2014; Turecki & Brent, 2016). It is continuously affecting not only individuals but also the overall balance of families, communities, and society (Centers for Disease Control and Prevention (CDC), 2025; Klonsky et al., 2016; World Health Organization (WHO), 2025). According to the WHO (2026), more than 800,000 people lose their lives due to suicide every year across the

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world; in other words, approximately one person dies by suicide every 40 seconds. It is one of the leading causes of death particularly among young people, and it has also been observed to be among the top causes of death in the 15-29 years age group (WHO, 2026). In addition, approximately one out of every 100 deaths is due to suicide, which reflects the widespread nature and seriousness of this problem (WHO, 2023). If we talk about India, the situation of suicide is highly alarming in the country; moreover, it has emerged as a rapidly increasing social and mental health challenge for people (WHO, 2026). According to the latest report of the National Crime Records Bureau, “Accidental Deaths and Suicides in India,” 170,746 suicides were recorded in India in the year 2024 (Ramamurthy, 2026).

It is also important to note that the actual number of suicides may often be higher than official reports because, in many cases, the causes of death are recorded under the categories of “unknown” or “undetermined,” which creates the possibility of under-reporting of suicide cases (ICD10data, 2026; Tøllefsen et al., 2012). Thus, understanding suicide is not only a medical or psychological challenge but also a complex socio-psychological problem in which biological (Brådvik, 2018), social and psychological (Gupta & Pandey, 2014), and economic factors (Mathieu et al., 2022) have a combined influence. According to the WHO mortality database, some deaths in the world are recorded under “unknown causes” (American Academy of Professional Coders, 2026; ICD-10: R95-R99; Ylijoki-Sørensen et al., 2014). In addition, many deaths are recorded under the categories of “undetermined intent” (Y10-Y34) or accidents (ICD10data, 2026); in public health research, these are referred to as ill-defined deaths or garbage codes (Wengler et al., 2021). Therefore, the available data do not present the complete picture of the actual situation of suicide, and this remains a significant challenge for suicide prevention policies at the global level.

Suicide-related behaviors include SI, suicide attempts, and non-suicidal self-injury, which are interrelated and increase the risk of suicide (Turner et al., 2019). The findings of a study conducted on 6,483 adolescents (13-18 years) indicate that SI increases the likelihood of suicide attempts, while suicide attempts further increase the future risk of suicide (Nock et al., 2013). A systematic review conducted in the United States (86 articles, 56 unique studies) found that SI refers to thoughts related to death or being dead, which are not necessarily associated with any explicit suicide plan or intent (O’Connor et al., 2013). Since SI is considered an early stage of the suicidal process, understanding its risk and protective factors is extremely important for suicide prevention (Abisror et al., 2026).

SOC as a Protective Factor for Mental Health and Well-Being

Mental health is an important foundation for the overall development, emotional balance, and well-being of an individual; various studies have shown that better mental health is associated with positive life outcomes, better adjustment capacity, and higher achievement (Maurya et al., 2026; Maurya & Maurya, 2025; Maurya & Singh, 2024a; Maurya & Singh, 2024b; Maurya & Singh, 2024c;). On the other hand, stress, anxiety, depression (Maurya, Maurya & Sahu, 2025), domestic violence, and other psychosocial challenges can affect mental health and increase the risk of suicidal thoughts and behaviors (Maurya, Baranwal, et al., 2025). In this context, SOC has been considered an important protective psychological factor; the findings of the review study conducted by Gupta and Pandey (2014) indicate that SOC enhances individuals’ ability to cope effectively with challenges and plays an important role in maintaining mental health and psychological balance. Therefore, it is necessary to review previous studies in order to understand the role of SOC in the context of suicidal thoughts and behaviors. In suicide-related research, emphasis is placed not only on

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the identification of risk factors but also on the identification of protective psychological factors; among these protective factors, SOC has emerged as an important concept (Gupta & Pandey, 2014), which was introduced by Antonovsky under his Salutogenic Model. SOC reflects the extent to which individuals perceive life circumstances as comprehensible, manageable, and meaningful. According to Antonovsky (1979, 1985, 1987, 1993), individuals with a strong SOC cope more effectively with stressful situations and have a comparatively lower risk of mental health problems (MHP). Similarly, Eriksson and Lindström (2006) and Super et al. (2016) also found that a high SOC is associated with better mental health, adjustment capacity, and life satisfaction.

SOC and Suicide Risk

The findings of the study by Gupta and Pandey (2014) indicate that SOC also plays an important role in reducing suicidal thoughts and behaviors. Palmu and Partonen (2023), in a study conducted on the general adult population of Finland, found that a strong SOC acts as an important protective factor against SI, whereas negative social attitudes and cynical hostility increase the risk of SI. Similarly, Kim and Ko (2020), in a study conducted on South Korean adolescents, found that both social support and SOC play an important role in reducing SI. Their study also revealed that the effect of low socioeconomic status on SI occurs through social support and SOC. Suicide bereavement has also been identified as an important determinant of SI and MHP. A systematic review by Andriessen et al. (2016) found that adolescents who lost a close relative due to suicide had a higher risk of depression, anxiety, PTSD, and SI. In the same direction, Andriessen et al. (2022) found that a safe, empathetic, and accepting social environment is highly supportive in the mental health recovery of suicide-bereaved adolescents. These studies clearly indicate that social support plays an important role in reducing the negative psychological effects of bereavement. Further clarifying the relationship between suicide bereavement and mental health, Silvén Hagström et al. (2025) found high levels of clinically significant post-traumatic stress among children, adolescents, and guardians who had lost a parent due to suicide. The study also found that the level of SOC in these groups was lower than that of the general population. This finding suggests that suicide-related bereavement is not limited to emotional suffering alone, but may also lead to long-term psychological difficulties and stress reactions. Various studies have highlighted the relationship between PTSD and SI; Arnberg et al. (2014) confirmed the reliability and validity of Swedish measures used for the assessment of PTSD and indicated that the identification of PTSD symptoms is important for understanding mental health risks. Symptoms such as PTSD, anxiety, and depression have been found to be associated with an increased risk of SI, particularly among individuals who have experienced severe trauma or bereavement. In addition, other studies have also supported the relationship between mental health, SI, and SOC. Koljahi et al. (2025) found that adolescents with ADHD and Non-Suicidal Self-Injury (NSSI) had lower levels of SOC and Self-Efficacy compared to normal adolescents. Similarly, Drum et al. (2016) concluded that connectedness, the ability to seek help, and positive coping strategies are helpful in reducing suicide risk. These findings indicate that the protection of mental health depends not only on reducing risk factors but also on strengthening individuals' psychological resources and social support systems. In the same sequence, Maurya et al. (2025b) found that protective factors such as self-compassion and self-acceptance are important protective factors that reduce suicidal tendencies and help individuals cope better with psychological distress.

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Although sufficient research is available on the relationship between SOC and mental health, studies in the context of suicide-related outcomes (particularly SI and SB) are limited and scattered; especially among high-risk groups such as adolescents, students, and youth, the protective role of SOC has not been sufficiently analyzed in an integrated manner. Therefore, a Systematic Literature Review (SLR) of the available evidence appears necessary to clarify the relationship between SOC and suicide-related outcomes.

Rationale

For a long time, research on understanding suicide has mainly focused on risk factors such as depression, anxiety, substance abuse, economic difficulties, and social isolation. Although the identification of these factors is highly important, focusing only on risk factors leaves suicide prevention strategies incomplete. For effective prevention, it is also necessary to understand which psychological factors protect individuals even in crisis situations. For this reason, in recent years researchers have increasingly focused on protective psychological factors. Among these protective factors, SOC has emerged as an important concept. According to Antonovsky (1979, 1985, 1987), SOC reflects an individual's life orientation and ability to cope with stress. Individuals with high SOC are better able to understand, manage, and find meaning in difficult life situations (Antonovsky, 1985). Various studies have found that high SOC is associated with better mental health, lower psychological distress, and greater adjustment capacity, due to which it is considered an important protective factor (Baschab et al., 2026; Gupta & Pandey, 2014; Schäfer et al., 2023). Similarly, the systematic review by da-Silva-Domingues et al. (2022) also found that high SOC promotes healthy behaviors and acts as an important protective factor against risky behaviors. In recent years, studies conducted in different countries and population groups, particularly among students and youth, have indicated a negative relationship between SOC and SI (Kim & Ko, 2020; Palmu & Partonen, 2023). However, the available research on this topic is scattered across different contexts, age groups, and study designs. At present, there is no clear integrated conclusion that comprehensively presents the role of SOC in the context of SI. Therefore, an SLR is necessary to systematically analyze and synthesize the available evidence in order to understand more clearly the relationship between SOC and SI.

Objectives

The main objective of this SLR is to comprehensively understand the relationship between SOC and suicide-related outcomes based on the available scientific literature. For this purpose, the following research questions were formulated: (1) Is there a relationship between SOC and suicide-related outcomes? (2) Does high SOC act as a protective factor against suicide-related outcomes? and (3) What do the available findings indicate regarding the effect of SOC on suicide-related outcomes across different population groups?

METHODOLOGY

Study Design

This study was conducted as a Systematic Literature Review (SLR) by following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Page et al. (2021) and Population, Indicator, Comparison, Outcomes (PICO) framework, while adopting a narrative synthesis approach.

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PICO Framework

Before initiating the SLR process, the PICO framework was adopted to provide a standardized structure to the study, and the key elements related to the research were clearly defined so that the entire process of search strategy, study selection, and analysis could be conducted in a systematic and scientific manner. The PICO question was formulated as follows: Among individuals, how does high SOC, compared to low SOC, affect suicide-related outcomes (such as suicide ideation, suicidal risks, and suicidality behavior)? Accordingly, under the Outcomes component of the study, it was hypothesized that “individuals with a higher level of SOC are likely to show comparatively lower tendencies toward suicide-related thoughts, risks, and behaviors.” This framework served as the foundation for the entire SLR and helped to clearly define the direction of the study and the selection criteria.

Search Strategy

In the present study, the SLR was carried out by including the Web of Science (database 1), Scopus (database 2), and PubMed (database 3) databases, through which a systematic search of relevant research articles was conducted. For the search process, the databases were accessed through Google Chrome, and records were identified by searching the search string (keywords determined for searching across all databases): (“Sense of Coherence” AND “Suicide” OR “Suicidal” OR “Suicidality”).

Inclusion and Exclusion Criteria

In the present study, journal articles published in the English language between 2015 and 14 April 2026, quantitative, qualitative, and mixed-method studies, studies containing the terms SOC, Suicide, Suicidal, and Suicidality, studies based on human participants, and studies with full-text availability were included. In addition, studies published before 2015, studies that did not include the terms SOC, Suicide, Suicidal, and Suicidality, duplicate records, and studies without full-text availability were excluded from the present study.

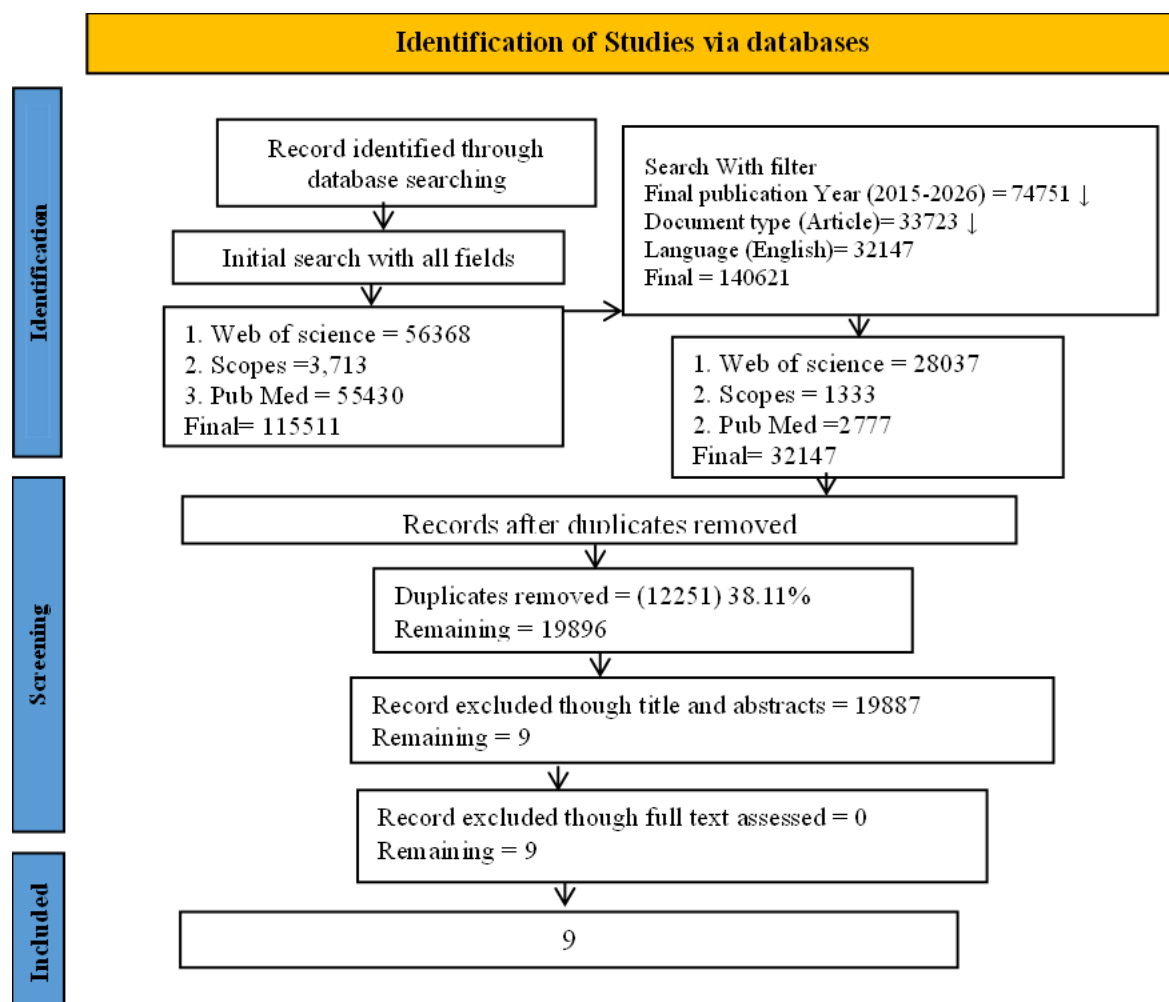
PRISMA

The PRISMA flowchart for the present study is depicted in Figure 1, which clearly explains the manner in which the study selection process was carried out.

In the study, three stages were followed according to PRISMA (Identification; Screening; Included). First, we identified research records through different databases (Web of Science, Scopus, and PubMed). We identified 56,368 records from Web of Science, 55,430 from PubMed, and 3,713 from Scopus. However, these records were obtained without applying any filters. When we applied the predefined filters in each database (Final Publication Year; Document Type: Article; Language: English), we obtained 28,037 records from Web of Science, 1,333 from Scopus, and 2,777 from PubMed. After this, we screened all retrieved records (32,147) and removed 12,251 duplicate records. On the remaining records (19,896), we carefully applied the inclusion and exclusion criteria. Finally, we found $n = 9$ studies suitable for the study and included them in the present review.

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Figure 1 PRISMA Flowchart



Characteristics of included studies

In the present study, the finally selected studies that fulfilled the criteria were examined in depth, and their information, such as Title, Author, Year, Journal, Methodology, Tools, Variables, and Findings, was compiled and presented in Table 1.

Table 1 Characteristics of included studies

Title, Author, Year, Journal,	Methodology	Tools	Variables	Findings
“Abisror, A. M., Shelef, L., Nir, I., Guiora, A., & Antonovsky, A. (2026). Unit social support, sense of coherence, PTSD, and suicidal ideation in Israeli Defense Forces Soldiers. <i>Crisis: The Journal of Crisis Intervention</i>	Study Design: Cross-sectional quantitative study; Study Settings: Israeli Defense Forces soldiers, Israel Population: soldiers Sample: 140	DRRI-2 (Unit Social Support), PCL-5, (Beck Suicide Ideation Scale- SIS), SOC-13	Suicide Ideation, Unit social support, PTSD symptoms and SOC	‘Higher SOC was significantly connected with lower PTSD symptoms with $r = -.58, p < .001$; and lower SI with $r = -.35, p < .001$. SOC was also positively associated with unit social support with $r = .44, p < .001$. Although SOC partially mediated the relationship between social support and SI (indirect effect = $-0.14, 95\% \text{ CI } [-$

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Title, Author, Year, Journal,	Methodology	Tools	Variables	Findings
<i>and Suicide Prevention”</i>				0.23, -0.07]), PTSD showed a stronger mediating effect (indirect effect = -0.20, 95% CI [-0.32, -0.08]). Overall, stronger SOC was associated with fewer suicidal thoughts’.
“Dağdelen, D., Özkan, F., & Uzdil, N. (2025). Sense of coherence as a mediator in the relationship between belonging and suicide tendency in nursing students. <i>Archives of Psychiatric Nursing</i> ”	Study Design: Descriptive and correlational study Study Settings: Central Anatolia Region, Türkiye Faculty of Health Sciences Population: nursing students Sample: 1033	SOC scale, Characteristics Form, Suicide tendency subscale and Belonging scale	SOC, Belonging, suicide tendency	‘SOC was positively associated with belonging ($r = .365$, $p < .05$) and negatively linked with suicide tendency ($r = -.537$, $p < .05$) among nursing students. Belonging was also negatively related to suicide tendency ($r = -.485$, $p < .05$). Path analysis showed that belonging positively predicted SOC ($\beta = .241$, $p < .001$), while both belonging ($\beta = -.242$, $p < .001$) and SOC ($\beta = -.454$, $p < .001$) were connected with lower suicide tendency. Moreover, SOC significantly mediated the relationship between belonging and suicide tendency (indirect effect = $-.110$, 95% CI did not include zero). Overall, stronger SOC and a greater sense of belonging were associated with reduced suicide tendency among nursing students’.
“Drum, D. J., Brownson, C., Hess, E. A., Burton Denmark, A., & Talley, A. E. (2017). College students’ sense of coherence and connectedness as predictors of suicidal thoughts and behaviors. <i>Archives of Suicide Research</i> ”	Study Design: Quantitative archival survey study using Structural Equation Modeling (SEM) with Factor Analysis including (Exploratory Factor analysis) Study Settings: Universities and colleges, US Population: undergraduate and graduate students Sample: 26,742	Large-scale student survey; measures of SOC, Connectedness, distress, vulnerabilities, and suicidal thoughts and behaviors	SOC, Connectedness, distress, pre-existing vulnerabilities, suicidal thoughts and behaviors	‘SOC was significantly and negatively associated with suicidality ($\beta = -.317$, $p < .001$), indicating that persons with stronger SOC were less susceptible to suicidal risk. Additionally, connectedness was also negatively related to suicidality ($\beta = -.038$, $p < .05$)’.

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Title, Author, Year, Journal,	Methodology	Tools	Variables	Findings
	(latent moderated structural analyses= 10,426)			
“Koljahi, L. A., Erdi, S. M., Amini, Z., Nazaari, Y., & Najafi, F. (2025). Comparing Sense of Coherence, Self-Efficacy, and Character Strengths among Adolescents with ADHD and Non-Suicidal Self-Injury. <i>International Journal of Body, Mind & Culture</i> ”	Study Design: Causal-comparative study Study Settings: counseling and psychology clinics in Tehran, Iran Population: Adolescents Sample: 72	SOC Scale (SOC-29), General Self-Efficacy Scale, VIA Character Strengths Inventory	SOC, self-efficacy, character strengths, ADHD, Non-suicidal self-injury (NSSI)	‘Adolescents with Hyperactivity/ADHD and NSSI had significantly lower SOC than controls ($p < .001$). SOC was highest in the control group ($M = 96.54$) and lowest in the Hyperactive group ($M = 84.33$), while the NSSI group showed the lowest self-efficacy. These findings suggest that low SOC and self-efficacy are associated with greater psychological vulnerability and self-injurious behaviors, whereas strengthening SOC, self-efficacy and social-emotional skills may enhance resilience and reduce such behaviors’.
“Kronström, K., Multimäki, P., Ristkari, T., Parkkola, K., Sillanmäki, L., & Sourander, A. (2021). Ten-year changes in the psychosocial well-being, psychopathology, substance use, suicidality, bullying, and sense of coherence of 18-year-old males: A Finnish population-based time-trend study. <i>European child & adolescent psychiatry</i> ”	Study Design: cross-sectional comparative design (logistic regression analysis) Study Settings: Military call-up assessment centers, Finland Population: Varsinais-Suomi (south west), Helsinki (south), North Karelia (east) and Lapland (north). Sample: 1999 ($n = 2340$), 2009 ($n = 4309$)	Young Adult Self-Report (YASR) and Orientation to Life Questionnaire (SOC-13)	Psychosocial well-being, psychopathology, substance use, suicidality, bullying, and SOC	‘In a 10-year study of 18-year-old Finnish males, the prevalence of suicidal thoughts decreased from 5.7% to 3.7% ($OR = 0.6$, 95% $CI = 0.5-0.8$). Similarly, the prevalence of illicit drug use declined from 6.0% to 4.7%, and minor MHP decreased from 22.3% to 18.6%. In contrast, attention problems increased ($M = 2.9$ to 3.2 , $p < .001$) and somatic complaints also rose ($M = 1.7$ to 1.9 , $p = .005$). Notably, SOC (SOC-13) remained stable throughout the study period, indicating resilience and psychosocial stability among young men. Overall, despite social and economic changes, suicidal thoughts and some MHP declined, while SOC remained a stable protective resource over time’.
“Palmu, R., & Partonen, T. (2023). Cynical	Study Design: Cross-sectional population-	8-item Cook-Medley	Cynical hostility, SOC, current suicidal thoughts	Lower SOC and higher cynical hostility were significantly associated with

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Title, Author, Year, Journal,	Methodology	Tools	Variables	Findings
hostility increases whereas sense of coherence decreases the odds for current suicidal thoughts: A cross-sectional study of the general adult population sample. <i>Health science reports</i>	based study Study Settings: general population Finland Population: Adults Sample: 4,387	Hostility Scale, 13-item SOC Scale, 25-item Hopkins Symptom Checklist		suicidal thoughts ($p < .001$). SI was particularly linked to distrustful beliefs, such as “It is better not to trust anyone.”
“Silvén Hagström, A., Forinder, U., & Hovén, E. (2025). Losing a parent to suicide: Posttraumatic stress, sense of coherence and family functioning in children, adolescents and remaining parents before attending a grief support program. <i>Death studies</i> ”	Study Design: Cross-sectional Study Study Settings: Sweden Population: Children, adolescents and parents Sample: (children = 22), (adolescents = 18) and (parents = 40)	CRIES-13 (Children’s Revised Impact of Event Scale), SOC Scale, SCORE-15 (Family Functioning Scale)	Posttraumatic stress, SOC, family functioning after parental suicide	Clinically significant post-traumatic stress (PTS) symptoms were present in (36%) of children, (65%) of adolescents, and (37%) of parents bereaved by parental suicide. SOC was significantly lower than normative values among children ($M = 42.4$), adolescents ($M = 55.4$), and parents ($M = 57.4$). Lower SOC was strongly associated with higher PTS symptoms and poorer family functioning, with significant negative correlations observed among adolescents ($r = -0.57, p = .017$) and parents ($r = -0.70, p < .001$). Notably, 75% of adolescents and 59% of parents with low SOC reported clinically significant PTS symptoms. Overall, the findings indicate that SOC serves as an important protective factor, and underscore the need for targeted, family-based grief support interventions, particularly for adolescents affected by parental suicide.
“Muroi, K., Ishitsuka, M., Hori, D., Doki, S., Ikeda, T., Takahashi, T., Sasahara, S., & Matsuzaki, I. (2023). A high sense of coherence can mitigate	Study Design: cross-sectional survey Study Settings: Tsukuba Science City Network (TSCN), Population: Japanese	Athens Insomnia Scale (AIS), SOC Scale (SOC-3-UTHS), SI assessment questionnaire	Insomnia, SOC, SI	‘Insomnia was significantly associated with SI ($OR = 2.26, 95\% CI [1.75, 2.93]$). Specific insomnia symptoms, including early final awakening ($OR = 1.26, 95\% CI [1.05, 1.50]$) and poorer daytime well-being ($OR = 1.63, 95\% CI [1.34, 1.99]$), were also linked to

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Title, Author, Year, Journal,	Methodology	Tools	Variables	Findings
suicidal ideation associated with insomnia. <i>Health psychology report</i> ”	workers Sample: (19,481) analysis included 7,175			SI. Notably, only one individual in the high-SOC group reported SI, and 8.95%-11% of the variation in SI was explained by differences in SOC levels. Overall, the findings suggest that a high SOC may act as a protective factor against SI, even among individuals experiencing insomnia’.
“Kim, J. Y., & Ko, Y. (2020). Effects of the subjective family class on the suicide ideation of adolescents: Double mediating effect of social support and sense of coherence. <i>Research in Community and Public Health Nursing</i> ”	Study Design: cross-sectional descriptive study Study Settings: Korea Institute for Health and Social Affairs Population: Adolescents Sample: 5,000	Korea Youth Risk Behavior Web-based Survey items measuring social support, subjective family class, SI, and SOC	Subjective family class, social support, SOC, SI	‘Subjective family class had a positive effect on social support ($\beta = .20$, $p < .001$) and SOC ($\beta = .10$, $p < .001$), while it had a direct negative effect on SI ($\beta = -.08$, $p < .001$). In addition, social support positively influenced SOC ($\beta = .28$, $p < .001$). The relationship between subjective family class and SI was indirectly mediated through social support ($\beta = -.22$, $p < .001$) and SOC ($\beta = -.36$, $p = .001$). Overall, the findings suggest that stronger social support and higher SOC act as important protective factors against SI among adolescents’.

After conducting an in-depth examination of the characteristics of the selected studies (see Table 1), a thematic analysis of their major findings was carried out. Several similar patterns and concepts emerged from the analysis, on the basis of which the major themes were identified; these have been presented in Table 2.

Table 2 Thematic summary of outcomes across included studies

Themes	Key outcomes	Supporting studies
SOC as a protective factor against suicidality	Higher SOC was consistently linked with lower SI, suicide tendency, and suicide-related risk.	(Abisror et al., 2026; Dağdelen et al., 2025; Drum et al., 2017; Muroi et al., 2023; Palmu, & Partonen, 2023)
Social support and belongingness	Social support and belongingness enhanced SOC and indirectly reduced suicide risk.	(Abisror et al., 2026; Dağdelen et al., 2025; Kim & Ko, 2020)
Mitigation of psychological distress	SOC reduced the impact of PTSD, insomnia, distress, and psychological vulnerability on suicidality.	(Abisror et al., 2026; Drum et al., 2017; Muroi et al., 2023; Silvén Hagström et al., 2025)
Adolescent and student mental health	Lower SOC was linked with greater psychological vulnerability among adolescents and students.	(Dağdelen et al., 2025; Drum et al., 2017; Koljahi et al., 2025; Kronström et al., 2025)
Long-term resilience and adaptation	Stable or higher SOC was associated with resilience and better psychological adjustment over time.	(Kronström et al., 2025; Silvén Hagström et al., 2025)

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The thematic analysis (see Table 2) revealed that SOC is significantly associated with various suicide-related outcomes and mental health factors. To present the direction of these relationships more clearly and to gain a deeper understanding of the associations found between SOC and different outcomes see Table 3.

Table 3 Direction of Association between SOC and Suicide

Outcome	Relationship with SOC	Studies
SI	Negative	(Abisror et al., 2026; Drum et al., 2017; Kim & Ko, 2020; Palmu & Partonen, 2023 Muroi et al., 2023)
Suicide tendency		(Dağdelen et al., 2025)
Suicidal thoughts		(Drum et al., 2017)
PTSD symptoms		(Abisror et al., 2026; Silvén Hagström et al., 2025)
Distress		(Drum et al., 2017)
Insomnia-related suicide risk		(Muroi et al., 2023)
Psychological vulnerability	Positive	(Koljahi et al., 2025)
Resilience		(Kronström et al., 2021)

The above table indicates that SOC mainly shows a negative relationship with SI, psychological distress, and other risk factors, whereas a positive relationship was found with mental resilience and adjustment capacity. Based on the evidence obtained from these findings, several major themes emerged, including the impact of SOC on suicidal thoughts and behaviors, the role of social support, its relationship with psychological distress, and its contribution to mental health.

SOC as a Protective factor against Suicidal Thoughts and Suicidal Tendencies

The reviewed studies indicated that SOC plays an important role in reducing suicidal thoughts and tendencies. Individuals with high SOC were found to have comparatively lower levels of SI, ST, and SB. Several studies confirmed a negative relationship between SOC and suicidality, indicating that SOC functions as an important protective psychological factor (Abisror et al., 2026; Dağdelen et al., 2025; Drum et al., 2017; Muroi et al., 2023; Palmu & Partonen, 2023). In addition, SOC enables individuals to cope more effectively with stressful situations, resulting in a reduction in suicide risk (Abisror et al., 2026; Drum et al., 2017; Muroi et al., 2023).

Role of Social Support, Connectedness, and Family Factors

The studies also revealed that social support, a sense of connectedness, and a positive family environment play an important role in strengthening SOC. Individuals who received greater social support were found to have higher levels of SOC and lower levels of SI (Abisror et al., 2026; Dağdelen et al., 2025; Kim et al., 2020). In particular, the effects of social support and connectedness on suicide risk were found to operate through SOC, indicating its mediating effect (Dağdelen et al., 2025; Kim et al., 2020). These findings suggest that a supportive social environment can make an important contribution to suicide prevention.

SOC in Reducing the Effects of Stress, PTSD, and Psychological Distress

The in-depth review showed that SOC is helpful in reducing the negative effects of stress, PTSD, insomnia, and other psychological distress. SOC was found to play an important role in reducing the relationship between PTSD symptoms and suicide risk (Abisror et al., 2026;

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Silvén et al., 2025). Similarly, participants with high SOC had a comparatively lower likelihood of SI despite insomnia (Muroi et al., 2023). In addition, SOC weakened the effect between psychological distress and SB (Drum et al., 2017; Muroi et al., 2023; Silvén et al., 2025). This indicates that SOC provides an effective protective mechanism against psychological distress.

Indicator of Psychological Resilience among Adolescents and Youth

Some studies identified SOC as an important indicator of psychological resilience among adolescents and youth; adolescents affected by ADHD and Non-Suicidal Self-Injury (NSSI) were found to have lower levels of SOC, which was associated with greater psychological vulnerability and suicide risk (Koljahi et al., 2025). Similarly, among college and nursing students, high SOC was associated with lower ST and better mental health (Dağdelen et al., 2025; Drum et al., 2017). These findings indicate that the promotion of SOC among youth may be important for their better mental health and to reduce suicide related problems.

Contribution of SOC to Long-Term Mental Health and Adjustment Capacity:

It was also indicated that SOC is associated with long-term mental health and adjustment capacity; a longitudinal study found that SI decreased over time, while the level of SOC remained relatively stable, indicating psychological stability and resilience (Kronström et al., 2021). In addition, among individuals who experienced severe life events such as family suicide, low SOC was associated with higher PTSD symptoms and poorer family functioning (Silvén et al., 2025). Overall, the available evidence indicates that SOC is not limited to reducing immediate suicide risk, but also promotes long-term mental health and positive adjustment to life challenges (Kronström et al., 2021; Silvén et al., 2025).

CONCLUSION

The present systematic review concludes that SOC functions as an important protective factor against SI, suicidal tendencies, and other related mental health risks. Most studies found that high SOC is associated with lower suicide risk, better mental health, and greater psychological adjustment capacity.

Based on the findings of the reviewed studies, it suggested that SOC should be included as an important psychological factor in suicide prevention programs. The available evidence clearly indicates that high SOC may help reduce SI, suicidal tendencies, and other mental health risks. Educational institutions, especially schools, colleges, and nursing institutions, should develop programs that promote belongingness, social connectedness, and psychological resilience among students, as these factors have been found to strengthen SOC. Similarly, initiatives that enhance social support at the family and community levels may also contribute to reducing suicide risk. Mental health professionals should consider SOC in the assessment and intervention of individuals affected by PTSD, insomnia, stress, and other psychological distress, as it has been found to reduce the negative effects of these conditions. Finally, future research should examine the role of SOC more deeply across different age groups, cultural contexts, and at-risk population groups in order to provide stronger evidence for the development of suicide prevention strategies.

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Conflict of Interest

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