

Interprofessional collaboration in suicide prevention in Switzerland: Patterns, impacts and structural gaps

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Effective suicide prevention relies on robust interprofessional collaboration (IPC) to ensure continuity of care and a coordinated crisis response. This dissertation examines the patterns, quality, and determinants of IPC within Swiss suicide prevention through a mixed-methods design.

A cross-sectional survey of health and social care professionals in Switzerland (n=253) analyzed the frequency and perceived quality of IPC among key professional groups engaged in suicide prevention. Psychiatrists and psychotherapists reported the highest collaboration frequency and quality, whereas nurses, despite their frequent contact with individuals at risk, rated collaboration quality significantly lower. Membership in formal professional networks was positively associated with collaboration quality, and collaboration frequency predicted higher quality ratings.

A repeated cross-sectional survey assessed changes in IPC following the implementation of the regional suicide prevention initiative SERO. Significant improvements were observed in role clarity, goal pursuit, and motivation among professionals moderately exposed to individuals at risk of suicide, while those with high exposure reported improved mutual understanding and agreement on priorities. Perceptions of the overall interprofessional climate remained stable across both time points.

Semi-structured interviews (n=15) were conducted and analyzed using thematic analysis and network analysis. Psychiatrists, psychotherapists, and psychiatric nurses emerged as central actors within IPC networks, while general practitioners and social workers were identified as key bridging professionals during care transitions. Structural barriers included limited resources, fragmented communication systems, and the absence of formally designated coordination roles.

These findings provide a comprehensive understanding of IPC in Swiss suicide prevention and underscore the need for institutionalized coordination functions, interoperable documentation systems, and supportive policy measures to strengthen collaboration and ensure sustainable, high-quality care for individuals at risk of suicide.