

Physical Disability and Suicidal Behavior: Psychosocial Factors and Intervention Approaches

Fiziksel Engellilik ve İntihar Davranışı: Psikososyal Etkenler ve Müdahale Yaklaşımları

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ABSTRACT

Research consistently shows that individuals with physical disabilities are at a higher risk of suicidal thoughts and behaviors compared to the general population. This review explores the major psychosocial risk factors contributing to suicide in physically disabled individuals, including psychiatric comorbidities, social exclusion, loneliness, economic hardship, chronic pain, and perceived burdensomeness. Each of these factors can undermine emotional well-being, reduce life satisfaction, and increase vulnerability to suicide. At the same time, the review highlights several protective factors and intervention strategies. Family and community support, inclusive legal policies, educational campaigns to reduce stigma, access to psychosocial services, and participation in physical activity and sports can all enhance psychological resilience. Especially important are early interventions in primary healthcare settings and tailored psychological therapies, such as cognitive behavioral therapy, which have shown promising results in improving mental health outcomes in this population. In conclusion, suicide among individuals with physical disabilities should be addressed through a biopsychosocial framework that recognizes both structural inequalities and individual needs. Multidisciplinary collaboration among healthcare providers, social workers, policymakers, and society at large is essential to reducing suicide risk and promoting well-being for individuals with disabilities.

Keywords: Physical disability, suicidal behavior, mental health

ÖZ

Yapılan araştırmalar, fiziksel engelli bireylerin genel nüfusa kıyasla intihar düşüncesi ve davranışları açısından daha yüksek risk altında olduğunu ortaya koymaktadır. Bu derleme, fiziksel engelli bireylerde intihara katkıda bulunan başlıca psikososyal risk etmenlerini incelemektedir. Bu etmenler arasında psikiyatrik eş tanılar, sosyal dışlanma, yalnızlık, ekonomik zorluklar, kronik ağrı ve bireyin kendini başkalarına yük olarak görmesi yer almaktadır. Bu faktörlerin her biri, ruhsal iyi oluşu zayıflatmakta, yaşam doyumunu azaltmakta ve intihara yönelik kırılganlığı artırmaktadır. Aynı zamanda bu derleme, çeşitli koruyucu faktörlere ve müdahale stratejilerine de dikkat çekmektedir. Aile ve toplum desteği, kapsayıcı yasal politikalar, damgalamayı azaltmaya yönelik eğitim kampanyaları, psikososyal hizmetlere erişim ve fiziksel aktivite ile spora katılım, psikolojik dayanıklılığı artırabilecek unsurlar arasında yer almaktadır. Özellikle birinci basamak sağlık hizmetlerinde erken müdahaleler ile bireysel ihtiyaçlara göre uyarlanmış bilişsel davranışçı terapi gibi psikolojik müdahaleler, bu gruptaki bireylerin ruh sağlığı sonuçlarını iyileştirmede umut verici sonuçlar ortaya koymuştur. Sonuç olarak, fiziksel engelli bireylerde intihar riski, yalnızca bireysel değil, aynı zamanda toplumsal ve yapısal etkenleri de dikkate alan bütüncül bir biyopsikososyal çerçeveye ele alınmalıdır. Bu çerçevede, sağlık hizmeti sunucuları, sosyal hizmet uzmanları, politika yapıcılar ve toplumun tüm paydaşları arasında etkin ve sürekli bir iş birliği gerekmektedir. Böyle bir yaklaşım, hem intihar riskinin azaltılmasına hem de engelli bireylerin iyi oluşunun desteklenmesine önemli katkılar sağlayacaktır.

Anahtar sözcükler: Fiziksel engellilik, intihar davranışı, ruh sağlığı

Introduction

Physical disability is defined as a limitation in performing daily life activities resulting from an impairment or deficiency that affects an individual's bodily movement, coordination, balance, endurance, or motor skills, either due to congenital or acquired causes (WHO 2001). Having a physical disability can profoundly impact not only an individual's physical mobility but also their level of independence, social roles, quality of life, and psychological well-being. When physical limitations are combined with environmental barriers, societal prejudices, and insufficient support systems, they can lead to multilayered challenges that negatively affect mental health (Güldoğan Aydın 2016).

Biopsychosocial factors such as social isolation, limited employment opportunities, social exclusion, feelings of dependency in receiving assistance, experiences of obstruction, and chronic pain may, over time, lead individuals with disabilities to develop serious psychological reactions such as hopelessness, worthlessness, helplessness, and depression (Tough et al. 2017, Solé et al. 2020). These psychological difficulties can weaken individuals' attachment to life and increase their risk for suicidal behavior (Akyol Güner and Das Gecim 2023).

Suicide is defined as the act of deliberately and voluntarily ending one's own life. It is conceptualized as a spectrum encompassing stages such as suicidal ideation, planning, attempts, and acts that result in death (Sayıl 2002). According to the World Health Organization's 2021 report, approximately 700,000 people worldwide lost their lives to suicide in 2019. This makes suicide one of the leading global public health issues requiring urgent intervention (WHO 2021). Research indicates that among individuals with disabilities, not only suicidal thoughts but also suicide attempts—the more severe end of the spectrum with potentially fatal outcomes—are observed at higher rates compared to the general population. The risk has been found to be particularly elevated among individuals aged 40–60, and it is significantly associated with factors such as female gender, low educational attainment, and depression (Khazem and Anestis 2019, Park 2024). This underscores the destructive impact of both the life challenges imposed by physical disability and the socially exclusionary attitudes that people with disabilities often face on their mental well-being (WHO 2025).

The relationship between the challenges experienced by individuals with physical disabilities and suicidal behavior is a multidimensional issue that requires joint evaluation by various disciplines, including psychiatry, clinical psychology, social work, rehabilitation, and public health. To accurately understand this complex relationship, it is essential to comprehensively address not only individual psychopathologies but also protective factors such as social support level, quality of life, perception of disability, self-efficacy, and social participation, as well as risk-enhancing factors including comorbid mental disorders such as depression/anxiety and substance use disorders, perceived burdensomeness and stigma, chronic pain, loss of workforce, functional dependency, low social support, exclusion from education or employment, accessibility barriers, previous suicide attempts, and hopelessness (Morris 1991, Kaplan et al. 2007, Şevik et al. 2012).

The aim of this review is to examine, in light of the existing literature, the psychological, social, and environmental risk factors that may contribute to suicidal behavior among individuals with physical disabilities, as well as to identify the protective factors that may help prevent suicide in this population. In this context, the review highlights current scientific findings related to the key mechanisms affecting mental health within the framework of disability, protective interventions, social policies, and clinical practices, with the goal of raising awareness among both mental health professionals and policymakers.

Variables Related to Suicide Risk in Individuals with Physical Disabilities

Suicidal behavior among individuals with physical disabilities is a complex phenomenon that can emerge as a result of the interaction of numerous biological, psychological, and sociological factors. The challenges faced by these individuals are often more multidimensional and intricate compared to those experienced by the general population (Turner et al. 2006, Khazem and Anestis 2019). People with disabilities frequently contend not only with physical limitations but also with social isolation, economic

deprivation, chronic illness, and psychological difficulties. The convergence of these challenges may predispose individuals to the development of mental disorders and significantly increase the risk of suicidal ideation and attempts. Systematically identifying and understanding these risk factors that may lead to suicidal behavior is crucial for developing preventive intervention programs and establishing effective approaches (Schwartz-Lifshitz et al. 2012).

In this context, it is essential to examine in detail the risk factors that may be associated with suicidal behavior among individuals with physical disabilities. Classifying and analyzing these factors within biological, psychological, and social dimensions will not only contribute to a deeper understanding of the multidimensional nature of suicidal behavior but also provide valuable insights into the areas where preventive and protective strategies should be concentrated. The following section discusses the major risk factors that may predispose individuals with physical disabilities to suicidal behavior.

Psychiatric Comorbidities

One of the strongest predictors of suicidal behavior among individuals with physical disabilities is the presence of psychiatric comorbidities (Choi et al. 2020). People with physical disabilities experience not only functional impairments but also numerous secondary challenges—such as social isolation, discrimination, and stigma—that can adversely affect mental health. These negative experiences may undermine self-esteem, weaken the sense of belonging, and diminish overall life satisfaction. The prolonged impact of such psychosocial stressors can lead to chronic emotional distress and feelings of hopelessness in the individual (Akdoğan et al. 2017).

There is strong evidence in the literature suggesting that individuals with physical disabilities have a higher risk of developing psychiatric comorbidities compared to the general population. The coexistence of physical and psychiatric disabilities often leads to greater exposure to perceived stigma and discrimination, which in turn negatively affects individuals' overall medical condition and quality of life (Bahm and Forchuk 2009). Indeed, studies have shown that people with physical disabilities tend to have higher levels of depression and anxiety and lower levels of self-esteem (Mushtaq and Akhouri 2016). Moreover, substance use disorders are reported to be more prevalent among individuals with physical disabilities, with prevalence rates varying according to demographic factors such as gender, age, and ethnicity (Turner et al. 2006). Physical comorbidities—particularly immune-mediated inflammatory diseases—when present alongside chronic medical conditions, further increase the risk of developing mental disorders (Marrie et al. 2018). Additionally, individuals with physical disabilities have been found to exhibit higher rates of post-traumatic stress disorder (PTSD), substance use disorder (SUD), and comorbid PTSD/SUD compared to those without disabilities (Anderson et al. 2014).

Disability can be classified into two categories based on the time of onset: congenital and acquired. The onset of disability can play a crucial role in determining an individual's psychological adjustment. When disability develops later in life (for example, as a result of an accident or illness), the sense of loss experienced by the individual may be more traumatic. This traumatic process can lead to psychological collapse accompanied by grief reactions. The person struggles to cope with the emotional burden of losing prior independence, withdrawing from social roles, and facing societal prejudice. On the other hand, individuals with congenital disabilities often experience social exclusion, limited educational and employment opportunities, and other barriers throughout their developmental process, which may result in long-term social isolation and the emergence of chronic psychological problems over time (Bogart 2014, Aydın et al. 2020).

These multidimensional and persistent negative psychological experiences among individuals with physical disabilities can deepen feelings of hopelessness in some, creating a foundation for suicidal thoughts. When an individual struggles to cope with both physical limitations and the accompanying psychological burden, their expectations and engagement with life may diminish. In this context, early identification of psychiatric comorbidities and the strengthening of mental health support mechanisms are considered to play a critical role in suicide prevention interventions.

Social Exclusion and Discrimination

Individuals with physical or mental disabilities may encounter various barriers in social interactions. Studies have shown that people with disabilities perceive higher levels of social exclusion compared to their non-disabled peers, which negatively affects their personal optimism and self-efficacy (Morris 1991). Experiencing obstacles in social interactions often exposes individuals with disabilities to discrimination and stigma, leading to weakened social bonds and feelings of loneliness. The generally negative societal perception of disability further complicates their efforts to establish a place in social life. For example, the exclusion of individuals who do not conform to the criteria society defines as “normal” arises not only from physical barriers but also from attitudes and prejudices. It has been suggested that negative societal reactions toward people with disabilities play a significant role in the development of emotional difficulties, adversely affecting their mental health and predisposing them to psychological problems such as depression and anxiety (Cusforth 1951).

However, it has been noted that in the face of social exclusion, individuals with disabilities may exhibit a higher level of perceived control compared to those without disabilities (Paramita et al. 2020). In this context, comprehensive social rehabilitation programs aimed at overcoming psychological barriers and promoting active participation in community life are of great importance. Moreover, modern social policies and technological advancements are thought to offer increasing opportunities for individuals with physical disabilities in terms of both professional development and social integration.

Social Isolation and Loneliness

Individuals with physical disabilities are often excluded from social relationships, participation in cultural and community activities, access to essential services, and involvement in economic life due to structural and sociocultural barriers encountered in various areas of social life. This multidimensional exclusion process can lead to a profound sense of social isolation. Indeed, studies have shown that individuals with acquired disabilities may experience a decline from high to low levels of social support, which negatively affects their mental health (Aitken et al. 2017, Fauth et al. 2017). Similarly, the literature frequently emphasizes the protective role of social support on mental health. Lower levels of social support have been found to be associated with depression, anxiety, and other psychiatric disorders, and the lack of social support is suggested to weaken individuals’ psychological resilience, thereby increasing the risk of mental health problems (Jensen et al. 2014, Tough et al. 2017).

A reduction in the quantity or quality of social support may foster feelings of loneliness, which in turn can lead to hopelessness. Hopelessness is recognized as one of the most important cognitive determinants of suicidal behavior (Beck et al. 2006). In this context, social isolation can be considered not only as a contributing factor to the development of mental disorders but also as a serious risk factor that may directly trigger suicidal behavior through hopelessness. Therefore, strengthening the social support systems and increasing the social participation of individuals with physical disabilities are of vital importance for protecting mental health and reducing the risk of suicide (Khazem and Anestis 2019).

Economic and Occupational Constraints

Individuals with physical disabilities face serious limitations not only in social relationships but also in economic and occupational domains following the onset of disability. The literature indicates that disability negatively affects participation in the labor market; employment rates among people with disabilities are lower, and unemployment rates are higher compared to the general population (OECD 2022). This structural inequality in employment does not merely restrict income levels—it also directly affects quality of life by limiting access to healthcare services, educational opportunities, and participation in social activities (Mitra et al. 2017, Sedeto and Dar 2019).

Research has shown that economic hardship experienced during childhood or later in life can have long-term effects on physical functioning. Economic difficulties in both early life and adulthood have been associated with impaired physical functioning, particularly among middle-aged individuals, with work-

family conflict proposed as an important mediating factor in this relationship (Laaksonen et al. 2011). Additionally, recurrent financial strain has been found to independently increase the risk of disability retirement due to musculoskeletal disorders and mental illnesses, especially among women (Lallukka et al. 2015).

This form of economic exclusion—a dimension of social exclusion—can reinforce feelings of loneliness and worthlessness, thereby negatively impacting mental health. For individuals excluded from working life, the inability to be productive, dependence on others, and the perception of being a “burden” may over time lead to depressive symptoms and hopelessness. This process may create a specific risk environment for suicidal behavior.

Chronic Pain and Physical Limitations

Chronic pain in individuals with physical disabilities is not merely a physical symptom but a complex condition that profoundly affects mental health. Persistent and unrelenting pain can lead to exhaustion on both biological and psychosocial levels, resulting in significant negative consequences for psychological well-being (Racine 2018). Research conducted among individuals with physical disabilities has revealed that they often experience multiple types of pain. Participants have described their pain as both a deeply “personal” and “difficult-to-interpret” experience (Dudgeon et al. 2006).

Chronic pain, which often persists despite pharmacological treatment, causes serious problems not only physiologically but also in individuals’ psychological, social, and interpersonal domains. Particularly, mobility limitations secondary to chronic pain make it increasingly difficult for individuals with physical disabilities to maintain daily life activities, heightening their sense of dependency and reinforcing feelings of social isolation, loneliness, and worthlessness. These multidimensional effects have been reported to intensify hopelessness over time and trigger suicidal thoughts (Kaplan et al. 2007). Individuals who are continuously exposed to pain may gradually lose hope that their pain will ever subside and may come to perceive ending their lives as a form of “escape” (Hassett et al. 2014).

Another pathway through which chronic pain influences suicidal ideation is related to interpersonal dynamics. Suicidal thoughts among individuals with chronic pain have been frequently associated with feelings of “perceived burdensomeness” and “thwarted belongingness.” Research findings indicate that when individuals with chronic pain perceive themselves as dependent on others—both physically and emotionally—they tend to withdraw from social relationships and view themselves as worthless (Wilson et al. 2013). Particularly, the disruption of the sense of belonging—when individuals feel excluded or unable to connect meaningfully with others—poses a serious psychological threat. In this context, it has been suggested that the assessment and management of individuals with disabilities who experience chronic pain should take into account not only biological but also psychological and social dimensions (Kapos et al. 2024).

Sociocultural Factors

One of the important factors associated with suicide risk among individuals with physical disabilities is the sociocultural environment in which they live. The way a society perceives disability directly affects an individual’s psychological adjustment and mental health. People with disabilities often face challenges in fulfilling the “normal” roles and responsibilities defined by their culture, which may lead them to be labeled as “insignificant,” “unworthy of respect,” or “secondary” members of society (Goffman 2009, Burcu 2015). In the context of Turkey, it has been observed that social perspectives and cultural norms continue to perpetuate negative attitudes toward people with disabilities (Su and Sağlam 2020).

The life experiences of individuals with disabilities are significantly influenced by sociocultural factors. From early childhood, the attitudes of family, peers, and society shape an individual’s social relationships, self-esteem, and mental health. These influences extend into adolescence and adulthood, manifesting in social roles, marriage, and economic participation. Various factors play a role in shaping the social relationship between a child with a disability and their parents, including the child’s age, type and severity

of disability, the time of diagnosis, and the parents' age, education level, socioeconomic status, and access to social support (Aysan and Özben 2007). Moreover, individuals with disabilities often face multidimensional barriers in the process of marriage and partner selection, such as resistance from potential partners and their families, appearance-based judgments, economic concerns, and beliefs that social roles associated with marriage cannot be fulfilled (Burcu et al. 2006).

In this framework, social exclusion, stigmatization, and negative cultural attitudes toward disability can contribute to the development of feelings of loneliness, worthlessness, and inadequacy, thereby weakening life satisfaction and psychological resilience. These psychosocial challenges can trigger mental health problems such as social isolation, depression, sleep disturbances, and cognitive decline, reducing individuals' capacity to cope with stress and ultimately fostering hopelessness and suicidal thoughts (Motillon-Toudic et al. 2022). In this regard, strengthening the social support networks of individuals with disabilities, implementing inclusive policies, and transforming society's negative attitudes toward disability can be considered key preventive measures to reduce suicide risk in this population.

Protective Factors and Psychosocial Intervention Approaches

Preventing suicidal behavior among individuals with physical disabilities is not solely the responsibility of mental health professionals—it also requires the active involvement of healthcare providers, social workers, policymakers, and all members of society. Disability is not only a condition that limits an individual's physical functioning but also a multifaceted life experience encompassing social, economic, and psychological dimensions. Therefore, it necessitates a multidimensional approach. Reducing suicide risk among individuals with disabilities is only possible through holistic strategies implemented at societal, structural, and institutional levels, rather than through individual interventions alone. In addition to psychological factors such as emotional distress, loneliness, traumatic life experiences, and hopelessness, external factors—including inadequate health and social services, societal stigma, discrimination, economic difficulties, and social isolation—must also be considered. Within this framework, not only clinical treatments but also social policies, rehabilitation programs, and community-based support mechanisms that enhance the quality of life of individuals with disabilities should be implemented (Park 2024).

Suicide prevention strategies for individuals with physical disabilities require the adoption of a biopsychosocial approach. Furthermore, increasing the accessibility of psychosocial support services is a critical necessity to ensure the effectiveness of these strategies. However, various barriers may hinder access to such services. Limited geographic distribution of services, financial constraints, social stigma, and the lack of continuity in professional support can restrict the effectiveness of interventions. Additionally, the incomplete implementation of legal regulations in practice and the lack of coordination among service providers represent further challenges. Addressing these secondary barriers allows for the development of recommendations that can enhance the feasibility and sustainability of suicide prevention strategies.

Family and Social Support Mechanisms

For individuals with physical disabilities, family and social support mechanisms play a critical role in maintaining psychosocial well-being, facilitating access to services, and reducing the risk of suicide. Social networks not only meet the emotional needs of individuals with disabilities but also help mitigate the negative effects of social participation limitations and the resulting isolation caused by mobility difficulties. Studies have shown that family members are often the primary source of support; however, many individuals with disabilities lack adequate access to support systems beyond their families, which in turn restricts their social participation (Holanda et al. 2015). Moreover, family attitudes toward disability are key determinants of the quality of support received. In families where disability is accepted as a normal part of life, more inclusive and supportive environments are reported to emerge (Kafaa 2024). Nonetheless, perceived social support is not limited to individual relationships. Environmental modifications that reduce

physical barriers and societal arrangements that facilitate social integration also contribute to strengthening this support (Devereux et al. 2015).

The positive impact of social support on the mental health and physical recovery of individuals with disabilities has been consistently demonstrated. High levels of social support have been found to be associated with lower levels of depression and anxiety across different types of disabilities, age groups, and genders (Jensen et al. 2014, Aitken et al. 2017). Therefore, strengthening family and social networks is considered a central component in maintaining the psychological well-being of individuals with physical disabilities and preventing suicidal behavior. Ensuring the continuity of these support mechanisms contributes to fostering both emotional and social resilience, enabling individuals to lead more fulfilling and connected lives.

Legal and Policy Support

Legal regulations that ensure the equal and effective participation of individuals with disabilities in social life contribute not only to the removal of physical and social barriers but also to fostering a sense of self-worth and acceptance among these individuals. Accessibility laws, employment incentives, and anti-discrimination policies facilitate the active and visible involvement of people with disabilities in all areas of social life. These measures, in turn, strengthen self-esteem and psychosocial well-being, thereby playing a protective role in reducing suicide risk. In the long term, such regulations not only improve mental health but also help reinforce social connectedness and reduce social isolation among individuals with disabilities. In Türkiye, the Law No. 5378 on Persons with Disabilities aims to protect the rights of individuals with disabilities, ensure their full and effective participation in society, and prevent discrimination (Resmi Gazete 2005). Within the scope of this law, various regulations have been introduced in key areas such as accessibility, education, employment, and healthcare services.

These legal safeguards contribute to individuals with disabilities feeling like valued members of society and strengthening their sense of belonging. An enhanced sense of belonging, in turn, helps reduce feelings of loneliness and exclusion, thereby promoting psychosocial well-being and lowering suicide risk. However, the effective implementation of existing regulations and their continuous adaptation to the evolving needs of individuals with disabilities are of critical importance for ensuring the long-term protective impact of these policies.

Education and Awareness Programs

Public campaigns aimed at increasing awareness of disability are considered essential in reducing stigma and promoting social acceptance. Enhancing public knowledge about disability can help dispel misconceptions and negative attitudes, thereby strengthening the social inclusion of individuals with disabilities. Awareness initiatives approach disability not merely as a medical condition but as a human rights issue that requires equal participation in social life. In this way, they help prevent discrimination and foster the development of inclusive social attitudes. Furthermore, educational programs designed for the families of individuals with disabilities can help reduce caregiver burnout and contribute to the establishment of healthier support systems. Supporting the psychological well-being of caregivers not only improves their own quality of life but also ensures that the support provided to individuals with disabilities remains sustainable and effective. These programs also help families strengthen their social support networks, gain knowledge about their rights and available services, and more easily access professional help resources when needed. In conclusion, implementing public education and awareness campaigns in conjunction with family-focused support programs is expected to strengthen both social acceptance and individual support systems, thereby contributing to a reduction in suicide risk among individuals with disabilities.

Psychosocial Support Programs and Sports

Social support groups, rehabilitation centers, and community-based activities that are inclusive of individuals with disabilities can strengthen their sense of belonging and enhance life satisfaction. Peer

support, by fostering empathy and solidarity among individuals who share similar experiences, can contribute to improved psychological well-being. Research has shown that regular physical activity increases self-esteem, strengthens social relationships, and promotes overall life satisfaction. These positive effects can alleviate feelings of loneliness, helplessness, and worthlessness—common emotional challenges among individuals with disabilities—thereby reducing suicide risk factors (Wilhite and Shank 2009, Aitchison et al. 2022). In a study comparing national athletes with non-athletes, individuals in the national athlete group demonstrated higher levels of cognitive flexibility and psychological resilience (Yavuz 2019). These findings suggest that being a national athlete may enhance one's sense of belonging and perceived social acceptance, thereby fostering psychological strength.

In the context of individuals with disabilities, the social support and interaction opportunities provided through sports may play a protective role by mitigating psychological risk factors such as loneliness and social exclusion.

Integration into the Healthcare System

Individuals with disabilities may experience social exclusion and stigma across various areas of life—including family, education, employment, and transportation. Stigmatization reinforces social exclusion, making participation in community life more difficult and negatively affecting psychological well-being (Kaya 2022, Alptekin 2024). This situation often leads to a “double stigma” phenomenon, in which individuals face not only disability-related stigma but also fear of being stigmatized due to mental health problems. Particularly in the context of seeking psychiatric support, fear of stigma can cause individuals to avoid seeking help and delay access to treatment.

In this regard, it is crucial for the healthcare system to adopt a more holistic approach to the mental health needs of individuals with disabilities. Primary healthcare services provide a valuable opportunity to identify mental health problems at an early stage and to refer individuals to appropriate support mechanisms. Health professionals such as family physicians and physiotherapists can play a key role by recognizing psychological symptoms and facilitating appropriate referrals. Therefore, training healthcare workers to identify and respond to suicide risk is of great importance.

Psychological Interventions

Therapy, support groups, and psychoeducation programs designed for individuals with disabilities can be effective in enhancing emotional resilience. Group-based cognitive behavioral therapy (CBT) has shown promising results as an effective intervention for addressing anxiety and depression in this population, with high adherence rates and reported positive outcomes (Steinberg et al. 2023). Similarly, another study conducted with adults with spinal cord injuries demonstrated that CBT led to significant and positive improvements in self-esteem, coping skills, self-efficacy, depression, and quality of life (Dorstyn et al. 2011).

However, considering the complexity of the psychosocial challenges faced by individuals with disabilities, there remains a need for further empirical research in this field. Although existing studies present encouraging findings regarding the effectiveness of CBT and other psychological interventions in improving mental health outcomes, data gaps persist, particularly in relation to disability type, age group, and cultural differences. Therefore, it is crucial to develop and systematically evaluate tailored, targeted therapeutic approaches adapted to the type of disability and individual needs. Future research should focus on measuring intervention effectiveness across different disability types and age groups through randomized controlled trials; assessing sustainability and long-term effects through longitudinal studies; examining cultural validity through cultural adaptations and comparative research; and enhancing accessibility through digital or remotely delivered interventions. Moreover, promoting culturally sensitive, accessible, and sustainable psychosocial intervention programs can enable individuals with disabilities to benefit more effectively from mental health services. Such research efforts would also provide a concrete roadmap for both practice and policy development, contributing to the reduction of existing research gaps in this area.

Conclusion

Suicidal behavior among individuals with physical disabilities is not merely a reflection of personal psychological distress but rather a multifaceted and structural issue that emerges at the intersection of social exclusion, accessibility barriers, stigma, and insufficient psychosocial support systems. Research consistently indicates that individuals with physical disabilities are at a higher risk of suicidal ideation and attempts compared to the general population. Therefore, it is essential to view suicidality not solely as an internal, individual problem but as a phenomenon shaped by environmental, psychological, and structural determinants. For example, primary healthcare providers can play a critical role in the early identification of at-risk individuals, conducting mental health assessments, and referring them to appropriate psychosocial support services—thereby enhancing opportunities for early intervention. Social workers can contribute by facilitating access to community support networks, educating families, and coordinating programs aimed at reducing social exclusion. Policymakers, on the other hand, should not only ensure the accessibility and sustainability of psychosocial services but also establish effective monitoring and evaluation mechanisms in the field.

In this context, ensuring inter-institutional coordination, implementing service standards, and maintaining quality control processes are of vital importance. This should be reinforced through multidisciplinary collaboration, regular meetings, shared data systems, integrated referral protocols, and clearly defined communication channels. Such an approach would enhance the feasibility of a multidisciplinary cooperation model and provide a concrete and measurable roadmap for reducing suicide risk among individuals with disabilities.

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