

Loneliness and Social Isolation – Risk Factors for Suicide



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

Loneliness can be defined as the distressing feeling related to the perception that one's needs for social connections are not being met, either in terms of the quality or quantity of one's social relationships.^{1,2,3,4} Just like members of the general population, Veterans who feel lonely may be at increased risk for suicide. Loneliness is prevalent among Veterans. One nationally representative survey found that over half of U.S. Veterans (56.9%) endorsed feeling lonely some of the time or often.⁵ In clinical samples of Veterans, participants have reported high levels of loneliness.^{6,7}

Some researchers consider social isolation as “arguably the strongest and most reliable predictor of suicidal ideation, [suicide] attempts, and lethal suicidal behavior”.⁸ In addition to suicide, loneliness, and social isolation (a closely related but distinct construct) have been linked to other poor physical and mental health outcomes, and functional difficulties.^{5,9,10}

Though the Veteran-specific evidence base is small, the preponderance of studies among Veteran and non-Veteran populations indicate that clinicians should consider loneliness as a risk factor for suicide among Veterans. However, loneliness is subjective and multidimensional. Some individuals may perceive themselves as lonely despite having outward appearances of being well-integrated with a social support system of friends and family.⁷ Individuals may also experience any combination of dimensions of loneliness: intimate loneliness (i.e., the perceived absence of a significant other), relational loneliness (i.e., the perceived absence of quality friendships or family connections), or collective loneliness (i.e., the perceived absence of a wider network of support or lack of belonging to a group).¹¹ Individuals with poor social problem-solving and coping skills who describe themselves as lonely may be more at risk for suicidal behavior than those who do not.¹²

Key Findings

A systematic review and meta-analysis of 17 studies confirmed that loneliness is a statistically significant predictor of suicidal ideation and even more predictive of suicidal behavior.¹³ However, this study and several others found that loneliness and depression are highly correlated and may be mutually reinforcing with respect to suicidal ideation and behavior.^{7,14,15,16}

Research on the relationship between loneliness and suicidal behavior in the Veteran population is scant,⁷ but the findings are mostly in line with what has been found in the general population:

- A cross-sectional study classified Veterans (n=4,050) into one of three groups based on their level of loneliness.⁵ Over half of Veterans (56.9%) reported

experiencing loneliness either some of the time or often.⁵ Veterans who were often lonely had more than 12-fold greater odds of current suicidal ideation and 2-fold greater odds of lifetime suicide attempts than Veterans who were hardly ever lonely.⁵ And Veterans who were sometimes lonely were more likely to endorse suicidal ideation and suicide attempts than Veterans who were hardly ever lonely.⁵

- Veterans who are often lonely are less likely to be married or have a partner.⁵ And while some research has found that Veterans who are often lonely are more likely to be younger,⁵ other research has found that loneliness seems to become more salient as a risk factor for suicide as Veterans age.^{17,18}
- Using data from the National Health and Resilience in

Loneliness and Social Isolation – Risk Factors for Suicide

Veterans Study, researchers found that for Veterans who endorsed suicidal ideation during the 4-year follow-up period, loneliness at baseline was associated with an increased risk for suicidal ideation over the 4-year follow-up period. However, another longitudinal study of VHA patients who screened positive for depression found that loneliness at baseline was associated with decreased depression severity and suicidal ideation at 12-months follow-up.⁶

- To identify risk factors most strongly associated with incident suicide attempts among Veterans (n=2,037), data from the 2011-2018 National Health and Resilience in Veterans Study (NHRVS) was evaluated.²⁰ Of the Veterans in the sample, 3.1% (n=62) attempted suicide during the study.²⁰ Baseline loneliness was the

strongest risk factor for suicide attempt, accounting for 41.3% of the explained variance.²⁰

- Among Veterans who contacted the Veterans Crisis Line (VCL), roughly 16% cited loneliness as their reason for calling.²¹
- Veterans diagnosed with a serious mental illness who had a documented history of at least one suicide attempt or imminent suicide plan reported feeling lonely and isolated prior to the event(s).²²
- A cross-sectional study of Veterans with probable depression found that loneliness, more than any other aspect of social connectedness (e.g., number of confidants and perceptions of social support, interpersonal conflict, and social norms toward treatment seeking for depression), was associated with depression severity and suicidal ideation.⁷

Ways You Can Help

- Explore Veterans' key relationships (including with family members, significant others, friends, and work colleagues) by asking if they have someone who can "be there" for them. If they lack key relationships, identify Veterans' barriers to involving others in their care, such as concerns of being burdensome and a desire for self-reliance.²³
- Encourage Veterans who feel isolated to use communication technology, particularly video chat, to connect with others.²⁴ VA's Reach Out website provides numerous resources designed for these challenges, including feelings of isolation. Find out [here](#).
- Make sure Veterans are aware of the Veterans Crisis Line (VCL). The VCL provides 24/7, confidential crisis support for Veterans and their loved ones. Veterans don't need to be enrolled in VA benefits of health care to connect. They can dial 988 and then press 1 on their phone, or text 838255. Find out more [here](#).
- Screen for loneliness among Veterans with mental health conditions. People with such conditions tend to report being lonelier than the general population and loneliness is associated with poorer mental health outcomes.²⁵ Patients who have experienced an unexpected loss may be experiencing loneliness and, thus, are at risk for suicide.²⁶ A 3-item version of the UCLA Loneliness Scale was validated in a longitudinal study on mental health outcomes.²⁷ RAND provides a free Social Support Survey Instrument. Find out more [here](#).
- Use cognitive behavioral therapy techniques to help individuals change dysfunctional and irrational beliefs, false attributions, and self-defeating thoughts and interpersonal interactions.¹¹ Loneliness may result from or cause maladaptive cognitions.²⁸
- Other interventions to consider include social skills training and psychoeducation, such as activities to improve conversation skills; use of a peer support specialist to help Veterans overcome barriers to making social connections; and structured group participation at the community level to promote broader connectedness with other community members.²⁷ Volunteering for two or more hours a week is associated with a higher likelihood of positive affect, contact with friends, and purpose in life.²⁹
- Consider "social prescribing" (linking patients with sources of support within the community) as a formal method for recommending and motivating social interactions in the community. As part of this method, help Veterans identify community assets, needs, or interests to get involved with.²⁷ Also encourage Veterans, especially those transitioning from military to civilian life (a critical time for addressing loneliness and social isolation), to participate in Veteran service organizations. Find out more [here](#).³¹



U.S. Department
of Veterans Affairs

Loneliness and Social Isolation – Risk Factors for Suicide

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References

- Hawkey, L. C., Hughes, M. E., Waite, L. J., Masi, C. M., Thisted, R. A., & Cacioppo, J. T. (2008). From social structural factors to perceptions of relationship quality and loneliness: The Chicago health, aging, and social relations study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 63(6), S375-S384.
- Peplau, L. & Perlman, D. Perspectives on loneliness. In: Peplau, L. & Perlman, D., editors. *Loneliness: A sourcebook of current theory, research, and therapy*. New York: Wiley; 1982.
- Pinquant, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, 23(4), 245-266.
- Wheeler, L., Reis, H., & Nezlek, J. B. (1983). Loneliness, social interaction, and sex roles. *Journal of Personality and Social Psychology*, 45(4), 943.
- Straus, E., Norman, S. B., Tripp, J. C., Tsai, J., Sippel, L. M., Jeste, D. V., Southwick, S. M., & Pietrzak, R. H. (2022). Behavioral epidemic of loneliness in older U.S. military Veterans: Results from the 2019-2020 National Health and Resilience in Veterans Study. *The American Journal of Geriatric Psychiatry*, 30(3), 297-310.
- Chen, J. I., Hooker, E. R., Niederhausen, M., Marsh, H., Saha, S., Dobscha, S. K., & Teo, A. R. (2020). Social connectedness, depression symptoms, and health service utilization: A longitudinal study of Veterans Health Administration patients. *Social Psychiatry and Psychiatric Epidemiology*, 55(5), 589-597.
- Teo, A. R., Marsh, H. E., Forsberg, C. W., Nicolaidis, C., Chen, J. I., Newsom, J., Saha, S., & Dobscha, S. K. (2018). Loneliness is closely associated with depression outcomes and suicidal ideation among military Veterans in primary care. *Journal of Affective Disorders*, 230, 42-49.
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575-600.
- Park, C., Majeed, A., Gill, H., Tamura, J., Ho, R. C., Mansur, R. B., Nasri, F., Lee, Y., Rosenblat, J. D., Wong, E., & McIntyre, R. S. (2020). The effect of loneliness on distinct health outcomes: A comprehensive review and meta-analysis. *Psychiatry Research*, 294, 113514.
- Wilson, G., Hill, M., & Kiernan, M. D. (2018). Loneliness and social isolation of military Veterans: Systematic narrative review. *Occupational Medicine*, 68(9), 600-609.
- Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science*, 10(2), 238-249.
- Hirsch, J. K., Chang, E. C., & Jeglic, E. L. (2012). Social problem solving and suicidal behavior: Ethnic differences in the moderating effects of loneliness and life stress. *Archives of Suicide Research*, 16(4), 303-315.
- McClelland, H., Evans, J. J., Nowland, R., Ferguson, E., & O'Connor, R. C. (2020). Loneliness as a predictor of suicidal ideation and behaviour: A systematic review and meta-analysis of prospective studies. *Journal of Affective Disorders*, 274, 880-896.
- Dell, N. A., Huang, J., Buttafuoco, K. A., Vidovic, K. R., Murphy, A. M., & Farrar, L. A. (2020). Direct and indirect associations between loneliness and thoughts of self-harm among a clinical sample of older adults with serious mental illness. *The Journal of Nervous and Mental Disease*, 208(10), 828-832.
- Huang, M. (2020). Coping style moderates the relationship between depression and passive suicidal ideation through loneliness: A secondary data analysis of the National Health and Resilience in Veterans Study. PhD diss. *University of Hartford*.
- Martin, J. C., & Hartley, S. L. (2017). Lonely, stressed, and depressed: The impact of isolation on US Veterans. *Military Behavioral Health*, 5(4), 384-92.
- King, D. A., O'Riley, A. A., Thompson, C., Conwell, Y., He, H., & Kemp, J. (2014). Age-related concerns of male Veteran callers to a suicide crisis line. *Archives of Suicide Research*, 18(4), 445-452.
- Kuwert, P., Knaevelsrud, C., & Pietrzak, R. H. (2014). Loneliness among older Veterans in the United States: Results from the National Health and Resilience in Veterans Study. *The American Journal of Geriatric Psychiatry*, 22(6), 564-569.
- Pietrzak, R. H., Pitts, B. L., Harpaz-Rotem, I., Southwick, S. M., & Whealin, J. M. (2017). Factors protecting against the development of suicidal ideation in military Veterans. *World Psychiatry*, 16(3), 326-327.
- Nichter, B., Stein, M. B., Monteith, L. L., Herzog, S., Holliday, R., Hill, M. L., Norman, S. B., Krystal, J. H., & Pietrzak, R. H. (2022). Risk factors for suicide attempts among U.S. military Veterans: A 7-year population-based, longitudinal cohort study. *Suicide & Life-Threatening Behavior*, 52(2), 303-316.
- Dichter, M. E., Krishnamurti, L. S., Chhatre, S., Hoffmire, C. A., Monteith, L. L., Bellamy, S. L., Iverson, K. M., Montgomery, A. E., Agha, A., & McCoy, I. (2022). Gender differences in Veterans' use of the Veterans Crisis Line (VCL): Findings from VCL call data. *General Hospital Psychiatry*, 74, 65-70.
- Montross Thomas, L. P., Palinkas, L. A., Meier, E. A., Iglewicz, A., Kirkland, T., & Zisook, S. (2014). Yearning to be heard: What Veterans teach us about suicide risk and effective interventions. *Crisis*, 35(3), 161-167.
- Teo, A. R., Marsh, H. E., Ono, S. S., Nicolaidis, C., Saha, S., & Dobscha, S. K. (2020). The importance of "being there": A qualitative study of what Veterans with depression want in social support. *Journal of General Internal Medicine*, 35(7), 1954-1962.
- Teo, A. R., Markwardt, S., & Hinton, L. (2019). Using Skype to beat the blues: Longitudinal data from a national representative sample. *The American Journal of Geriatric Psychiatry*, 27(3), 254-262.
- Ma, R. (2020). The role of subjective and objective social isolation as predictors of mental health recovery. PhD diss. *University College London*.
- Pitman, A. L., King, M. B., Marston, L., & Osborn, D. (2020). The association of loneliness after sudden bereavement with risk of suicide attempt: A nationwide survey of bereaved adults. *Social Psychiatry and Psychiatric Epidemiology*, 55(8), 1081-1092.
- Matthews, T., Bryan, B. T., Danese, A., Meehan, A. J., Poulton, R., & Arseneault, L. (2022). Using a loneliness measure to screen for risk of mental health problems: A replication in two nationally representative cohorts. *International Journal of Environmental Research and Public Health*, 19(3), 1641.
- Mann, F., Bone, J. K., Lloyd-Evans, B., Frerichs, J., Pinfold, V., Ma, R., Wang, J., & Johnson, S. (2017). A life less lonely: The state of the art in interventions to reduce loneliness in people with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 52(6), 627-638.
- Kim, E. S., Whillans, A. V., Lee, M. T., Chen, Y., & VanderWeele, T. J. (2020). Volunteering and subsequent health and well-being in older adults: an outcome-wide longitudinal approach. *American Journal of Preventive Medicine*, 59(2), 176-186.
- Wilson, G., Leslie, C., McGill, G., & Kiernan, M. (2019). Understanding unique factors of social isolation and loneliness of military Veterans: A Delphi study.
- Russell, C. A., & Russell, D. W. (2018). It's not just showing up: How social identification with a Veterans service organization relates to benefit-finding and social isolation among Veterans. *Psychological Services*, 15(2), 154-162.