

Loneliness— A Risk Factor for Suicide



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

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 44% of Veterans aged 60 and older endorsed feeling left out, isolated, or lacking in companionship — features of loneliness — some of the time or often.¹ In clinical samples of Veterans, participants have reported high levels of loneliness.^{2,3}

Some researchers consider social isolation as “arguably the strongest and most reliable predictor of suicidal ideation, [suicide] attempts, and lethal suicidal behavior.”⁴ 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.^{5,6}

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.⁷ 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.^{2,8,9,10}

Research on the relationship between loneliness and suicidal behavior in the Veteran population is scant,² but the findings are mostly in line with what has been found in the general population:

- Using data from the National Health and Resilience 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.¹¹ 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.³

- Among Veterans who contacted a crisis intervention hotline, loneliness was commonly cited as a reason for calling.¹²
- Loneliness seems to become more salient as a risk factor for suicide as Veterans age.^{1,13}
- 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).¹⁴
- 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.²

Implications

Even 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. People may perceive themselves as lonely despite having outward appearances of being well-integrated with a social support system of friends and family.² People 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).¹⁵ 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.¹⁶

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

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them (Review the VCL site for more information: <https://www.veteranscrisisline.net/support/being-there>). 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.¹⁷

- Screening for loneliness among Veterans with mental health conditions may be particularly important because people with such conditions tend to report being lonelier than the general population and loneliness is associated with poorer mental health outcomes.¹⁸ Patients who have experienced an unexpected loss may be experiencing loneliness and, thus, are at risk for suicide.¹⁹
- Loneliness may result from or cause maladaptive cognitions.²⁰ Use cognitive behavioral therapy techniques to help individuals change dysfunctional and irrational beliefs, false attributions, and self-defeating thoughts and interpersonal interactions.¹⁵
- 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.²⁰ Volunteering for two or more hours a week is associated with a higher likelihood of positive affect, contact with friends, and purpose in life.²¹

- 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.²⁰ Also encourage Veterans, especially those transitioning from military to civilian life (a critical time for addressing loneliness and social isolation),²² to participate in Veteran service organizations: www.va.gov/vso.²³
- Encourage Veterans who feel isolated to use communication technology, particularly video chat, to connect with others.²⁴

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.

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