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Loneliness – A Risk Factor for Suicide



From Science
to Practice

Using Research to Prevent Suicide

Issue

Just like members of the general population, Veterans who appear or describe themselves as lonely may be at increased risk for suicide.

The connection between loneliness and suicidal behavior in the general population was first observed in 2001; previous studies had demonstrated this relationship in certain segments, such as high school and college students.¹ In addition to suicide, loneliness and social isolation (a closely related but distinct construct) have been linked to high blood pressure, cognitive decline, depression, and premature death.² Some researchers identify social isolation as “arguably the strongest and most reliable predictor of suicidal ideation, [suicide] attempts, and lethal suicidal behavior.”³

Key Findings

Research on 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:

- Among Veterans who contacted a crisis intervention hotline, loneliness was commonly cited as a reason for calling.⁴
- Loneliness seems to become more salient as a risk factor for suicide as Veterans age.^{5,6}
- Veterans diagnosed with a serious mental illness who had either planned or attempted suicide reported feeling lonely and isolated prior to either planning or attempting suicide.⁷
- Loneliness and social isolation may be more robust risk factors for suicide than hopelessness, anxiety, or perceived burdensomeness, as demonstrated by a study that found that thwarted belongingness (loneliness and social isolation resulting from one’s unmet fundamental need for social connectedness) helped explain why insomnia itself is a risk factor for suicidal behavior among Veterans and service members.⁸

Implications

Despite the fact that the Veteran-specific evidence base is small, clinicians should consider loneliness as a risk factor for suicide among Veterans. However, loneliness is subjective, in that people may perceive themselves as disconnected from everyone around them despite being well-integrated with social support and the support of friends and family.² In addition, loneliness manifests in different ways. For example, people may experience 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).⁹ People with avoidant attachments may feel unable to approach someone and appeal for help, while those with anxious attachments may see themselves as burdensome and undeserving of love and support.¹⁰ Also, 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.¹¹

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Ways You Can Help

- Explore Veterans' key relationships, including with family members, significant others, friends, and work colleagues, to assess perceived isolation and meaningful connectedness.
- Consider using assessment tools, such as the De Jong Gierveld Loneliness Scale¹² (available at <http://home.planet.nl/~gierv005/ResonAging.pdf>), to determine the type of loneliness a Veteran may be experiencing and how best to intervene.
- Loneliness may result from or cause maladaptive cognitions.¹³ Use cognitive behavioral therapy techniques to help individuals change dysfunctional and irrational beliefs, false attributions, and self-defeating thoughts and interpersonal interactions.⁹
- 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 (e.g., becoming a volunteer to help others) to promote broader connectedness with other community members.¹³
- 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.¹³

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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