

To: **All Providers**

From: **PerformCare**

Date: **March 3, 2025**

Subject: **Suicide Prevention #22: Loneliness and Social Isolation as Key Risk Factors for Suicide**

In our January 2025 memo, the Three Factor Step Theory for Suicide was outlined. Connectedness was noted to be a mediating factor for suicide risk. Conversely, loneliness, social isolation and lack of connectedness are known to be key risk factors for suicide. In October of 2023, the US Surgeon General released a report designating loneliness and isolation as an epidemic, highlighting that community and social connection have healing properties. Physical and mental health concerns result from this epidemic that were noted to lead to early death similar to how we conceptualize Adverse Childhood Experiences (ACES). He called for action/campaign efforts to address this concern with efforts similar that were used with tobacco, other substance use, and obesity as examples. In October of 2024, a Harvard report addressed loneliness in the United States and summarized that 21% of Americans reported serious feelings of loneliness, contributing to mental health concerns, and an overall lack of connectedness to others and society. 65% reported feeling disconnected. For the full summary of findings including key factors and subpopulations with higher levels of concern, as well as recommendations, go to <https://mcc.gse.harvard.edu/reports/loneliness-in-america-2024>

In 2022, Toudic and colleagues acknowledged the biopsychosocial risk factors associated with suicide, but their metanalysis provided a theoretical basis for the relationship between isolation and suicide risk, as well as key factors that emerged from their review of 46 studies on the relationship between social isolation and suicide risk. Analysis of age and gender revealed that while all are impacted by loneliness, older adults and adolescents had higher impacts. Mediating variables for older adults were the loss of loved ones and the disruption of social bonds being a factor for adolescents. Males were reported to be statistically more impacted than females by loneliness, but contributing factors showed to be more diffuse ranging from social to familial variables. In addition, the authors found a “bidirectional” link to psychological conditions to loneliness and suicide risk, as well as synergetic factors when depression and isolation occur together. Additionally, mediating variables were found to be related to the impact on social isolation and subpopulations. The authors concluded that special consideration of the factors identified by these distinct groups need to be accounted for in prevention and intervention. In other words, intervention for social isolation is not one size fits all and the mediating variables mentioned should be considered when treatment goals target social isolation based on the individual person.

For the full report, please go to <https://pmc.ncbi.nlm.nih.gov/articles/PMC9641655/>. Our hope

is that this overview, as well as the resource links, will help providers when building connectedness into individualized and suicide specific treatment plans.

References

<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

Making Caring Common (2024). Loneliness in America: Just the Tip of the Iceberg?

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Motillon-Toudic, C., Walter, M., Séguin, M. Carrier, JD., Berrouguet, S., Lemey, C. (2022) Social isolation and suicide risk: Literature review and perspectives. *European Psychiatry*, 11;65(1).

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