

Social isolation and loneliness – why addressing this is important to reducing suicide in Scotland

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WHAT I'M GOING TO COVER...

- What do we know about suicide in Scotland...
- Introduction to the connections
- Research Findings from our own service
- Latest research
- Interactions with other high-risk factors
- Connectedness
- Conclusions

Scotland had a high rate of suicide compared to the rest of the UK. Suicide affects people in 'middle years' more than others...

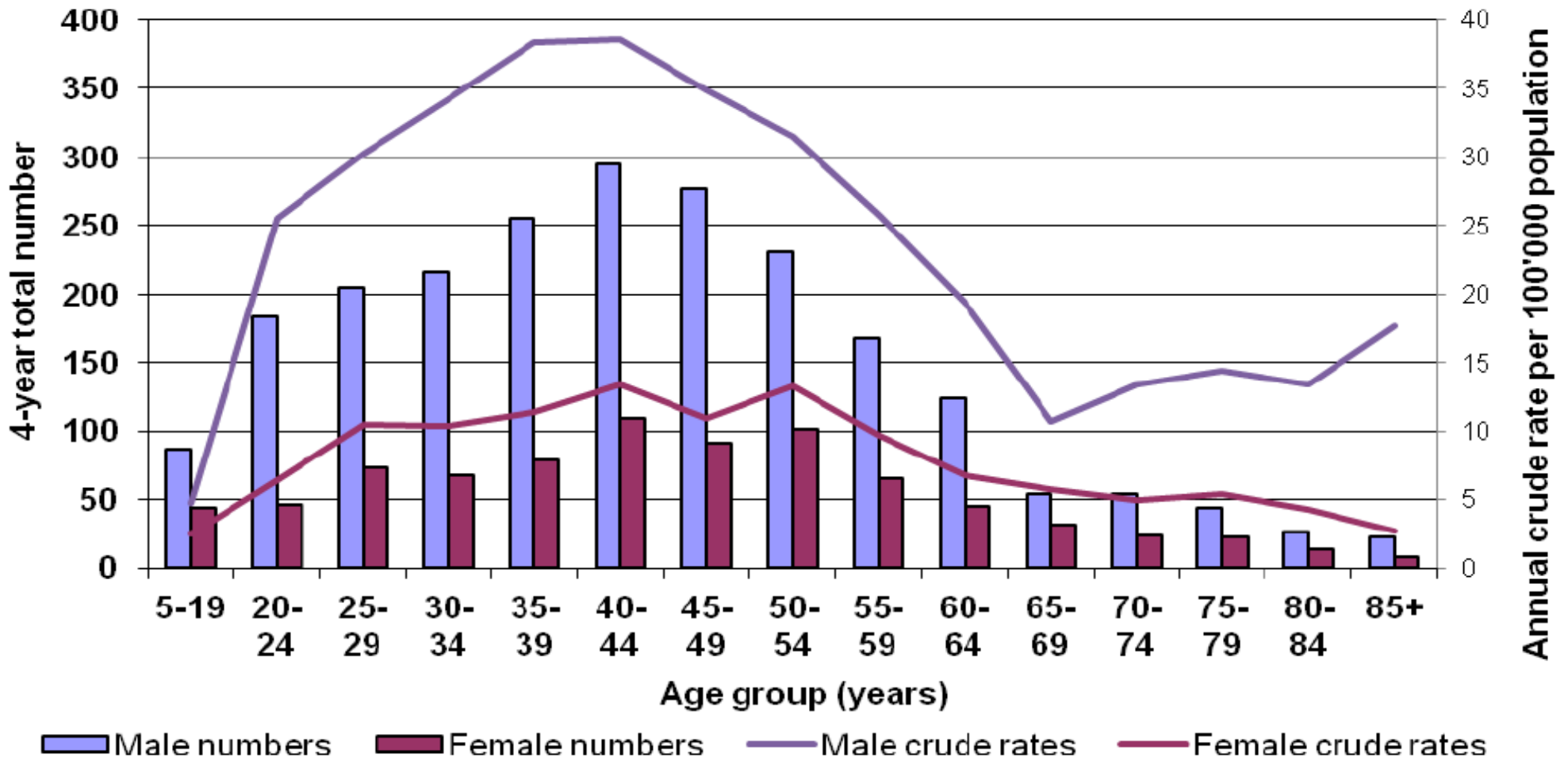
Suicide rates in the UK and Republic of Ireland: 2014

Rates are per 100,000 population.



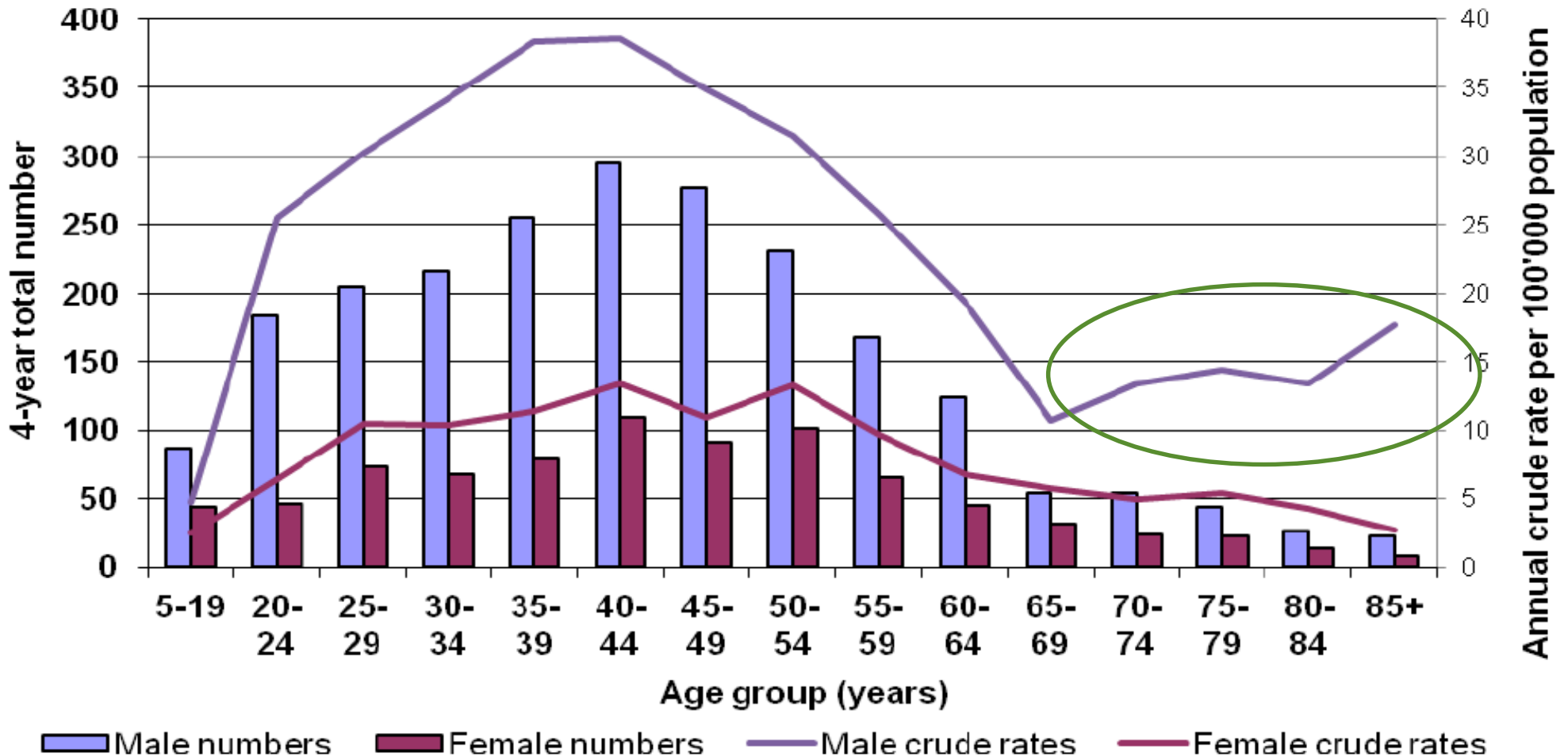
Men in their mid years (30-54) are at the highest proportionate risk in Scotland

Figure 3: Deaths caused by probable suicide¹ – four-year total numbers and annual age-specific crude rates, by age group and gender, Scotland, 2009-12



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Figure 3: Deaths caused by probable suicide¹ – four-year total numbers and annual age-specific crude rates, by age group and gender, Scotland, 2009-12



What we understand about those who take their own life

- Almost three-quarters of probable suicide deaths are male
- Almost half the probable suicide deaths were of people aged 35-54 years
- **There are a greater proportion of single or divorced individuals compared to the general population of Scotland**
- Among people of employment age, around two-thirds are in employment, with a wide range of occupations recorded.

What we understand about those who take their own life

- There is a strong deprivation effect, with the suicide rate more than three times higher in the most deprived fifth of the population than in the least deprived fifth (25 compared with 8 per 100,000 population respectively).
- Across urban/rural categories, the suicide rate ranged from 11 per 100,000 population in accessible rural areas to 20 per 100,000 in very remote small towns.

What are the connections?

- Isolation/loneliness however defined is hugely complex. Interactions with suicide and suicidal feelings are also complex. **What we do know is different measures of isolation/loneliness all show a relationship with suicide rates**; it can be a risk factor itself, or a catalyst for other risk factors, or something that underscores a lifetime of adversity.
- For example, bullying in childhood could be because someone is “a loner” or can make someone feel lonely, drug/alcohol use (can lead to further isolation), mental health problems (feeling of being alone and being socially isolated), job loss, relationship breakdown etc. – all of these events are isolating and can add to feelings of loneliness, or be driven by them, or both.
- They are also all risk factors/life events that are often antecedents of suicide. **Not all people who feel lonely or are measurably socially isolated will feel suicidal or experience suicidal crisis, but it does increase the risk.**

CALLERS NEEDS ARE CHANGING...



Samaritans service research findings

- 2010 we commissioned an evaluation of our support services
 - 6% cited loneliness/isolation as their **main** reason for contacting Samaritans
 - Some callers describe themselves as socially isolated.
 - Poor relationships and relationship breakdown were the start of their problems...
 - So it points to an unmet need that is underpinning an increased risk.

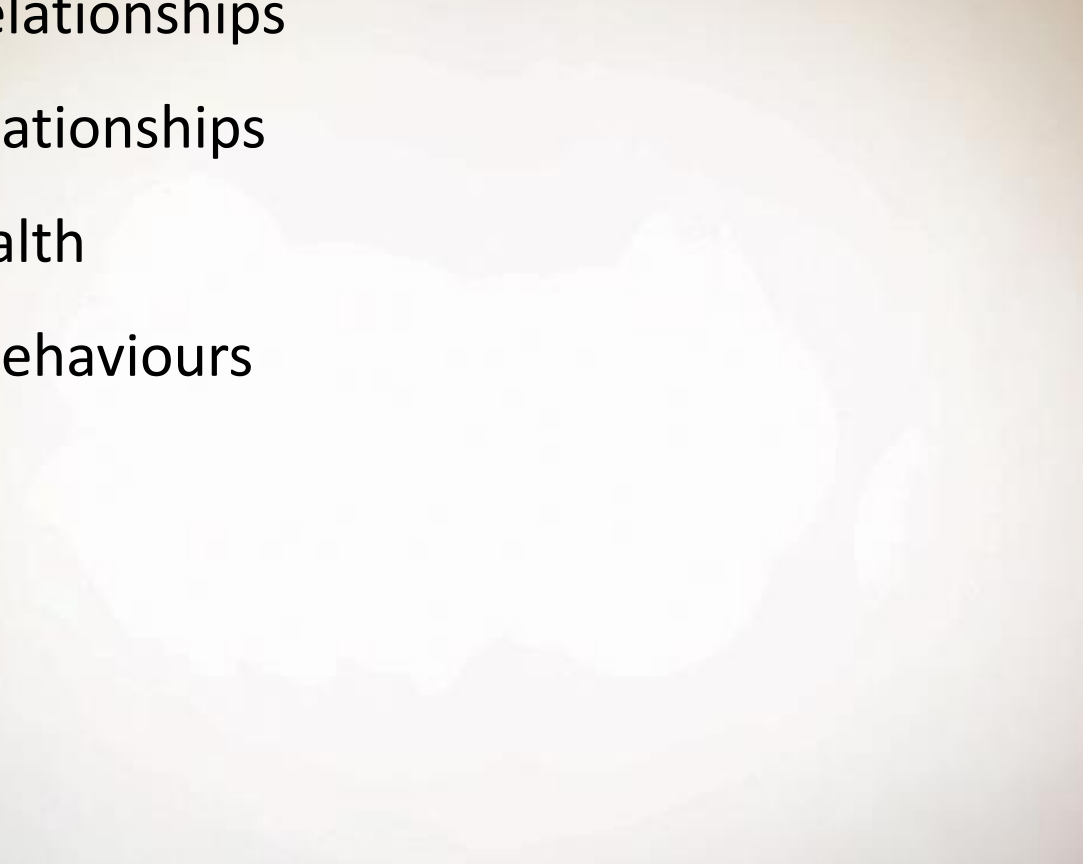


Latest research on suicide and isolation

- Those who live alone are more likely to have suicidal thoughts and have attempted to take their own lives compared with people who live with at least one other person...(Adult Psychiatric Morbidity Survey 2016)
- Social isolation (measured as living alone) is a growing concern and a risk factor for suicide (National Confidential Enquiry, 2016)

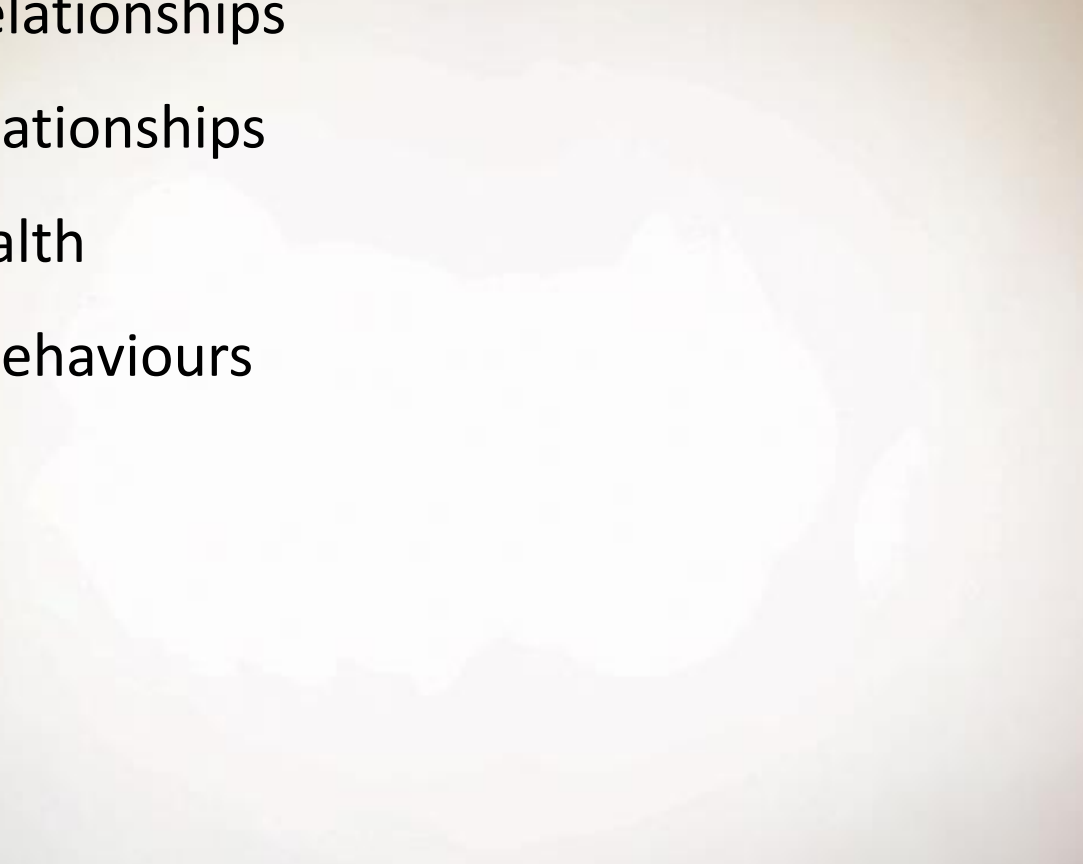
Loneliness and isolation interacting with other high-risk factors for suicide

- Intimate relationships
- Familial relationships
- Mental health
- Men and behaviours



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Suicide prevention in the USA

- Strategy recognises the concept of 'connectedness' as a theme.
- Still to be supported fully by an evidence base....but a real focus on
 - People
 - Families
 - Communities

Conclusions

- How can we use the life change signs for men to prompt ways to support better connectedness to others?
- How do we address physical **and** mental health needs in older men who may be becoming socially isolated?
- What are the touch points where Samaritans can be there for people before things have gone 'too far'?
- How can we make this everything and nothing about suicide prevention?

