Submission Cover Sheet

Inquiry into Loneliness and Social Isolation in the ACT

Submission Number: 07

Date Authorised for Publication: 27 February 2024

21 February 2024

Standing Committee on Education and Community Inclusion
ACT Legislative Assembly
GPO BOX 1020
Canberra ACT 2601
By email: LAcommitteeECI@parliament.act.gov.au

Dear Standing Committee on Education and Community Inclusion,

RE: Submission to Inquiry into Loneliness and Social Isolation in the ACT
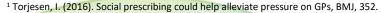
Suicide Prevention Australia welcomes the opportunity to contribute to this inquiry. We are the national peak body for suicide prevention, with over 420 members representing more than 140,000 workers, staff, and volunteers across Australia. We provide a collective voice for service provider organisations both large and small, as well as practitioners, researchers, local collaboratives, and people with lived experience.

Suicide Prevention Australia is concerned about the impacts of social isolation and loneliness on the risk of suicide. Although suicide is a complex human behaviour with many risk factors, research demonstrates clear linkages of both social isolation and loneliness to suicide, as summarised in the attachment to this letter. Government support can help strengthen communities' ability to address and reduce social isolation and loneliness.

Strengthening communities through increased connections
Community-based programs and interventions should be co-designed with priority populations, be appropriately targeted to age demographics given protective factors can differ among age groups and be integrated into communities and existing programs. Lived experience expertise should be included in all levels of community-based programs (i.e. design, delivery, and evaluation).

Alternative and innovative approaches to addressing loneliness are emerging overseas. For example, 'social prescribing', which involves the process of healthcare providers referring people in the community to existing community-based non-clinical supports. These supports may include social support services, volunteering opportunities, arts activities, community gardens, and community groups. Research estimates that approximately 20% of people consult their GP for social issues[1].

---

[1] Torjesen, I. (2016). Social prescribing could help alleviate pressure on GPs, BMJ, 352.

Recommendation: Create targeted innovative community-based strategies to engage youth, men, older people, and other at-risk demographics in social connections.

Strengthening communities through increased skills.
Funding evidence-based "first aid" suicide prevention training to key members of the community who commonly encounter people at risk of suicide.

People experiencing suicidal distress interact with diverse sectors of the community. It is a critical moment when a person discloses their distress or suicidal thoughts for the first time, so it is vital to build suicide prevention skills and knowledge throughout the community. For suicide prevention to be effective, key people in the community should be actively engaged. This can include everyone from clinicians to frontline service workers and teachers, along with members of the broader community who often provide informal support, such as pharmacists or barbers.

With appropriate evidence-based suicide prevention training, these connectors within communities are capable of having a conversation with a patient, customer, student or neighbour and provide vital assistance to help reduce their risk of suicide.

One mechanism for enhancing community skills is Suicide Prevention Australia's LearnLinc Platform. This learning platform connects participants with multiple different training providers plus free online resources. Further support such as subsidising training programs could significantly improve the ability of communities to connect and address the risk of suicide.

Recommendation: Make evidence-based "first aid" suicide prevention training more available to key members of the community who commonly encounter people at risk by funding free training accessed through a readily accessible online learning platform.

We urge the Committee to ensure that the critical issue of preventing suicide is included in considerations on addressing social isolation and loneliness. If the Committee requires any further information please contact Rebekah Henricksen, Senior Government Relations Advisor, rebekahh@suicidepreventionaust.org.

Yours sincerely,

Nieves Murray
Chief Executive Officer

Attachment: Summary of research

Social isolation and suicide

There is a significant amount of international research linking social isolation with suicide. A systematic analysis indicates that marital status (being single, separated, divorced, or widowed) and living alone are strongly associated with suicidal behaviour.[2] Another systematic review found that that social isolation and a lack of close friends or family network increases risk of suicide among adolescents.[3] For men, the risk of suicide decreases with increasing social integration.[4] Research has also found that among women high levels of social integration is associated with a lower risk of suicide.[5]

Australian research also demonstrates a link, one study found that social isolation is one of the most common risk factors identified by Australian men who have attempted suicide.[6] A study undertaken with older Australian adults aged 60 and above found that poor social support and living alone is associated with suicidal ideation.[7] The Suicide Prevention Australia Community Tracker indicates social isolation and loneliness causes elevated distress in the Australian community.[8]

Loneliness and suicide

There is a significant amount of international research linking loneliness with suicide. For school-going adolescents loneliness has been linked to suicide, particularly among males.[9,10,11] Research has also suggested that loneliness may have been a factor implicated in

[2] Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of affective disorders*, *245*, 653–667.

[3] Cheryl A. King & Christopher R. Merchant (2008) Social and Interpersonal Factors Relating to Adolescent Suicidality: A Review of the Literature, Archives of Suicide Research, 12:3, 181-196

[4] Tsai, A. C., Lucas, M., Sania, A., Kim, D., & Kawachi, I. (2014). Social integration and suicide mortality among men: 24-year cohort study of U.S. health professionals. *Annals of internal medicine*, *161*(2), 85–95.

[5] Tsai, A. C., Lucas, M., & Kawachi, I. (2015). Association Between Social Integration and Suicide Among Women in the United States. *JAMA psychiatry*, *72*(10), 987–993.

[6] Player MJ, Proudfoot J, Fogarty A, Whittle E, Spurrier M, Shand F, et al. (2015) What Interrupts Suicide Attempts in Men: A Qualitative Study. PLoS ONE 10(6): e0128180. https://doi.org/10.1371/journal.pone.0128180

[7] Almeida, O. P., Draper, B., Snowdon, J., Lautenschlager, N. T., Pirkis, J., Byrne, G., Sim, M., Stocks, N., Flicker, L., & Pfaff, J. J. (2012). Factors associated with suicidal thoughts in a large community study of older adults. *The British journal of psychiatry : the journal of mental science*, *201*(6), 466–472. https://doi.org/10.1192/bjp.bp.112.110130

[8] Suicide Prevention Australia. [Internet]. 2022. Suicide Prevention Australia Community Tracker; 2022 [cited 2022 Dec 22]. Available from: Suicide Prevention Australia Community Tracker - Suicide Prevention Australia.

[9] Rudatsikira, E., Muula, A. S., Siziya, S., & Twa-Twa, J. (2007). Suicidal ideation and associated factors among school-going adolescents in rural Uganda. *BMC psychiatry*, *7*, 67.

[10] Page, R. M., Yanagishita, J., Suwanteerangkul, J., Zarco, E. P., Mei-Lee, C., & Miao, N.-F. (2006). Hopelessness and Loneliness Among Suicide Attempters in School-Based Samples of Taiwanese, Philippine, and Thai Adolescents. *School Psychology International*, *27*(5), 583–598.

[11] Randall, J. R., Doku, D., Wilson, M. L., & Peltzer, K. (2014). Suicidal behaviour and related risk factors among school-aged youth in the Republic of Benin. *PloS one*, *9*(2), e88233.

Phone 02 9262 1130
admin@suicidepreventionaust.org
www.suicidepreventionaust.org
GPO Box 219 Sydney NSW 2001
ABN 64 461 352 676
ACN 164 450 882

Patron: His Excellency General the Honourable David Hurley AC DSC (Retd)

suicides among young people during the COVID-19 pandemic lockdowns.[12] Qualitative research undertaken to understand the meaning that suicide holds for street youths uncovered that loneliness was a key construct of suicide.[13] Research has also found that those who experience loneliness during middle childhood are more likely to engage in suicidal behaviour at 15-years of age.[14] Among adults, loneliness has also been found to be a risk factor for suicidal behaviour.[15,16] Prevalence of suicidal behaviour increases with the degree of loneliness.[17] A meta-analysis also identified that loneliness is a key predictor of suicidal ideation and behaviour.[18] Research shows that loneliness is also a risk factor for suicide in older adults.[19,20]

There is limited Australian research which examines the link between loneliness and suicide. However, Data from Ten to Men: The Australian Longitudinal Study on Male Health found that men who report lacking close friends or relatives where two times more likely to experience suicidal ideation in the past 12 months.[21,22]

[12] Manzar, M. D., Albougami, A., Usman, N., & Mamun, M. A. (2021). Suicide among adolescents and youths during the COVID-19 pandemic lockdowns: A press media reports-based exploratory study. *Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc, 34*(2), 139–146.

[13] Kidd, S. A. (2004). "The Walls Were Closing in, and We Were Trapped": A Qualitative Analysis of Street Youth Suicide. *Youth & Society, 36*(1), 30–55.

[14] Schinka, K. C., Van Dulmen, M. H., Bossarte, R., & Swahn, M. (2012). Association between loneliness and suicidality during middle childhood and adolescence: longitudinal effects and the role of demographic characteristics. *The Journal of psychology, 146*(1-2), 105–118.

[15] Gomboc, V., Krohne, N., Lavrič, M. *et al.* Emotional and Social Loneliness as Predictors of Suicidal Ideation in Different Age Groups. *Community Ment Health J* 58, 311–320 (2022).

[16] Gvion, Y., & Levi-Belz, Y. (2018). Serious Suicide Attempts: Systematic Review of Psychological Risk Factors. *Frontiers in psychiatry, 9*, 56. https://doi.org/10.3389/fpsyt.2018.00056

[17] Stravynski, A., & Boyer, R. (2001). Loneliness in relation to suicide ideation and parasuicide: a population-wide study. *Suicide & life-threatening behavior, 31*(1), 32–40.

[18] 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. https://doi.org/10.1016/j.jad.2020.05.004

[19] De Leo, D. Late-life suicide in an aging world. *Natur Aging* **2**, 7–12 (2022). https://doi.org/10.1038/s43587-021-00160-1

[20] Niu, L., Jia, C., Ma, Z., Wang, G., Sun, B., Zhang, D., & Zhou, L. (2020). Loneliness, hopelessness and suicide in later life: a case-control psychological autopsy study in rural China. *Epidemiology and psychiatric sciences, 29*, e119. https://doi.org/10.1017/S2045796020000335

[21] Australian Government. Australian Institute of Family Studies. (2020). Depression, suicidality, and loneliness: mental health and Australian men. Available from: https://aifs.gov.au/sites/default/files/mediarelease-ttm_insights-mental_health_0.pdf

[22] Ten to Men: Australian Longitudinal Study on Male Health. (2023). Research findings: https://tentomen.org.au/research-findings

Phone 02 9262 1130
admin@suicidepreventionaust.org
www.suicidepreventionaust.org
GPO Box 219 Sydney NSW 2001
ABN 64 461 352 676
ACN 164 450 882

Patron: His Excellency General the Honourable
David Hurley AC DSC (Retd)