

Review

Social Connectedness in Preventing Suicide among Older Adults

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Academic Editor: Ray Marks**Special Issue:** [Depression and Aging: Role of Social Support](#)*OBM Geriatrics*

2020, volume 4, issue 1

doi:10.21926/obm.geriatr.2001096

Received: August 30, 2019**Accepted:** December 24, 2019**Published:** January 02, 2020

Abstract

Social isolation and social disconnectedness have resulted in some older adults ending their lives by suicide; therefore, improving social connectedness has become an integral part of suicide prevention programmes. The purpose of this literature review was to assess the impact of social connectedness interventions for preventing suicide in older adults. It is evident that interventions aimed at promoting social connectedness are intended to alleviate stress and depressive symptoms due to social separation and traumatic life events, and improve resilience, allowing people to manage their difficult situations. Improving connectedness beyond the individual level has the potential to reduce the risk of suicide, and as a suicide prevention strategy, it has given promising hope for authorities in minimising the suicidal crisis. Improved interpersonal relationships among individuals not only diminish suicide-related morbidity and mortality but also enhance the psychosocial wellbeing of older adults.

Keywords

Older adults; suicide; social connectedness; social isolation



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1. Introduction

Globally, suicidal behaviour in older adults is considered as a major public health issue [1, 2]. According to the World Health Organization (WHO), a significant number of countries have higher suicide rates among older adults compared to other age groups [3]. In general, suicide rates of older adults in Asian countries such as Japan, Hong Kong and China, are higher than their western counterparts [4, 5]. Furthermore, Japanese and Australian studies showed that elderly suicide rates in rural areas are higher than in urban areas [6-9]. Suicide rates among older adults in the world are expected to rise over the next 20 years, given that they comprise the fastest-growing age category in the population [10-15]. Japan has experienced immense difficulty in containing the suicide crisis among older adults, because Japanese older people have both the highest life expectancy globally, while simultaneously, this age segment has the highest suicide rate in the country [8, 16].

The risk factors associated with suicide in older adults are mixed and varied. Most common are intentional self-harm with previous histories of suicide attempts [9, 17-19], chronic pain [1], physical illness [20-23], functional impairment [23, 24], loss of a partner or a significant other [25, 26], alcoholism [27], loneliness or hopelessness [20, 21], depression [17, 20, 28-31], economic dependency [1], remoteness [32] and social isolation [17, 20, 21]. These suicide risk factors either individually or collectively can affect older adults, but in most of the scenarios recorded globally, it was discovered that the integration of several suicide risk factors influences late-life crisis [20]. Social isolation among older adults has been identified as one of the major suicide risk factors [17, 33, 34]. Therefore, modern suicide prevention programmes for older adults include new methods to improve social connectedness to minimise social isolation.

2. Social Connectedness

Social isolation and social disconnectedness have resulted in some older adults ending their lives by suicide [35-40], so improving social connectedness has become an integral part of suicide prevention programmes aimed at older adults [33, 34]. Previously, there had been an emphasis on social connectedness in suicide prevention, and now this is coupled with compelling evidence supporting the role of improving social connectedness in preventing a late-life crisis [33].

Loss of a spouse, family, friends, and caretakers, as well as limited access to services and geographical location [11, 23, 27, 41-46], are the main factors related to social disconnectedness among older adults. Societal attitudes towards older adults and family integration or disintegration have a greater influence on suicidal mortality among older adults [15]. Societal attitudes comprise emotional and cognitive factors such as friendliness, contempt, recognition, consideration, respect and prejudice, and they can influence whether older adults feel that they are socially valuable or not [15]. These factors have the potential for creating stress, depressive symptoms, frustration and a turbulent mind, which can prompt the option of taking one's life [17]. Not everyone is capable of handling life-changing circumstances in the same manner. Depending on the context and the level of adjustability of older adults, adverse factors will impact on them at different levels when they encounter difficult life events [17]. This is where social connectedness becomes very important, as

it works as a coping resource. Social connectedness can improve resilience against adverse psychological feelings and recovery from difficult times [41]. However, older adults who are not capable of coping with the impacts of these unpleasant feelings, may progress to suicidal thoughts, suicidal behaviour and eventually end their lives by suicide. Some older adults may experience multiple adverse life events. There is pressing evidence that those with multiple traumatic life events are more susceptible to die by suicide [17, 42]. Therefore, improving resilience in facing difficult situations is very important.

Interventions aimed at promoting social connectedness are intended to alleviate stress and depressive symptoms due to social separation and traumatic life events and improve resilience, allowing people to manage and 'bounce back' from difficult situations [17, 41]. Conquering difficult circumstances through social connectedness interventions and interactions among individuals, their families, community organisations and social institutions improve the active lifestyle, which is very important to the psychological well-being of older adults [33, 41]. At the individual level, connectedness among persons is found to be a substantial factor in reducing suicidal thoughts and behaviours [33]. Social supports, in the forms of emotional, instrumental, actual or perceived support that is offered by individuals, as well as social integration measures such as an increased number of social contacts and friends, have a great protective influence on people at the times of stress [33, 43, 44]. Unfortunately, disturbed social associations such as family disintegration can result in increased risks of suicidal thoughts, suicidal behaviour and mortality [33, 44, 45]. Furthermore, older adults appeared to be more focused on meaningful social interactions rather than the number of social contacts. Apart from that, older adults with meaningful social relationships and the existence of a close friend with whom private matters are discussed are less likely to die by suicide [23]. The possibility of a quality friendship is that it creates accessibility to social support and increases companionship [46]. Hence, social connectedness could be improved to prevent suicide among older adults.

Logically, improving connectedness beyond the individual level has the potential to reduce the risk of suicide. Nevertheless, connectedness among older adults, community organisations and social institutions has not been studied extensively, and this area requires further understanding and research [33]. For example, connecting older adults with community organisations, places of employment, community centres and churches, or other spiritual or religious places and organisations, can enhance their access to support when in need, their sense of belonging within the community and their sense of personal value [33]. A recent study revealed that older adults who continue to be involved in meaningful employment longer have significantly lower suicidal mortality [15, 47]. A lower income in late-life increases the risk of suicidal behaviour, which could be a possible explanation of why the continuation of employment reduces the suicidal risk [48]. However, the most important factor in the continuation of employment is keeping older adults active in their lives, which is very important for psychological well-being and is a barricade against suicide in late-life [15]. Apart from that, when communities are connected with social institutions such as agencies and social infrastructure, this too can facilitate suicide prevention and treatment. When formal or informal screening interventions within social support services are conducted to identify the risk of suicide, having relationships with larger organisations will ensure that referrals and that high-quality services are accessible [33].

Improving social connectedness among older adults as a suicide prevention strategy has given promising hope for authorities in minimising the suicidal crisis. An evaluation of studies which

promoted social connectedness interventions among older adults has illustrated the impact of the interventions in reducing suicidal thoughts, suicidal behaviours and deaths. Several Japanese studies that implemented community-based intervention programmes in rural areas yielded a significant reduction in suicides among older adults [7, 49, 50]. In a case-control study in the USA, a group of older adults who received social interactions had a 27% reduction in suicide post-intervention [51]. Additionally, another study provided evidence of the effectiveness of social support, when connectedness among depressed older adults through church attendance significantly lessened suicidal behaviour [52].

Improved interpersonal relationships among individuals not only diminish suicide-related morbidity and mortality but also enhance the physiological aspects of an individual, such as the functioning of the immune, endocrine and cardiovascular systems [33, 53]. Escalating evidence suggests that social disconnectedness among older adults may influence on developing Alzheimer's disease, cardiovascular diseases and all other mortalities [34, 54-57]. Finally, consideration of all of these factors suggests that promoting social connectedness among older adults is a feasible means of reducing suicidal thoughts, suicidal behaviour and suicidal-related morbidity and mortality.

3. Conclusions

It can be concluded that social connectedness interventions are likely to be useful in reducing suicides among older adults. The inferences to be drawn for practising health professions include knowing the importance and potential value of specific group programs targeting individuals at risk. Irrespective of age, breaking down of stigma surrounding help-seeking in mental health, should be a priority area for a successful implementation of suicide prevention programs. Drawing out by health professionals of individuals (consumers) to speak openly about their fears, concerns, feelings of isolation and or loneliness - as well as hopes for the future - will be key to any successful therapeutic program. Implementing interventions for an optimal period, evaluating cost-effectiveness, comprehending the influence of co-morbidities on the effectiveness of social connectedness interventions for preventing suicide, and establishing the optimal intensity of social connectedness interventions, are some of the issues that need to be addressed in future research.

Acknowledgments

The authors acknowledge the support and supervision giving by Professor Nicholas Procter Chair: Mental Health Nursing University of South Australia.

Author Contributions

Rasika Jayasekara and Malith Kadirappulli-Hewage have contributed to this review.

Competing Interests

The authors have declared that no competing interests exist.

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