The Lived Experience of Loneliness: Links to Suicidal Ideation and Suicide Attempts

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ALONE TASKFORCE SEMINAR: FEBRUARY 2026

Funding: National Office for Suicide Prevention, HSE

National Office for Suicide Prevention

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Introduction

- Suicide = major global public health crisis with significant societal & economic consequences
- World Health Organization (2025) estimated 727,000 people died by suicide in 2021
  - 3rd leading cause of death: 15- to 29-year-olds
    - 2nd leading COD young females & 3rd young males
- Understanding the factors contributing to suicidal behaviours → crucial for developing targeted interventions & identifying at-risk groups

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- Extensive internat. lit. seeking to identify patterns b/t individual characteristics & psychosocial factors w/ suicidal ideation & attempts - but findings for various risk factors often inconsistent across different country contexts (Bennardi *et al.*, 2019; Ernst *et al.*, 2021; Lasgaard *et al.*, 2011; McClelland *et al.*, 2020; Shaw *et al.*, 2021; Stravynski & Boyer, 2001)
- Remains a lack of understanding joint r/s b/t loneliness & depression in determining suicidal behaviours
  - Examining these modifiable risk factors together = critical for developing effective clinical & community-based interventions
- Need for up-to-date research on links b/t loneliness, mental health & suicidal behaviours, esp. in post-COVID era
  - Pandemic accelerated pre-existing societal trends e.g. digitalisation & remote work → fostered greater individualism (Heo *et al.*, 2024)

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Ireland

History of a sig. ↑ in suicide rates during Great Recession (2008-12)

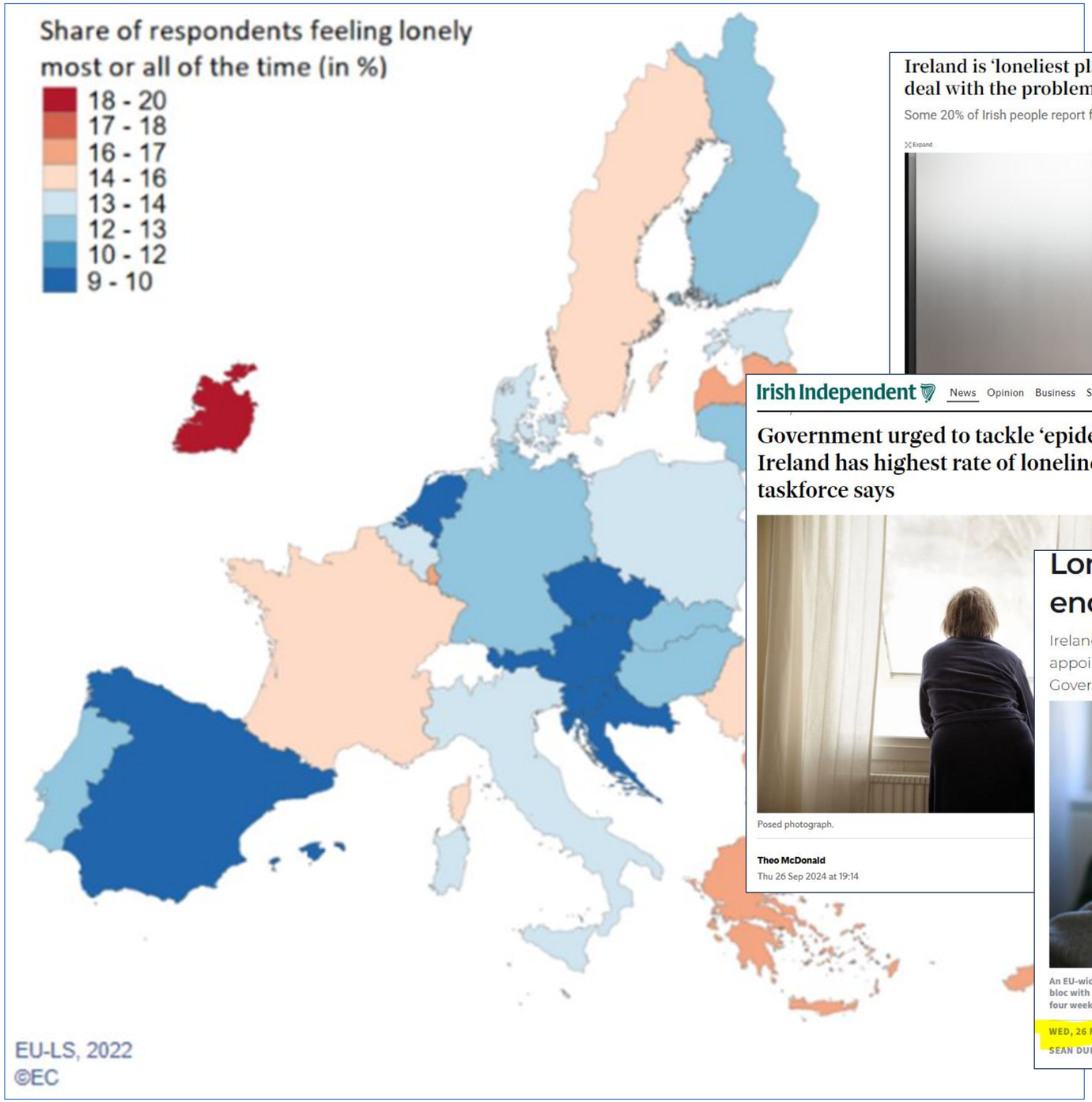
- disproportionately affecting men aged 25-44 (Corcoran *et al.*, 2015)

- While Irish suicide rate since ↓:
  - 2021 crude rate 10.1 per 100,000 comparable to EU's standardised rate of 10.2 (CSO, 2024; Zuin & de Leo, 2025)

  [NB: Ireland's legal standard for a suicide verdict may lead to an underestimation of official figures]

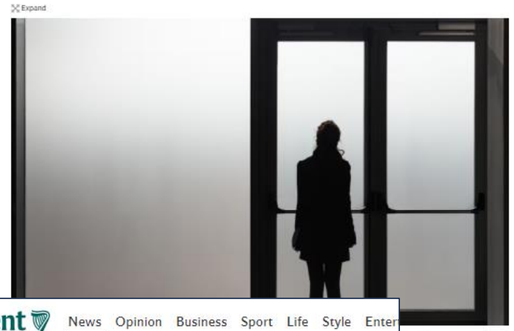
  - Persistent gender disparity:
    - Male rate (16.0 per 100,000) sig > female (4.3 per 100,000) (CSO, 2024)

- Additionally, Ireland recently ranked as having highest prevalence of loneliness in EU (Berlingieri *et al.*, 2023)



Ireland is 'loneliest place in Europe' - calls for a Minister specifically to deal with the problem

Some 20% of Irish people report feeling lonely most or all the time compared to European average of 13%



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Government urged to tackle 'epidemic' as Ireland has highest rate of loneliness in EU, taskforce says

Posed photograph.

Theo McDonald

Thu 26 Sep 2024 at 19:14

Lonely Ireland is not doing enough to tackle killer epidemic

Ireland is the loneliest country in the EU, but while others have appointed ministers to tackle this fatal problem, our Government has sat on its hands

An EU-wide study of loneliness conducted at the end of 2022 found that Ireland is the loneliest country in the bloc with 20% of people surveyed here reporting that they felt lonely most, or all of the time, over the past four weeks. File picture

WED, 26 FEB, 2025 - 17:28

SEAN DUKE

(Berlingieri et al, 2023)

Research questions

1. What is the association between **loneliness, suicide attempts & suicidal ideation**?

2. Do **mental health problems** mediate associations between loneliness & suicidal behaviours?

Literature Review

Definitions

- **Suicide:** No universally accepted definition
  - Generally understood as death caused by injuring oneself with intent to die (Goodfellow *et al.*, 2019)
- **Suicide attempt** = a self-directed suicidal act where someone may harm themselves with the intent to end their life, but they do not die as a result of their actions (O'Carroll *et al.*, 1996)
- **Suicidal ideation** = defined as thinking about, considering, or planning suicide (Klonsky *et al.*, 2016)
  - While majority of individuals who experience these thoughts do not proceed with a suicide attempt (Ten Have *et al.*, 2009; Nock *et al.*, 2008), investigating factors ass. w/ suicidal ideation = crucial

  → Often considered 1 of initial stages preceding a suicide attempt (Klonsky & May, 2015)
    - Studies demonstrated r/s b/tw suicidal ideation & mortality (Louzon *et al.*, 2016; Ross *et al.* 2023)

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Theoretical underpinnings

- Early theory: Shneidman's (1998) "psychache" theory, posited that that intense psychological pain drives suicidal behaviour (lack of affiliation is a common source)
- Joiner's (2005) **Interpersonal Theory of Suicide** proposes that a lethal attempt requires: **desire** + acquired **capability**

  Desire component consists 2 constructs (Van Orden *et al.*, 2010):

  1. **thwarted belongingness: feeling socially disconnected**
  2. perceived burdensomeness: belief that one's existence = a burden to others

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Loneliness & suicide behaviours

- Loneliness: subjective discrepancy b/tw an individual's desired & actual social r/s's (Peplau & Perlman, 1982)
- Well-established risk factor for suicidal ideation & attempts (Heo *et al.*, 2024; McClelland *et al.*, 2023; Shaw *et al.*, 2021; Stickley & Koyanagi, 2016)

  → core component of **thwarted belongingness**
- Content analysis online suicide notes (Synnott *et al.,* 2018) → feelings of loneliness = core theme

However, r/s b/t loneliness & suicidal behaviour = complex, w/ mixed findings across broader body of academic lit

- Some systematic reviews e.g. Blázquez-Fernández *et al.* (2023) & Lu *et al.* (2025), support a positive ass., but highlight need for **more nuanced research**, noting variations across diff age groups & pops
- Other contradictory evidence:
  - Some report no influence of loneliness on suicide attempts/ideation (Nordentoft & Rubin, 1993; Torres *et al.*, 2024), 1 study found a r/s for men (not women) (Shaw *et al.*, 2021)
  - Heterogeneous findings underscore need for more context-specific research to better understand suicidal behaviour (Franklin *et al.*, 2017; McClelland *et al.*, 2020)

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Mental health problems & suicide behaviours

- Mental health conditions, esp. depression = consistently identified as key risk factors for suicide (Franklin *et al.*, 2017; World Health Organization, 2025b)
- Major depressive disorder ass. w/ sig. ↑ odds suicidal ideation, attempts & death (Ribeiro *et al.*, 2018)
  - even minor depression can x2 likelihood suicide attempts in certain pop's (Wiktorsson *et al.*, 2010)

- Depression = complex, heterogeneous condition w/ concerns across multiple domains beyond just social deficits (Heinrich & Gullone, 2006)
- While depression & loneliness related → distinct constructs (Cacioppo *et al.*, 2006): not all lonely individuals depressed, nor are all depressed people lonely (Blai, 1989)
- Research sought to clarify r/s's b/t these variables. When included in models alongside loneliness, depressive symptoms highly ass. w/ a > level of suicidal ideation, independently of loneliness & demographics (Lasgaard *et al.*, 2011)
- 1 study found depression = x2 as strong a predictor of suicide risk as loneliness (Chang *et al.*, 2019)

→ Led some researchers to propose that depression may **mediate** r/s b/tw loneliness & suicide risk (McClelland *et al.*, 2020)

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Methods

Data

- *Healthy Ireland* – annual nationally representative telephone survey aged 15+
- Commissioned by Department of Health & survey fieldwork by Ipsos MRBI
- Ethical approval: Royal College of Physicians
- **2 cross-sectional waves**:

2021

- 7th in series (began 2015)
- 1st time inc. Q's on loneliness & suicide awareness
- Oct 2020 - Mar 2021 (COVID-restrictions)
- N = 7,454 (51% response)

2023

- 9th wave
- Oct 2022 - Apr 2023
- N = 7,411 (50%)

- Weights applied [CSO info e.g. 2022 census to address differential response rates (e.g. lower participation among young men)
- Data available: Irish Social Science Data Archive

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Data

- Approx. 30% main survey respondents opted into suicide module (online)
- Potential for self-selection bias:
  - Participation may be influenced by personal relevance/other factors → sample may not be fully representative of the general pop
  - !!!! While separate **data weighting** applied to mitigate this, caution needed when generalising findings from this module to broader pop !!!!

Outcomes of interest

2 dependent variables:

1. 'Reported having attempted suicide' (data from 2021 & 2023)

– *"Have you attempted to take your own life?"*

- Binary variable: 'Yes' = 1; 'No' = 0
- 'Would rather not say' (1.8%) exc. from analysis as missing data

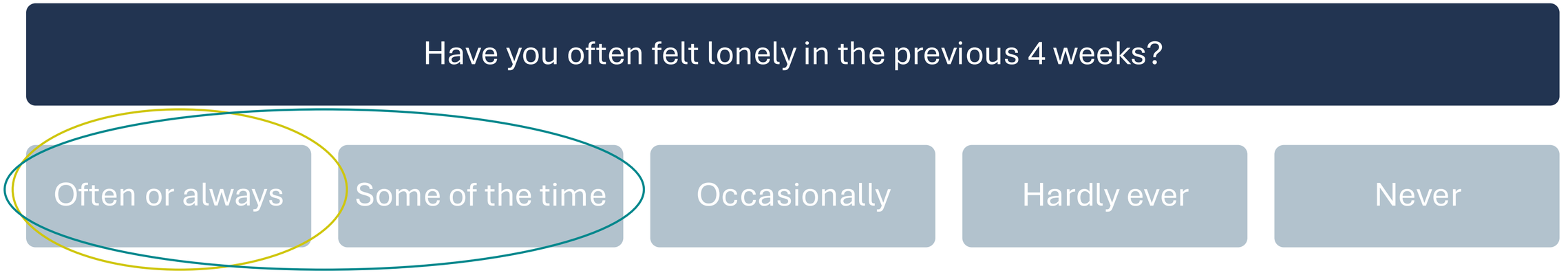
2. 'Reported thoughts of taking own life' (only from 2023)

"Have you ever thought about taking your own life, even though you would not actually do it?"

- Binary: 'Yes' = 1; 'No' = 0
- 'Would rather not say' (4.6%) exc.

Exposure of interest – Loneliness

Main telephone survey:



2 binary variables created from responses:

1. **Often/always lonely** =1 where ‘Often or always’ reported, 0 otherwise

2. **At least some of the time lonely** =1 either ‘Often or always’ or ‘Some of the time’ lonely reported, 0 otherwise

Potential mediator – Mental health problems

'Probable mental health problem' derived from Mental Health Inventory-5 (MHI-5) score (Ware Jr., 1999)

- Instrument measures negative mental health states based on 5 Qs about participants' experiences over past 4 weeks:
    1. extent to which they felt "downhearted & blue"
    2. "worn-out"
    3. "tired"
    4. "so down in the dumps that nothing could cheer you up"
    5. had been a "very nervous person”

- MHI-5 scores range 0-100; lower scores indicate > psychological distress
- Score <=56 cut-off to indicate a ‘probable mental health problem’ (Government of Ireland, 2023)

Model specifications

- Logistic regression models
- 3 specifications developed dependent variable 'Reported having attempted suicide'
  I. Model 1 assessed loneliness, controlling for gender & age
  II. Model 2 further incorporated comprehensive set of socio-demographic factors & physical health rating
  III. Model 3 further incorporated 'Probable mental health problem'

- Survey weights derived for special suicide module employed
- Year dummy also inc. in all models to control for time effects
- Analytical sample 'Reported having attempted suicide' inc. 4,182 individuals (2021 n=2,187 + 2023 n=2,004)
- Interaction: gender & age groups

'Reported thoughts of taking own life' analysis same 3 logistic regression models applied

- Analytical sample 1,930 individuals from 2023 survey (Q not inc. 2021)

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Results

Descriptives: Suicide attempts (2021 & 2023 pooled)

Figure 1 (a): Reported having attempted suicide by sample year, weighted

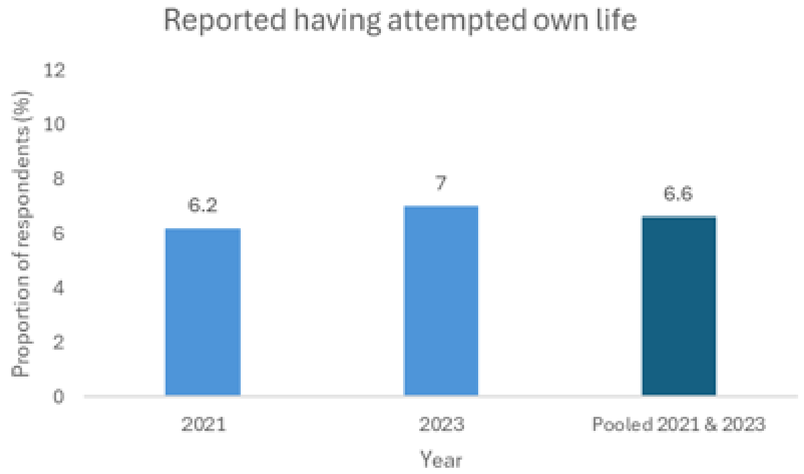
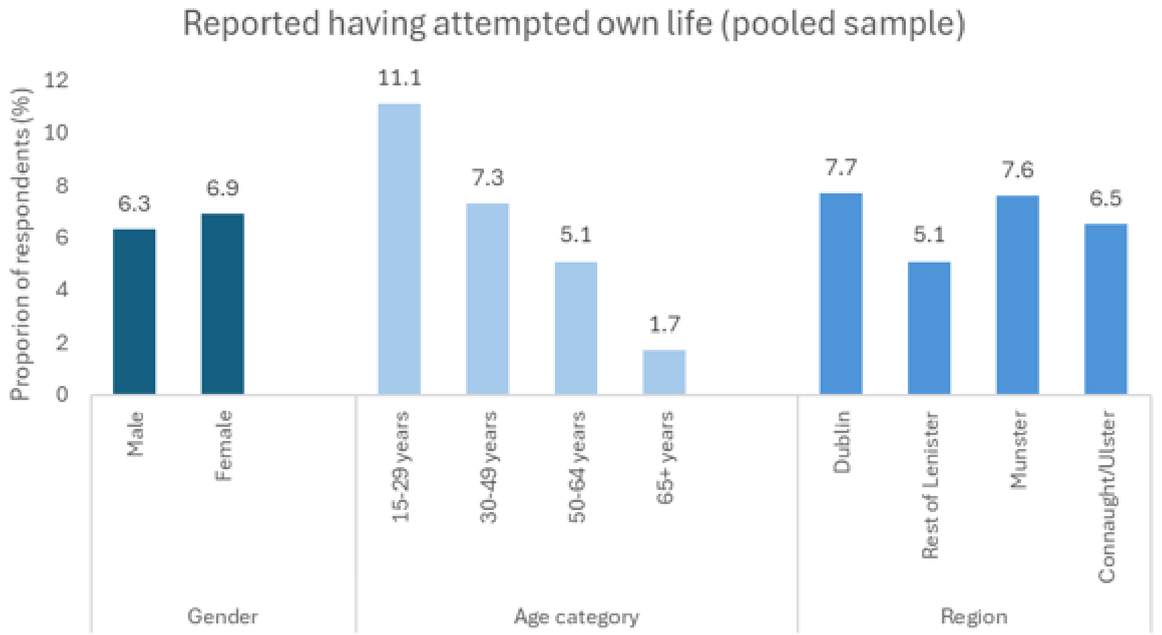


Figure 1 (b): Reported having attempted suicide by gender, age, and region for the pooled sample, weighted



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Descriptives: Suicide ideation (2023 only)

Figure 2 (a): Reported having thought about taking own life, weighted

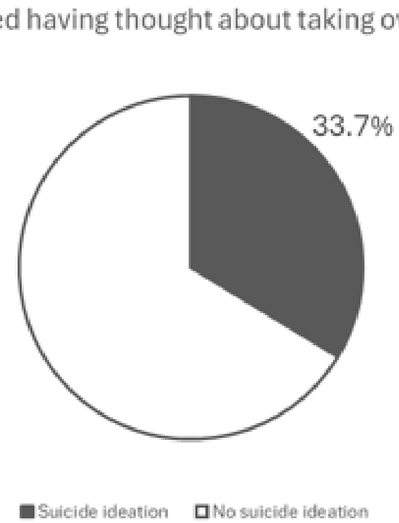
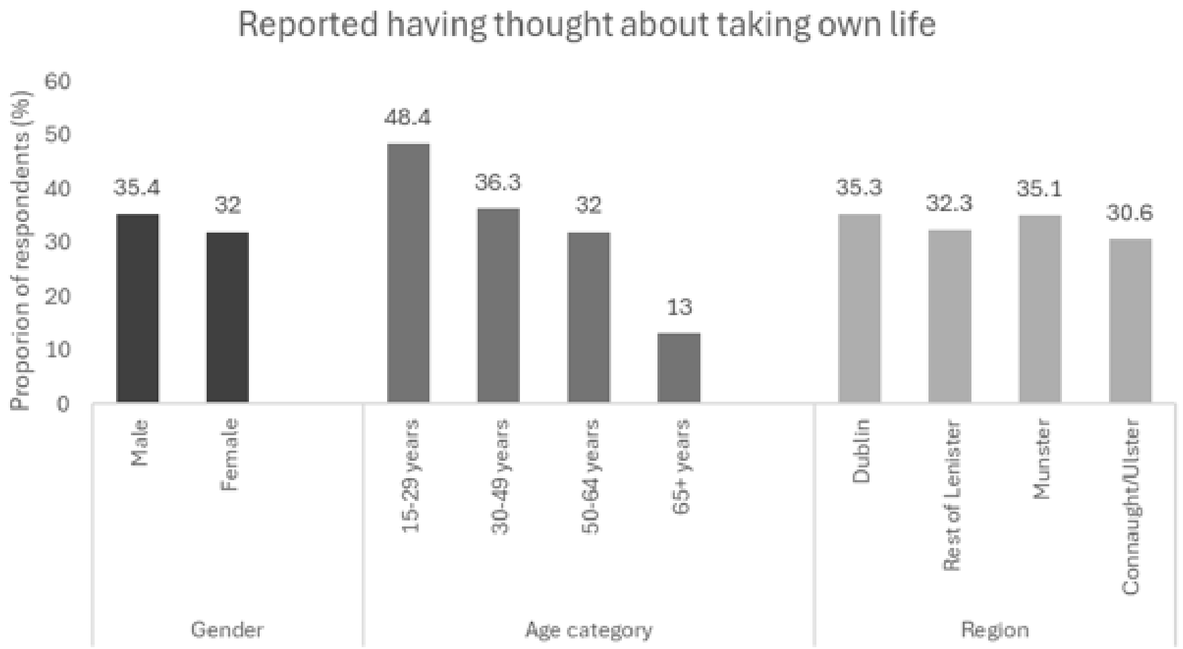


Figure 2 (b): Reported having thoughts of taking own life, age and region, weighted



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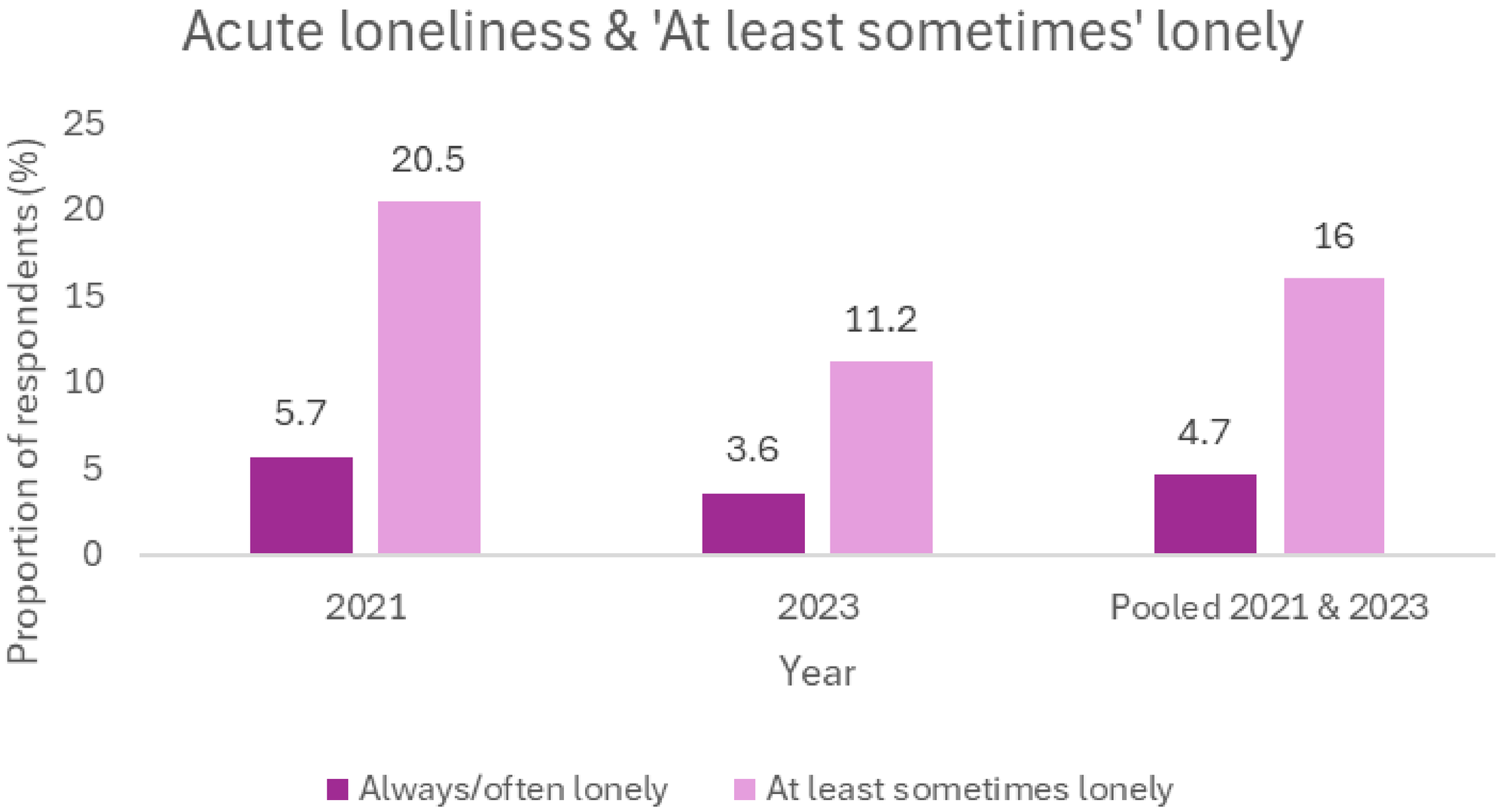
Descriptives: Exposure: loneliness (2021, 2023)



Sample characteristics

Weighted	2021	2023	Pooled 2021 & 2023
Controls			
Female			50.8
Age categories			
15-29			21.7
30-49			36.8
50-64			23.7
65+			17.9
Two or more physical health conditions			8.8
Nervous/psychiatric condition			3.3
Probable mental health problem			12.5
Not born in Ireland			15.3
Marital status			
Single			38.6
Married/cohabiting			55.1
Separate			4.2
Widowed			2.1
Has children			29.5
Employment status			
Working			57.6
Unemployed			5.5
Student			4.9
Retired			11.4
Looking after home/other			20.6
Region			
Dublin			29.2
Rest of Leinster			27.0
Munster			26.7
Connacht/Ulster			17.2
Educational attainment			
Less than Leaving Certificate			23.2
Leaving Certificate			42.3
Degree+			34.2
N	2177	2004 *n=1930	4182

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Regression results: Attempted own life

	Attempted own life
Weighted	(1)
Always/often lonely	**0.104*** (0.039)**
At least sometimes lonely	/
Female	0.006 (0.011)
Age (ref: 15-29 years)	
30-49	-0.030+ (0.017)
50-64	-0.051*** (0.018)
65+	-0.086*** (0.017)
Two or more diagnosed physical conditions	
Probable mental health problem	
Not born in Ireland	
Marital status (ref: Single)	
Married/cohabiting	

Regression results: Thought about taking own life

	Thought about taking own life
Weighted	(1)
Always/often lonely	**0.400*** (0.075)**
At least sometimes lonely	/
Female	-0.028 (0.028)
Age (ref: 15-29 years)	
30-49	-0.014*** (0.042)
50-64	-0.147*** (0.046)
65+	-0.335*** (0.043)
Two or more physical health conditions	
Probable mental health problem	
Not born in Ireland	
Marital status (ref: Single)	
Married/cohabiting	

Discussion

Summary of findings

- 6.6% past suicide attempt (2021+2023)

  [comparable Slovenia: 6.9% (Gomboc *et al.*, 2022)]
- 33.7% suicidal ideation (2023)

  [notably >21.6% earlier Slovenian study (Kocmur & Dernovšek, 2003)]

- Link b/t loneliness and suicidality → **nuanced**
  - Assoc. b/t loneliness & suicide attempts fully mediated by mental health → suggesting mental health issues = key pathway b/t loneliness & suicide
    - Aligns w/ lit on mediational role of hopelessness & depressive disorders (Joiner & Rudd, 1996; Moon *et al.*, 2025)
  - However, *acute loneliness* sig assoc. w/ suicidal ideation after accounting for mental health
    - Consistent w/ some lit (Stickley & Koyanagi, 2016); not others (Lasgaard *et al.*, 2011; Yang *et al.*, 2023)
  - Results support view that depressive symptoms may mediate link b/t loneliness & suicidality (Lu *et al.*, 2025), underscoring imp. of addressing underlying mental health issues
    - Consistent w/ est evidence of robust r/s depression & suicidal ideation (Franklin *et al.*, 2017; Hassan *et al.*, 2025)

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Summary of findings

- In the Irish context, findings indicate → **younger** individuals > vulnerable to suicidal behaviours
  - clear age gradient observed in descriptive & regression analyses
  - consistent w/ lit suggesting developmental factors & life transitions contribute to this heightened risk (Gomboc *et al.*, 2022; Hassan *et al.*, 2025)
- ! No significant ass. b/t gender & reported suicide attempts/ideation uncovered; also found in other research (Ernst *et al.*, 2021; Lasgaard *et al.*, 2011)
- Protective: married, student & higher level of education (Phillips & Hempstead, 2017; Stravynski & Boyer, 2001; Wiktorsson *et al.*, 2010)

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Policy Implications

- Clinical practice should treat loneliness as serious suicidal risk factor
  - Interventions target maladaptive social cog e.g. CBT, shown highly effective ↓ loneliness (Masi *et al.*, 2011)
- Programs aimed at ↓ loneliness → priority, employing both individual-focused interventions (e.g., friendly visitor programs) & environmental approaches - enhance social settings e.g. schools & workplaces to facilitate connections (Ma *et al.*, 2020)
- Technology-based interventions, inc. digital therapies & apps offer promising, low-cost solution for emotional & social support, relevant for those who cannot afford traditional services (Maples *et al.*, 2024; Mehta *et al.*, 2021)

- **Public health campaigns** aim to strengthen social connections & promote education (build resilience)
- Social infrastructure: bring people into closer prox. & supports high-quality interpersonal r/s's

(Holt-Lunstad, 2023)

  - Educ settings: comprehensive approach to suicide prevention involves training staff to recognise warning signs, open environment for mental health discussions, & promoting protective factors e.g. sense of belonging through peer support programmes (Dueñas *et al.*, 2025; Wolitzky-Taylor *et al.*, 2020)
  - Workplaces can also foster a culture that promotes positive co-worker r/s's & est clear boundaries b/t professional & personal life (Buonomo *et al.*, 2024; Heo *et al.*, 2024)

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Limitations

- Cross-sectional design: while benefiting from 2 years of data, precludes the inference of causality
- Online survey on suicide awareness optional → self-selection bias
  - People who chose to participate may have a personal connection to the topic → unrepresentative of the general pop.
  - Although data weighting employed to minimise this, caution needed when generalising the findings
- Single-item measures for suicide-related outcomes & experiences of loneliness
  - Use of such measures not uncommon for brief screening (McClelland *et al.*, 2020; Shaw *et al.*, 2021), but do not capture complexity of these constructs as effectively as standardised, validated instruments

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Future research directions

- Longitudinal designs: enable a more robust analysis of temporal & causal r/s's b/tw risk & protective factors & suicidal behaviours
  - valuable insights into evolution of these processes over time
- Representative, pop-based samples to min self-selection bias & enhance generalisability
- To improve data accuracy & cross-study comparability, employ validated, shortened versions of multi-item instruments:
  - Depressive Symptom Inventory–Suicidality Subscale, Suicide Behaviours Questionnaire–Revised, Suicidal Ideation Attributes Scale (Batterham *et al.*, 2015)
  - UCLA Loneliness Scale (Russell, 1996), De Jong Gierveld loneliness scale (de Jong Gierveld & Kamphuis, 1985)

- Similar research should be conducted in diverse cultural & ethnic settings to explore whether these findings = universal or influenced by socio-cultural factors
- Research needed on long-term effectiveness of interventions in both group & individual contexts

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Conclusions

- Study provides a critical examination factors ass. w/ suicidal ideation & suicidal behaviours in Ireland, leveraging contemporary national survey data
- Ireland presents a compelling case study due to its specific socio-cultural context, inc. an elevated suicide rate during Great Recession & recent rating as the EU's most lonely Member State
- Study reveals high prevalence of suicide attempts (6.6%) & suicidal ideation (33.7%), w/ young people aged 15-29 most affected
- While ***acute* loneliness** linked to suicidal thoughts, its connection to suicide attempts primarily mediated by mental health issues

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