Patterns of Suicide and Suicidal Ideation in Relation to Social Isolation and Loneliness in Newcomer Populations: A Review

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Abstract
The purpose of this systematic review was to locate and synthesise existing peer-reviewed quantitative and qualitative evidence regarding the relationship between social connection and suicide among newcomers, immigrants, and asylum seekers. Systematic searches were conducted according to PRISMA guidelines using Web of Science and Pubmed. Search terms included those related to (1) social isolation and loneliness, (2) suicide and suicidal ideation, and (3) newcomer, immigrant, and asylum-seeking populations. Inclusion was limited to studies that were published in English and conducted between January 2001 and July 2021 in core anglosphere countries (Canada, United States, Australia, United Kingdom, Scotland, Wales, and Ireland). All potentially eligible articles were screened at two stages: First, we reviewed title and abstracts to omit obviously irrelevant studies and second, we reviewed the full text of each candidate article. Our initial search yielded 136 results. A total of 108 unique results were included for screening; 12 of which were eligible for inclusion in this review. Studies were categorized into 2 themes based on the methodologies of the articles found: qualitative perspectives of immigrants and newcomers; quantitative assessment of the risk of suicide burden and impact of social support and engagement on health and wellbeing of newcomers. Both types of studies highlight a social (dis)connection as an important determinant of mental health and suicide risk among immigrant populations in core anglo-sphere countries, highlighting the continued importance of community programs and funding to support inclusion and community-development among newcomer, immigrant, and asylum-seeking populations.

Keywords Suicide · Migration · Social Connection · Systematic Review

Introduction
Social connection has many benefits for human health and wellness, including reduced risk for morbidity and mortality [1–3]. Levels of social connection are important measures of health and well-being and are predictors of positive health statuses [4]. Cacioppo and colleagues have confirmed that social connectedness and integration have a large influence on quantitative measures of happiness and positive mood [5].

Unfortunately, social isolation and loneliness are widespread in Western countries and around the world [2]. Alarmingly, social isolation and loneliness are twice as harmful to physical health than obesity is [6] and the chronic impacts of prolonged loneliness can cause lifelong detrimental impacts on health and wellbeing [7]. Previous studies have also identified a strong association between social isolation and mental health complication such as depression [7], and suicidality [8]. Moreover, the problem becoming more lonely and the size of our social networks has decreased to one third of what it was two decades ago [9]. Because this problem is wide-spread and has only gotten worse, it has been declared a public health crisis [10],Pomeroy n.d).

Like many public health crises, social isolation and loneliness impacts some populations more drastically than others. For newcomer populations who migrate to countries with vastly different social structures and connections are at an even higher risk of social isolation and loneliness as they attempt to integrate into the new culture, while simultaneously facing many barriers and stressors [11]. Important social relationships that allow for social capital, a profound tool in determining a variety of positive social outcomes,
are often difficult to attain as integration is initially difficult. Newcomers integrating into what is often a society and community that is much less involved and engaged when compared to their home countries, especially in Asia and the Middle East, understandably face a myriad of barriers and challenges within the context of the country migrated to [12]. Migrants who have recently immigrated find themselves in drastically different networks of social relationships and experiences [13], often suffering multiple stressors and culture shock upon arrival [11]. These culturally dependent and subjective stressors no doubt contribute to the mental health complications disproportionately impacting in migrant populations [11]. Migrants are also at an increased risk of suicidality because of the stress of acculturation and the lack of social support available to newcomers [14]. Unfortunately, studies show that this risk only worsens over time if meaningful social connections are not made and loneliness prevails, as the risks of long-term residents who are first generation migrants is higher than newcomers in North America [15].

Despite all this, there is no clear narrative describing the influence on social isolation and loneliness on mental health and the risk of suicide in the current literature. Because of the public health urgency of suicide in the twenty first century, and the composition of the population of anglo-sphere countries, this review was conducted to locate and synthesise existing peer-reviewed quantitative and qualitative evidence regarding the relationship between social connection and suicide among newcomers, immigrants, and asylum seekers.

Methods

We conducted a systematic review, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [16]. We searched Web of Science and Pubmed with search terms related to (1) social isolation and loneliness, (2) suicide and suicidal ideation, and (3) newcomer, immigrant, and asylum-seeking populations. Inclusion was limited to studies that were published in English and conducted between January 2001 and July 2021 in core anglosphere countries (Canada, United States, Australia, United Kingdom, Scotland, Wales, and Ireland). The specific search strategy and keyword parameters selected based on previous reviews are outlined in the appendix. Position papers and literature reviews were excluded in this search.

The geographical limitations were chosen based on the premises of the individualism-collectivism framework that states our self-concept and value orientation develop as a response to our collective environment, which is quite similar in anglo-sphere countries, and therefore we assume that integration into these countries for newcomers will be similar. This paper will be using the term ‘newcomer’ as the government of Canada indicates that this is an umbrella term that includes immigrants, migrants, refugees, & asylum seekers. Two major categories of articles were identified through this search based primarily on the methodology of the articles found. Themes, results, and main concepts surrounding suicide and suicidal ideation in relation to social isolation and loneliness in immigrant populations are described below.

Results

The initial search yielded 136 articles, 3 of which were duplicates; 133 articles were screened, and 112 were identified as potentially relevant references. 106 abstracts were assessed of the 112 articles against the inclusion criteria. Of the 106, 12 met the inclusion criteria and were retrieved as full-text articles. We incorporated the 12 appropriate articles, including if only abstracts were available, in the full-text review. A data extraction form was developed and used independently to assess the 12 articles deemed appropriate for inclusion in the meta-analysis. The search strategy can be found in Fig. 1.

The themes are broken down into two sections based on study methods: qualitative and quantitative. The qualitative theme is: Qualitative Assessment of the Perspectives of Health and Integration. The quantitative theme is: Assessment of the Risk of Suicide Burden and Impact of Social Support and Engagement on Health and Wellbeing. More information regarding the components of the quantitative theme can be found in the DAG in Fig. 2. Tables 1 and 2 summarize these articles in their respective theme(s).

Qualitative Studies

Qualitative Assessment of the Perspectives of Health and Integration of Newcomers

Five articles qualitatively assessed perspectives of newcomers and/or their communities on their mental health/suicidal and social integration/connectedness. Four of the five articles focused on Asian and South Asian immigrant populations [17–20] in the United States and one focused on African immigrants [21] in Australia. These articles highlighted key risk factors for immigrant populations. For example, in a study among (n = 1,116) Korean American seniors by Lee-Tauler et al. [20], participants identified that feelings of failure, not achieving material success, and poor relationships with their children were all related to depression and mental health ailments [20]. Similarly in a study among African immigrants (n = 31) in South Australia by Mwanri, Okyere, & Pulvirenti [21], the majority of participants reported
challenging migration journeys to Australia, strained relationships with family members back home, and a poor sense of belonging [21]. These studies clearly demonstrate that migrant and immigrant populations face an array of social stressors that contribute to suicide.

Optimistically, social support and social connection were identified across all of the included studies as a key factor in preventing suicide and helping immigrant populations manage the stressors they face. For example in two studies among Bhutanese refugee communities in the United States of America (USA) [17, 18], Brown et al. [17] and Chase & Sapkota [18] found that nearly all participants cited social connection to be fundamentally important, stressing and identifying the roles of family, friends, and neighbors in proactively helping manage individual distress [18]. These qualitative studies assert that family, friendship, and neighbors play an important role in managing mental health burden and navigating challenges faced by newcomers.

Brown et al. identified that mental health stigma within immigrant communities and broader host cultures was a major barrier to communicating mental health needs for migrants [17]. This lack of openness was identified as a challenge to social connection. Unfortunately, these difficulties persisted even following suicide attempts. Illustrating this reality, Chung and colleagues conducted chart analysis (n = 44) and interviews (n = 12) with individuals who had attempted suicide at least twice (2015). Participants reported that they faced not only self-blame and self-harm, but also adverse pressures from their family and overall sense of not belonging. While these interviews also highlighted the important role that social connection and physiological well-being have as protective factors following suicide [19], they
underscored the complex social realities of navigating mental health challenges, even with close confidants and key supporters.

Quantitative Studies & Reviews

Quantitative Assessment of the Risk of Suicide Burden and Impact of Social Support and Engagement on Health and Wellbeing of Newcomers

Five of the included articles identified social health risk factors associated with suicide death for newcomers. Four articles looked at newcomers to the United States [22–25] and one used a European database of newcomers [26]. All of the articles mentioned here focused on the burden of suicide on newcomers and the risk factors associated with suicidality within their respective populations of interest.

Several of these studies described similar risk factors of suicide for newcomers, regardless of the country immigrated to. For example, immigration status and duration of stay in country immigrated to was found to be significantly associated with poorer mental health outcomes and suicidal ideation [24, 25]—the longer an individual was in the country immigrated to, the better their health outcomes were. Social integration and acculturation is also dependent on time lived in the new country, and both studies show that the better socially integrated participants were, the better their health statuses, both mental and physical [24, 25]. It is then evident that mental health complications such as depression were also found to have a strong correlation with suicidal ideation, especially with the distress involved in immigration. This was also found specifically for a subset of both older [22] and adolescent [23] Korean-American newcomers. From this we can deduce that poor social integration and the mental health complications that arise from culture shock are related to poor health outcomes and suicidality.

Though, studies show that as a result of the risk factors identified, there are some definite protective factors for newcomers that are socially derived in the country immigrated to. Nearly all the studies pointed to strong family ties and support both during the immigration process and staying in touch settlement as a huge indicator of wellbeing [22–25]. The protective nature of familial support was identified as important, and especially so for adolescent newcomers [23]. Cho & Haslam identified that Korean adolescents who immigrated without their parents were more likely to have suicidal ideations than those who immigrated with their parents [23]. These studies clearly show that having someone to confide to alleviates major stressors during a time where stress is inevitable, and aids in the overall wellbeing of newcomers during difficult times. As well, Lipsicas et al. point to the importance of the country and culture where the newcomer is coming from (specifically this article found countries in the Middle East), and that there is a minimized risk of attempted suicide despite high levels of suicidality evident in questionnaires used [26]. This further emphasizes the
| Title                                                                 | Citation     | Key population                      | Study design                                      | Outcome                                                                                                                                       | Explanatory factors                                                                 |
|----------------------------------------------------------------------|--------------|-------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Clinical and Psychosocial Profiles of Asian Immigrants Who Repeatedly Attempt Suicide A Mixed-Method Study of Risk and Protective Factors | [19]         | Asian immigrants                    | 68 interviews conducted from 2009–2010            | Participants of the interview sample suffered from a pervasive sense of hopelessness stemming from social isolation, self-stigma, feelings of failure in their life roles, and perceptions of rejection by their families | History of alcohol abuse, history of substance use, consistent utilization of mental health outpatient services, history of medication adherence, congenital adrenal hyperplasia during decompensation, personality disorder, family history of suicide, undocumented immigration status, unemployment, conflict with significant others, health problems, impulsivity, domicile |
| 'Hiding their troubles': a qualitative exploration of suicide in Bhutanese refugees in the USA | [17]         | Bhutanese refugees in the United States | 83 interviews conducted from 2014–2016            | At the societal level, difficulties relating to acculturation, citizenship, employment and finances, language, and literacy are influential. Two themes cut across several levels of the ecosystem: loss; and isolation, exclusion, and loneliness | Age group (adult vs youth), gender (male vs female), age range, average number of years in the United States |
| In our community, a friend is a psychologist: An ethnographic study of informal care in two Bhutanese refugee communities | [18]         | Bhutanese refugees in the United States | 62 interviews conducted in 2010                  | Participant observation (both sites) suggest that family members, friends, and neighbors were intimately involved in the recognition and management of individual distress, often responding proactively to perceived vulnerability rather than reactively to help-seeking | Ethnography—no control variables                                                  |
| Intergenerational Conflicts, Cultural Restraints and Suicide: Experiences of Young African People in Adelaide, South Australia | [21]         | African youth in South Australia    | 31 interviews conducted in 2012                  | Intergenerational conflicts were identified as pervasive, with negative implications for the affected individuals, their families, and the entire African community. These led to turmoil in the community, youth isolation, reduced social interactions, stress and fatal suicides | Using the Social Network Theory, the authors controlled for the extent to which their participants interact with other individuals/ connection to their networks |
importance of family connectedness and closeness and the support provided to the family members who immigrate and how this support has protective effects despite the immense amount of stress and change the newcomer is initially and continually dealing with.

Four of the included articles looked at social support and social engagement on the health and wellbeing of migrants. Articles looked at a variety of anglo-sphere countries including the USA, Australia, and Canada [25, 27, 28]. The articles show that there exists a positive relationship between social engagement in the country immigrated to and quality of life [27]. Social engagement in cultural settings similar to the country immigrated from also serves as a protective factor and decreases suicidality, when compared to assimilated individuals who were not socially connected with these cultural groups [27]. This suggests that it is not simply social connection, but rather the type and meaningfulness of the connection is a vital component of social integration and wellbeing.

Lia et al. show individual-level connections to peers and friends in newcomers’ immediate surroundings, community participation, and religious involvement are all protective factors and positively influence overall wellbeing and contribute to social integration [28]. These connections were identified as the foundation of newcomers’ integration and greatly influence their trajectory of social connectedness and health [28]. Kposowa et al. and Lai et al. both identify that meaningful and effective integration of immigrants in receiving societies also allows for the prospect of finding friends and partners in the country immigrated to, leading to higher integration and levels of well-being [25, 28]. Having solid connections with friends and co-habiting with an individual/individuals and being married are all protective factors also [25]. Ultimately, these analyses and review show that social networks have a strong positive effect on wellbeing and a strong effect in reducing loneliness in newcomer populations, which consequently combat mental health complications and suicidality.

**Discussion**

**Primary Findings**

We conducted a systematic review to understand the existing evidence relating social connection to suicide risk among newcomer, immigrant, and asylum-seeking populations. The findings of this review suggest that social connection and belonging are key components of wellbeing and health for newcomer populations in anglo-sphere countries, and ultimately help combat the mental health complications and suicidality. Social support and connection was also identified across all of the included studies as a key factor in helping...
| Title                                                                 | Citation          | Key population                          | Study design                          | Outcome                                                                 | Explanatory factors                                                                 |
|----------------------------------------------------------------------|-------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| The relationships between functional limitation, depression, suicidal ideation, and coping in older Korean immigrants | Ahn & Bum Jung 2015 | Older Korean immigrants                  | Survey data 2010                      | Depression, which had the strongest direct effects on suicidal ideation, also played a significant role in mediating between functional limitation and suicidal ideation. Furthermore, adaptive coping was significantly associated with both functional limitation and suicidal ideation | Age, gender, marital status, monthly income, length of stay in the United States, physical illness (number of diseases) |
| Suicidal ideation and distress among immigrant adolescents: the role of acculturation, life stress, and social support | [23]              | Korean-born high school students residing in the US | Participant completed questionnaires 2009 | The sojourning group reported higher levels of life stress, distress, psychological symptoms, and suicidal ideation than the other groups | Stressors: acculturative stress, life stress. Protective factors: living with both parents, perceived social support |
| Immigration and suicide: the role of marital status, duration of residence, and social integration | [25]              | Immigrants in the United States          | Census data gathered from 1998 to 2001 | Immigrant divorced persons were over 2 times more likely to commit suicide than natives. Single immigrants were nearly 2.6 times more likely to kill themselves than the native born. Shorter duration of residence was associated with higher suicide risk. Integration of immigrants in receiving societies is important for decreasing suicide risk. | Immigration status, sex, race/ethnicity, education, age |
| US cultural involvement and its association with suicidal behavior among youths in the Dominican Republic | Pena et al. 2012   | Youths in the Dominican Republic         | Data gathered from the Department of Education in 2009 | Our results are consistent with previous research that found increased risk for suicide or suicide attempts among Latino youths with greater US cultural involvement | Gender, age, urban residence, parental education, dual-parent household, and living in a household with a corrugated zinc roof |
| Attempted suicide among immigrants in European countries: an international perspective | [26]              | Immigrants to European countries         | European database with data from 1989 to 2003 | 27 of 56 immigrant groups studied showed significantly higher, and only four groups significantly lower SARs than their hosts. Immigrant groups tended to have similar rates across different centres | Country born in vs centre immigrated to in the United Kingdom |
| Title                                                                 | Citation | Key population                          | Study design                                                                 | Outcome                                                                 | Explanatory factors                                                                 |
|----------------------------------------------------------------------|----------|-----------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Acculturation, social support and suicidal ideation among Asian     | [27]     | Asian immigrants in the United States    | Data from the 2002 to 2003 National Latino and Asian American Study         | Three acculturation groups were identified (assimilated, integrated, separated) that showed different associations with suicidal ideation. The association between acculturation status and suicidal ideation is moderated by social support was analyzed, distinguishing between perceived versus received support. Findings revealed that the buffering role of social support is gender-specific, with perceived support from friends reducing the risk of suicidal ideation only among assimilated women | Age at interview, married/cohabiting, family size, ethnic identity, educational level, employed, income-to-poverty index, level of acculturated stress, level of family cultural conflict, frequent attendance at religious service, received support from family/relatives, perceived support from family/relatives, received support from friends, perceived support from friends |
| immigrants in the United States                                     |          |                                         |                                                                            |                                                                          |                                                                                     |
| Immigration and suicide: the role of marital status, duration of    | [25]     | Immigrants in the United States          | Census data gathered from 1998 to 2001                                    | Immigrant divorced persons were over 2 times more likely to commit suicide than natives. Single immigrants were nearly 2.6 times more likely to kill themselves than the native born. Shorter duration of residence was associated with higher suicide risk. Integration of immigrants in receiving societies is important for decreasing suicide | Immigration status, sex, race/ethnicity, education, age |
| residence, and social integration                                   |          |                                         |                                                                            |                                                                          |                                                                                     |
immigrant populations manage the plethora of immediate
and long-term stressors newcomers face. The more con-
ected a newcomer feels to their families [29] and their
community [30], the better their overall health and wellbe-
ing will be. This was fundamentally decrease mental health
complications that are on the causal pathway for suicidal
ideation and attempts As Iwamoto & Lui explain, cultural
values and one’s ethnic identity have large effects on race-
related stress and wellbeing, especially for Asian immigrants
[31]. This is especially important because many subgroups
of newcomers have disproportionately higher rates of men-
tal health complications with an emphasis on stress related
disorders [32]. The complex interplay of culture shock or
bereavement during the migration and settlement process
no doubt contributes to this disparity in mental health ailments
[33] and ultimately leads to an increase in the burden
of suicide in newcomer populations [28].

Limitations of Studies

The studies included in our review are limited by the lack
of a clear consensus on a precise operational definition of
social connectedness. None of the studies we included con-
sidered differences in social integration through a social
determinants of health approach [34] considering gender,
sexuality, and the differences between countries immigrated
from. An intersectional approach [35, 36] considering the
additive impacts of identities was also not used in these stud-
es. We know from the literature that racism is experienced
differently by different populations, and that racism con-
tributes to feelings of isolation and disconnection [37]. This
was also not identified by any of the studies we considered
as a possible contributor to social isolation and perceived
loneliness.

Contextualization with Other Related Literature

In measuring social integration, we should look to consider
not only the number of relationships, but other factors con-
tributing to the benefit of the social relationships that new-
comers build. Recent work by Holt-Lunstad describes social
connectedness as a multifactorial construct encompassing
the structure, function, and quality of social relationships
[38]. The quality and function of these relationships are
an important consideration, especially when considering
advantages such as social capital. As Nakhaie & Kazemipur
describe social capital is a profoundly positive advantage
for newcomers as this social tool is factor in determining
a variety of social outcomes, including integration into the
labour market and academia [39]. Social capital has also
been found to help with job acquisition, social mobility, and
improvement of health and happiness [40]. This being said,
the majority of newcomers do not exercise this tool despite
potentially successful social integration, as the quality and
function of their relationships do not allow for the benefits
that those with connections who have various resources in
social networks, which are mobilized for accessing more
resources.

Implications for Future Research

The results of this meta-analysis show that numerous studies
have sought to quantify the levels of mental health ailments
in newcomer populations in relation to social isolation and
loneliness, and the perspectives of newcomers regarding
their social connections and the quantity and quality of these
connections. Future research should build on this work and
identify effective tools and practices that allow newcomers
to engage in meaningful interactions to decrease social iso-
lation and loneliness in order to mitigate mental health ailments
and suicidality. Future research should also investigate
the influence of social support and mental health services
on newcomer populations to suggest specific and relevant
policy and funding changes for that community.

Implications for Practice

Our study highlights the necessity of social integration and
community initiatives that aim to provide and build support
for newcomer communities. Studies suggest that commu-
nity initiatives and supports that are of high quality and are
culturally sensitive are hugely beneficial to newcomers [38,
41]. Furthermore, community support—defined as support
from community members, community organizations, and
federal programs—has shown to significantly impact cop-
ing and well-being in newcomer populations [42], clearly
indicating that organizational level engagement and support
is effective. These programs should also consider culturally
and linguistically appropriate evidence-based mental health
services that are both effective and practical [43].

Once these organizational services have been imple-
mented, in order to increase engagement and utilization,
the information about these services and supports should
primarily be shared through community centres and organi-
sations dedicated to helping newcomers (“[44]. Though fun-
damentally, the accessibility and reach of these organizations
are dependent on the available funding, government sup-
port, and community acceptance and engagement. Outside
the silos of community centres, studies also show places
where we connect with one another—such as school and
work—are also appropriate spaces for efforts to increase
social connectedness. For example, within schools, active
efforts to move newcomers away from the periphery and into
the centre of school participation and engagement both with
peers and teachers has had tremendous impacts on social
connectedness and well-being that carries on throughout the
student’s life course [45]. By actively increasing engagement and celebrating diversity within our communities [46] we can empower health and wellness [41] and improve the mental health of newcomer populations and overall burden of suicide in countries welcoming newcomers to start a new life [47].

**Strengths and Limitations**

There are inherent strengths and limitations to conducting rapid reviews. Due to the specific parameters and limited number of databases searched (PubMed and Web of Science), there is the potential for missed articles for this review despite using the PRISMA guidelines and rapid review protocol. Our study limitation to papers written in English and published within the core-anglosphere region also limits our reach in terms of the papers available for review. Because of this, our results show several articles focused on Asian newcomers to the United States, and therefore have a limited generalizability to the overall population. Despite these limitations, literature has shown that the results of rapid reviews are often congruent with systematic literature reviews [48]. Rapid reviews are appropriate for topics of importance and specific research questions pertinent to a rapid evolving field of research and science. The evidence suggests this is a critical realm of research, though there is not enough literature to warrant a systematic review, there is value in conducting a rapid review to synthesize the available literature.

**Conclusion**

Social isolation and loneliness are growing problems in the twenty first century that need to be studied and addressed with the same rigor and force as other chronic health conditions. Especially during these unprecedented times where we are being asked by public health officials to socially isolate, the COVID-19 pandemic has only perpetuated the loneliness of peoples globally [49]. As we become more socially isolated and lonely, the importance of social connection and integration for newcomers should be a priority. The studies included in this analysis show that there is an undoubtable problem with connectedness and integration for newcomers, and that we should consider public health efforts to support newcomers’ joining our communities. Our findings further reinforce the notion that social connectedness and integration are vital to the health and wellness of newcomer populations and suggest positive interventions to support social connection and provide means of access to mental health support. Future research should consider target populations disproportionately impacted by social isolation and loneliness and investigate the impacts of social services and supports in communities to identify important solutions to this growing public health problem. We suggest funds be allocated to supporting community organizations and support services at all levels of academia, and that culturally and linguistically relevant services and supports be widely available and shared. These positive actions will allow cities to build healthy communities that welcome newcomers in a meaningful way, that will in turn support the health and wellbeing of all citizens.

**Appendix**

Exact keywords used for the search.

(social isolation OR loneliness OR lonely OR social support OR social disconnection OR community connectedness OR social inclusion OR social integration).

AND

(newcomer OR refugee OR immigrant OR migrant OR asylum seeker).

AND

(suicide OR ending ones life OR death by suicide OR suicide attempt) Suicide OR suicidal ideation OR ending one’s life).

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