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A Comprehensive Review of Suicide among Migrant Older Adults (65+ Years) in Australia

Yiting Liu[1,a,*]

[1]*Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Melbourne, Australia*
a. yitingl10@student.unimelb.edu.au
**corresponding author*

Abstract: Australia's multicultural society, influenced by high levels of immigration, presents unique challenges for older migrants (aged 65 years and older). This review focuses on factors influencing increased suicide rates among older migrants, a critical but underexplored public health issue. This review examines the interaction between migration history, acculturation, and ageing, highlighting the compounding risk of mental illness, loneliness, and social isolation. The review used a comprehensive review approach, combining data from Australian and international sources. It identified key risk factors such as acculturative stress, chronic health conditions, and bereavement, as well as protective factors such as community engagement and access to culturally sensitive mental health services. Notably, suicide rates were higher among older male migrants, particularly those with limited social support or loss of autonomy. The findings emphasize the importance of developing specific initiatives to meet the mental health requirements of elderly people from culturally and linguistically diverse backgrounds. Recommendations include improving access to mental health care, strengthening social integration programs, and culturally tailored suicide prevention strategies. This review contributes to a deeper understanding of the vulnerabilities of Australia's older migrant population and provides a foundation for evidence-based policy and practice.

Keywords: Older migrants, Suicide, Mental health.

1. Introduction

Australia is a culturally diverse country whose historical background and patterns of migration have shaped today's multicultural society. Australia's history is rooted in British colonialism, but over time it has evolved into a country that has embraced different cultures and backgrounds from around the world. From 1947 to the present, Australia experienced significant waves of immigration that had a profound impact on the country's cultural and social fabric [1].

In the 1960s, Australia's immigration policy opened to the Asian region, leading to increased migration from countries like China and Vietnam, driven by political turmoil and economic opportunities. In the 1970s, migrants from southern Europe and the Mediterranean, such as Greece and Italy, enriched Australian culture, fleeing economic hardship and instability. By the 1980s, the focus shifted to skilled and family reunification migration, attracting highly educated individuals from

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the UK, New Zealand, and South Africa, who boosted the economy and introduced new cultural influences.

Therefore, in a multicultural context, the suicide problems faced by elderly immigrants in Australia (65 years and over) are complex and diverse. This group may face higher psychological stress and mental health risks due to immigration experience, cultural differences, language barriers, social isolation, and reduced family support. In particular, older adults with immigrant backgrounds may encounter unique challenges in cultural identity, sense of belonging, and intergenerational relationships, which together affect their suicide risk.

This paper mainly analyzes the current status and related factors of suicide among elderly immigrants aged 65 and over in Australia and explores their specific risk factors and protective factors. By comprehensively evaluating existing research and data, this essay seeks to identify the group's psychological requires and offer assistance in creating more potent intervention plans and regulations.

In 2020, there were about 4.2 million older adults in Australia, which is one in six people in Australia. Half of the older adults are women.

In the older population, more than 25% are from culturally and linguistically diverse (CALD) origins. 1.2 million older Australians, or more than one-third (37%) of all adults 65 and over, were born abroad, according to the 2016 ABS Census. According to the 2016 Census, 18% of elderly Australians (those 65 and over) spoke a language apart from English at home, while one in five (20%) were born in nations where English is not the primary tongue. The three languages that were most often spoken were Greek, Chinese and Italian.

In accordance to research from the Australian Institute of Family Studies (AIFS), elder CALD groups may have a variety of possibilities and problems. On the one hand, cultural and linguistic differences may lead to difficulties for older migrants in adapting to new social environments and cultural contexts, including in the fields of social integration, medical services and social assistance.

Suicide within older adults is an important worldwide health issue. Studies show that the suicide rate among the elderly remains the highest in the world. In Australia, the suicide rate among older adults reflects similar trends. The age-standardized rate of suicide for individuals 65 and older was 12.3 per 100,000 in 2023, while the rate for people who were younger than 65 was 15.2.

Moreover, according to the suicide rate data (Table 1), it can be found that in most developed countries, the suicide rates of different age groups vary greatly. In contrast, the suicide rate in the United States increases with age, and the suicide rate is highest among the elderly; in England and Wales, the suicide rate does not change significantly with age; in Canada, the suicide rate of people aged 65-84 is almost the same.

Table 1: Suicide Rates (per 100,000) by Country, Age, and Gender, 2020 [1]

	65-69	70-74	75-79	80-84	85+
Australia	11.1	11.1	12.8	13.7	18.9
England and Wales	8.1	7.4	6.6	7.6	Not available
The United States	14.6	14.4	17.4	20.0	Not available
Canada	10.0	9.8	10.9	10.1	12.3

2. Risk Factors for Suicide among Older People

Numerous studies have shown several social, biological and psychological factors that contribute to suicide in aged people, and these factors are interconnected and interact with one another. Mental health issues, particularly depression and anxiety, have been identified as significant risks and are often exacerbated by other issues. Loneliness, loss of autonomy, and bereavement further increase

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the likelihood of suicide. Other challenges, such as poor economic status and limited access to healthcare, also play a key role. Understanding these different risk factors is critical to designing effective interventions that target the needs of this vulnerable population. This section will delve into the main drivers of suicide in older adults and their implications for prevention strategies.

2.1. Mental Health

Extensive research has consistently shown that up to 90% of individuals who die by suicide, particularly aged people, have a high prevalence of psychological issues. The greatest significant predictor of suicide in the elderly is depression, with mental autopsy investigations showing that between 60% and 90% of this population has significant depression and other mood disorders [2].

Meta-analyses further confirm that psychiatric disorders are major risk factors for suicide, with a retrospective psychiatric autopsy control study showing that the presence of any Axis I disorder increases the risk of suicide in the elderly, with odds ratios ranging from 27.4 to 113.1. There is also evidence that suicide risk may be increased shortly after a dementia diagnosis, and the magnitude of risk may vary by dementia subtype. In addition, older people who struggle with mental health issues are at increased risk for abuse, with each form of elder abuse being a potential risk factor for suicide.

2.2. Chronic Health

A large literature has documented the association between physical illness and suicide risk. A Danish study shows that many physical problems, such as cancer, respiratory diseases, liver disease and so on, increase the likelihood of suicide among the elderly [3]. A Norwegian psychological autopsy study reports that life becomes a burden for elderly when they suffer from illness and other stressors, and death is seen as a relief. A Chinese study also found that older people with multiple physical illnesses were more likely to commit suicide.

2.3. Loss of Autonomy

Physical disabilities affect older adults' mobility and autonomy. In one study, 16% of people specifically linked their suicidal behavior to physical illness or pain. Suicide seems to be an opportunity for them to reclaim dignity and control [4]. Some older adults feel useless or unwanted, and this sense of worthlessness increases the risk of suicide.

Another aspect is the loss of economic autonomy. Studies have shown that whether the elderly receive a pension affects not only happiness but also suicide rates [5]. Financially independent older persons are less likely to become an economic strain on their family and may be more capable to fulfill their grandparenting responsibilities, which is also helpful to their health. According to the interpersonal suicide hypothesis, older persons who are unemployed or do not get social benefits may be more prone to commit suicide than those who do receive pensions due to the stigma associated with reliance in popular culture [6].

2.4. Social Attitude

Social attitudes play a crucial role in influencing suicide rates among older adults. Positive attitudes, such as recognizing the economic contributions and moral standards of older adults, as well as admiration and friendliness toward them, are associated with lower suicide mortality [7].

Conversely, widespread age discrimination and negative stereotypes significantly increase suicide risk, which promote their alienation and isolation from their families and society as a whole. These stereotypes, often derogatory, such as referring to older adults as "one foot in the grave" or "not very smart," contribute to feelings of alienation and isolation from families and society.

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2.5. Loneliness and Social Isolation

According to research, this kind of factor raise the potential of mental illness, and among this demographic, living alone is a strong predictor of suicide.

Loneliness often occurs when older adults feel disconnected from their social circles, especially after the loss of a spouse or child, which combines with other risk factors to increase the likelihood of suicidal behavior.

Evidence from Europe further highlights that countries where more older adults live with family members tend to have lower suicide rates, highlighting the protective role of close family relationships [8].

2.6. Living in Institutionalized Settings

Old people over 60 may require some form of social care due to decreased physical function, confusion, or loss of family members, and a portion of this population will eventually enter long-term care institutions.

Studies have revealed that elderly persons in nursing homes are at a greater chance of depressive disorders and suicidal thoughts than people living in communities [7].

However, depression and suicidal ideation in long term care facility are often underdiagnosed, in part because of the difficulty of identifying these factors in institutionalized settings. Furthermore, a lack of understanding of mental health issues among healthcare workers and elderly, along with stigma associated with psychosis, frequently prevents people from seeking needed support.

2.7. Gender

The male gender role in modern culture frequently emphasizes a greater degree of power and autonomy, and the strengthening of this gender position makes them more likely to suppress their emotions when faced with setbacks and difficulties, rather than express sadness, grief, or crying, and seeking interpersonal or medical support increases their risk of suicide. Loss of the head of household, a culturally based indicator of family status, has a significant impact on the suicide age ratio among men, threatening their desire to be independent, powerful and in control, implying a loss of authority and self-esteem, but not for women [4]. Women are better than men at asking for help, better at maintaining social networks, more adaptable, more self-sufficient in daily activities, and more often involved in caring for children and grandchildren.

3. Suicide in CALD Populations

In addition to the common suicide risks faced by older people, older migrants face some unique risks. The following paragraphs summarise the suicide risks faced by older people from CALD backgrounds.

Some older migrants may have moved due to challenges such as poverty, conflict, traumatic events, or political oppression, which can leave enduring impacts on their mental well-being. A retrospective study conducted in Victoria, Australia, found that migrants from specific regions, such as Sudan and Iran, exhibited elevated levels of psychiatric distress, including depression and anxiety, as well as higher instances of self-harm compared to structured migration groups, such as those from China and India [9].

Cultural adaptation poses a significant challenge for older migrants. When exposed to a new culture, they may either maintain their original cultural identity or adapt to the culture of the host nation. Acculturative stress, which can result from this protracted process, can cause anxiety, sadness, alienation, and marginalization, all of which can be considered potential triggers for suicide. Research

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has indicated that a higher risk of suicide is linked to lower levels of acculturation. Poor acculturation can result in difficulties with language, cultural norms, and social practices, often leading to communication barriers, social isolation, and increased psychological stress. A Canadian study further confirmed that social isolation and language barriers are key suicide risk factors among older immigrants.

Cultural values and beliefs significantly influence suicide risk among migrants. For instance, in Muslim culture, suicide is often viewed as an unforgivable sin and has been criminalized by the Indian legal system. In contrast, in Japanese society, suicide is sometimes seen as a noble act of self-sacrifice. Research in Austria indicated Japanese immigrants had the greatest suicide rate, which was consistent with the heightened suicide rates recorded in their place of origin [10].

Loneliness is also a significant factor contributing to suicide among older immigrants. Canadian data indicate that elder immigrants were more prone to suffer loneliness compared to those born in Canada. Disrupted social networks and challenges in forming new friendships in a foreign country often led to dissatisfaction with communication frequency, a weaker sense of community belonging, and fewer friends sharing the same native language [11]. This issue is particularly prevalent among East Asian immigrants, shaped by the Confucian ethic of filial piety. For example, South Korean older immigrants have faced changes in family dynamics, such as adult children living farther away, smaller family sizes, and a growing individualistic lifestyle among younger generations. Due to these changes, elderly Korean immigrants are now more probable to live on their own, which makes them more susceptible to feelings of powerlessness, loneliness, and suicidal thoughts.

Language barriers pose a significant risk factor for older migrants, contributing to their vulnerability. Limited language skills can hinder their understanding of available rights, benefits, and essential services, reducing their ability to access support. Lack of knowledge leads to social isolation, increased stress and a lack of timely access to social support, making older migrants more vulnerable to depression, anxiety and suicidal tendencies.

4. Conclusion

This review highlights the complex and multifaceted factors that influence suicide in Australia among senior migrants (those 65 and over). Key findings suggest that mental health problems, including depression and anxiety, are major risk factors, often exacerbated by loneliness, social isolation, and loss of autonomy. CALD populations face unique challenges including acculturation stress, difficulty with cultural adaptation, and stigma surrounding mental health. In addition, gender-specific factors such as societal expectations of masculinity further increase suicide risk among older male migrants. Systemic obstacles, like limited access to social support services and culturally competent healthcare, make these problems worse.

The findings highlight the need for targeted measures which tackle particular requirements for elder CALD individuals. Recommended strategies include improving access to mental health care, promoting social inclusion programs, and creating supportive community environments that value cultural diversity. Removing stigma and raising awareness of mental health issues in CALD communities are also critical to reducing the burden of suicide among older migrants.

The significance of this study is that it provides a comprehensive assessment of suicide risk unique to older migrants, revealing an underexplored area in public health. By identifying risk and protective factors, this review provides a foundation for evidence-based policies and intervention strategies aimed at improving the well-being of this vulnerable population.

However, this study has certain limitations. Reliance on existing literature may overlook emerging factors or context-specific nuances. In addition, differences in suicide rates across subgroups remain underexplored due to limited data. Future research should focus on longitudinal studies to examine

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changes in suicide risk over time, explore the impact of specific interventions, and incorporate older immigrants' perspectives to develop culturally appropriate solutions.

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