suicide awareness **Risk Spotlight**

While the overall rate of suicide is highest for ages 45-54, we see spikes in the number of suicides within certain groups. (SAMHSA, 2024). Understanding what might put someone at greater risk can help you stay you alert for concerns. Keep the following cautions in mind, along with general warning signs and risk factors. Note that this isn't a comprehensive list of populations at greater risk.

Elderly

May be at greater risk because:

- + Increased loss and loneliness: Many of the changes that come with aging involve loss. Seniors may face retirement, death of loved ones, and loss of independence. Many elders find themselves more and more cut off from support and emotional connection. Without help, loneliness and sadness can contribute to thoughts of suicide.
- + Losing sense of future and purpose: The feeling that one is no longer useful and the days are numbered can develop into depression.
- + Struggling with illness and pain: Chronic pain, health issues, and fear of conditions, such as Alzheimer's, can spark depression. Depression may also be a side-effect of medication. Seniors may also be less likely to admit that they have mental health problems or to seek help.
- + Signs of depression may be misread: Depression can make older adults confused or forgetful, which can be misdiagnosed as a memory loss problem or dementia. Pulling away from others and loss of joy may be wrongly thought of as normal in an elderly person.

What you can do: Don't assume that being sad is a normal part of getting older – it's not. Try to have conversations that touch on emotions and feelings. Encourage activity and socializing. Watch for stockpiling of pills or interest in getting access to a gun. Share any concerns with your elder's doctor.

Men, depression, and suicide

Many men experience depression, but how that looks may be different from what you might expect to see.

While both men and women feel the hopelessness of depression, women tend to express it as extreme sadness while men may appear angry and irritable. You might be more likely to see risky behavior such as reckless driving. Men also tend to escape into work or sports even though these activities have lost meaning.

Men may have more physical symptoms, such as headaches, stomach problems, and unexplained pain. These symptoms may not match our expectations of what a depressed person looks like.

In addition, men tend to be more likely to think of depression as a weakness. They may be less likely to seek help. Instead, they may pull away from others and use drugs or alcohol. These unhealthy coping behaviors can increase the risk of suicide.

Mayo Clinic Staff, 2024



Teens

May be at greater risk because:

- + Face more potential triggers: Teens are going through many emotional, mental and social changes. At the same time, they face a high need to fit in. The stress of school/classes, bullying, gender identity concerns, or body image issues could be a trigger. Failing a test or a romantic breakup could be a tipping point.
- + More reactive to triggers and act more impulsively: Compared to adults, who typically do more planning, teens are quicker to act when stressed. This can add to the risk when faced with more potential triggers.
- + Vulnerable to imitation: Teens are more susceptible to suicide "contagion" as compared to adults (attempting suicide after learning of a suicide). Risk exists even if they didn't personally know the person who died. They may interpret the action as an acceptable or heroic way to deal with distress (CDC, 2024).
- + Warning signs may not be as clear: It's normal for teens to go through emotional ups and downs. It may be more difficult to spot moods or behaviors that point to suicide. Poor grades, explosive anger, acting out sexually, or even boredom may actually be signs of depression. Warning signs of suicide may include running away from home or doing risky things, such as driving while drunk or misusing drugs.

What you can do: Keep lines of communication open. Watch for changes. Trust your instincts. Seek help from a professional (such as your doctor or a therapist) who can assess and treat your teen. **Military veterans**

May be at greater risk because:

- Adjustment issues: Reintegrating back into civilian life can be extremely difficult, even if the person was not in combat. Along with adjusting to a different structure, pace, and focus, returning military must re-establish roles, relationships, and work life. Physical or emotional injuries can be added factors.
- At risk for post-traumatic stress disorder (PTSD): The experiences, emotions and impact of deployment can cause ongoing mental stress. For some, this results in a diagnosis of PTSD and a higher risk of suicide as a result.

What you can do: Returning from deployment is a process, not an event. Give returning vets plenty of time to readjust to civilian life. Watch for unusual focus on weapons or other aspects of their military role, such as wearing their uniform or part of it, such as boots. Be alert for obsession with war news, visits to graveyards, or overprotectiveness.

Use professional help as needed and any special support offered to veterans and their families – such as the confidential Veteran's Crisis Line operated by the VA:

- + Dial 988 and press 1 to talk to someone.
- Text message to 838255 to connect with a VA responder.
- + Visit <u>www.veteranscrisisline.net/support/be-there</u>

LGBTQ youth are more than four times as likely to attempt suicide than their peers. (Zullo et al, 2021) Along with the cautions noted above, it's important to recognize that stigma, harassment, rejection, and discrimination related to one's gender identity or expression, or sexual orientation can put young people at greater risk of suicide.

Feeling heard, accepted, and valued are key ways to counterbalance negative cultural messages that can fuel suicidal thoughts. Research points to the importance of access to sensitive, affirming mental health care and having a social connection to other LGBTQ youth. (Zullo et al, 2021)

References

- Centers for Disease Control and Prevention (CDC). (2024, February 29). CDC Guidance for Community Response to Suicide Clusters, United States, 2024. https://www.cdc.gov/mmwr/volumes/73/su/su7302a3.htm
- Mayo Clinic Staff. (2024, February 13). *Male depression: Understanding the issues*. https://www.mayoclinic.org/diseases-conditions/depression/in-depth/maledepression/art-20046216
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). About suicide. https://www.samhsa.gov/mental-health/suicide/about
- U.S. Department of Veterans Affairs (VA). (2022). National veteran suicide prevention annual report. https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf
- WebMD. (2022, September 4). *Depression in older people*. https://www.webmd.com/depression/depression-elderly
- Zullo, L., Seager van Dyk, I., Ollen, E., Ramos, N. Asarnow, J., & Miranda, J. (2021). Treatment recommendations and barriers to care for suicidal LGBTQ youth: A quality improvement study. Evidenced-Based Practice in Child and Adolescent Mental Health, 6(3), 393-409. https://pmc.ncbi.nlm.nih.gov/articles/PMC8659407/

EVERNORTH HEALTH SERVICES

References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services are at your sole risk.

This information is for educational purposes only. It's not medical advice. Always ask your doctor for appropriate examinations, treatment, testing and care recommendations.

All Evernorth Health Services products and services are provided exclusively by or through affiliates of the Evernorth companies. Some content provided under license.

857310fEN 11/24 © 2024 Evernorth Health Services. Use and distribution limited solely to authorized personnel.