The overall rate of suicide in the U.S. peaks in the 45-64 age group, but we also see spikes in the number of suicides within certain groups. Adolescents and the elderly have disproportionately high rates of suicide and a 2009 study found that military veterans were twice as likely to die of suicide compared to male non-veterans (Ruiz, 2011).

Understanding some of the special issues that these groups struggle with can help keep you alert to growing problems. Keep the following cautions in mind, in addition to the general warning signs and risk factors that we reviewed.

**ELDERLY**

May be at greater risk because…

**Increased loss and loneliness** – Many of the changes that come with aging involve loss: retiring from work, death of spouse and friends, loss of independence. At the same time, many seniors find themselves increasingly cut off from supportive friends and emotional connections. Without help, the feelings of loneliness and sadness can push someone to end their life.

**Diminished sense of future and purpose** – The hopelessness of feeling that one is no longer useful and the days are numbered can develop into depression and possibly suicidal thoughts.

**More likely to struggle with illness and pain** – Ongoing pain and the stress of coping with serious health issues can spark depression in older adults. Many are also stressed by the fear that they will develop conditions such as Alzheimer’s or fall and break a bone. In addition, the elderly are 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, such as dementia. Pulling away from others and the loss of joy that goes with depression 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 is not. Strive for conversations that touch on emotions and feelings. Watch for stockpiling pills or interest in getting access to a gun. Share any concerns with your elder’s doctor.
**TEENS**
May be at greater risk because…

**More reactive to triggers and act more impulsively** – Teens are going through many changes, emotionally, cognitively and socially, coupled with many different pressures and a need to fit in. As such, their world tends to be full of more potential triggers – failing to pass an important test, a romantic breakup, stress of a new school, bullying, gender identity, and body image issues. And compared to adults, who typically do more planning, teens are more quick to act when stressed, further increasing the risk.

**More vulnerable to copying** – Imitation can take a deadly turn when it comes to suicide and teens. Adolescents are approximately twice as likely as adults to imitate a suicide. (National Research Council, 2001).

**Warning signs may not be as clear** – Teens go through big emotional ups and downs normally. It may be more difficult to spot moods or behaviors that could indicate suicide. Declining school performance, explosive anger, acting out sexually, or even boredom may actually be a sign of depression. Warning signs of suicide may include running away from home or doing risky things, such as driving drunk or abusing 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. Your EAP can offer guidance and information on resources in your area.

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**MILITARY VETERANS**
May be at greater risk because…

**Adjustment issues** – Getting used to civilian life, after adapting to the challenges of being deployed, can be extremely difficult. In addition to trying to adjust to a different pace and focus, returning military must re-establish relationships and roles, find work, and cope with any emotional and physical damage they experienced. It can be overwhelming.

**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 an increased 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 adjust back to civilian life. Watch for unusual focus on weapons or other aspects of their role in the military – wearing a uniform, obsession with war news, visits to graveyards. Use the specialized help offered to veterans and other professional support as needed.

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**Men, Depression and Suicide**
Many men experience depression, but the way that they experience it may be different from women.

Women tend to feel extreme sadness when depressed, while men may feel angry and irritable. They are also more likely to have problems sleeping, do risky things and escape into work or sports even though these pursuits have lost meaning. Men also may have more physical symptoms, such as headaches, stomach problems and ongoing pain, as a result of their depression. These types of 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 weakness, and, therefore, may be less likely to seek treatment. Instead, they may pull away from others and use drugs or alcohol. These unhealthy coping behaviors increase the risk of suicide.
References


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