Breaking down the impact of age stereotypes on suicide rates: Myths and realities.

Quijin Paul*

Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong, China

Introduction

Age stereotypes, often overlooked in discussions of mental health, have a profound and underappreciated impact on suicide rates across different age groups. While much attention has been rightly devoted to addressing factors such as depression, social isolation, and economic stress as contributors to suicide, age-related biases and misconceptions can exacerbate these risk factors. It's time to shed light on this critical issue, separate the myths from the realities, and explore the complex relationship between age stereotypes and suicide. As a society, we tend to hold certain assumptions about individuals based on their age. Young people may face the pressure of high expectations and the challenges of navigating a rapidly changing world. Meanwhile, older individuals may grapple with feelings of invisibility and societal devaluation. These stereotypes, whether they manifest as ageism in the workplace, media portrayals, or everyday interactions, have far-reaching consequences, including their role in the suicide epidemic [1-4].

In this article, we will delve into the intricate connection between age stereotypes and suicide rates. We will examine how these stereotypes perpetuate stigma and create additional hurdles for those already struggling with mental health issues. We will also explore the prevailing myths and shed light on the realities of this issue, with the ultimate goal of raising awareness and prompting change [5]. Certainly, breaking down the impact of age stereotypes on suicide rates involves navigating various risk factors that intertwine with these stereotypes. Some key elements include:

Social Isolation: Age stereotypes often lead to social isolation, particularly among older adults. Feeling marginalized or disconnected due to societal perceptions of aging can exacerbate feelings of loneliness, contributing to increased suicide risk.

Stigma and Shame: Age-related stigma surrounding mental health issues can prevent individuals from seeking help. The belief that certain age groups should be emotionally resilient or that mental health struggles are a sign of weakness can lead to individuals suffering in silence.

Health Challenges: Age-related health issues and chronic conditions can impact mental health. Stereotypes that equate aging with declining physical and mental health might

exacerbate distress for individuals already grappling with health challenges, increasing suicide risk [6].

Financial Strain: Economic hardships, particularly prevalent among certain age groups due to retirement, job loss, or limited financial resources, can contribute to stress and feelings of hopelessness. Age stereotypes may perpetuate the belief that older individuals are less employable, adding to financial strain and potential mental health issues.

Limited Access to Support: Age-related stereotypes can affect access to mental health services. Older adults, for instance, may encounter barriers to accessing care due to assumptions about their technological literacy or assumptions that mental health issues are an inevitable part of aging.

Perceived Burden: Some age-related stereotypes portray older individuals as burdensome, leading to feelings of worthlessness or that their lives lack purpose. This perceived burden can significantly impact mental health and contribute to suicidal ideation[8-10].

Identity and Change: Transitions related to aging, such as retirement, loss of independence, or shifts in roles within families, can cause identity crises. Stereotypes about aging may intensify the struggle to adapt to these changes, potentially increasing vulnerability to mental health issues.

Conclusion

In conclusion, our exploration of the impact of age stereotypes on suicide rates has revealed a complex and often overlooked facet of the mental health landscape. Ageism and related stereotypes have the potential to intensify feelings of despair and hopelessness for both younger and older individuals. By perpetuating stigmas and biases, they create barriers to seeking help, connecting with others, and finding meaning in life. It is essential that we recognize the myths surrounding age stereotypes and suicide rates and replace them with evidencebased understandings of the issue. This entails fostering more inclusive and compassionate societies, addressing structural inequalities, and challenging negative perceptions of age. Ultimately, it is only by breaking down these stereotypes and embracing the realities of the age-suicide relationship that we can begin to reduce suicide rates and promote mental wellbeing for all individuals, regardless of their age. By doing so, we can offer a brighter and more inclusive future for everyone, free from the devastating influence of age-related prejudices.

Received: 10-Oct-2023, Manuscript No. AAJMHA-23-120057; Editor assigned: 12-Oct-2023, Pre QC No. AAJMHA-23-120057 (PQ); Reviewed: 26-Oct-2023, QC No. AAJMHA-23-120057; Revised: 30-Oct-2023, Manuscript No. AAJMHA-23-120057(R); Published: 04-Nov-2023, DOI: 10.35841/aajmha-7.6.172

^{*}Correspondence to: Quijin Paul, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong, China, E-mail: Paul764@hku.hk.

Reference

- 1. Officer A, Schneiders ML, Wu D et al. Valuing older people: time for a global campaign to combat ageism. Bulletin of the World Health Organization. 2016;94(10):710.
- 2. North MS, Fiske ST. Modern attitudes toward older adults in the aging world: a cross-cultural meta-analysis. Psychological bulletin. 2015 Sep;141(5):993.
- 3. Conwell Y, Van Orden K, Caine ED. Suicide in older adults. Psychiatric Clinics. 2011;34(2):451-68.
- 4. Van Orden K, Conwell Y. Suicides in late life. Current psychiatry reports. 2011 Jun;13:234-41.
- 5. Richeson JA, Shelton JN. A social psychological perspective on the stigmatization of older adults. 2006;64:174-208.
- 6. Barbas H. General cortical and special prefrontal connections: principles from structure to function. Annual review of neuroscience. 2015 Jul 8;38:269-89.

- 7. Bellesi M, de Vivo L, Tononi G et al. Effects of sleep and wake on astrocytes: clues from molecular and ultrastructural studies. BMC biology. 2015;13(1):1-7.
- Berlanga ML, Price DL, Phung BS, et al. Multiscale imaging characterization of dopamine transporter knockout mice reveals regional alterations in spine density of medium spiny neurons. Brain research. 2011;1390:41-9.
- Bohland JW, Wu C, Barbas H, et al. A proposal for a coordinated effort for the determination of brainwide neuroanatomical connectivity in model organisms at a mesoscopic scale. PLoS computational biology. 2009;5(3):e1000334.
- 10. Bonthius DJ, McKim R, Koele L, et al. Use of frozen sections to determine neuronal number in the murine hippocampus and neocortex using the optical disector and optical fractionator. Brain Research Protocols. 2004;14(1):45-57.