

The hidden epidemic: Age stereotypes and youth suicide rates.

Emiley Kelesey*

Department of Health Services, Policy and Practice, School of Public Health, Brown University, Providence, RI

Introduction

The youth of today are often seen as the embodiment of vitality and hope, standing at the threshold of life's possibilities. Yet, beneath the surface, there's a silent epidemic that's been largely overlooked: age stereotypes and their chilling impact on youth suicide rates. While much of the conversation surrounding youth suicide centers on mental health, it's crucial to recognize that age-related biases play a significant role in exacerbating the problem. In our society, we often hold preconceived notions about young people, which can contribute to their struggles with mental health and well-being. These stereotypes, whether manifested in generational misunderstandings, societal expectations, or media portrayals, have far-reaching consequences, including their role in the youth suicide epidemic. It's time to unveil this hidden crisis, separate myths from realities, and explore the intricate relationship between age stereotypes and youth suicide rates [1, 2].

In this article, we will delve into the complex interplay of age stereotypes and youth suicide. We'll examine how these stereotypes fuel feelings of inadequacy, hopelessness, and despair among young individuals. We will also explore the pervasive myths that cloud our understanding of this issue and, ultimately, work towards raising awareness and prompting change [3-6].

The Impact of Age Stereotypes on Youth Suicide

Youth is often regarded as a time of hope and possibility, but beneath the surface, a hidden epidemic looms - the alarming rates of youth suicide. While mental health issues are a significant factor in youth suicide, age stereotypes play a crucial and often underrecognized role in the problem. These stereotypes, rooted in societal attitudes and perpetuated by media portrayals, have a profound impact on the mental health and well-being of young individuals.

Generational Misunderstandings: One of the underlying issues is the generational gap, where older generations sometimes struggle to comprehend the unique challenges faced by today's youth. Young people are often seen as lazy, entitled, or overly sensitive. These stereotypes can create barriers to communication, understanding, and support, which are critical for addressing mental health issues [7].

Societal Expectations: Young individuals often face overwhelming societal expectations, including the pressure to excel academically, build a successful career, and maintain

an active social life. Age stereotypes contribute to these expectations, reinforcing the idea that youth is a carefree period where struggles should be minimal. This dissonance between expectations and reality can lead to feelings of inadequacy, stress, and hopelessness [8].

Media Portrayals: Media plays a significant role in shaping our perceptions of youth. Often, young people are depicted as irresponsible, reckless, or superficial. Such portrayals can influence public opinion and exacerbate the challenges young individuals face. Young people exposed to these stereotypes may internalize them, affecting their self-esteem and mental well-being.

Stigma Surrounding Youth: The stigma surrounding youth and mental health is a dangerous combination. Young individuals may be less likely to seek help for their mental health issues due to the belief that they should be resilient and self-reliant. These stereotypes can create a sense of shame and isolation that further compounds the risk of suicide.

The Role of Age Stereotypes in the Youth Suicide Epidemic

To understand the hidden epidemic of youth suicide, it's vital to acknowledge how age stereotypes contribute to this crisis. These stereotypes fuel feelings of isolation, despair, and hopelessness in young individuals, making it harder for them to reach out for help. The pressure to conform to societal expectations can be overwhelming, and the generational misunderstandings can leave them feeling unheard and unsupported.

Challenging Age Stereotypes and Breaking the Silence

Addressing the hidden epidemic of youth suicide begins with challenging age stereotypes and fostering a more empathetic and supportive society. It's crucial to recognize the unique struggles faced by young individuals in a rapidly changing world and to provide them with the resources, understanding, and opportunities to thrive. Education and awareness campaigns can help dispel stereotypes and encourage open dialogue between generations. Encouraging young individuals to seek help for their mental health issues without fear of judgment or stigma is equally important. Healthcare systems, educational institutions, and communities should work together to create supportive environments for youth, where their mental well-being is a priority. The hidden epidemic of youth suicide, influenced by age stereotypes, is a crisis that demands our attention and action. By challenging these stereotypes, fostering understanding, and providing essential

*Correspondence to: Emiley Kelesey, Department of Health Services, Policy and Practice, School of Public Health, Brown University, Providence, RI, E-mail: Kelsey37@va.gov

Received: 11-Oct-2023, Manuscript No. AAJMHA-23-120059; Editor assigned: 13-Oct-2023, Pre QC No. AAJMHA-23-120059 (PQ); Reviewed: 27-Oct-2023, QC No. AAJMHA-23-120059; Revised: 31-Oct-2023, Manuscript No. AAJMHA-23-120059 (R); Published: 06-Nov-2023, DOI: 10.35841/ajmha-7.6.173

support, we can break the silence that surrounds youth mental health challenges and suicide. Our shared responsibility is to create a society where young individuals find hope, purpose, and a supportive community that understands the unique challenges of their generation. It's time to unveil the hidden epidemic and work towards a brighter future for our youth, free from the detrimental influence of age-related prejudices [9, 10].

Conclusion

In conclusion, the hidden epidemic of youth suicide, exacerbated by age stereotypes, is a crisis that demands our immediate attention. While youth should be a time of exploration, growth, and hope, it is marred by the silent suffering of many young individuals who grapple with mental health challenges and societal misconceptions. It is essential to recognize the myths surrounding age stereotypes and youth suicide rates and replace them with a more informed perspective. This entails fostering a more inclusive and compassionate society that understands the unique pressures and challenges that young people face today. We must challenge negative perceptions of youth and create a supportive environment where young individuals can seek help, connect with others, and find meaning in their lives. The road to change begins with acknowledging the role of age stereotypes in the youth suicide epidemic. We must dispel these harmful misconceptions, foster understanding, and promote mental well-being for all individuals, regardless of their age. By addressing this hidden epidemic, we can offer a brighter and more inclusive future for young individuals, free from the devastating influence of age-related prejudices. It is our shared responsibility to provide hope, support, and understanding to the youth of today, who deserve the opportunity to thrive and find purpose in their lives.

Reference

1. Jiang H, Niu L, Hahne J, et al. Changing of suicide rates in China, 2002–2015. *Journal of Affective Disorders*. 2018;240:165-70.
2. Li ZZ, Li YM, Lei XY, et al. Prevalence of suicidal ideation in Chinese college students: a meta-analysis. *PLoS One*. 2014;9(10):e104368.
3. Huang T, Saito E. Risk factors of suicide among Chinese college students: a literature review. *China Journal of Social Work*. 2022;15(1):22-47.
4. Beck AT, Beck R, Kovacs M. Classification of suicidal behaviors: I. Quantifying intent and medical lethality. *The American journal of psychiatry*. 1975;132(3):285-7.
5. Turecki G, Brent DA. Suicide and suicidal behaviour. *The Lancet*. 2016;387(10024):1227-39.
6. Christensen H, Griffiths KM, Jorm AF. Delivering interventions for depression by using the internet: randomised controlled trial. *Bmj*. 2004;328(7434):265.
7. Hadzi-Pavlovic D, Christensen H, Harrison V et al. Impact of a mobile phone and web program on symptom and functional outcomes for people with mild-to-moderate depression, anxiety and stress: a randomised controlled trial.
8. Luxton DD, June JD, Comtois KA. Can postdischarge follow-up contacts prevent suicide and suicidal behavior?. *Crisis*. 2013.
9. Bartholomew LK, Parcel GS, Kok G. Intervention mapping: a process for developing theory and evidence-based health education programs. *Health education & behavior*. 1998;25(5):545-63.
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.