

## RISK FACTORS FOR SUICIDAL THOUGHTS & BEHAVIORS

COMMON ACROSS AGES	MIDLIFE	LATER LIFE
Mental health challenges: mood, anxiety, posttraumatic stress and certain personality disorders	Job loss, chronic unemployment	Onset of pain, chronic pain
Alcohol or substance abuse	Onset of health issues, possibly chronic	Greatly increased access to pain medications/sedatives
One or more prior suicide attempts	Increased access to prescription pain medication, acceptability of use	Loss of long term relationships Increasing physical isolation
Easy access to a firearm, pills, other lethal means	Significant debt	Increasing loss/grief
The suicide of a peer or a suicide cluster in the community	End of long term relationship	Decreasing mobility
Family history of suicide	Interpersonal violence in primary relationship	Increasing isolation
Loss of a loved one or the end of a significant relationship	Increased access to alcohol, acceptability of use	Job loss if still working
History of trauma or abuse	Lifetime alcohol use	Significantly decreasing financial resources, debt
	Increased acceptable access to firearms	Loss of home to “downsizing”
	Decreased visibility to a support system, invisibility of risk and warning signs	Lifetime alcohol use
	History of/current service in military, particularly with active duty in combat	Lack of “room” for mental health crisis – can result in removal from home, limited independence
	Traumatic head injury	Assumptions about “normal aging” – invisibility of risk and warning signs
	Lack of “room” for mental health crisis in adult lives – often results in job loss, lack of employability, financial difficulties	Loss of independence, forced reliance on others
	Stigma of mental health treatment	Onset of cognitive difficulties
	Middle aged white men viewed as privileged, not in need of social supports	Loss of sense of “usefulness” to society
	No “programs” for assistance – programs for youth and for elders, but not for midlife	