



Effect of Age on Suicidal Ideation

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Abstract

This study examined whether suicidal ideation differs across four age groups: 16–20 years, 21–25 years, 26–30 years, and 31–35 years. A total of 80 participants (N=80) were divided equally into four groups of 20 each. Ideation intensity was measured with the Suicidal Ideation Scale (Sisodia & Bhatnagar, 2018), a 19-item self-report instrument standardized on an Indian population. A one-way between-subjects analysis of variance (ANOVA) compared mean ideation scores across the four groups. The result was not statistically significant [$F(3, 76)=2.31, p=.083$] at .05 level and there were insufficient evidences to reject the null hypothesis. Even so, mean scores fell steadily as age increased, from 69.60 (SD=17.43) among the youngest respondents to 55.75 (SD=12.63) among the oldest. Notably, the overall sample mean (63.22) was well above the SISSDB's moderate-risk threshold, suggesting elevated ideation across the entire sample regardless of age.

Keywords: Suicidal Ideation, Age Differences, Young Adulthood, Mental Health, Life-span risk

INTRODUCTION

Suicidal ideation refers to the presence of thoughts, plans, or preoccupations concerning ending one's own life, and it is widely regarded as one of the strongest proximal predictors of both suicide attempts and completed suicide (Beck et al., 1979). Suicide itself remains a major global public health problem. Ideation typically precedes an attempt, identifying who is most vulnerable to suicidal thinking, and under what circumstances, is central to early identification and prevention. Age is among the most frequently studied demographic variables in this literature, yet the evidence on how the intensity and prevalence of suicidal ideation shift across the lifespan remains inconsistent and, in places, contradictory.

A large body of work suggests that suicidal ideation is not spread evenly across the lifespan but instead tracks the distinct developmental and psychosocial pressures that characterize different life stages. The relationship between age and suicidal ideation is unlikely to be linear.



Several mechanisms have been proposed to explain why age might shape the intensity of suicidal ideation. Adolescents and young adults between roughly 16 and 25 are struggling with identity formation, academic and career uncertainty, and shifting family and peer relationships, all of which have been tied to heightened psychological distress and impacts life satisfaction. The influence of perceived parental support during childhood and perceived peer support in adolescence appears to persist into young adulthood which leads the way individual's way of dealing any situation: French university students who recalled low levels of parental support were considerably more likely to report frequent suicidal thoughts than peers who recalled strong support, even after accounting for a personal history of depression or prior attempts (Macalli et al., 2018). As individuals move into their late twenties and early thirties, the dominant stressors often shift toward employment stability, financial independence, and relationship commitment, which may sustain or reshape ideation intensity through a different set of pathways.

Gender is frequently examined alongside age as a compounding factor. A systematic review for ages 12 to 26 found that females faced a greater risk of nonfatal suicide attempts, whereas males faced a higher risk of death by suicide, a divergence attributed in part to differing patterns of internalizing versus externalizing difficulties (Miranda-Mendizabal et al., 2019). Although the present study focuses on age rather than gender, this body of work is a reminder that the age-ideation relationship cannot be fully understood in isolation from other demographic variables.

Objectives

- To assess and compare the intensity of suicidal ideation among participants in four age groups: 16–20 years, 21–25 years, 26–30 years, and 31–35 years.
- To determine statistically significant differences in suicidal ideation intensity exist between these age groups.

Hypothesis

- H01 (Null Hypothesis): There is no statistically significant difference in the intensity of suicidal ideation across the four age groups (16–20, 21–25, 26–30, and 31–35 years).

METHODOLOGY

Sample

The total sample consisted of 80 participants ($N = 80$), divided equally across four age groups of 20 participants each: 16–20 years ($n=20$), 21–25 years ($n=20$), 26–30 years ($n=20$), and 31–35 years ($n=20$).

Variables

The independent variable was age, operationalized as a categorical variable with four levels: 16–20 years, 21–25 years, 26–30 years, and 31–35 years. The dependent variable was suicidal ideation, operationalized as the total score obtained on the Suicidal Ideation Scale as described in the tool.

Tool

Suicidal Ideation Scale (SISSDB; Sisodia & Bhatnagar, 2018), a 19-item self-report tool developed for Indian adults aged 16–60. Items use a 5-point Likert scale (1= strongly disagree to



5= strongly agree), yielding scores from 19 to 95; higher scores indicate greater ideation, with cutoffs of ≥ 30 for moderate risk and ≥ 50 for high risk. The SISSDB assesses passive and active ideation, planning, hopelessness, emotional distress, and lethality intent, and is suitable for clinical screening and research in urban and rural settings. Psychometric evaluation ($N=1200$) showed excellent internal consistency ($\alpha=.93-.96$) and strong two-week test-retest reliability ($r=.88$). A three-factor structure explained 70% of variance; convergent validity with the Beck Scale for Suicide Ideation was $r=.84$, and criterion validity yielded 91% sensitivity and 89% specificity at the moderate-risk cutoff. Population norms: $M=28.6$ ($SD=12.4$).

Administration and procedure

Testing took place in a well-lit, ventilated, and quiet room to minimize external distraction. Before administration, each participant completed an informed consent form and make sure for the maintenance of confidentiality; participants were told that their responses would remain anonymous and confidential and that the data were being collected solely for research purposes. The administrator established rapport with each participant before testing began. Instructions for the scale were read aloud, and participants were invited to ask questions, which were clarified before responding. The SISSDB was then administered, and responses were recorded and scored according to its standard protocol. Confidentiality of all responses was maintained throughout the study.

Descriptive statistics (means, standard deviations, minimums, and maximums) were computed for suicidal ideation scores overall and within each of the four age groups. The obtained data were analysed with the help of one-way between-subjects ANOVA then tested whether mean suicidal ideation scores differed significantly across the four age groups, statistical significance was evaluated at $\alpha=.05$.

RESULT AND INTERPRETATION

Table 1 Descriptive Statistics for Age Group and Suicidal Ideation (N=80)

	N	Minimum	Maximum	M	SD
Age Group	80	1	4	2.50	1.125
Suicidal Ideation	80	30	96	63.22	17.389

Table 1 summarizes age group and suicidal ideation for 80 participants. The sample included all four age groups evenly (average group=2.50, $SD=1.13$). Suicidal ideation scores range from 30 to 96, with an average score of 63.22 ($SD=17.39$). This average falls in the moderate-risk range on the scale, and the large standard deviation shows that participants' scores varied widely.

Table 2: One-Way ANOVA Summary for Suicidal Ideation Scores by Age Group

Source	SS	df	MS	F	p
Between Groups	1993.050	3	664.350	2.306	.083
Within Groups	21894.900	76	288.091		
Total	23887.950	79			



Table 2 shows a one-way ANOVA testing whether suicidal ideation scores differ across the four age groups. The test found no significant difference [$F(3, 76)=2.31, p=.083$] even at 0.05 level. Therefore, it can be said that H_0 "There is no statistically significant difference in the intensity of suicidal ideation across the four age groups (16–20, 21–25, 26–30, and 31–35 years)" can not be rejected, meaning there is no strong evidence that mean ideation scores vary by age group in this sample.

Table 3: Suicidal Ideation Scores Across Age Groups

Age Group	N	M	SD	SE
16–20 Years	20	69.60	17.434	3.898
21–25 Years	20	64.90	19.169	4.286
26–30 Years	20	62.65	17.928	4.009
31–35 Years	20	55.75	12.632	2.825
Total	80	63.23	17.389	1.944

As shown in Table 3, mean suicidal ideation scores by age group ($n=20$ per group). Means decrease across age: 16–20 years, $M=69.60$, $SD=17.43$, $SE=3.90$; 21–25 years, $M=64.90$, $SD=19.17$, $SE=4.29$; 26–30 years, $M=62.65$, $SD=17.93$, $SE=4.01$; 31–35 years, $M=55.75$, $SD=12.63$, $SE=2.83$. The overall mean was $M=63.23$, $SD=17.39$. Although the means suggest a downward trend with age, the ANOVA indicated this difference was not statistically significant at 0.05 level.

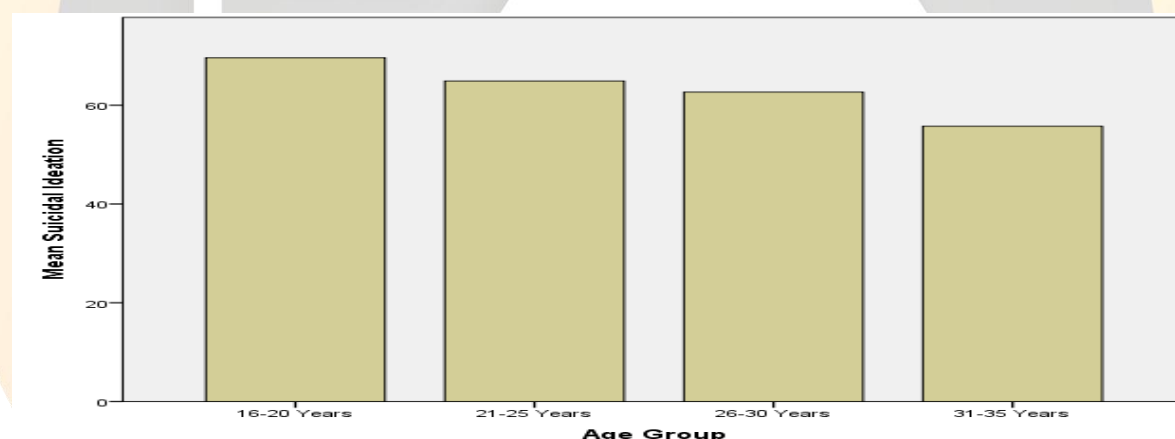
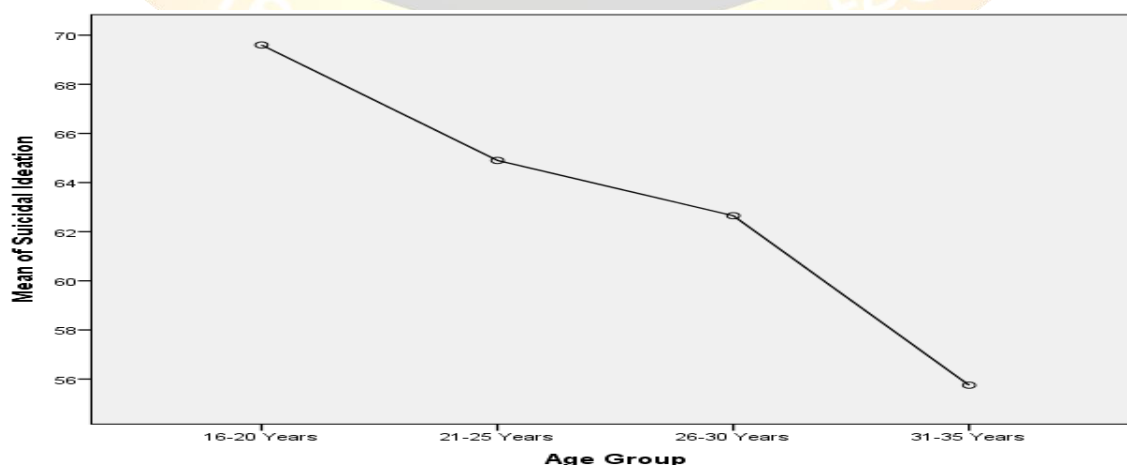


Figure 1. Mean suicidal ideation scores by age group

The bar graph shows the small amount of variation around each mean, but the overall pattern suggests a downward trend in suicidal ideation as age increases.



**Figure 2. Line Graph; Trend in mean suicidal ideation scores across the four age groups**

Line graph indicates that mean suicidal ideation decreased across age groups. Participants aged 16–20 years showed the highest mean suicidal ideation, followed by those aged 21–25 years and 26–30 years, while the 31–35 years group showed the lowest mean.

CONCLUSION

This study set out to examine the effect of age on the intensity of suicidal ideation across four age groups (16–20, 21–25, 26–30, and 31–35 years) using the SISSDB in a sample of 80 participants. While the one-way ANOVA did not yield a statistically significant difference across age groups, $F(3,76)=2.31$, $p>.05$, the observed descriptive trend of declining ideation scores with increasing age is broadly consistent with prior literature identifying adolescence and early adulthood as a period of heightened vulnerability to suicidal thinking.

LIMITATIONS

Several limitations should be weighed when interpreting these findings. First, the sample size was relatively small ($N=80$; $n=20$ per group), limiting statistical power to detect modest age-related effects, particularly given that the obtained p value (.083) approached but did not cross the conventional .05 threshold. Second, the cross-sectional design captures ideation at a single point in time and cannot show how ideation intensity changes within individuals as they age; a longitudinal design would be better suited to that question. Third, reliance on self-report data introduces the possibility of social desirability bias or underreporting, particularly given the sensitivity of the topic. Fourth, the elevated mean ideation scores across the entire sample relative to published norms raise questions about the representativeness of the sample and the generalizability of these findings to the broader population. Finally, because age could not be experimentally manipulated, the design remains correlational, and causal conclusions about the effect of age on ideation cannot be drawn.

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Conflict of Interest: The authors declare no conflict of interest.

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