Name of Student

Name of Professor

Name of Class

Day Month Year

 Women are more likely to “attempt” suicide and have more suicidal thoughts than men, but the rate of men who “die” from suicide is a lot higher than the females (Cdc.gov.). In other words, men are more determined to die than women. According to the researches women choose less violent methods like poisoning and drowning while attempting for suicide, it is because the gender stereotype of women being “weak” and “delicate”, or concerns for their cosmetics and aesthetics stop them from choosing violent methods (Eric and Tillman). On the other hand, men assume themselves tough and rough and most of them choose violent methods like firearms, jumping and hanging.

 Geographic location (east vs west or urban vs rural), social depression, acculturation and economic depression, racism, and unacceptance in the society are the leading cause for the suicide in people who reside in America belonging to different races and cultures. The rate of young Hispanic students committing suicide is higher as they face academic, economic and social depression (Cdc.gov). Overall, racism, unacceptance of the culture, social and economic struggles are the leading cause of suicide among different races that are residing in America.

 Middle-aged people are more likely to attempt suicide than the rest of the age groups. Factors like losing a job, unhealthy relationships, economic struggles, and depression contribute to the attempts of suicide. A significant percentage of youngsters attempt suicide because of academic pressure, the pressure of the society and miscommunication and lack of understanding with adults.

**2A**

 The patient feels lonely, hopeless and extremely distressed. He prefers suicide as a better option for him as he is considering that death with HIV/AIDs will be slow, ugly and annoying in many ways. His gender is “male” who consider themselves as rough and tough and according to researches they prefer to die with a successful attempt of suicide than to die with slow and weak death. Caucasians are very much sensitive and attached to their religion and value it. Keeping in mind that he is male and Caucasian, a clinician needs to involve friends and family who he identifies, ask him to socialize more with proper care especially with family and friends and refer him to study more about his religion and find out what does it say about hopelessness and committing suicide. It would be quiet helpful for that patient, and it will get easier for the clinician to stop him from making other suicide attempts. But a clinician needs to make sure first that he belongs to a particular religion or not because they might be chances that he is an atheist or is not much attached with the religion and does not want to talk about it.

**2B**

As the woman is African American and she has a history of depression, a clinician needs to gather information about her past, for instance, there might be a chance she has been through a rough childhood, faced extreme racism that made her feel lessor unaccepted in the society. A clinician needs to strictly stop her from driving a vehicle by herself because there is a chance that suicidal thoughts take control again and she attempts suicide on her way to the clinic. The collaboration of spiritual leaders and mental health providers is always helpful in the case of African Americans, so if she is referred this way it will be quite helpful for her to deal with her issue.

**2C**

 This man is feeling lonely, hopeless and depressed because he has gone through a divorce with his spouse which is difficult for him to get over with because of his age factor. The suicide of his brother has impacted negatively on his life, and he is considering it a way out for all his troubles and pain. A clinician needs to start his rehabilitation first to stop him from using an overdose of alcohol and recreational drugs. As he is a Caucasian, attachment with religion, the involvement of the family and his closed one would be more helpful in his case.

 Work Cited

Plakun, Eric M., and Jane G. Tillman. "Responding to clinicians after loss of a patient to suicide." *Directions in Psychiatry* 25.26 (2005): 301-309.

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