

KANSAS SUICIDE PREVENTION SUBCOMMITTEE  
2017 ANNUAL REPORT  
Governor's Behavioral Health Services Planning Council

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## Introduction

*This is the final report of the Suicide Prevention Subcommittee, the subcommittee stopped meeting after the formation of the Prevention Subcommittee, and formerly active members of the Suicide Prevention Subcommittee are now members of the Prevention Subcommittee.*

In the State of Kansas suicide remains a public behavioral health issue. The number of state suicide incidence is higher than the national goal of 10.2 per 100,000 population.

The Suicide Prevention Subcommittee of the Governor's Behavioral Health Services Planning Council which is comprised of representatives of behavioral health organizations, state agencies, military/veterans organizations, educational institutions, and the community at large, who are dedicated to reducing the frequency of suicide attempts and deaths, and the pain for those affected by suicide deaths, through research projects, educational programs, intervention services, and bereavement services. Over the years, the SPS has met to prioritize goals and activities around transforming policy, programs and services, and funding.

Encouraging state and local activities such as:

- Recognizing suicide as a significant public health problem in Kansas and declare suicide prevention a statewide priority.
- Supporting the development of accessible behavioral health services for all 105 counties of our state, implementing evidence-based and best practice strategies on suicide prevention.
- Acknowledging that no single suicide prevention effort will be sufficient or appropriate for all populations or communities; and
- Encouraging initiatives based on the goals and activities contained in the National Strategy for Suicide Prevention and Zero Suicide of the National Action Alliance for Suicide Prevention.
- Outreach, education and awareness through conferences and workshops to schools and organizations.
- Support implementation of the Kansas Suicide Prevention State Plan.
- Signing of annual Suicide Prevention Proclamations with the Kansas Governor, state and local legislators, and in many city commissions/councils and county commissions across the state.

## Mission

*To bring Kansans of diverse backgrounds, government and private agencies, health care providers and funders together to share information about suicide risk, attempts, and deaths in Kansas, about evidence-based and promising practices that are employed in the state or nationally, and to stimulate and support the adoption of new initiatives where needed to recognize and reduce suicide risk.*

## Vision

*To create a suicide-free Kansas where quality mental health services are available, trusted, and used when needed, without stigma.*

## Membership

This subcommittee has been disbanded and no longer has any members.

### **FY 2017 Highlights, Activities and Goals of Suicide Prevention Subcommittee:**

- SPS members have provided training on suicide prevention in state-wide conferences, as well as local communities.
- Several SPS members are active in the American Association of Suicidology and the Zero Suicide Learning Collaborative, to bring the most current understanding of effective suicide prevention to Kansas.
- Recognition of annual National Suicide Prevention Week, with a state proclamation meeting and signing by Governor Brownback.
- Encouraged and increased availability and usage of suicide data from KDHE Vital Statistics.
- Increased awareness on linkage between problem gambling, SUD, and suicide shared risk and protective factors.

The following chart highlights the FY 2017 Goals, Objectives, and Progress of the SPS:

GOAL	ACCOMPLISHMENT
1. Promote Suicide Prevention State Plan.	The state plan developed in 2015 has been published and shared through KDADS, the Suicide Prevention Resource Center, the Kansas Suicide Prevention Resource Center, and made available to prevention coalitions around the state.
2. Provide Suicide Prevention Awareness Presentations at Statewide Conferences and/or Annual Meetings.	Suicide prevention awareness messages have been added to the It Matters campaign materials and suicide prevention has been integrated into the Kansas Prevention Collaborative and PreventionWorKS and PreventionTalks.
3. Create Kansas Suicide over the Lifespan Prevention Resource Center	Headquarters, Inc. is operating a Suicide Prevention Resource Center and it is partially funded through a KDADS Kansas Prevention Collaborative grant.
4. Inform public policy for suicide prevention in Kansas	SPS members participated in Suicide Prevention Week including the SPW Proclamation-Signing with Governor Brownback. Jason Flatt Act went into effect in January, requiring school employees to complete suicide prevention training.

### **Final Goals and Recommendations**

Goal for 2020: Reduce the number of state suicide incidence equal to or below the national goal of 10.2 per 100,000 population, as listed in the Healthy People 2020 Leading Health Indicators.

The SPS recommends the following activities in support this goal:

- Working to promote funding opportunities for suicide prevention.
- Encourage National Suicide Prevention Week activities in communities across Kansas
- Write, distribute and promote op-eds, and disseminate information about safe messaging covering suicide, and urge the development of effective materials, including through local media outlets.
- Encourage the development of new local coalitions and enrichment of collaborating existing local coalitions each bringing unique perspectives and resources for effective suicide prevention initiatives.
- Support and increase availability of support groups for survivors of suicide loss.
- Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss.
- Identify and develop relationships with other high-risk populations as well as rural and frontier geographical areas in Kansas to bring evidence-based and best practices around the state that would benefit from targeted resources being applied to promote suicide prevention and measure for reduction in suicide/suicide attempts at specified intervals.
- Increase number of trainings and workshops, to promote and support application of best practices and evidence-based approaches in the field of suicidology among BSRB licensed behavioral health practitioners and community gatekeepers when working to prevent suicides.
- Increase collaboration with KDADS and KDHE to promote use of evidence-based and best practices where applicable, and work with KDHE and KDADS to disseminate data and act upon measured outcomes from this effort.
- Promote and increase utilization of the National Suicide Prevention Lifeline (NSPL), including the Veterans Crisis Line, across the state, especially in rural areas, in attempt to establish consumer involvement in suicide prevention in those areas.
- Develop a sustainability plan for a cross-lifespans suicide prevention resource center in Kansas.

### **Summary**

Too many Kansans are lost to suicide each year. The 2015 age-adjusted rate of suicide are above the national target rate of incidence by suicide. A key ingredient critical to the success in reducing suicide in Kansas is collaborative partnerships among key stakeholders to form local planning teams or coalitions of public and private agencies, organizations, and individuals, each bringing unique perspectives and resources at the community level to shape community values and norms for successful suicide prevention initiatives. Everyone has a role in suicide prevention.

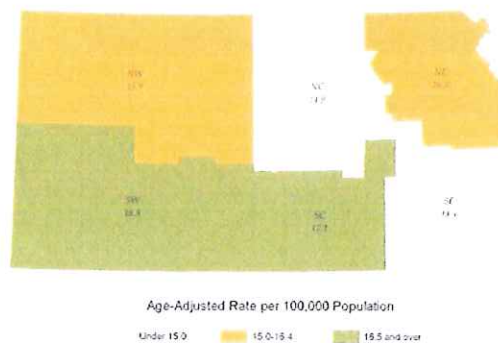
## Suicide in Kansas, 2015

Final U.S. data for 2014 (the most recent year available) showed suicide was the 10<sup>th</sup> leading cause of death, responsible for 42,773 deaths [1]. Suicide was also the 10<sup>th</sup> leading cause of death in Kansas in 2015, responsible for 477 deaths [2]. The Kansas age-adjusted suicide death rate was 16.3 per 100,000 population, which was higher than the goal set by the Healthy People 2020 project, 10.2 suicide deaths per 100,000 population [3].

### Kansas Highlights

- There were 477 Kansas resident suicides in 2015, up 6.6 percent from 454 in 2014.
- The age-adjusted suicide death rate for Kansas residents in 2015 was 16.3 deaths per 100,000 population, up 3.8 percent from 15.7 deaths per 100,000 population in 2014.
- In 2015, Southwest Kansas had the highest age-adjusted suicide rate (18.8 deaths per 100,000 population) and Southeast Kansas had the lowest age-adjusted suicide rate (13.4 deaths per 100,000 population). This difference was not statistically significant due to the small number of events.\*
- Men are much more likely to die by suicide than women. In 2015 there were 374 Kansas resident male suicide deaths, compared to 103 female suicide deaths. The age-adjusted suicide death rates were 25.9 deaths per 100,000 for Kansas resident males and 7.1 deaths per 100,000 Kansas resident females.
- White non-Hispanics had more suicides (397) than any other Kansas population group in 2015, with an age-adjusted suicide death rate of 17.3 deaths per 100,000 group population. Native American non-Hispanics had the highest age-adjusted suicide rate (25.6 suicide deaths per 100,000 population), but this was not statistically different from the rate for White non-Hispanics, due to the small number of Native American non-Hispanic suicide deaths (6).
- Age-group 25-34 had more suicides than any other age-group (97) in 2015, closely followed by the 45-54 age-group (91). These two age-groups also had the highest age-specific suicide rates (25.0 and 25.2 deaths per 100,000 age-group population, respectively).

Suicide Rates for KDHE Service Districts  
Kansas Residents, 2015



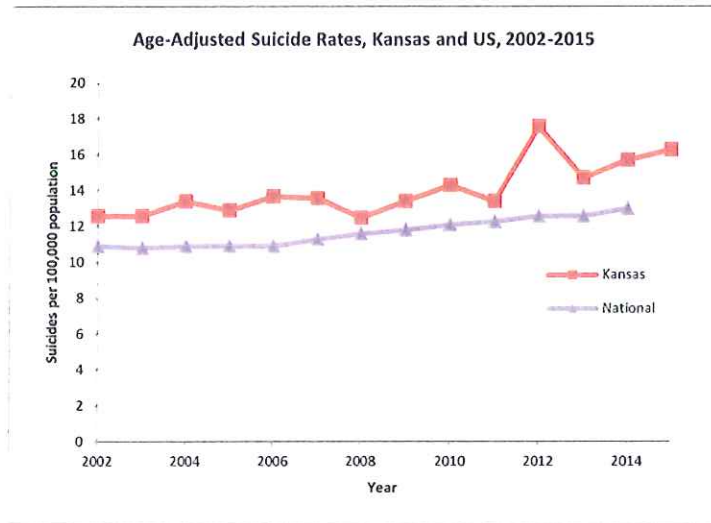
#### More Kansas Health Statistics and Publications

- For a list of all publications issued by KDHE go to [http://www.kdheks.gov/data\\_reports\\_stats.htm](http://www.kdheks.gov/data_reports_stats.htm).
- Visit Kansas Information for Communities (KIC) the department's online data query tool at <http://kic.kdheks.gov>.
- Community Health Needs Assessment information at <http://www.kansashealthmatters.org/>.

- Firearms accounted for a plurality (47.0%) of Kansas resident suicide deaths in 2015, a decline from 52.2 percent of all suicide deaths in 2014. Suffocation, the second most common method of suicide, accounted for 30.8 percent of all suicide deaths in 2015, an increase from 27.1 percent in 2014.

## State and National Comparisons

The Kansas suicide rate has been higher than the national rate since 2002. In 2015, the Kansas suicide rate (15.7 suicides per 100,000 population) was 20.8% higher than the national rate (13.0 suicides per 100,000 population). (National data from 2014, the most recent available year.)



### Want to know more about suicide?

For information about Kansas suicide prevention programs, visit the webpage of the Injury and Disability Program (part of KDHE's Bureau of Health Promotion), [http://www.kdheks.gov/idp/core\\_injury.html](http://www.kdheks.gov/idp/core_injury.html).

For information about suicide prevention counseling services, visit the webpage of Headquarters, Inc., a Lawrence-based suicide prevention counseling center, <http://www.headquarterscounselingcenter.org/>.

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\* Differences in age-adjusted rates may be assumed to be statistically significant unless it is explicitly stated that they are not.

**Acknowledgements:** Cathryn Savage

### Related References:

[1] Kochanek KD, Murphy SL, Xu J, and Tejada-Vera, B. Deaths: Final Data for 2014. National Vital Statistics Reports; vol 65 no 4. Hyattsville, MD: National Center for Health Statistics. June 30, 2016. Available at <http://www.cdc.gov/nchs/products/nvsr.htm>. Accessed 16 Sept 2016.

[2] Oakley D, Crawford G, Savage C. 2015 Kansas Annual Summary of Vital Statistics. Topeka, KS: Kansas Department of Health and Environment, 2016.

[3] Healthy People 2020 suicide targets available at <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>. Accessed January 9, 2015.