

# Douglas County Suicide

## Key Findings:

### Suicides in Douglas County:

- Douglas County suicides have increased 84% and current rate is higher than U.S.
- Males 3.5 more likely to die of suicide
- 1/2 of people who die are under 45 years old
- Firearms involved in almost 1/2 of suicides
- 78% of all firearm deaths are suicides

### Suicide Attempts in Douglas County:

- Females 2x more likely to attempt suicide than males
- Half of Emergency Department (ED) attempt patients are younger than 21 years old
- Poisoning is involved in almost 1/2 of all attempts
- 10-19 year old group has highest attempt rates and the highest frequency of attempts

### Suicide Ideation in Douglas County:

- Half of ED ideation patients are under 27 years old
- Highest ideation rates are in 10-19 age group, highest frequency in 20-29 age group
- Males and females equally likely to be treated in ED for ideation
- Males 30 years old and older have higher ideation rates than females
- Females less than 30 years old have higher ideation rates than males

Suicide accounts for almost 80% of all violent deaths in Douglas County (85 suicides versus 22 homicides for 2013-2017) and 78% of all firearm-related deaths are suicides.

## Suicide Attempts and Ideation

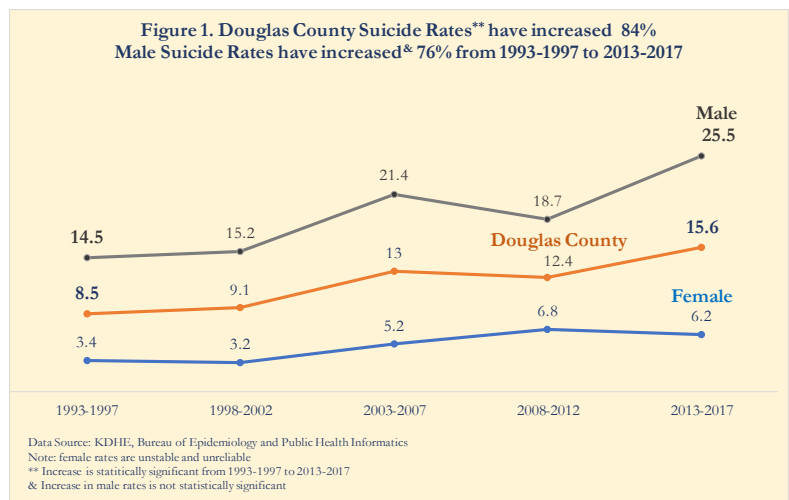
A suicide attempt is the strongest predictor for future suicide ideation, another suicide attempt and death by suicide. Nationally, the prevalence of suicide attempts in the past year is highest among adults 18-25 years old (2018).

Suicide ideation include thoughts of dying and may include a plan to commit suicide. Nationally in 2018, about 4.3% of adults had suicide ideation and the group with the highest amount of ideation are those aged 18-25 years (10.5%).

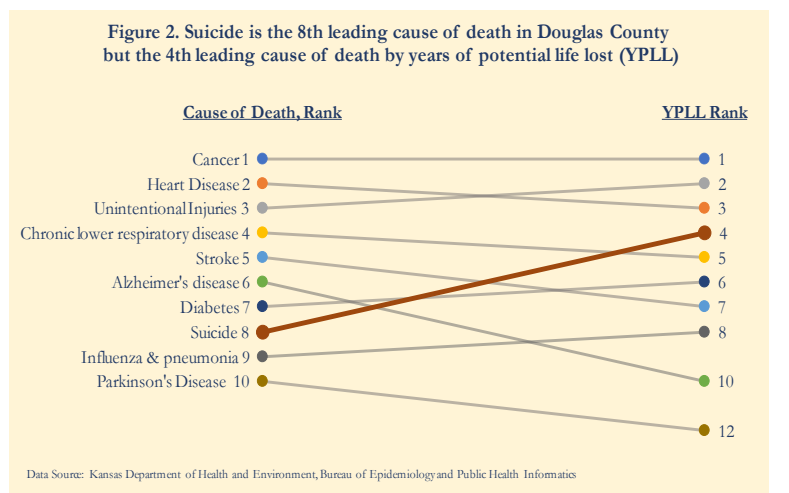
## Scope of Suicide Problem

Suicide is a public health problem both nationally and locally. Since 1999, suicide rates for males and females have increased in the U.S. and Kansas. During this time, Kansas saw an overall increase in the suicide rate of 45% - the 5<sup>th</sup> largest percent increase in the nation. In Douglas County, suicide rates have increased 84% since 1993. The differences in these rates are statistically significant (Figure 1).

The purpose of this brief is to describe who in Douglas County is dying of suicide, who is being treated in the Emergency Department (ED) for suicide ideation and suicide attempts, and to suggest recommendations for prevention efforts.



Like Kansas, suicide is the 8<sup>th</sup> leading cause of death in Douglas County accounting for 85 deaths from 2013-2017, but it is the fourth leading cause of death when years of potential life lost (YPLL) is used as a metric (Figure 2). YPLL is calculated as the sum of (75 – age at death).



# Age

In Douglas County half of the people who died of suicide were younger than 45 years old and half were older than 45 years (2008-2017).

In Kansas (2008-2017), the age groups 25-44 years, and 45-64 years have statistically higher suicide rates (21.0, 21.7 per 100,000 respectively) than those who were 15-24 years old (16.4) or 65+ year old (16.5).

## Suicide Attempts and Ideation by Age

Of Douglas County residents treated for suicide attempts in an ED, half were younger than 21 years old (2018). The largest number of suicide attempts occurred in those 20 years of age (n=28) followed by those 15 years old (n=25). The highest suicide attempt rates are for those age 10-19 years old (Figure 5) and this group has the highest frequency of Emergency Department (ED) attempt visits (blue circle in Figure 3). There is no statistical difference between the age of males and females who attempted suicide and were treated in an ED. Half of those treated for ideation in the ED were younger than 27 and there were more 20-29 year old patients treated for ideation than any other age group (orange circle in Figure 3). However, the suicide ideation rate for those 20-29 years old is lower than the ideation rate for 10-19 year-olds (Figure 5).

## Gender

Like national and State findings, males account for the most suicides (76% in 2008-2017) in Douglas County. In fact, the ratio of age-adjusted death rates by sex suggests that Douglas County males are almost 3.5 times more likely to die of suicide than are women (2008-2017).

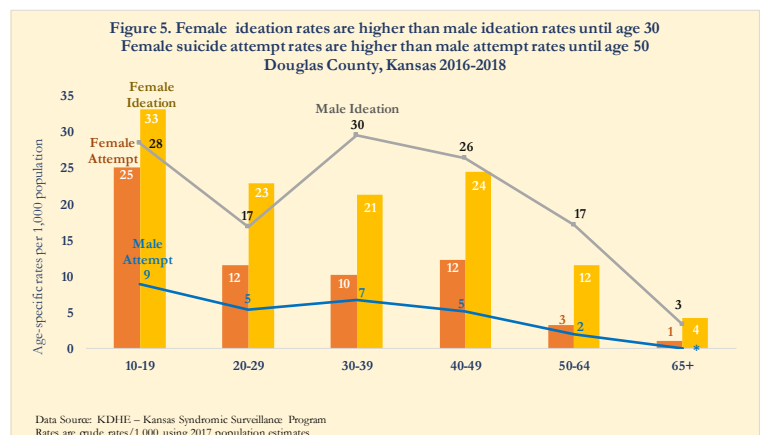
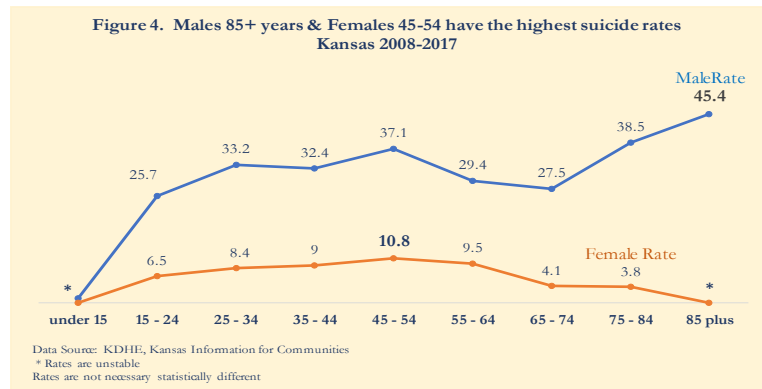
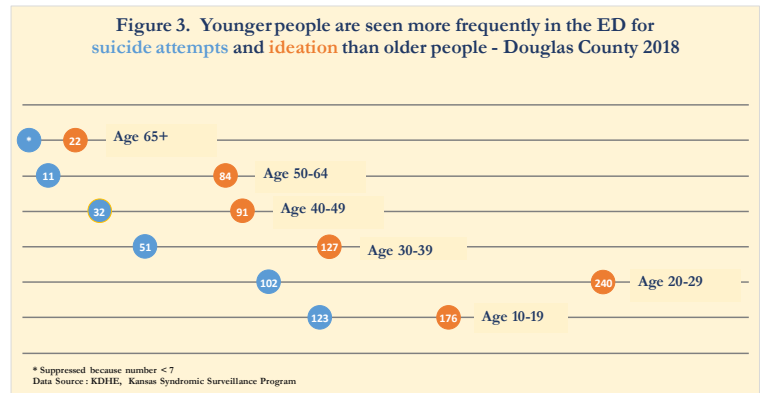
Even though female suicide rates are lower, Kansas findings suggest between 2007 and 2016, that female suicide rates increased more than twice the amount for males (52.9%, 24.2% respectively). Nationally, males aged 65+ and women age 45-54 have the highest suicide rates. Kansas data appears to show the same trend (Figure 4).

## Suicide Attempts and Ideation by Gender

Unlike suicide deaths, suicide attempts are more common (68.2%) in females while males account for about 1/3 (32.0%) of attempts (2016-2018).

Male suicide attempt rates are lower than female suicide attempt rates in all age groups (Figure 5).

Ideation rates are higher than attempt rates for males and females at all ages. For ideation, an almost equal number of males and females were treated in the ED (51.8%, 48.2% respectively), but there are statistical differences by age group. Male ideation rates are higher than female ideation rates starting at age 30 and female ideation rates are higher than males before age 30.



## Race/Ethnicity

Most (92% females and 90% males) Douglas County residents who die of suicide are white, non-Hispanic (2013-2017). Suicides occurs in the other racial and the Hispanic/Latino groups in Douglas County, but the numbers are too small to do small group analyses.

In Kansas (2013-2017) suicide rates are higher for white Kansans (16.5 per 100,000) than for black Kansans (8.7 per 100,000). However, the highest suicide rate (27.2) in Kansas occurs in “other racial group”. According to the CDC, American Indian, Alaska Natives have the highest rates of suicide of any racial/ethnic group in the U.S.; however, there is a lack of data to determine if this is the case in Kansas. Nationally, suicide rates have increased 10% for blacks between 2015 and 2016 and 9% for Latinos, compared to a 1% increase for whites.

## External Cause

Like national and State data, firearms are the most common external cause accounting for 48.7% of deaths due to suicide in Douglas County, followed by suffocation (25.0%) and poisoning (16.5%). This pattern has not changed significantly since 2008 (Figure 6).

A majority (54.8%) of males in Douglas County died from firearms, followed by suffocation and poisoning (23.5% and 13.9%). For females, an almost equal number of women died from firearms (29.7%), suffocation (29.7%) and poisoning (24.3%).

Suffocation is the most common non-firearm method of suicide, and in Kansas, the rates of suicides by suffocation have increased 179% for those ages 25-29 years and 199% among ages 45-49 years old (1995-2014).

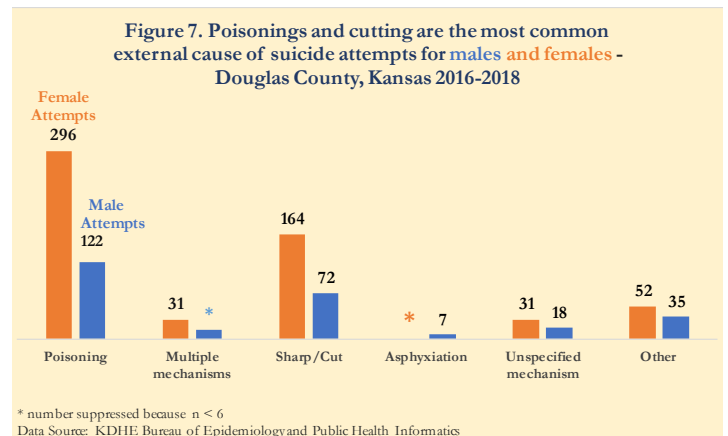
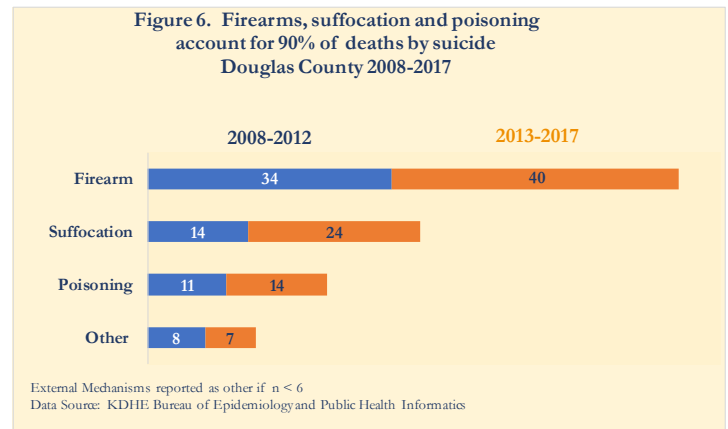
National data suggests that the method of suicide differs by age group and sex. Except for those 10-14 years old, firearms are the most frequent external cause for males and are the first or second most frequent external cause for females. Suffocation is the primary cause of death for females 10-14 years and suffocation and firearms each account for about 1/2 of suicides in males 10-14 years.

### Suicide Attempts by External Cause

Compared to deaths due to suicide, a different picture emerges for suicide attempts treated in the ED. In 2016-2018, 49.3% of suicide attempts in Douglas County involved poisonings, followed by injuries due to sharp objects or cutting (27.8%), multiple specific mechanisms (5.4%), and unspecified and all other mechanisms (17.5%).

### Suicide Attempts and Suicide Ideation by Race/Ethnicity

Like deaths due to suicide, white Douglas County residents comprised most of the suicide attempts (78.3%) and suicide ideation (77.5%) treated in the ED in 2018. The remaining attempts were comprised of those classified as “Other” (10.4%), black (7.7%), and American Indian (2.4%). Compared with the population of Douglas County, the proportion of white suicide attempt patients treated in the ED is lower (87.3%, 78.3% respectively) as is the proportion of American Indian suicide attempt patients (4.0% population versus 2.4% attempt). Conversely, the proportion of black suicide attempt patients is higher than the proportion of black residents in the population (7.7%, 6.1% respectively). A similar pattern is seen for ideation with 9.5% of the ideation patients being black, 2.1% American Indian, and 9.9% Other.



Attempting suicide by other individual methods (e.g., firearm, smoke/burn, electrocution, blunt force, or other specified) are too small to report separately in the graph (n < 6). Figure 7 shows males and females use similar methods when attempting suicide.

## Geography

Over a ten-year time period (2008-2017), 81.6% of people who died of suicide were from Lawrence, followed by 8.6% from Baldwin and 5.9% from Eudora. Baldwin City had the highest crude rates of suicide 2.8 per 1,000 population, followed by Eudora and Lawrence (1.4 and 1.3 per 1,000 respectively.) (U.S. Census Bureau, 2014).

## Marital Status

Most people (95.0%) younger than 25 years old who die of suicide are single. This finding is not surprising as most people in Douglas County less than 25 years old are single.

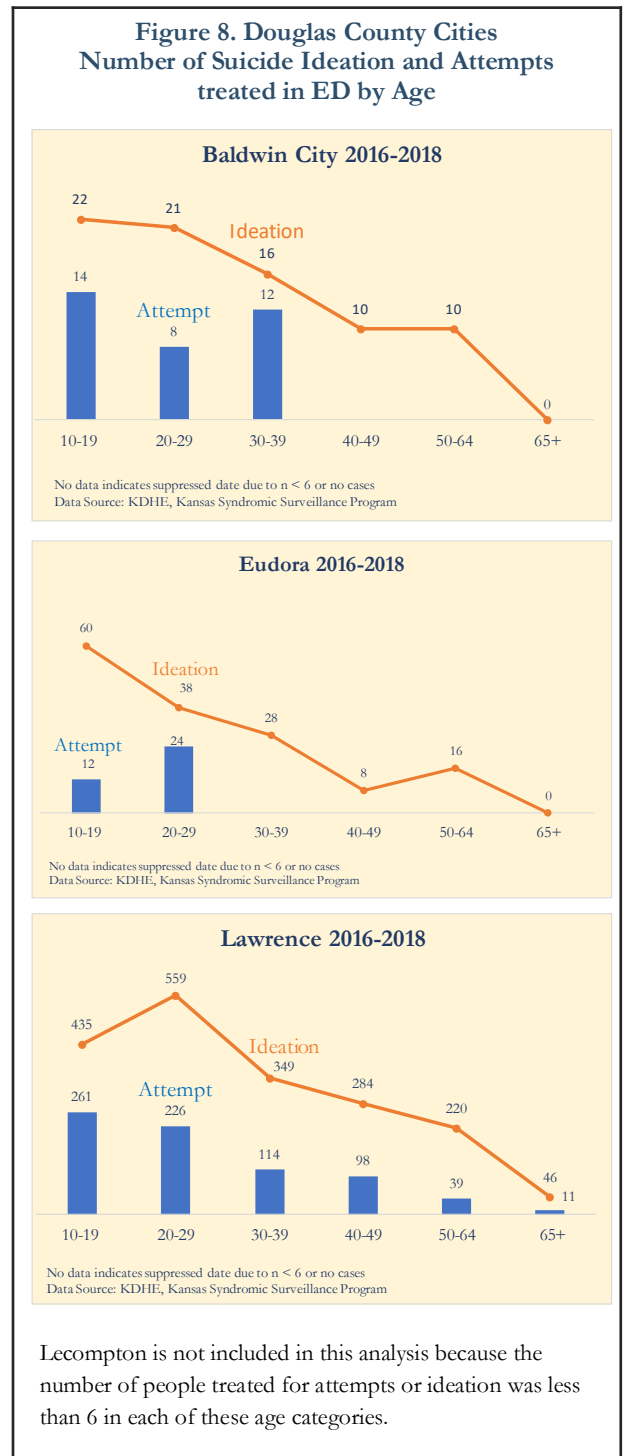
For people 25-49 years old who die of suicide, a majority (54.3%) are single, followed by almost equal numbers of people who are divorced or married (20.0% and 25.7% respectively). For those 50-64 years old, fewer people (18.0%) who die from suicide are single, and there are similar numbers of married and divorced (38.5% and 30.8% respectively). For those 65 years old or older, almost equal numbers of people are either married or widowed (47.8% and 43.5% respectively) and 4.4% are divorced.

## Conclusion

Suicide prevention is a strategy under the prevention focus of the behavioral health priority area in the Douglas County Community Health Plan [www.ldchealth.org/healthierttogether](http://www.ldchealth.org/healthierttogether). In Douglas County, suicide is the 8th leading cause of death but is the 2nd cause of death for those 15-44 years of age. Often referred to as deaths due to despair, suicides along with deaths from drug overdoses and alcohol poisoning are responsible for recent decreases in life expectancy. Existing data sources allow us to look at demographics and external causes of injury. Firearms are the most common cause of suicide in males and have become a common method in females as well. While Douglas County males are more likely to die of a suicide, it is interesting that they are much less likely to attempt a suicide. At the same time, males are just as likely to have suicidal ideation as are females, but ideation rates are different for males and females in different age groups. Of particular concern are the number of suicide attempts and ideation in those 10-19 years old in Douglas County. Nationally, there has been a marked increase in the number of youth 10-19 years old treated in the ED for suicide attempts and ideation. Risk factors for youth suicide include rape, bullying victimization, sadness or depression, vomiting or taking laxatives to lose weight, relationship problems, and using substances. Kansas Communities that Care data suggest that students who vape or smoke may also be at risk for suicide ideation.

## Suicide Attempts and Suicide Ideation by Geography

Figure 8 shows that in the three largest cities in the County, younger residents are treated more frequently in the ED for ideation and attempts than other age groups.



There is an urgent need to understand the root causes of suicide, attempts and ideation in our community. Suicide is usually caused by multiple factors. In addition to mental health conditions and prior suicide attempt, other factors include social and economic factors, access to lethal means, and poor coping and problem solving skills.

Our community has embraced Zero Suicide which sets an aspirational goal of zero suicides among people who access health services. As an adjunct to this effective prevention approach, other community approaches should be explored. For example, in Washington County, Oregon, their in-depth analyzes of people who died of suicide suggested that knowing the community factors associated with suicides allowed them to institute prevention measures that complemented their Zero Suicide initiative and prevented suicides. For example, they found that the most prevalent risk factors for suicide were depressed mood and experiencing a crisis. In their community, an eviction crisis was common. When the police changed their protocol to have a mental health professional with the police at the time of an eviction, the number of suicides after this type of crisis decreased. Investigators also noticed that several people surrendered their healthy pets to the animal shelter before they died by suicide. After training the animal shelter staff and volunteers to question (Q) (“Are you thinking of killing yourself?”), persuade (P) and refer (R) (Get person on the line to the suicide prevention line) (QPR), they were able in three months to intervene with 7 people who intended to die by suicide.

Overall, it is clear that suicide, suicide attempts and suicide ideation occur across the life span. There is a continuing need to identify and support people in need and to create a protective environment. Elderly men in particular are at high risk for suicide and may not talk about their feelings or intentions. It is known that chronic health issues and economic or financial strain, such as difficulty covering medical, food and housing expenses may increase a person’s risk for suicide. Lack of social connectedness is also one of chief causes of suicide.

The current efforts to strengthen access and delivery of suicide care will benefit those who have contact with the medical care system and will address many prevention strategies including teaching coping and problem-solving skills.

And finally, preventing suicide and addressing the health care needs of persons at risk for suicidal behavior require public health information-sharing efforts that raise awareness and provide evidence for effective community-wide interventions.

## Responding to Suicide

### Learn More

- Visit websites
  - ◆ myStrength  
This resource is made available by Douglas County and provides information and personal support.
    - ◇ To access: Log onto [www.mystrength.com](http://www.mystrength.com), click “sign up” and enter Access Code: DCHeadquarters
    - ◇ Follow the prompts
  - ◆ Headquarters Counseling Center <http://www.headquarterscounselingcenter.org/>
  - ◆ Douglas County Suicide Prevention Coalition <https://www.dcscoalition.org/>
- Work to recognize and prevent bullying, vaping and substance abuse.

### Talk About It

- **Ask** “Are you thinking about suicide?” If they answer yes, **Listen** for threats and take them seriously. Ask, **How do you hurt? How can I help?**
- **Keep them safe** Do they have a plan? How lethal?
- **Be There** in person or on the phone
- **Help Them Connect** Download **MY3**, a suicide safety app
- **Follow Up** Call or text frequently <https://www.bethe1to.com/bethe1to-steps-evidence/>

### Ask for Help

- **Headquarters Counseling Center:** (785)841-2345
- **Crisis Text Line:** “Kansas” to 741741
- **National Suicide Prevention Lifeline** (800)273-8255 and/or **Bert Nash** (785)843-9192

### Understand our Community’s Response

- Visit **Healthier Together** <https://dashboards.mysidewalk.com/healthiertogether> to track progress on our community health plan.
- Implement a **Strategic Prevention Framework** that prioritizes a community-wide prevention strategy and engages family, school, and community partners .
- **Zero Suicide** a system-wide organizational commitment to improve suicide care in health and behavioral health care partners. <https://zerosuicide.sprc.org/about>