Sedgwick County Suicide Prevention Coalition
Testimony to the Kansas Youth Suicide Prevention Task Force
10/26/18

Sedgwick County Youth Suicide Data

- Sedgwick County suicide deaths have increased overall between 2001 (11.2 per 100,000) and 2017 (18.8) (Figure 1).
- Suicide deaths in 18-24 years olds have increased at a higher rate than all other ages combined. Suicide deaths in <18 year olds have remained low (<5 per 100,000) (Figure 2).
- Sedgwick County suicide death rates are higher overall than the United States in the 15-24 year olds. The rates are similar in the <15 year olds (Figure 3).
- Overall, suicidal thoughts and behaviors were involved in 1.5-2% of emergency department visits in <18 year olds in 2018. Among 18-24 year olds suicidality was a component of 2.5-4% of emergency department visits (Figure 4).
- The most common precipitating life stressor noted in suicide case files for youth and young adult was a relationship stressor (Figure 5).

Local Lessons Learned and Recommendations

- The Sedgwick County Suicide Prevention Coalition has been collecting data on local suicide deaths since 2001 to guide in the development of targeted and effective local suicide prevention efforts. Ongoing efforts have been made to improve our systems for collection and analysis of these data. Partnerships with the local Division of Health and Forensic Science Center have been vital in improving the quality and usefulness of our data. Systematic and coordinated efforts at the state and local levels to gather accurate data are recommended. Funding for electronic surveillance systems and psychological autopsies would help further these efforts.
- Part of the Sedgwick County Suicide Prevention Coalition’s strategic plan has been to educate the media about safe suicide reporting guidelines. We have found that providing training for the local media outlets has greatly increased both the quantity and quality of suicide prevention coverage in our community over the past year.
- We’ve found that relationship factors or losses are one of the most prominent precipitating events in local youth suicides. Based on these data, interventions that prevent youth from becoming isolated, promote social problem solving, and teach positive coping strategies to manage losses may be especially important in this age group.
- In our efforts to promote evidence based practices in suicide prevention, our coalition has been exploring options to bring Zero Suicide trainings and practices
to our community, but have been hampered by lack of funding and resources. State level policies and funding to promote implementation of safer suicide programs in healthcare and mental health care settings are recommended.

- Our Coalition brings together local experts in education, healthcare, and mental health from a variety of community agencies. We have noted that partnerships with schools are important avenues for youth suicide prevention, and our community has seen increased rates of referrals of youth for mental health evaluations and treatment from school settings in the past year. However, many youth we see at risk for suicide are not in traditional school settings and efforts to reach these vulnerable youth are vital. Other possible settings to consider for intervention may include online school programs, foster care, or medical settings. Further, as our greatest increases in suicide rates are in the young adult population (age 18-24), efforts to build resilience in youth and connect them with resources after they graduate from high school are also needed.

- Limiting access to means for suicide has been shown to prevent suicides across many populations. In efforts to promote firearm safety in our community, our coalition members have noted challenges in communication across systems to ensure safety of individuals when they are at high risk for suicide. For example, law enforcement officers have difficulty obtaining necessary data regarding suicide risk from mental health facilities. Policies and laws to facilitate such communication are needed.
Figure 1. Suicide Rates per 100,000 at County, State and National Levels, 2001 - 2017

Suicide Death Rate per 100,000 in Sedgwick County, Kansas, and the United States, 2001-2017

Figure 2. Sedgwick County Suicide Deaths in <18 Years and 18-24 Years Compared to All Ages

Suicide Death Rate in People <18 Years and 18-24 Years Compared to All Ages, Sedgwick County 2009-2017
Figure 3. Suicide Deaths in Sedgwick County Compared to United States, <15 Years and 15-24 Years

![Graph showing suicide death rates in Sedgwick County and United States, 2009-2017.](image)

Figure 4. Suicide-Related Emergency Department Visits by Sedgwick County Residents <25 Years Old, 2018 (Percent of Total Emergency Department Visits by Age Group)

![Graph showing suicide-related emergency department visits by age group in Sedgwick County, January 1-September 30, 2018.](image)
Figure 5. Life Stressors by Age in Sedgwick County Suicides

Specified Life Stressors by Age from Suicide Case Files, 2017

Deaths (count)

Age

Relationship Problem  Legal Problem  Financial Problem  Job Problem  Physical Health Problem

<15 years  15-24 years  25-34 years  35-54 years  55-64 years  >64 years