



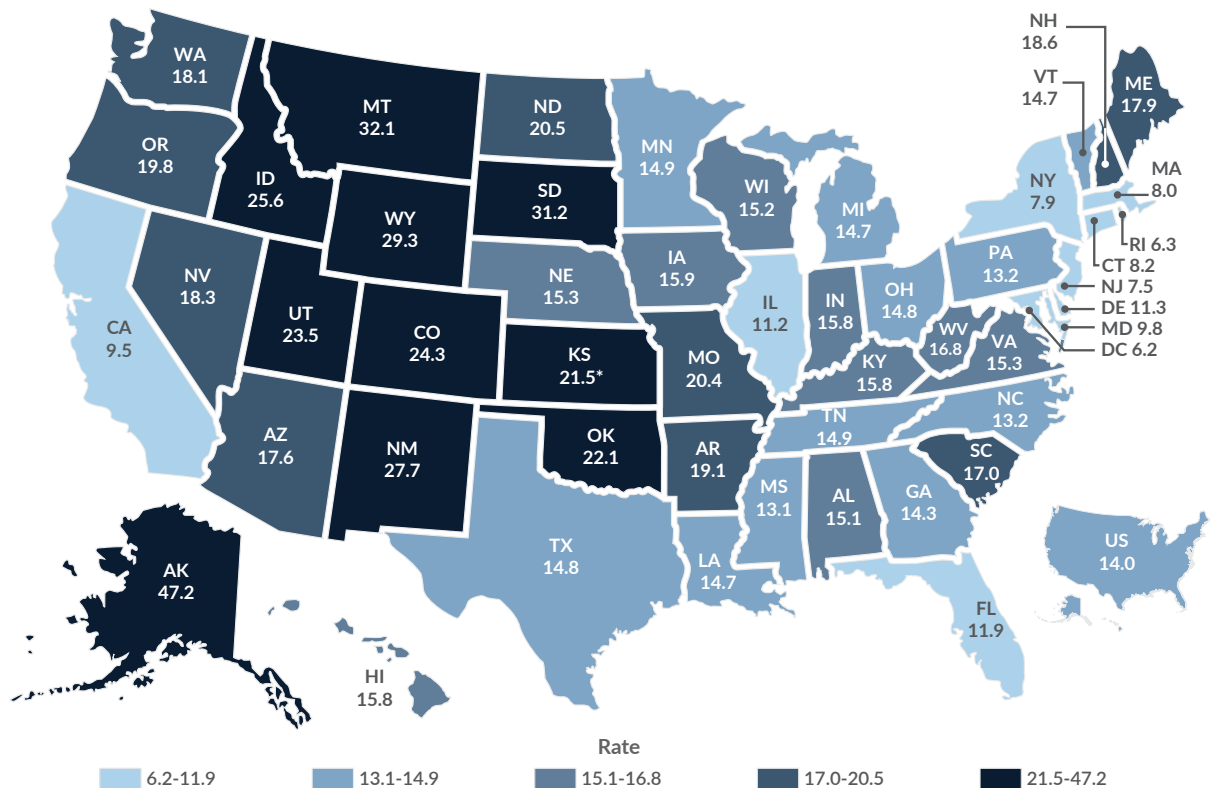
SUICIDE AMONG ADOLESCENTS AND YOUTHS IN KANSAS

FACT SHEET

Suicide was the second leading cause of death for Kansas youths age 15-24 in 2016-2020, and the 5-year combined number of Kansas youth suicide deaths increased from 271 in 2001-2005 to 442 in 2016-2020. Kansas experienced the 10th highest youth suicide rate in the nation in 2016-2020 (Figure 1).

For both Kansas and the U.S. overall, youth suicide rates increased steadily from 2001 to 2020, but rose more rapidly beginning in 2014-2018. In the past two decades, the youth suicide rate in Kansas has been consistently higher than the U.S. overall. The 63.8 percent increase in the youth suicide rate from 2001-2005 to 2016-2020 (13.0 to 21.3 per 100,000 population) in

Figure 1: Rates of Suicide (Per 100,000) Among Individuals Age 15-24 by State, 2016-2020



Note: Data were aggregated to a five-year period (2016-2020) due to small sample sizes. Rates are presented as per 100,000 population. *Data from the CDC WONDER Database may differ from those reported by states due to inclusion criteria regarding primary state of residence at time of death (e.g., 21.5 compared to 21.3 per 100,000 for Kansas). Differences are minor and do not change the overall findings in Kansas.

Source: Kansas Health Institute analysis of Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, 2016-2020.

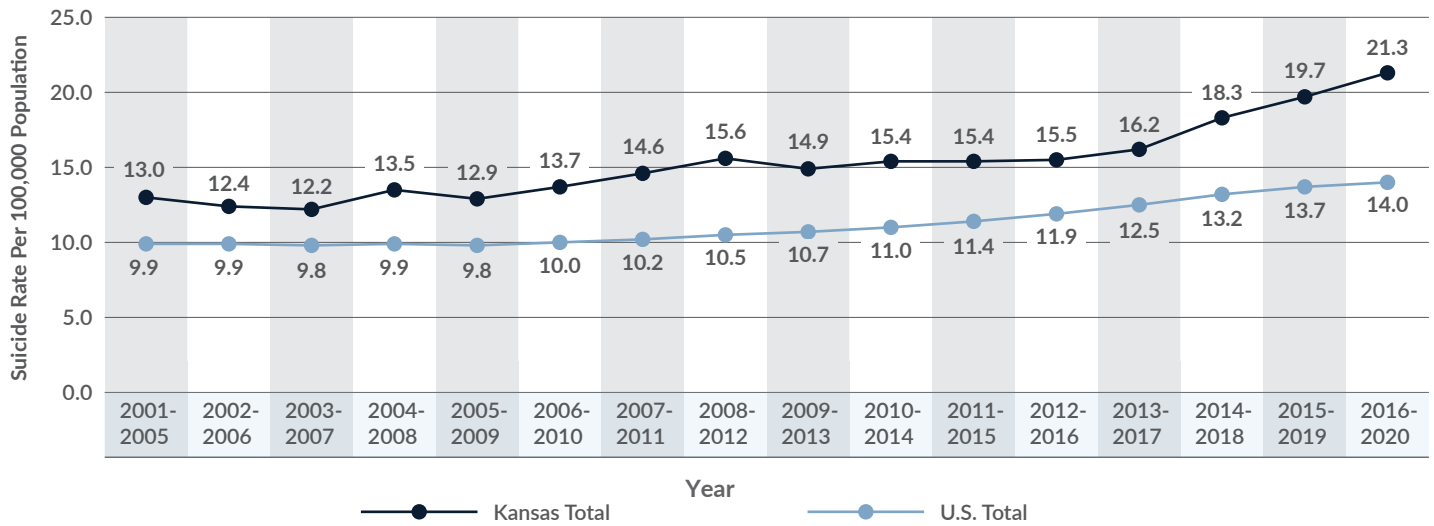
KEY POINTS

- ✓ Kansas had the 10th highest suicide rate in the nation for youths age 15-24 and the 11th highest for early adolescents age 10-14 in 2016-2020.
- ✓ The Kansas youth suicide rate increased 63.8 percent, from 13.0 per 100,000 population in 2001-2005, to 21.3 per 100,000 in 2016-2020, which outpaced the 41.1 percent increase in the U.S. overall (9.9 to 14.0 per 100,000).
- ✓ Suicide was the second leading cause of death for Kansas early adolescents age 10-14 and youths age 15-24 in 2016-2020.
- ✓ Six in 10 (60.9 percent) male youths who died by suicide in 2016-2020 died by discharge of firearms, while firearms accounted for a quarter (24.2 percent) of female youth suicides in the same period.

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Figure 2: Rates of Suicide (Per 100,000) Among Youths Age 15-24 in Kansas and the U.S., 2001-2020



Note: Data were aggregated to five-year periods (e.g., 2016-2020) due to small sample size.

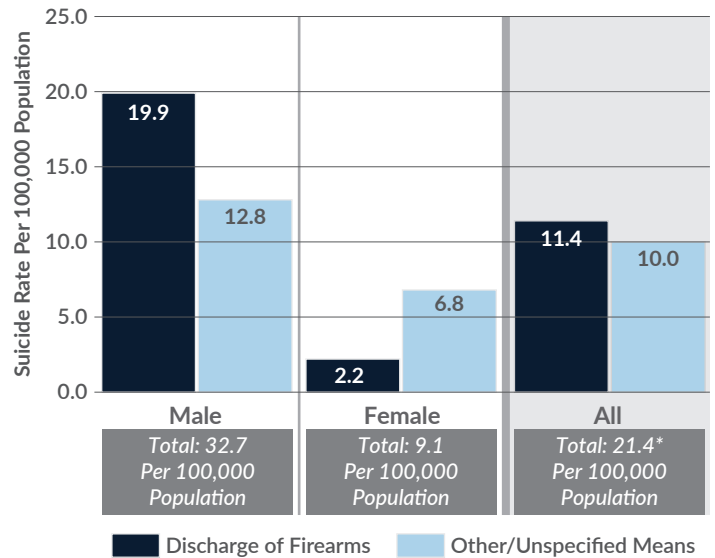
Source: Kansas Health Institute analysis of Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, 2001-2020, and Kansas Department of Health and Environment, Office of Vital Statistics, Death Database, 2001-2020.

Kansas outpaced the 41.4 percent increase in the U.S. overall (9.9 to 14.0 per 100,000) (Figure 2).

There are differences in suicide rates between male and female youths. The suicide rate among male youths in Kansas has been higher than among their female counterparts (32.7 compared to 9.1 per 100,000 in 2016-2020), and means of suicide differ substantially between the two groups (Figure 3). For male youths, suicide by discharge of firearms was more than 1.5 times the rate by other/unspecified means (19.9 compared to 12.8 per 100,000). In contrast, suicide by discharge of firearms among female youths was one-third the rate of other/unspecified means (2.2 compared to 6.8 per 100,000).

Suicide deaths among early adolescents age 10-14, while lower than among youths age 15-24, also have increased, reaching 36 deaths in 2016-2020 compared to 12 in 2001-2005. Early adolescents in Kansas had the 11th highest suicide rate in the nation from 2016-2020 (3.6 per 100,000), and suicide was the second leading cause of death in the same period for this younger population. Although the comparatively lower number of suicides among early adolescents limits further analysis, the findings demonstrate the need for prevention efforts for this younger population.

Figure 3: Means of Suicide Among Male and Female Youths Age 15-24 in Kansas, 2016-2020



Note: Data were aggregated to a five-year period (e.g., 2016-2020) due to small sample sizes. *The difference in total rate (21.4 per 100,000 compared to 21.3 per 100,000) is due to rounding.

Source: Kansas Health Institute analysis of Kansas Department of Health and Environment, Office of Vital Statistics, Death Database, 2001-2020.



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ABOUT THE FACT SHEET

This brief is based on work done by Wyatt J. Beckman, C.H.E.S., Kaci Cink, Angela S. Wu, M.S., and Wen-Chieh Lin, Ph.D. KHI would like to thank Lauren Gracy, KDHE, for assistance on this fact sheet. It is available online at khi.org/22-35.

KANSAS HEALTH INSTITUTE

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