

**Testimony on HB 2281
House Committee on Health and Human Services
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Chairperson Landwehr and Members of the Committee:

Thank you for the opportunity to provide proponent testimony for HB 2281, which seeks to establish and implement 988 as the suicide prevention and mental health crisis hotline in Kansas.

Between 1999 and 2018, the rate of suicide in Kansas increased 69.9% from 11.3 to 19.2 per 100,000 persons based on data collected from Kansas Vital Statistics. From 2016 to 2018, emergency department visit (EDV) and hospitalization rates increased for suicidal ideation related injuries. The 2018 suicide rate was the highest in the last 20 years & is higher than the national rate (14.2 per 100,000 persons), which increased 35% during the same time period.

In 2019, 521 Kansans lost their lives to suicide emotionally impacting many more individuals, families, and whole communities as well as far reaching medical, economic, and psychosocial implications. From 2015 to 2017, Kansas resident suicides cost an estimated \$2.24 billion (2017 US dollars) in medical expenses and work loss, and 46,837 years of potential life lost (YPLL) if people die before age 75.

Those disproportionately affected in Kansas, for which we have data, include those with lower educational attainment, those living in frontier counties, Veterans, and certain occupations. Data from the Kansas Violent Death Reporting System (2015-2017) indicates 54% of those who died by suicide had a high school education or less; residents in frontier counties had a higher suicide rate than the Kansas average; Veterans had a suicide rate 3.4 times that of non-veterans; and of occupations, males working in farm/forestry/fishing had the highest rate of suicide as did female workers in healthcare support.

Suicides of youth is also a growing concern in Kansas. Suicide is the second leading cause of death for those aged 15 -24 years. Syndromic Surveillance Data shows that Kansas young people visit Emergency Departments for suicide ideation and attempts the most frequently.

From a public health perspective, having an easy to remember three-digit number (988) to access in-state, trained crisis counselors and resources will give Kansans the opportunity they need to seek immediate help in a time of mental health crisis as well as direction and guidance to ongoing

care and support. Resolving a crisis through the National Suicide Prevention Lifeline (988) can lead to cost-effective early intervention through reduced use of emergency departments and hospital admissions and reduced use of law enforcement and other safety resources. When effectively promoted, 988 can also help end the stigma of seeking care for mental health.

The Substance Abuse and Mental Health Services Administration (SAMHSA), reports the National Suicide Prevention Lifeline to be effective in reduction of suicidal ideation and hopelessness, improved suicide risk assessment, response to callers at imminent risk, and improving follow-up. Over the years, the number of calls from Kansans to the National Suicide Prevention Lifeline has grown. This is expected to increase exponentially with implementation of 988 giving hope for more people to access the services they need. The ability to recall a three-digit number for mental health in a time of emergency or critical need (much like 911) will provide rapid access to intervention services which may mean the difference between life and death.