

Data Brief

Suicide in Douglas County, Kansas

September 2025

Key Findings

Suicide

- Suicide is the 2nd leading cause of death in Douglas County for people aged 15-44 and the 8th leading cause of death for all ages.
- Firearms are involved in 50% of suicides.

Disparities

- White, non-Hispanic males
- People 25-54 years old
- Veterans

Suicide Attempts

- Since 2019, suicide attempts have decreased for males and females in Douglas County.
- The gap between male and female attempts is narrowing.
- Poisoning is the most common external mechanism for male and female suicide attempts.

Disparities

- Youth 10-19, especially females
- American Indians/Alaskan Natives

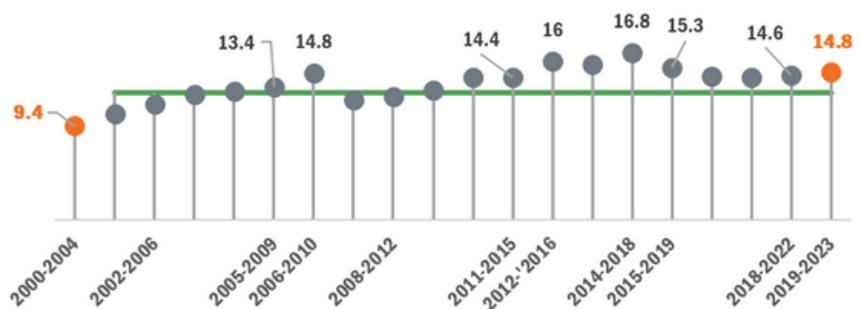
Scope of the Problem

Deaths by suicide

Suicide continues to be a pressing public health problem in Douglas County. The most recent (2019-2023) age adjusted rate of 14.8 per 100,000 continues to fall short of the Healthy People 2030 target of 12.8 (Figure 1). Compared to the US where suicide is not one of the ten leading causes of death for all ages¹, in Douglas County suicide ranks 8th for all ages and is the 2nd leading cause of death for residents 15-44 years old (Appendix Table 1). From 2021-2023, suicide accounted for 80% of all violent deaths and 72% of all firearm-related deaths in Douglas County (59 suicides vs. 14 homicides; 31 out of 43 firearm-related deaths).

Figure 1.
Douglas County suicide rates increased 57% between 2000-2004 and 2019-2023.

Data Source: KDHE, Kansas Information for Communities.
 Age-adjusted 5-year rolling rates.



Although the number of suicides varies from year to year in Douglas County, there have been four years (2010, 2015, 2018, and 2023) where more than 20 residents have died of suicide. In 2023, Douglas County had the highest number of suicides at 25. (Appendix, Table 2).

Despite these sobering statistics, the 57% increase in suicides between 2000-2004 and 2019-2023 (Figure 1) is less than the 84% increase in suicides from 1993-1997 to 2013-2017 (Douglas County Suicide 2019 Data Brief). Moreover,

the age-adjusted suicide rates in Douglas County over the last nine 3-year time periods have been statistically decreasing.² And the 2019-2023 Douglas County age-adjusted suicide rate is lower than the 2019-2023 State of Kansas age-adjusted suicide rate (14.8 versus 19.0, respectively), although not significantly.

Suicide attempts and ideations

Compared to those who die by suicide, many more people think about suicide or attempt suicide. For example, findings from the 2023 Survey on drug use and health suggest that 5% of adults 18 and older had serious thoughts of suicide and another 1.4% made a suicide plan.³ Findings from the Rapid Surveys System (RSS) in October-November 2023 found that 42.4% of adults reported knowing someone who died of suicide.⁴

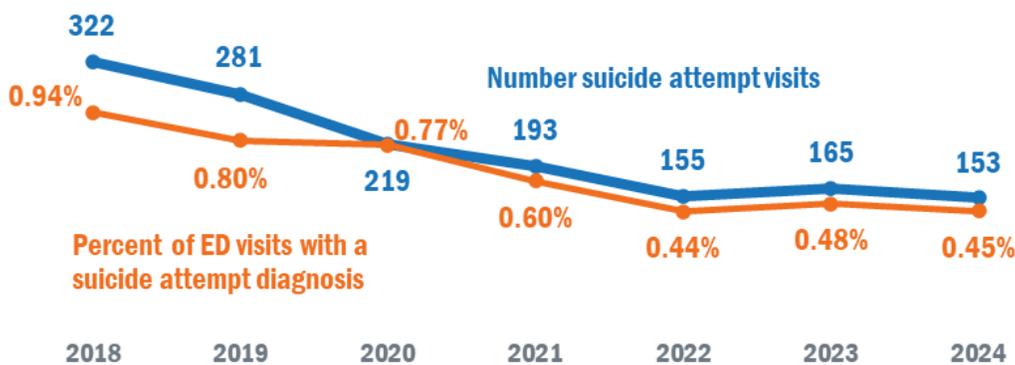
Data from the 2022 Kansas Communities that Care Survey suggest 37% of 12th graders in Douglas County have seriously thought about killing themselves sometime in their life.⁵

Although treatment in the Emergency Department (ED) captures only a portion of people with suicide ideations or those who attempt suicide, in 2023 for every suicide in Douglas County, there were 6.6 suicide attempt ED visits and 23.6 suicide ideation ED visits.

Figure 2 shows that since 2018 the number of suicide attempt visits and the percentage of ED visits due to suicide attempt visits has decreased in Douglas County.

Figure 2.
The number of suicide attempt visits and the percent of suicide attempt-related ED visits have decreased.

Data Source: KDHE-Kansas Syndromic Surveillance Program.



From 2018 to 2024, most people (86%) were treated in the ED for a suicide attempt once, but 10% of people attempted two times and 4% attempted three or more times.

While most people who have ideations or attempt suicide do not die of suicide, making a non-fatal suicide attempt is the strongest predictor for future suicide ideation, another suicide attempt and death by suicide.

The purpose of this brief is 1) to describe who in Douglas County is dying of suicide and who is being treated in the ED for suicide attempts, 2) to show how suicide rates and suicide attempt rates have changed over time, and 3) to outline the components of a comprehensive public health approach to suicide prevention in Douglas County.

Methods

For a detailed discussion of the methods used in this brief please see the [Douglas County Suicide 2024 Technical Notes](#) here.

Age

Suicide deaths by age

Suicides in Douglas County occur across the lifespan ranging from 15 years old to 95 years old (2019-2023). Half of these Douglas County residents are younger than 40 years old and half are older than 40 years old. Figure 3 shows Douglas County residents 25 -54 years old are disproportionately affected by suicide in 2019-2023.

This age disparity is also found in Kansas where people aged 25-54 years old account for 54% of suicides but only 42% of the population. The 25–54-year age group is also at higher risk of suicide. In Kansas, the suicide rate is 27.8 per 100,000 for those 25-54 years old compared to 18.5 for people 55 years old and older, and 15.6 for ages 10-24.(Appendix Table 3).⁶

Figure 3.
25-54 year olds accounted for 56% of suicides but only 40% of the population aged 10 and older.
Douglas County 2019-2023.
Data Source: KDHE Bureau of Epidemiology and Public Health Informatics.
Population Source: KDHE. Kansas Information for Communities.

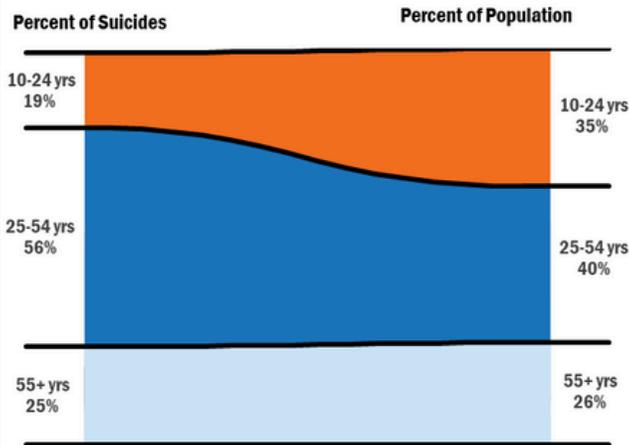
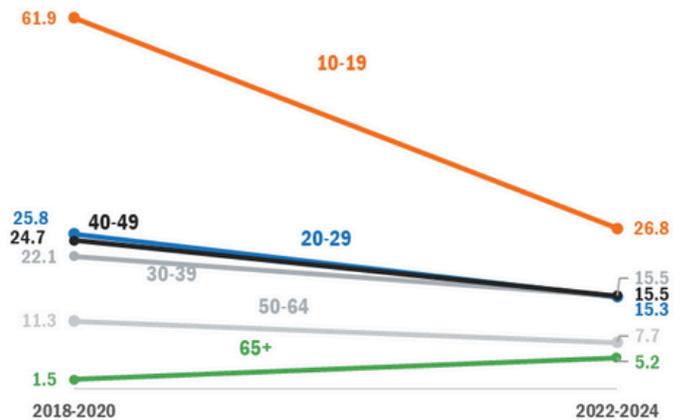


Figure 4.
Douglas County suicide attempt rates for ages 10-19, 20-29, 40-49, and 65+ were statistically different from 2018-2020 and 2022-2024.
Data Source: KDHE: Kansas Syndromic Surveillance Program.
Crude rates per 10,000 population



Suicide attempts by age

The ages of people who attempted suicide and were treated in the ED ranged from 10 to 92 years old (2020-2024). Half of these suicide attempts were by people younger than 22 years old, and half were older than 22 years old.

Figure 4 shows Douglas County residents 10-19 years old had the highest suicide attempt visit rates in 2018-2020 and 2022-2024, and these rates were statistically higher than the rates for all other age groups for both periods of time. Between 2018-2020 and 2022-2024, there were statistically significant decreases in suicide attempt visit rates for people aged 10-19, 20-29, and 40-49. People aged 65+ saw a significant increase in suicide attempt visit rates.

Similar age patterns were also found in the 2023 National Survey on Drug Use and Health where

compared to older ages, the prevalence of suicidal thoughts, plans or attempts was highest among 18-25 year olds (13% versus 5.4% for adults 26-49 years old and 2.0% for adults 50 and older).^{3,7}

Geography

From 2020-2024, Lawrence was the city of residence for the majority (89.2%) of suicide attempt ED visits in Douglas county (n=788), followed by residents of Eudora (n=40), Baldwin City (n=31) and Lecompton (n=8). Figure 5 shows suicide attempt ED were most frequent in 10-19 year-old group in all Douglas County cities except Lecompton where the numbers are too small to do small group analyses.

In Lawrence, repeat suicide attempt ED visits occurred in all age groups; in Eudora repeat suicide attempt ED visits occurred in the 20-49 year-old groups, and in Baldwin City repeat suicide attempt ED visits occurred in the 20-29 year-old group.

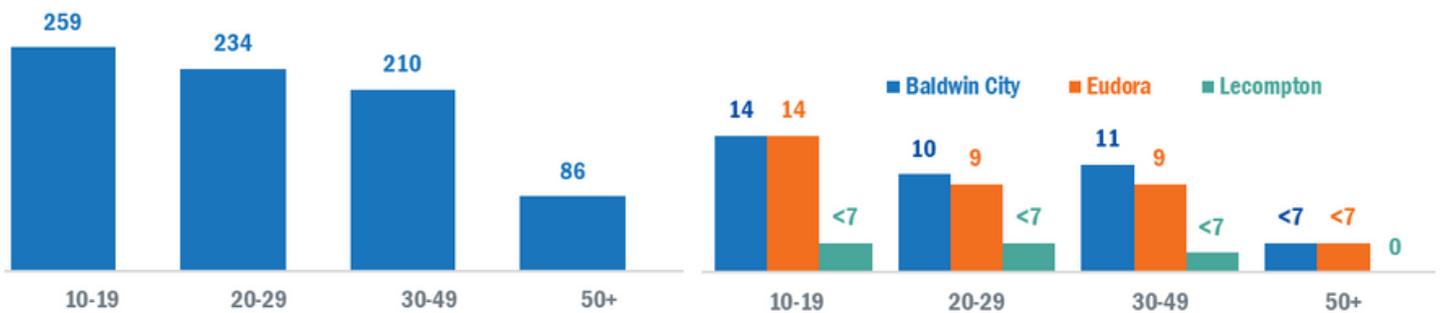
Figure 5.

Number of suicide attempts by age group and city.

Data Source: KDHE Kansas Syndromic Surveillance Program. "<7" indicates information is suppressed for confidentiality.

Number of suicide attempts by age group in Lawrence 2020-2024.

Number of suicide attempts by age group in Baldwin City, Eudora, and Lecompton 2020-2024.



Sex

Suicide deaths by sex

From 2019-2023, Douglas County males accounted for about ¾ (78%) of all suicides. Figure 6 shows that from 2000-2004 to 2019-2023 the suicide rate for Douglas County males was 2.7 to 4.6 times the rate for Douglas County females (Appendix Table 4). This finding is similar to national findings where male age-adjusted suicide rates were 3 to 4.5 times higher the female age-adjusted suicide rates during 2001-2021.⁸

Figure 6 also shows that since 2000, Douglas County male age-adjusted suicide rates have increased significantly. Although Douglas County female age adjusted suicide rates are too unstable to show a statistical increase over time, at the national level from 2001 to 2022, female suicide rates have increased for most years.⁸

While males die of suicide more often than females, some males are at higher risk of suicide.

Figure 6.

Between 2000-2004 and 2019-2023, male suicide rates have statistically increased.

Data Source: KDHE, Kansas Information for Communities. Age adjusted 5-year rolling rates per 100,000 population.

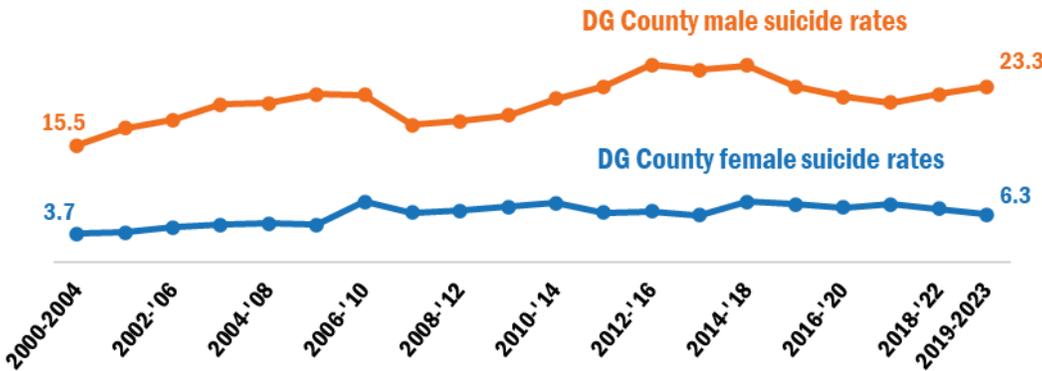


Figure 7 shows in Kansas males over 85 years old were at the highest risk of dying by suicide. These data also show that compared to females, Kansas males at all ages are at higher risk of dying of suicide.

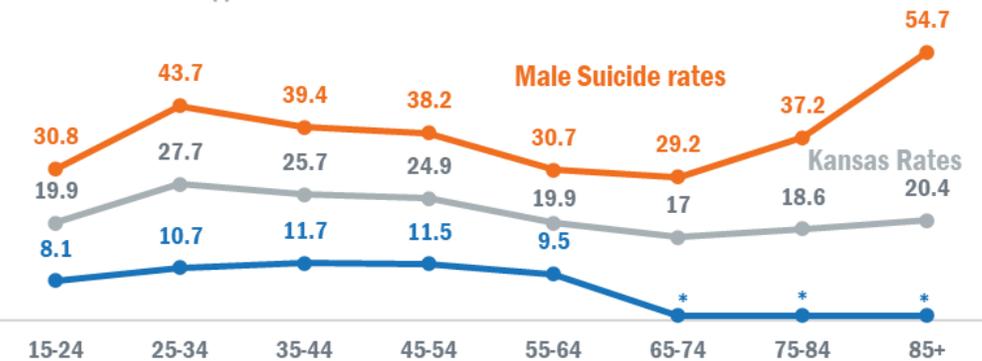
Figure 7 shows suicide rates are similar for Kansas females (15-64 years old) and these suicide rates are higher than the suicide rates for Kansas females 65 and older.

In contrast, national data suggest that from 2002 through 2022, suicide rates were highest for women ages 45–64 and lowest for females ages 10–14.⁸

Figure 7.

Males aged 85+ are at highest risk of suicide. Females younger than 55 years old have higher suicide rates than older females. Kansas 2014-2023.

Data Source: KDHE, Kansas Information for Communities. Age-specific rates per 100,000 population. * denotes rates are suppressed due to small numbers.



Suicide attempts by sex

Unlike suicide rates which have been increasing over time, Figure 8 shows that since 2018, both male and female suicide attempt ED visit rates have decreased significantly. Females have consistently had higher suicide attempt visit rates than males. In fact, from 2018 – 2021 female suicide attempt ED visit rates were twice as high (1.8-2.4 times higher) as male suicide attempt

visits. Since 2022, this gap has narrowed and female suicide attempt visit rates are now 1.5-1.6 times as high as male suicide attempt visit rates. From 2022-2024, females accounted for 62% of all suicide attempt visits in the ED.

Figure 8.
Since 2018, Douglas County male and female suicide attempt ED visit rates have statistically decreased.

Data source: KDHE-Kansas Syndromic Surveillance Program. Sex-specific rates per 10,000 people. * 2024 rates are provisional.

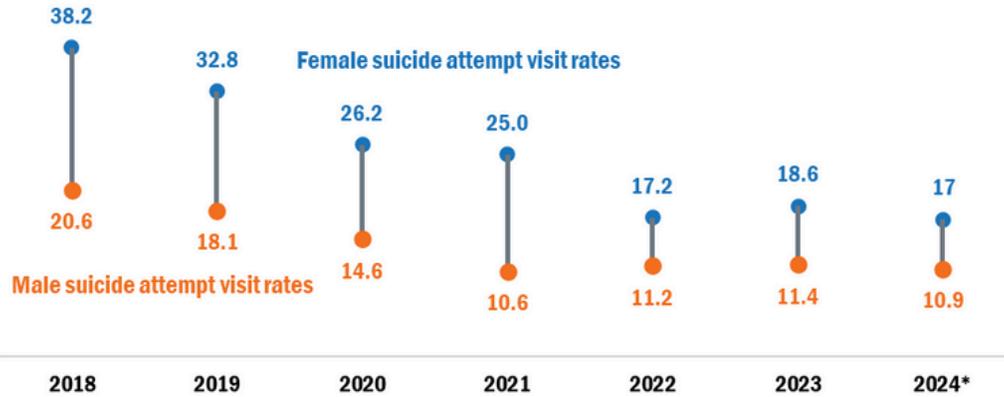
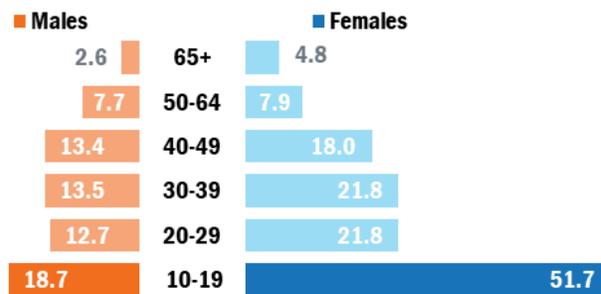


Figure 9 shows that female suicide attempt visit rates are higher than male suicide attempt visit rates for almost every age group. These findings also mirror national findings where youth 15-19 are at highest risk of attempting suicide, especially females.⁹

Figure 9.
Males and females aged 10-19 had the highest suicide attempt rates, especially young females. Douglas County 2020-2024.

Data Source: KDHE-Kansas Syndromic Surveillance Program. Age-specific rates by sex per 10,000 per population.



External Cause

Suicide deaths by external cause

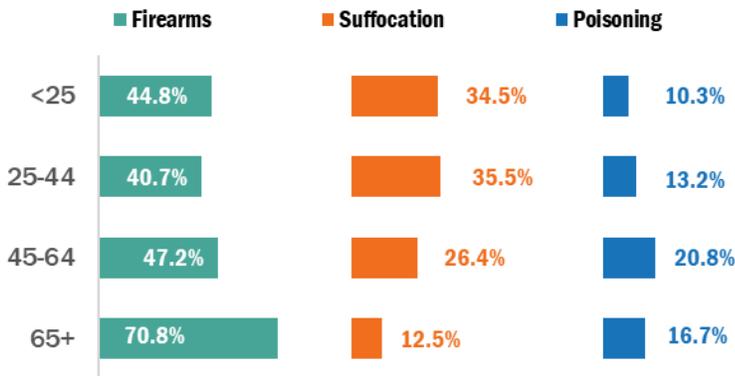
From 2019-2023, firearms were involved in 50% of Douglas County suicides; suffocation was involved in 28.8% of suicides and poisoning (drug overdoses) in 12.2% of suicides.

Figure 10 shows that the percent distribution of these mechanisms varied by age. Although firearms are the most prevalent external cause of suicide in all age categories, they are used in the majority (70%) of suicides in people 65 years old and older.

Figure 10.

Firearms are the most common external cause of suicide for all ages, especially for people 65 years old and older. Douglas County 2014-2023.

Data Source: KDHE Bureau of Epidemiology and Public Health Informatics.



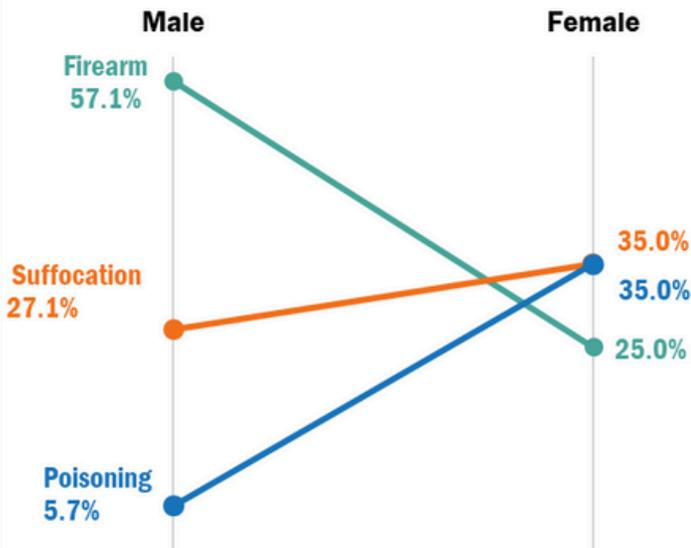
Douglas County males account for most (88.8%) firearm-related suicide (2019-2023). Figure 11 shows that from 2019-2023, the external cause of Douglas County suicides varied by sex. For example, firearms were the external cause of 57% of male suicides compared to 25% of female suicides. At the national level males over 75 years old had the highest firearm-related suicide rates.¹⁰

Suffocation (hangings) and poisoning were the external cause of 70% of female suicides compared to 33% male suicides.

Figure 11.

The percent of suicides by firearms, suffocation, and poisoning differs for males but is similar for females.

Data Source: KDHE Bureau of Epidemiology and Public Health Informatics. Douglas County 2019-2023.

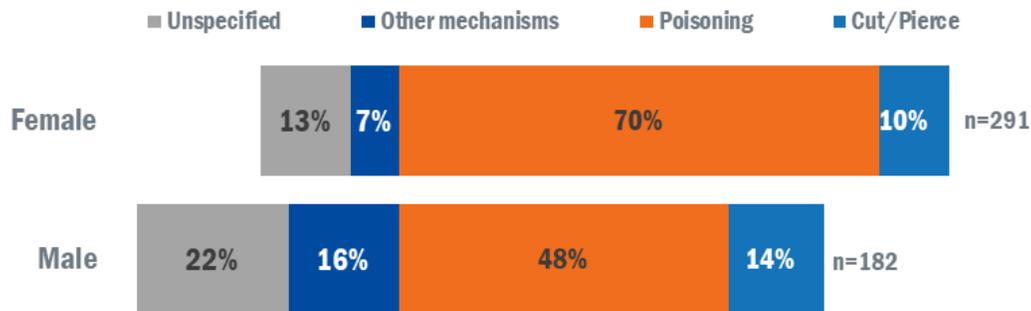


Suicide attempts by external cause

Figure 12 shows that poisoning (drug poisoning or toxic effect of substances) was the most common mechanism for both male and female suicide attempt ED visits, but was more prevalent as an external method for females. Cutting or piercing was the second most common single mechanism that was used in suicide attempts, followed closely by an “other” category that includes multiple mechanisms; e.g., poisoning and cutting; or other single mechanisms such as burns, suffocation or struck by or against. A significant minority of cases had only one suicide attempt code (T14.91 or T14.91X) “suicide attempt unspecified”. These suspected suicide attempt visits account for 16.7% of the suicide attempt visits in this study, but account for 22% of male suicide attempt visits.

Figure 12.
Poisoning is the most frequently used method for male and female suicide attempts. Douglas County: 2022-2024.

Data Source: KDHE-Kansas Syndromic Surveillance Program.



Race

Suicide deaths by race

From 2014-2023, Douglas County suicides occurred in all races. Like findings at the national level, Douglas County White non-Hispanic residents, especially males, are disproportionately affected by suicide.⁹ Although Douglas County data do not show this finding, at the national level, Non-Hispanic American Indian/Alaska Native (AI/AN) persons, especially ages 10-24 are disproportionately affected by suicide.⁹

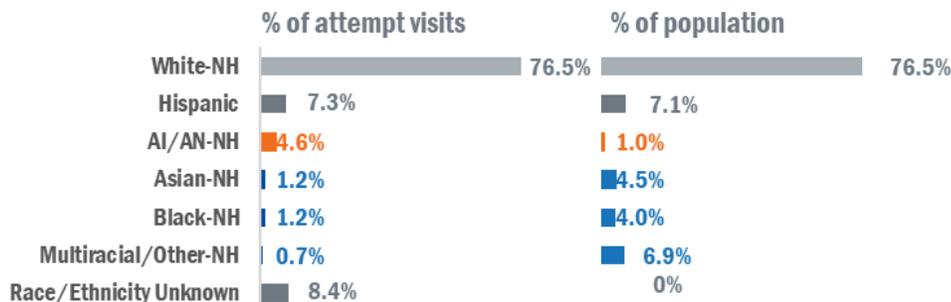
Suicide attempts by race

In Douglas County, suicide attempts occur in every race. White non-Hispanic Douglas County residents comprised approximately $\frac{3}{4}$ of suicide attempt ED visits from 2020-2024. Figure 13 shows that Douglas County American Indian/Alaska Native residents were disproportionately affected by suicide attempts even though the number of suicide attempt ED visits are relatively small. On the other hand, Douglas County Asian non-Hispanic, Black non-Hispanic, and Multiracial non-Hispanic residents had fewer suicide attempt ED visits than expected (Appendix, Table 6).

Figure 13.

The percent of suicide attempt visits for AI/AN residents was more than expected, and less than expected for Black, Asian, and multiracial residents. Douglas County 2020-2024.

Data Source: KDHE Kansas Syndromic Surveillance Program.
 Population Source: ACS 2023 Table DP05. AI/AN - American Indian/Alaskan Native.



Veterans

In 2023, compared to the US and Kansas, Douglas County proportionately has fewer veterans (5.2%, Douglas County; 7.0%, Kansas; 6.4%, United States).¹¹ Like the US and Kansas, veterans were found to be at higher risk of suicide in Douglas County.^{9,12} In Kansas, the suicide rate for veterans was 3.4 times the rate for non-veterans 18 years and older (2018-2022).¹² In Douglas County, the suicide rate for veterans was 2.95 times the rate for non-veterans 18 years old and older (2019-2023).

Conclusion

Discussion

Suicide continues to be a serious public health threat in Douglas County. Even though there are hopeful signs that suicide attempt rates are decreasing for many age groups, the impact of suicide attempts and suicides on families and communities is far-reaching.

Not only is there grief when someone dies of suicide or attempts suicide, the impact of stigma can also cause feelings of shame and social isolation. Suicide thoughts and behavior expose the lack of social connection, social cohesion and the perceived lack of social support within a community.^{13,14}

Decreasing the suicide mortality rate is one of the objectives in the Behavioral Health area in the Community Health Improvement Plan. Although suicide occurs across the lifespan, rates of suicide vary by age, sex, and race. Like other communities, Douglas County suicide disproportionately affects non-Hispanic White males and people 25-54 years old.

Among men, those 75 years old and older not only have the highest suicide rates, but they also are more likely to die of suicide from a firearm.¹⁰ In Douglas County, men who died of suicide used guns twice as often as the second most common method (suffocation).

Access to lethal means such as a gun increases the risk that a suicide attempt will result in death and firearms were found to be the most common method among most age groups in Douglas County and in the US.¹⁰ Safe and secure storage of lethal means or temporary out-of-home storage can mean the difference between life and death.

Although the relatively small number of suicides in Douglas County data did not permit an analysis of gun-related suicides by any other race other than White, Non-Hispanic, nationally guns have driven overall suicide rates in Black, non-Hispanic and Hispanic/Latino people. Nationally, guns accounted for almost half (49%) of suicide deaths in American Indian or Alaska Native males 25-34 years old. Asian men have the lowest suicide firearm rates in the US, but in the last 5 years, Asian males 55-64 years old had the highest relative increase of gun suicide (50%).¹⁰

Although Douglas County does not have a large population of veterans, the risk of suicide is almost 3 times higher for veterans in Douglas County compared to non-veterans.

Like suicides, suicide attempts occur across the lifespan. Unlike suicides, youth, especially females 10-19 years old are more likely to be treated in the ED for a suicide attempt than males or older persons. This pattern is also found nationally.⁹ American Indian/Alaska Native non-Hispanic residents also appear to be disproportionately affected by suicide attempts in Douglas County. More research is needed to fully understand this finding. Another surprising finding was the statistical increase in suicide attempts among Douglas County residents 65 and older.

Although data are limited, there is some evidence to suggest that in the US people with disabilities are over two times more likely to report suicide ideation, planning and attempts than adults without a disability and those with more limitations had more risk than those with fewer limitations.⁹

While knowing the populations that are disproportionately affected by suicide or suicide attempt by age, sex, and race is helpful in targeting prevention programs, these demographic characteristics by themselves do not put an individual at risk for suicide. Instead, life experiences and circumstances in these groups contribute to the risk of suicide. Social isolation is one of the strongest and most reliable predictors of suicide ideation, attempts and suicide behavior. And social isolation has been associated with suicidality among nursing home and other long-term care residents, cancer patients, older adults and adolescents. Therefore, social connection is an important intervention that may protect against suicide as a cause of death.¹³

Limitations

Due to the relatively small number of suicides in Douglas County, small group differences by race could not be assessed. However, nationally American Indian/Alaska Native persons, especially those 10-24 years old have the highest suicide rates. Likewise, from 2018-2021, suicide rates increased for US youth ages 10-24, especially females and non-Hispanic Black youth.⁹

No occupational patterns emerged in Douglas County data even though nationally construction has one of the highest suicide rate of any occupation.¹⁵

Timeliness is a potential limitation of using vital statistics data to measure deaths due to suicide as there is usually a 1 ½ to 2-year lag time before research files are available.

Local data on sexual orientation is limited. In the US, suicide thoughts and attempts remain high among lesbian, gay, bisexual, transgender, queer and questioning (LGBTQI+) high school students and adults.^{4,9}

Regarding the decrease in Douglas County ED suicide attempt visits, it is unknown how much of this decrease could be due to people being treated for a suicide attempt at the Treatment and Recovery Center.

Finally, a significant minority of suicide attempts were coded with one ICD-10 suicide code indicating a non-specific suicide attempt. These cases are suspected suicides and could be misclassified.

Public health implications

The etiology of suicide is complex and a comprehensive approach to addressing suicide aims either to decrease risk factors or to increase protective factors. In Douglas County, there are two main objectives around prioritizing suicide prevention: 1) activating a broad-based public health response to suicide, and 2) implementing effective suicide prevention services as a core component of health care.

Community-based suicide prevention is a broad-based public health response that includes strategies such as 1) establishing collaborative and sustainable prevention partnerships, 2) collecting data to track suicide and changes over time, to evaluate programs and to drive quality improvement efforts in clinical care, 3) supporting upstream comprehensive community-based suicide prevention, 4) temporarily limiting access to lethal means among people at risk of suicide, 5) conducting postvention and supporting people with suicide-centered lived experience, and 6) expanding effective suicide prevention programs for populations disproportionately affected by suicide.

In Douglas County there are multiple collaborative partnerships. These include but are not limited to the suicide prevention committee through Engage Douglas County which raises awareness about suicide and provides a forum for networking. The Douglas County Suicide Fatality Review Board, which was formally launched in September 2025, also operates under the umbrella of Engage Douglas County. The purpose of this board is to make recommendations for system changes based on data from the review to enhance prevention efforts. The Douglas County Crisis Response Coalition provides crisis system oversight, informs processes for continuous quality improvement and strives to increase utilization of the behavioral health crisis response system.

Upstream programs such as Sources of Strength in the middle and high schools and Good Behavior Game in preschool and elementary grades help to build connectiveness and coping skills in youth. Counseling on access to lethal means is a core component of providing safer suicide care in the healthcare system and these skills can be applied in community settings.

Conducting postvention and supporting people with suicide-centered lived experience includes strategies to facilitate healing for those who are affected by a suicide and aims to prevent suicide among people at high risk after exposure to suicide. Comprehensive approaches include providing immediate and long-term support services and tailoring services to the needs of survivors in a way that avoids increasing contagion.

Implementing suicide prevention services as a core component of health care is the second main strategy to reduce suicide mortality. Research has showed that the highest risk periods for suicide risk occur within three months of discharge from an inpatient psychiatric service and in the year following treatment in the ED for suicide thoughts and attempts.⁹ Providing safer suicide care during these transitions in care is a component of Zero Suicide. Implementing safer suicide care to fidelity in all the Douglas County health care partners is a strategy in the Community Health Improvement Plan. Findings from a double-blind study conducted in Douglas County, showed that in 2022, 65% of people who died of suicide in Douglas County touched one of the six Douglas County health care partners a year before their death. This suggests that about half of suicides could be prevented if Zero Suicide was implemented with fidelity in all Douglas County healthcare partners.

There have been significant investments made in building a 24/7 behavioral health crisis system Douglas County. Safer suicide care can be provided by the mobile response team (MRT), mobile integrated health team (MIH), and during crisis stabilization at the Treatment and Recovery Center (TRC). Telehealth has expanded access to mental health care, and the implementation of a national 988 system has expanded options for suicide care for a variety of populations, including youth, veterans, deaf or hard of hearing, and non-English speakers.

Underlying these prevention strategies is the belief that suicide is preventable. The aspiration of having zero suicides is ambitious but is the motivating force behind developing a comprehensive approach to addressing suicide in Douglas County.

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5 Things you should know about your role in preventing suicide

1

BE AWARE

Everyone can help to prevent loss by suicide.

Mental health and suicide can be difficult to talk about but your actions can make a difference. You may sense something is wrong.

2

PAY ATTENTION

Know the warning signs of suicide.

There is no single cause of suicide but there are warning signs. Changes in behavior, mood, social media posts, or even what they say may signal someone is at risk. Take these signs seriously. It could save a life.

3

REACH OUT

Ask, "Are you okay?"

If you are concerned about someone, talk with them privately and listen without judgement. Encourage them to reach out to a health professional. Stay in touch. Show them that you care.

4

TAKE ACTION

If someone is in crisis, stay with them and get help.

If you believe someone is at immediate risk of suicide, stay with them until you can get further help. Contact 911 or the 988 Suicide & Crisis Lifeline.

5

LEARN MORE

Suicide prevention resources are available.

- Suicide & Crisis Lifeline: Call or text 988 or 785-841-2345
 - 24/7, free and confidential
 - kansas988.org
- Sign up for [Teladoc Health](http://TeladocHealth.com), a free online mental health service. Douglas County residents can sign up at TeladocHealth.com using access code: DCHEALTHDEPT

Appendix

Table 1.

Douglas County leading causes of death by age group. 2014-2023.

Data Source: KDHE Bureau of Epidemiology and Public Health Informatics.

	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injuries	Unintentional Injuries	Unintentional injuries	Unintentional injuries	Cancer	Cancer	Heart Disease	Heart Disease
2	Cancer	Suicide	Suicide	Suicide	Heart disease	Heart disease	Cancer	Cancer
3	Homicide	Homicide	Heart Disease	Heart Disease	Unintentional injuries	Unintentional injuries	Stroke	Unintentional injuries
4	Congenital abnormalities	Heart Disease	Homicide	Cancer	Suicide	Chronic lower respiratory disease	Chronic lower respiratory disease	Chronic lower respiratory disease
5		Chronic Liver Disease	Cancer	Chronic Liver Disease	Chronic Liver Disease	Diabetes	Alzheimers Disease	Stroke
6		Chronic lower respiratory	Diabetes	Homicide	Diabetes	Chronic Liver Disease	COVID 19	Alzheimers Disease
7		Congenital malformations	Chronic Liver Disease	Diabetes	Chronic lower respiratory	Suicide	Unintentional injuries	Diabetes
8		Hypertension	COVID 19	COVID 19	Stroke	Stroke	Parkinsons Disease	Suicide
9		Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia	COVID 19	COVID 19	Diabetes	COVID 19
10		Cancer	Septicemia	Septicemia	Homicide	Congenital abnormalities	Influenza and pneumonia	Parkinsons Disease

Table 2.

Douglas County age-adjusted suicide rates by year. 2000-2023.

Data Source: KDHE, Kansas Information for Communities, age adjusted rates per 100,000 population. *Denotes unstable rates

Year	Number of Suicides	Suicide Rate
2000	<6	5.4*
2001	11	12.9*
2002	9	9.9*
2003	9	10.0*
2004	9	8.6*
2005	11	12.2*
2006	19	18.4*
2007	14	14.6*
2008	11	10.9*
2009	12	11.1*
2010	21	19.1
2011	7	4.7*
2012	16	15.7*
2013	15	13.9*
2014	18	17.8*
2015	21	19.3
2016	14	13.1*
2017	17	13.9*
2018	22	19.8
2019	14	10.6*
2020	17	15.4*
2021	16	12.7*
2022	18	14.6*
2023	25	20.3

Table 3.

Percent of suicides and population by age groups in Kansas. 2019-2023.

Data Source: National Center for Health Statistics-CDC annual mortality data files for WISQARS Fatal data.

Age Group	Suicides	Crude suicide rate per 100,000	% of suicides	Population	% of population
10-24	489	15.64	17.60%	3,126,662	24.44%
25-54	1,503	27.80	54.08%	5,406,115	42.26%
55+	787	18.47	28.32%	4,260,387	33.30%

Table 4.

Suicide rates in Douglas County, 2000-2023.

Age-adjusted 5-year rolling rates.

Data Source: KDHE, Kansas Information for Communities, age adjusted rates per 100,000 population.

Time Period	Overall Suicide Rate	Male Suicide Rate	Female Suicide Rate
2000-2004	9.4	15.5	3.7
2001-2005	10.7	17.8	3.9
2002-2006	11.6	18.9	4.6
2003-2007	12.6	20.9	4.9
2004-2008	12.9	21.1	5.1
2005-2009	13.4	22.3	4.9
2006-2010	14.8	22.2	8.0
2007-2011	12.1	18.2	6.5
2008-2012	12.4	18.7	6.8
2009-2013	13.0	19.5	7.3
2010-2014	14.3	21.7	7.8
2011-2015	14.4	23.3	6.5
2012-2016	16.0	26.2	6.7
2013-2017	15.6	25.5	6.2
2014-2018	16.8	26.1	8.0
2015-2019	15.3	23.3	7.6
2016-2020	14.5	21.9	7.2
2017-2021	14.4	21.2	7.6
2018-2022	14.6	22.3	7.0
2019-2023	14.8	23.3	6.3

Table 5.

Number and percent of suicides by race. Douglas County, 2014-2023.

Data Source: KDHE Bureau of Epidemiology and Public Health Informatics.

Population Data Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Race Group	Number of suicides	% of Suicides	% of Population
White-NH	159	87.4	77.1
Other-NH	21	7.7	16.2
Hispanic	9	5.0	6.7

Table 6.

Percent of suicide attempts by race group, Douglas County 2019-2023.

Data Source: KDHE-Kansas Syndromic Surveillance Program

Race Group	Attempts	% of Attempts	% of Population
AN/AI-NH	40	3.8	1.2
Asian-NH	13	1.2	4.8
Black-NH	30	2.9	3.9
White-NH	822	78.1	76.5
Multiracial-NH	23	2.2	5.7
Hispanic	77	7.3	6.6