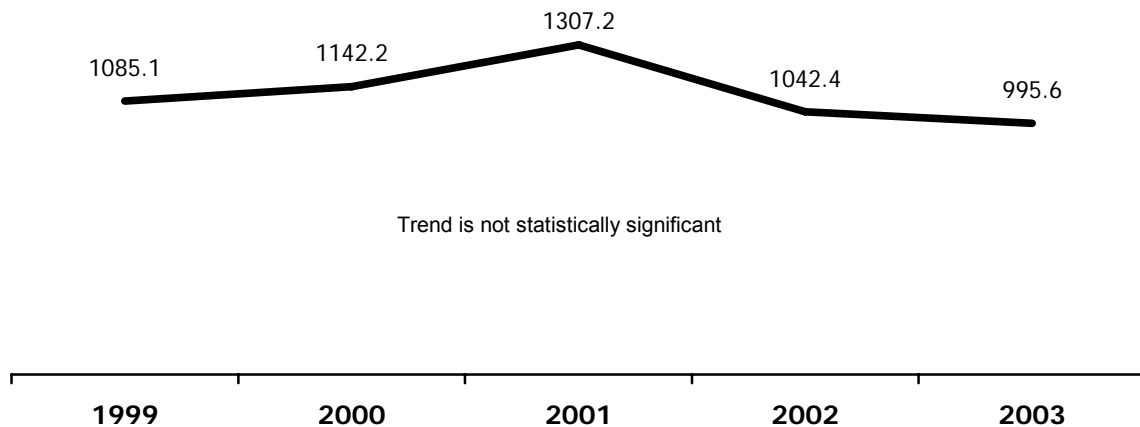




Suicide

Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination), which are associated with distress and/or impaired functioning and spawn a host of problems that may include disability, pain, or death. The age-adjusted hospitalization rates due to mental disease in Kansas City are shown in Figure 93.

Figure 93 Age-adjusted hospitalization rates per 100,000 population due to mental disease, Kansas City, MO



Suicide is a complex behavior that can be prevented in many cases by early recognition and treatment of mental disorders. It is often perceived as the solution for a one's depression.³⁹⁶ In 2003, suicide was the 11th leading cause of death in the United States³⁹⁷ and the national age-adjusted suicide rate declined 3.7% between 2002 and 2003. Although the age-adjusted suicide rates have

³⁹⁶ Metropolitan Health Council. 2005. Depression in Kansas City. What's being done and what is needed. 35 p.

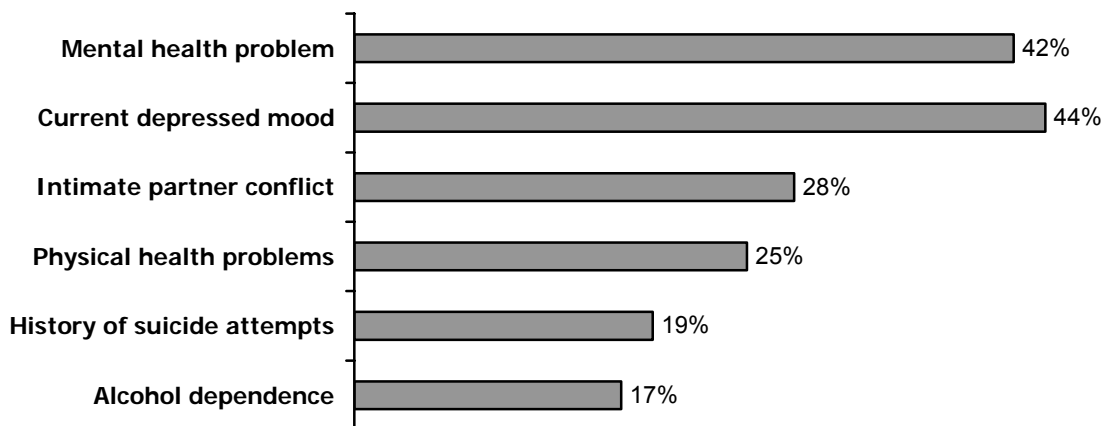
³⁹⁷ Hoyert DL et al. 2005. Deaths: preliminary data for 2003. National Center for Health Statistics, Nat Vital Stat Reports 53(15), 48 p.



been declining,³⁹⁸ despite a dramatic increase in treatment, no significant decrease occurred in suicidal thoughts, plans, gestures, or attempts during the 1990s.³⁹⁹ Among young adults there are significant differences between males and females in the risk factors for attempted suicide.⁴⁰⁰ The age-adjusted suicide mortality rate for men has changed very little over the past 3 decades, national mortality data indicate that the rate has declined fairly consistently among women.

Why people kill themselves is a complex issue. More than 90% of such persons are reported to have had a mental or substance abuse disorder, or a combination of disorders, as shown by the National Violent Death Reporting System (Figure 94).⁴⁰¹ Further, it has been reported that children from single-

Figure 94 Percentage of suicides by selected circumstances, adapted from National Violent Death Reporting System, 2004.



³⁹⁸ Serpi TL et al. 2005. Homicide and suicide rates – National Violent Death Reporting System, six states, 2003. *MMWR* 54:377-380.

³⁹⁹ Kessler RC et al. 2005. Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990-1992 to 2001-2003. *J Am Med Assoc* 293:2487-2495.

⁴⁰⁰ Zhang J et al. 2005. Gender differences in risk factors for attempted suicide among young adults: findings from the Third National Health and Nutrition Examination Survey. *Ann Epidemiol* 15:167-174.

⁴⁰¹ Patel N et al. 2006. Homicides and suicides – National Violent Death Reporting System, United States, 2003-2004. *MMWR* 55:721-724.



parent families are >2 times as likely to suffer psychological problems and are more likely to attempt suicide. In addition to mental and substance abuse disorders, risk factors include prior suicide attempt, stressful life events, and access to lethal suicide methods. The rate of suicide for people who had a prior suicide attempt is 100 times higher in the year following the episode than for the general population. Long term studies show that this increased rate of suicide persists. In Jackson County, MO, suicide victims were 1) more likely to live in houses than in apartments or trailers, 2) more likely to live in more expensive homes, 3) more likely to kill themselves because of factors other than financial strain, and 4) if financial strain was a factor, more likely to kill themselves after becoming accustomed to a more affluent lifestyle.⁴⁰²

In 2003, 16.8% of Missouri high school students reported they seriously considered suicide and 12.9% actually made a suicide plan.⁴⁰³ Actual suicide attempts were conducted by 7.3% of high school students and 2.0% of suicide attempts required medical attention. Girls were more than twice as likely to attempt suicide as boys (9.8% versus 4.8%) and twice as likely to require medical attention for their attempts.

In 2004, 53 Kansas Citians died by suicide. The age-adjusted death rate for suicide in Kansas City had been declining, but increased 22% in 2004 (Figure 95). Among the top 10 causes of death by age group, suicide ranked 3rd for 15-24 y olds, 5th for 25-34 y olds, 3rd for 35-44 y olds, and 8th for 45-54 y olds. The age-adjusted death rates for suicide fluctuate with age (Figure 96).

A review of suicides that occurred in Kansas City between 2000 and 2004, showed that white males accounted for 58.1% of the suicides, followed by black males (16.8%), white females (16.5%), Hispanic males (4.6%), black females (2.2%), and Hispanic females (0.7%). The age distribution and methods of suicide are given in Table 97. There were differences by sex in the choice of method of suicide (Table 98). Overall, men tended to favor firearms while women chose other methods. And, if one simply looks at race, 38% of whites tended to choose firearms compared to 34% of blacks and 13% of Hispanics.

⁴⁰² Young TW et al. 2005. The Richard Cory phenomenon: Suicide and socioeconomic status in Kansas City, Missouri. *J Forensic Sci* 50(2):443-447.

⁴⁰³ Grunbaum JA et al. 2004. Youth risk behavior surveillance – United States, 2003. *MMWR* 53:SS-2, 100 p.



Table 99 presents information on suicide from the Missouri Department of Health and Senior Services MICA database, for the Kansas City metropolitan area.

Figure 95 Age-adjusted death rates per 100,000 population due to suicide, Kansas City, MO

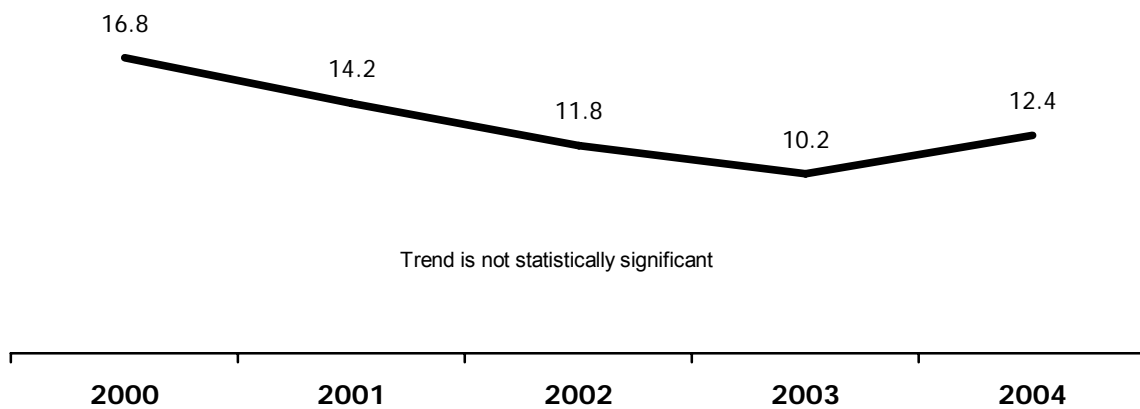


Figure 96 Age-adjusted death rate per 100,000 population by age group for suicide, Kansas City, MO, 2000-2004

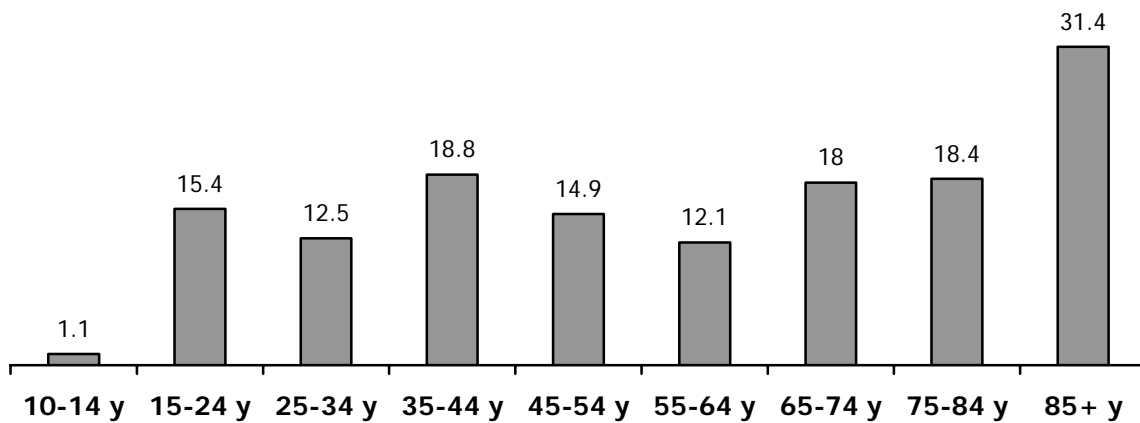




Table 97 Suicides by age group and method, Kansas City, MO, 2000-2004

	Age Group		Method of Suicide		
	# Suicides	% of Total		Frequency	% of Total
10-14 y	5	1.8	Handgun	103	36.0
15-24 y	47	16.8	Hanging, strangulation & suffocation	57	19.9
25-34 y	44	15.8	Self-poisoning	44	15.4
35-44 y	65	23.3	Rifle, shotgun & larger firearm	41	14.3
45-54 y	44	15.8	Other firearms	13	4.5
55-64 y	23	8.2	Jumping	8	2.8
65-74 y	24	8.6	Drowning	7	2.4
75-84 y	17	6.1	All others	13	4.5
≥85 y	10	3.6			
Total	279				

Table 98 Method of suicide by sex and race, Kansas City, MO, 2000-2004

Method	Male	Female	White	Black	Hispanic	Asian	Native American
Handgun	86	18	81	19	2	1	
Hanging, strangulation, & suffocation	45	12	41	7	9		
Self-poisoning	29	15	31	11		1	1
Rifle, shotgun, & larger firearm	29	2	33	6	2		
Other firearms	9	4	9	4			
Jumping	7	1	4	4			
Drowning	4	2	4	2	1		
All others	10	2	10	2	1		
Total	230	56	213	55	15	2	1

Table 99 Suicides in Kansas City metropolitan area, 2000-2004

	Total suicides	Age-adjusted rate per 100,000 population
Kansas City	279	12.7
Clay County, all	125	13.1
Jackson County, all	429	13.0
Platte County, all	44	11.1
Missouri	3,542	12.4