



**Kansas Communities  
That Care**  
**STUDENT SURVEY**

**2025-26 Depression / Suicide Supplementary Report**  
**Sample County**

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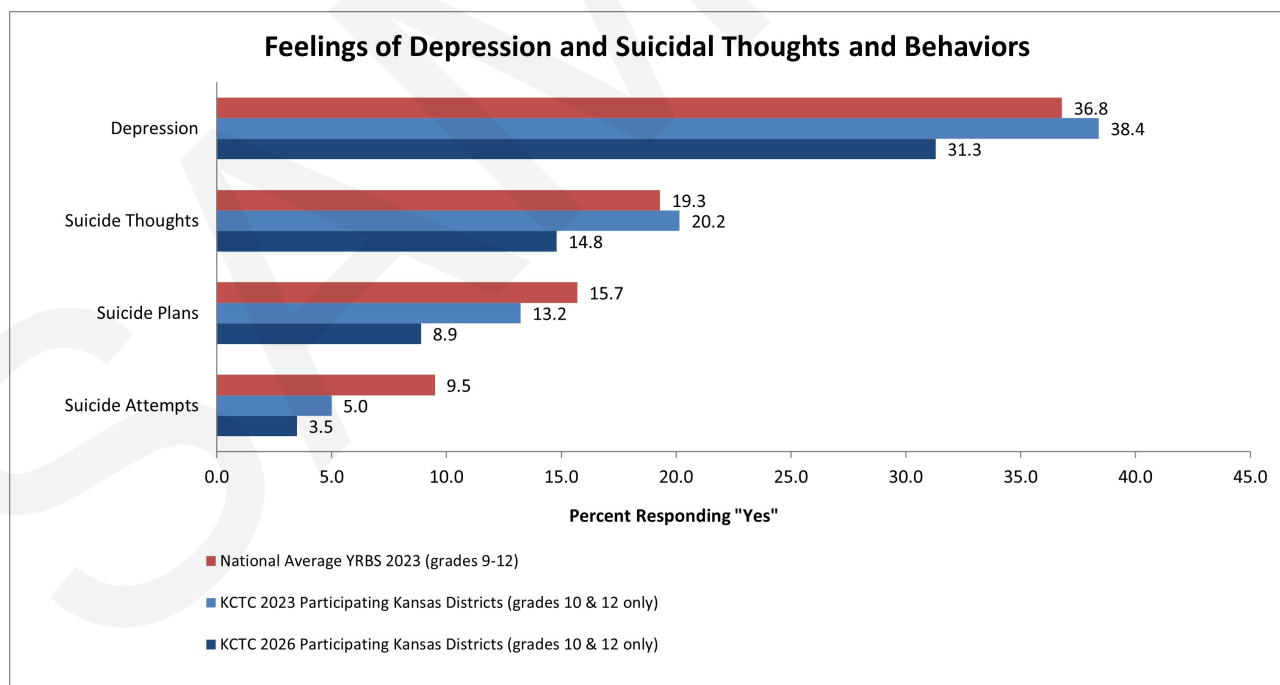


## Sample County

Suicide is a serious behavioral health problem that has personal and public implications for Kansans. According to the Kansas Annual Summary of Vital Statistics, 516 Kansans died by suicide in 2024. While suicide is the 8th leading cause of death in Kansas, it is the 2nd leading cause of death for the 10-34 age group. There is also a significant burden of 10–14-year-olds and 15–19-year-olds visiting the emergency department or being hospitalized due to suicide-related concerns. The 15-19 age range is especially impacted by hospitalizations and emergency department visits for suicidal ideation, self-harm, and suicide attempts.

Awareness and understanding of the prevalence of and risk and protective factors for youth depression and suicide is critical. Ongoing assessment and monitoring of student depression and self-reported suicide thoughts, plans, and attempts is critical. To meet this need, the *Kansas Communities That Care (KCTC) Student Survey* optional Depression/Suicide Module was made available to all districts in the 2015-2016 school year. In 2026, 86% of districts participating in KCTC survey also administered the optional Depression/Suicide Module resulting in information from 23,626 students (13,996 middle school and 9,630 high school) from 130 districts and 3 private schools.

The figure below compares the 2023 and 2026 Kansas data from 10th and 12th graders with the most recent national data from 9th, 10th, 11th, and 12th graders reported by the 2023 Youth Risk Behavioral Surveillance System. While the percentage of Kansas youth that reported feelings of depression was above the national average in 2023, the percentage decreased in Kansas in 2026. In both 2023 and 2026 the percentage of Kansas youth that reported suicide thoughts, plans, and attempts was below the latest obtained 2023 national average.



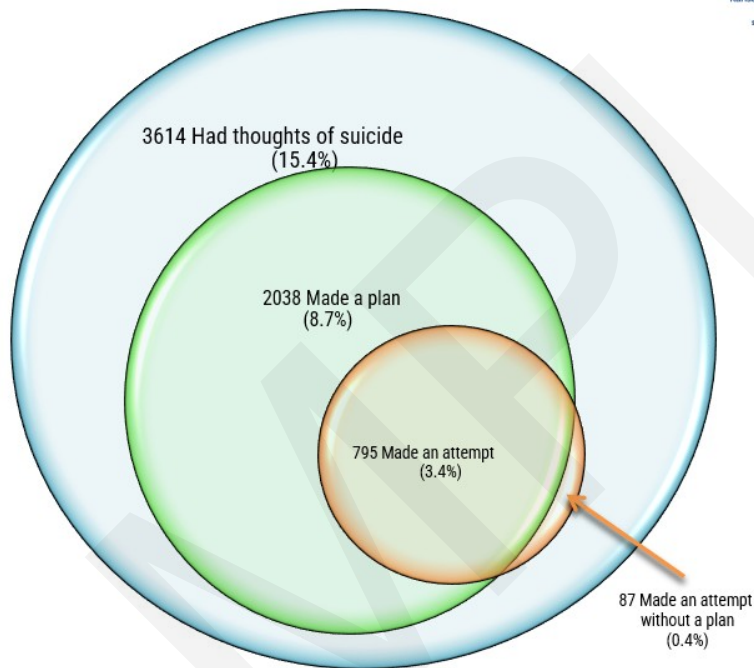
*National Average YRBS represents aggregated raw data obtained from CDC on 11.20.24*

This information provides districts the opportunity to gather local baseline data on Kansas youth self-reported depression and suicide thoughts, plans and attempts to assist with planning for prevention as well as the opportunity to continue to monitor behavioral and mental health issues free of charge.

What follows in this report is information reported by the students in your County. For each question, data are presented as a whole, by middle school and high school, by gender, and by grade.

The figure below indicates the relationship between suicide thoughts, plans, and attempts among Kansas youth. The majority of youth that made an attempt had also made a plan. Less than half of one percent of students made a suicide attempt without a plan; this underscores the opportunity for intervention at a variety of stages in the contemplation process. The amount of time necessary to formulate a plan for suicide also provides time for successful intervention.

## 2026 Kansas Student-Reported Suicide Thoughts, Plans, and Attempts

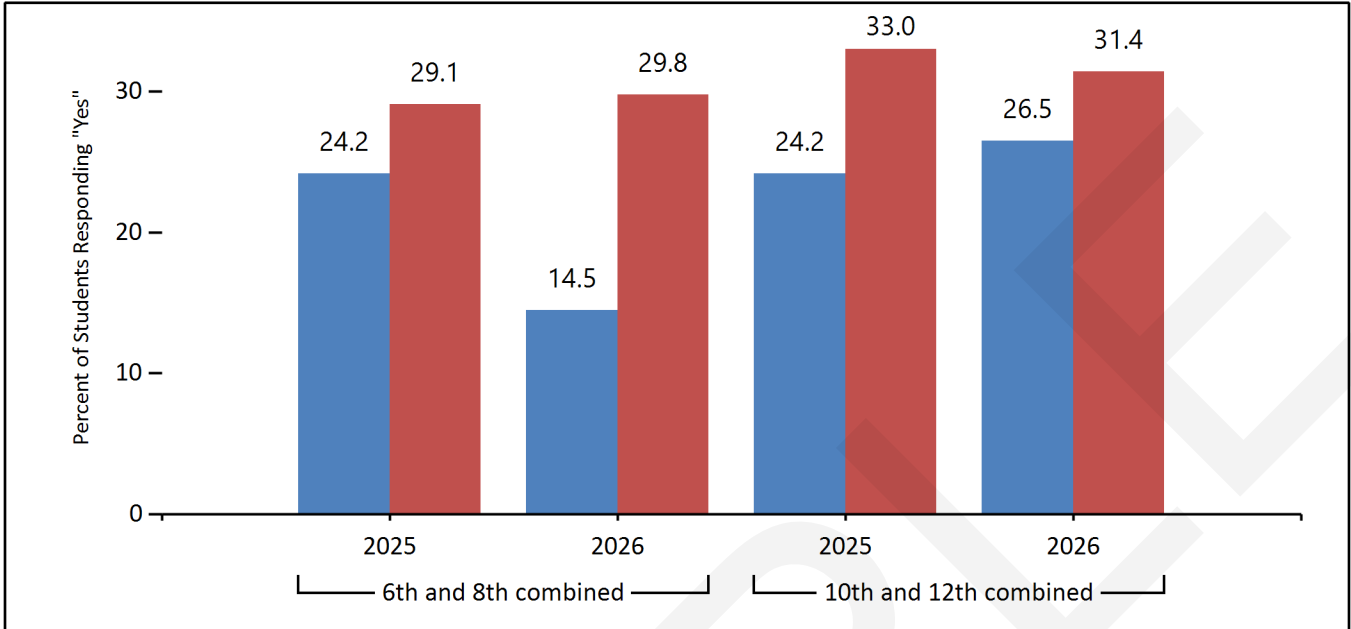


For each of the four questions, the following pages show:

Demographic breakdown by grade, gender, and school type (middle vs. high school). For each demographic category, the current percentage of students responding “yes” or “at ANY TIME during the past year” to the question is shown. The data point compares this percentage with that of the previous year. If data were not available, N/A is shown. *Data highlighted in red indicate percentages higher than the previous year.*

A correlational analysis was conducted utilizing the pilot data derived from the depression and suicide prevalence measures and risk factor indicators from the Kansas Communities That Care (KCTC) Student Survey, with results and key findings highlighted in Appendix A.

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? **County: 21.1** **Kansas: 30.4**



**Demographic Detail by Answer Option**

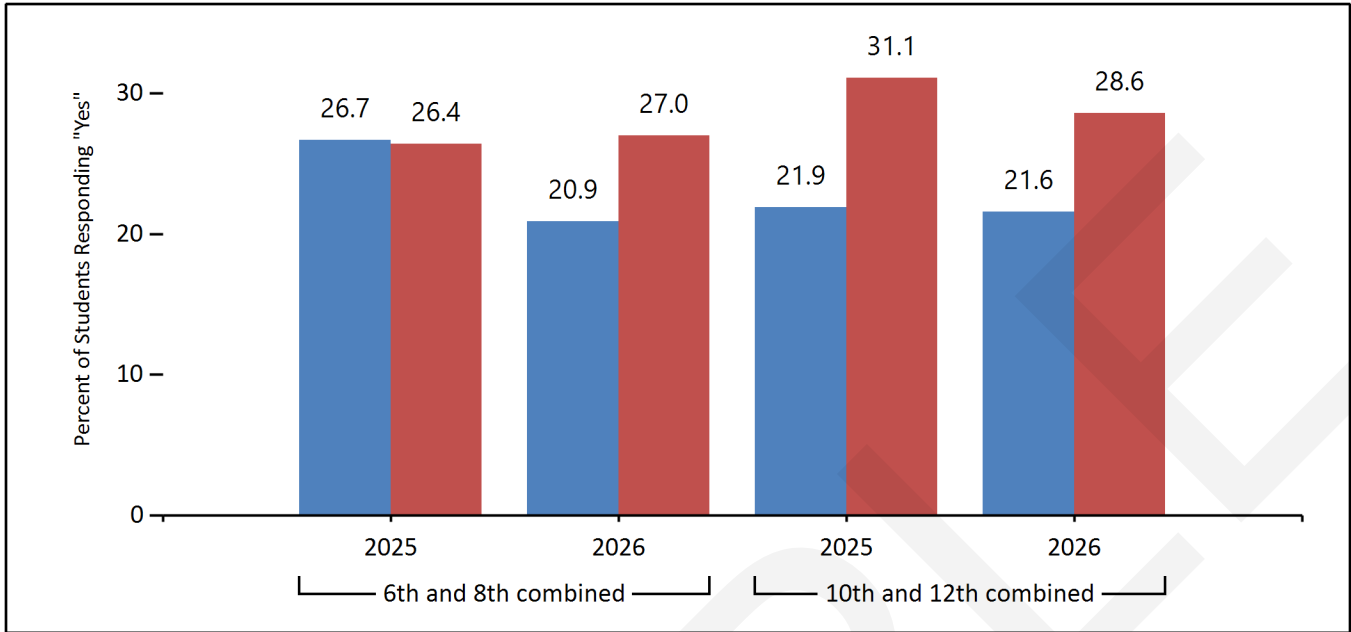
**Yes**

		Prior Yr	County	KS
<b>Grade</b>	6th	23.3	10.3	29.1
	8th	25.0	18.2	30.4
	10th	31.6	25.5	31.9
	12th	13.2	27.7	30.7
<b>Sex</b>	Female	37.8	26.8	38.7
	Male	16.5	14.4	22.0

■ A red dot indicates County percentages that are higher than the state average.

Red text indicates a negative change from prior year to current year for the county.

Have you ever seriously thought about killing yourself? (If yes, **County: 21.3** **Kansas: 27.6** please choose the most recent answer.)



**Demographic Detail by Answer Option**

**Yes, in the past 30 days**

		Prior Yr	County	KS
<b>Grade</b>	6th	0.0	0.0	7.5
	8th	10.4	2.3	8.1
	10th	7.0	1.8	6.5
	12th	5.1	6.4	4.9
<b>Sex</b>	Female	8.2	5.6	9.8
	Male	3.9	0.0	4.1

**Yes, in the past year**

<b>Grade</b>	6th	2.4	4.8	14.6
	8th	18.8	11.4	16.8
	10th	14.0	16.4	16.0
	12th	12.8	10.6	13.2
<b>Sex</b>	Female	16.4	16.7	20.5
	Male	7.8	7.6	10.2

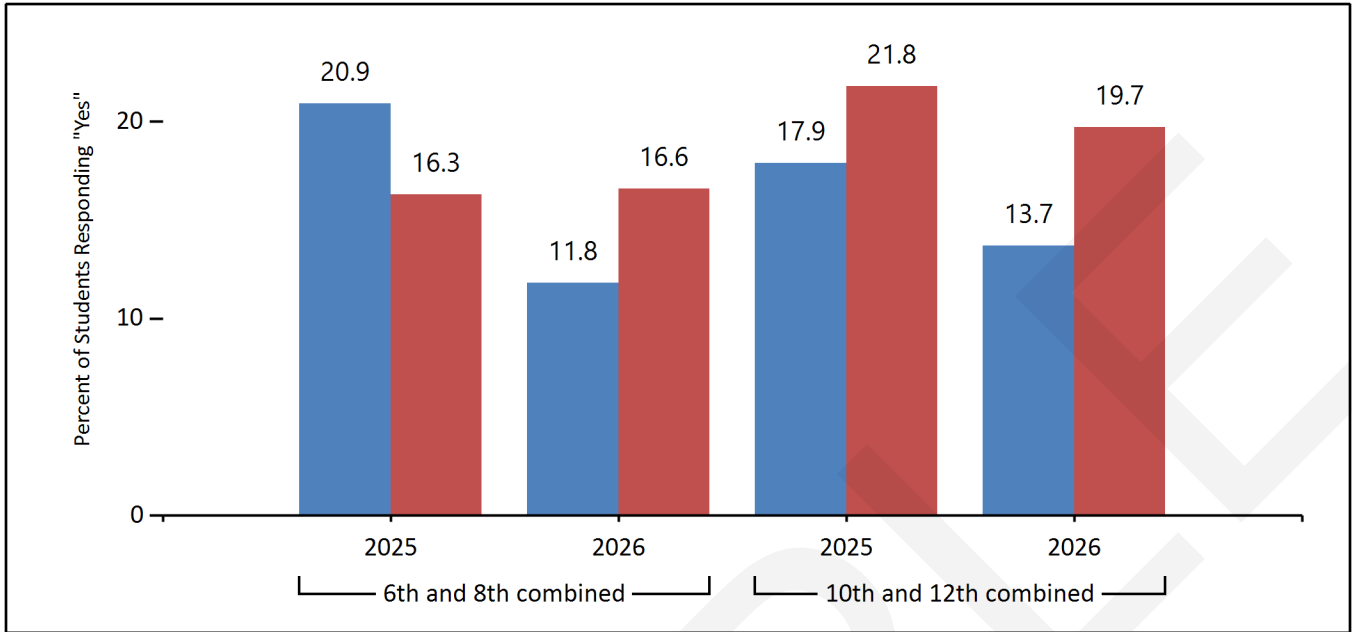
**Yes, over one year ago**

<b>Grade</b>	6th	14.3	9.5	11.1
	8th	16.7	15.9	11.4
	10th	8.8	5.5	12.8
	12th	7.7	10.6	15.0
<b>Sex</b>	Female	11.0	9.7	14.5
	Male	12.6	9.5	10.2

■ A red dot indicates County percentages that are higher than the state average.

Red text indicates a negative change from prior year to current year for the county.

Have you ever made a plan about how you would kill yourself? **County: 12.8** **Kansas: 17.9**  
 (If yes, please choose the most recent answer.)



**Demographic Detail by Answer Option**

**Yes, in the past 30 days**

		Prior Yr	County	KS
<b>Grade</b>	6th	0.0	0.0	4.4
	8th	4.2	2.3	4.7
	10th	7.0	1.8	3.9
	12th	5.3	4.3	2.6
<b>Sex</b>	Female	4.1	4.2	5.6
	Male	3.9	1.0	2.6

**Yes, in the past year**

<b>Grade</b>	6th	0.0	2.4	8.7
	8th	16.7	9.1	10.5
	10th	12.3	9.1	9.9
	12th	10.5	6.4	7.5
<b>Sex</b>	Female	13.5	9.9	12.5
	Male	6.8	4.8	6.2

**Yes, over one year ago**

<b>Grade</b>	6th	9.3	0.0	6.6
	8th	14.6	11.4	7.4
	10th	5.3	3.6	10.1
	12th	7.9	8.5	11.9
<b>Sex</b>	Female	12.2	5.6	10.7
	Male	7.8	5.7	6.5

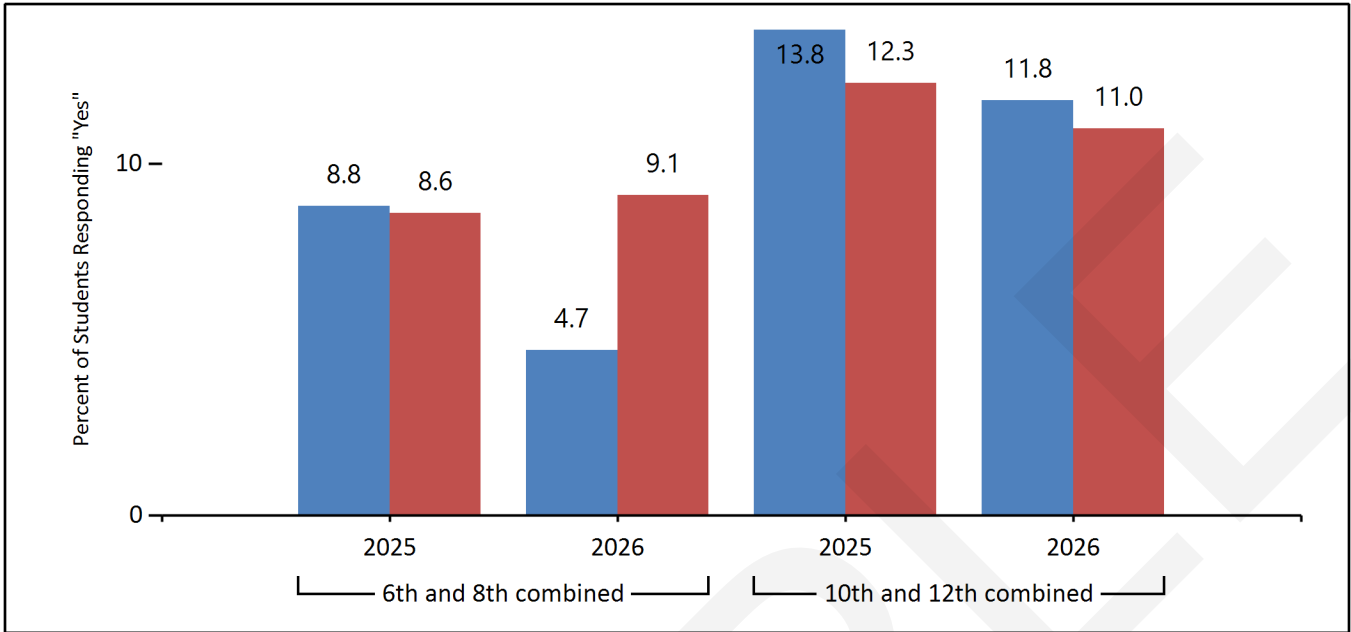
■ A red dot indicates County percentages that are higher than the state average.

Red text indicates a negative change from prior year to current year for the county.

Have you ever tried to kill yourself? (If yes, please choose the most recent answer.)

■ **County: 8.6**

■ **Kansas: 9.8**



**Demographic Detail by Answer Option**

**Yes, in the past 30 days**

		Prior Yr	County	KS
<b>Grade</b>	6th	0.0	0.0	2.0
	8th	0.0	0.0	1.6
	10th	5.3	0.0	1.2
	12th	0.0	0.0	0.7
<b>Sex</b>	Female	1.4	0.0	2.0
	Male	1.0	0.0	0.9

**Yes, in the past year**

<b>Grade</b>	6th	2.3	0.0	4.1
	8th	2.1	4.6	4.3
	10th	5.3	5.5	4.2
	12th	0.0	2.1	2.6
<b>Sex</b>	Female	2.7	5.6	5.5
	Male	2.0	1.0	2.4

**Yes, over one year ago**

<b>Grade</b>	6th	2.3	2.4	4.1
	8th	10.4	2.3	5.5
	10th	7.0	7.3	6.9
	12th	16.2	8.5	8.3
<b>Sex</b>	Female	14.9	7.0	7.9
	Male	4.9	4.8	3.9

■ A red dot indicates County percentages that are higher than the state average.

Red text indicates a negative change from prior year to current year for the county.

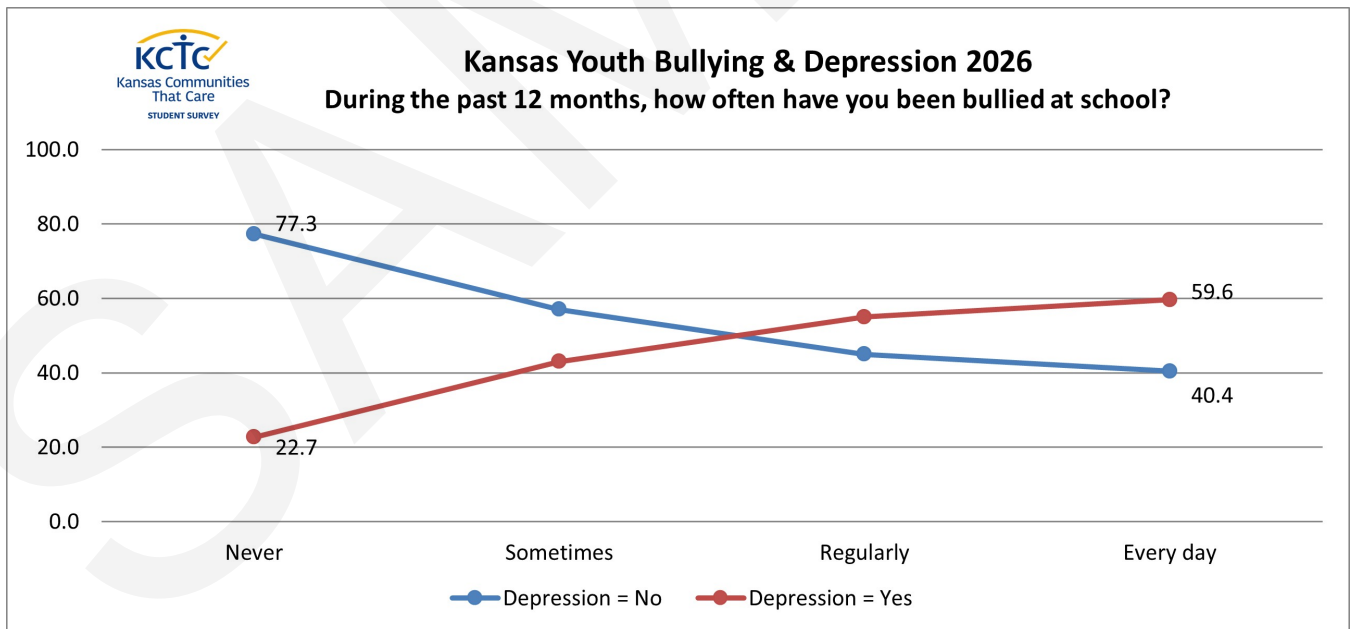
## Appendix A

A 2025-26 correlational analysis of data from all participating schools was conducted utilizing data derived from the depression and suicide prevalence measures and risk factor indicators from the Kansas Communities That Care (KCTC) Student Survey, with results and key findings highlighted below:

### Risk Factors Associated with Depression and Suicide Ideation across KCTC Domains

#### SCHOOL DOMAIN

- Lack of Commitment to School – In the current study, low commitment to school was negatively related to depression. This data indicated that students who reported low commitment to school also reported depression more than students who did not report low commitment to school.
- Being Bullied – A larger percentage of students who reported being bullied regularly at school also reported they experienced depression. The figure below shows the frequency of reported bullying at school along a continuum from “never” to “sometimes”, “regularly”, and “every day”. Under conditions with good school climate, it is expected that the percentage of reported bullying would decrease as frequency of incidents increased from “never” to “every day”. That pattern is shown in the blue line representing students who did not report past-year depression (feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities). However, for students who did report depression, represented by the red line, the opposite pattern is found. More students who reported being bullied “regularly” and “every day” also reported depression than students who did not report depression. Some research suggests that both victims and bullies are found to be at the highest risk for depression.



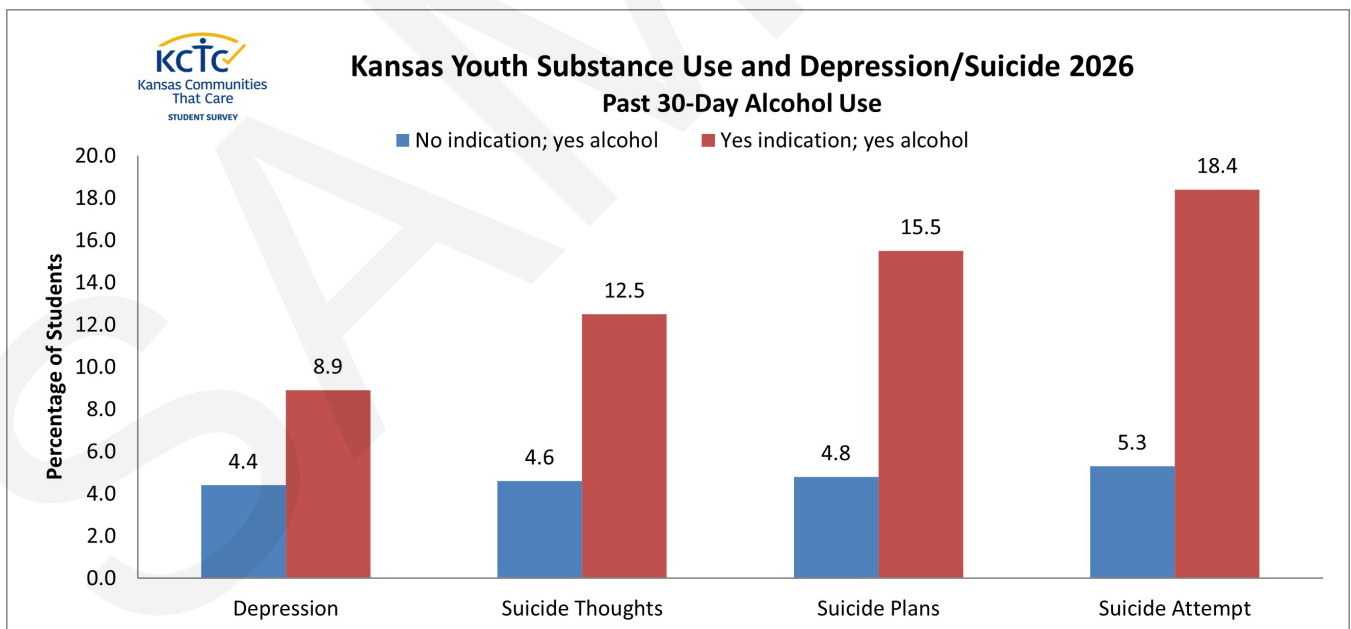
## COMMUNITY DOMAIN

- Low Neighborhood Attachment - Students who reported low levels of bonding to the neighborhood reported more depression and suicidal ideation, plans, and attempts.
- Community Disorganization – Students who reported high levels of community disorganization (levels of crime, fights, abandoned buildings, etc.) reported more depression and suicidal ideation, plans and attempts.

## INDIVIDUAL-PEER DOMAIN

- Friends Use of Drugs – Young people who associate with peers who engage in alcohol or substance abuse also reported depression and suicide thoughts, plans, and attempts with greater frequency.
- Early Initiation of Drug Use was also associated with reported depression and suicide thoughts, plans, and attempts.

The KCTC data showed a strong link between depression and suicidal symptoms and substance use. The figure below shows the percentage of students that reported drinking alcohol in the past 30-days and compares to students that also reported depression, suicide thoughts, plans, and attempts with those who did not. The percentage of students that reported use of alcohol is much larger for students who also reported depression and suicidal symptoms. Alcohol use also increased with severity of suicidal symptoms from depression through suicide thoughts, plans, and attempts.



## **FAMILY DOMAIN**

- Family Conflict – The current study also finds a strong association between elevated levels of the risk factor of family conflict and the prevalence of depression and suicide thoughts, plans, and attempts. More significantly, family conflict was one of the strongest correlates among all risk factors and proved to be particularly true for middle school students.
- Family History of Antisocial Behavior – Youth who have a family history of antisocial behavior or involvement also reported depression and suicide thoughts, plans, and attempts more often than youth who did not report experiencing this risk factor.

### **Protective Factors Associated with Depression and Suicide Ideation across KCTC Domains**

#### **SCHOOL - COMMUNITY - FAMILY DOMAINS**

- Protective factors act as a buffer against the risk factors experienced by students. Protective factors are negatively associated with student depression and suicide thoughts, plans, and attempts and the associations can be just as strong for protective factors as they are for risk factors.
- The most significant protective factors associate with low reported depression and suicide include students feeling close to an adult they live with and feeling safe at school. Additionally, across all domains, providing students with opportunities for positive involvement, providing skill-building to support success, and recognition for positive contributions or engagement are associated with lower reported depression and suicide thoughts, plans, and attempts.

#### **INDIVIDUAL-PEER DOMAIN**

- Healthy Beliefs and Clear Standards – Young people who have a belief in what is "right" or "wrong" were less likely to report episodes of depression and suicide thoughts, plans, and attempts.

It should be noted that the risk factors discussed in the preceding sections - also conceptualized in a growing body of behavioral health research known as Adverse Childhood Experiences - are not restricted to suicide but are associated with multiple adverse health, wellness, social, and emotional outcomes.

If you are interested in receiving information regarding resources, tools, and best practices or evidence-based strategies available for addressing youth suicide prevention, or are interested in receiving training or technical assistance, please contact DCCCA, Inc. at [info@dcca.org](mailto:info@dcca.org). If you have questions about the data or your report, please don't hesitate to contact us at [kctc@greenbush.org](mailto:kctc@greenbush.org) or by calling 620-724-6281, ext. 336.