



Suicide Surveillance Report

SOUTH DAKOTA



SDSuicidePrevention.org

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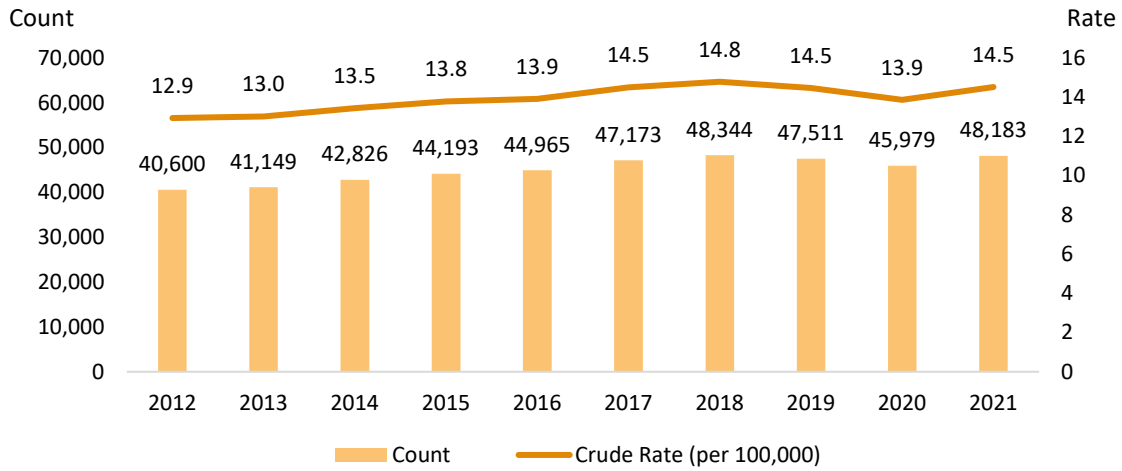
SOUTH DAKOTA
DEPARTMENT OF HEALTH

October 2023

Suicide in the United States

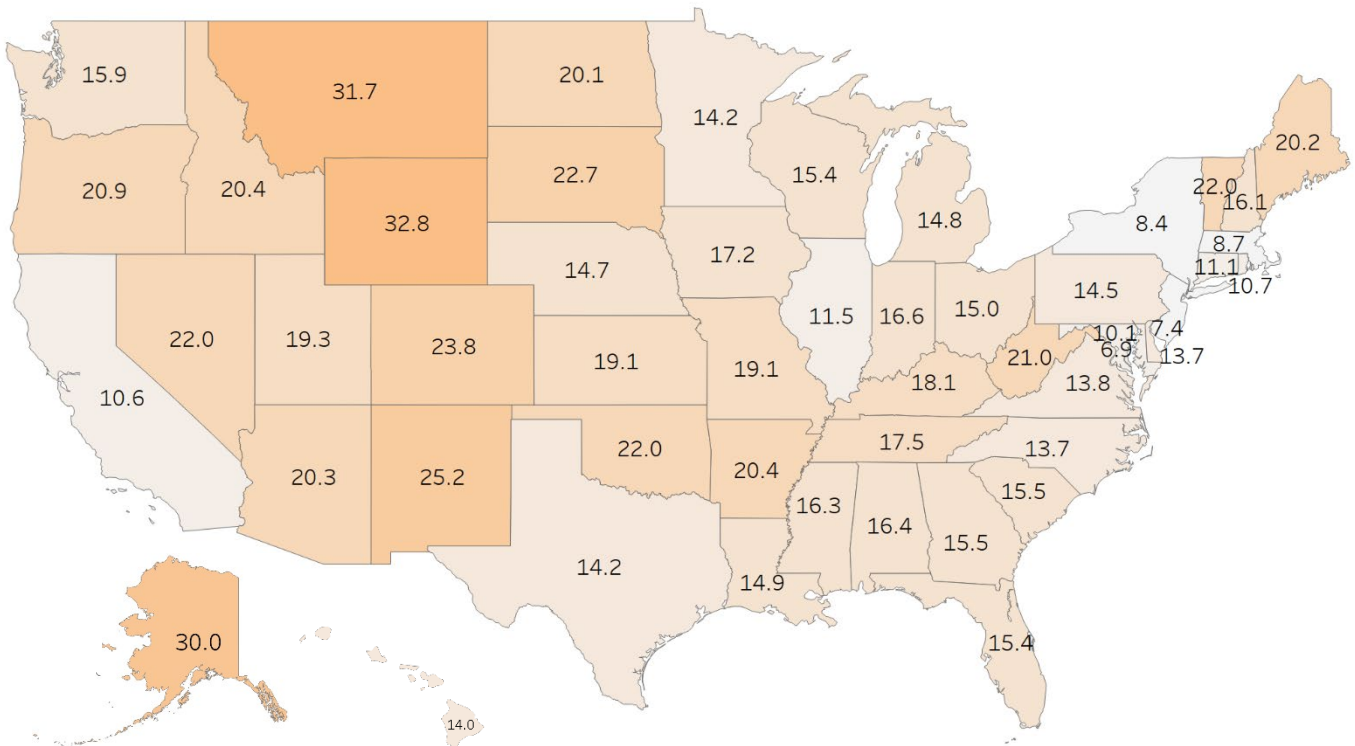
In 2021, there were 48,183 deaths classified as suicides in the United States (US), which was about one death every 11 minutes. Suicide was among the top 9 leading causes of death for people ages 10 to 64 years and suicide was ranked as the second leading cause of death for individuals aged 10-14 years and 20-34 years (2021).

Figure 1: Suicide Deaths and Crude Rates (per 100,000)



The figure below shows 2021 suicide death rates by state. States with the highest crude rates (per 100,000 population) included Wyoming (32.8), Montana (31.7), and Alaska (30.0). South Dakota had the 6th highest crude suicide death rate and the 5th highest age-adjusted suicide death rate in the nation.

Figure 2: Suicide Death Rates by State, 2021



High Risk Populations

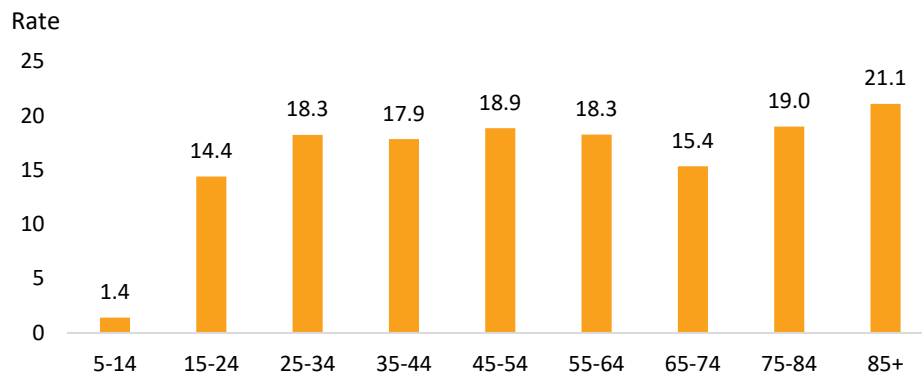
Sex

From 2018-2021, there were 190,017 suicide deaths in the United States. Of these deaths, 79% were among males and 21% among females. The male suicide death rate was almost four times higher than the female rate (23.0 vs 6.0 per 100,000)

Age Group

Nationally, the suicide death rates during 2018-2021 were highest among older adults aged 85 years and older, with a rate of 21.1 per 100,000.

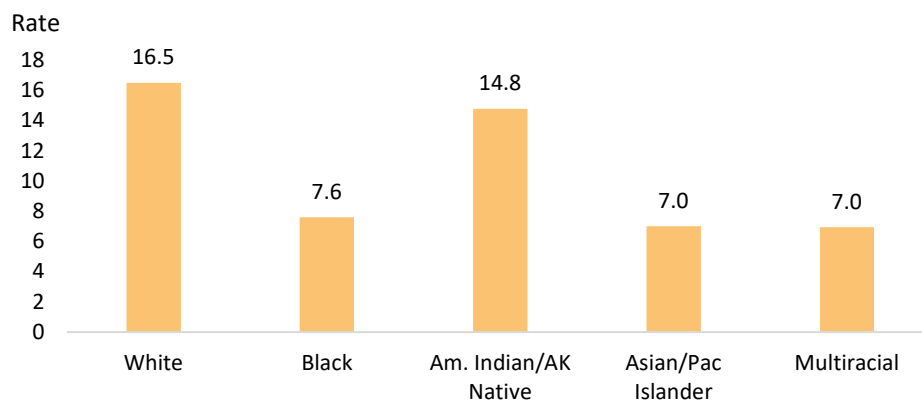
Figure 3: Suicide Rates (per 100,000) by Age Group, 2018-2021



Race

The largest proportion of suicide deaths in the United States during 2018-2021 was among the White population (87%), followed by the Black population (7%). Suicide death rates were highest among the White population (16.5 per 100,000) and American Indian/Alaska Native population having the second highest rate (14.8 per 100,000).

Figure 4: Suicide Rates (per 100,000) by Race, 2018-2022



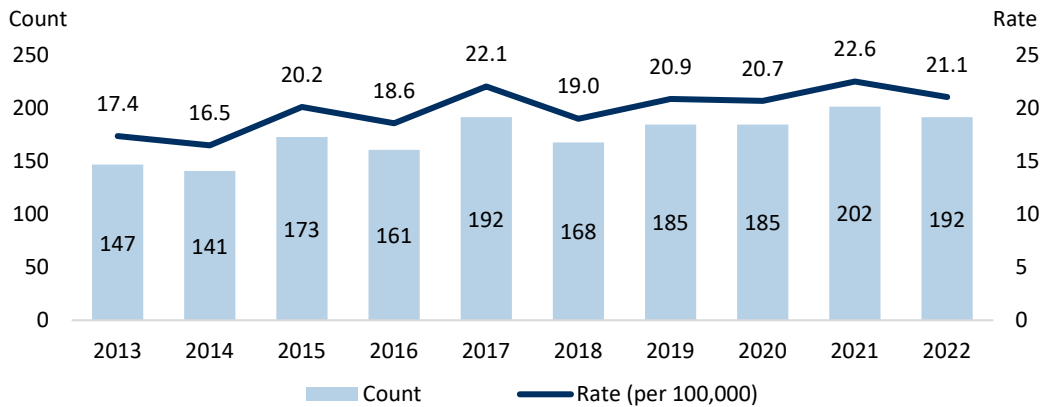
Suicide Deaths by Method

Nationally, firearms remained the most common method accounting for 55% of suicide deaths in 2021. The second most common method in 2021 was suffocation/hanging (26%), and poisoning was the third most common method (11%).

Suicide in South Dakota

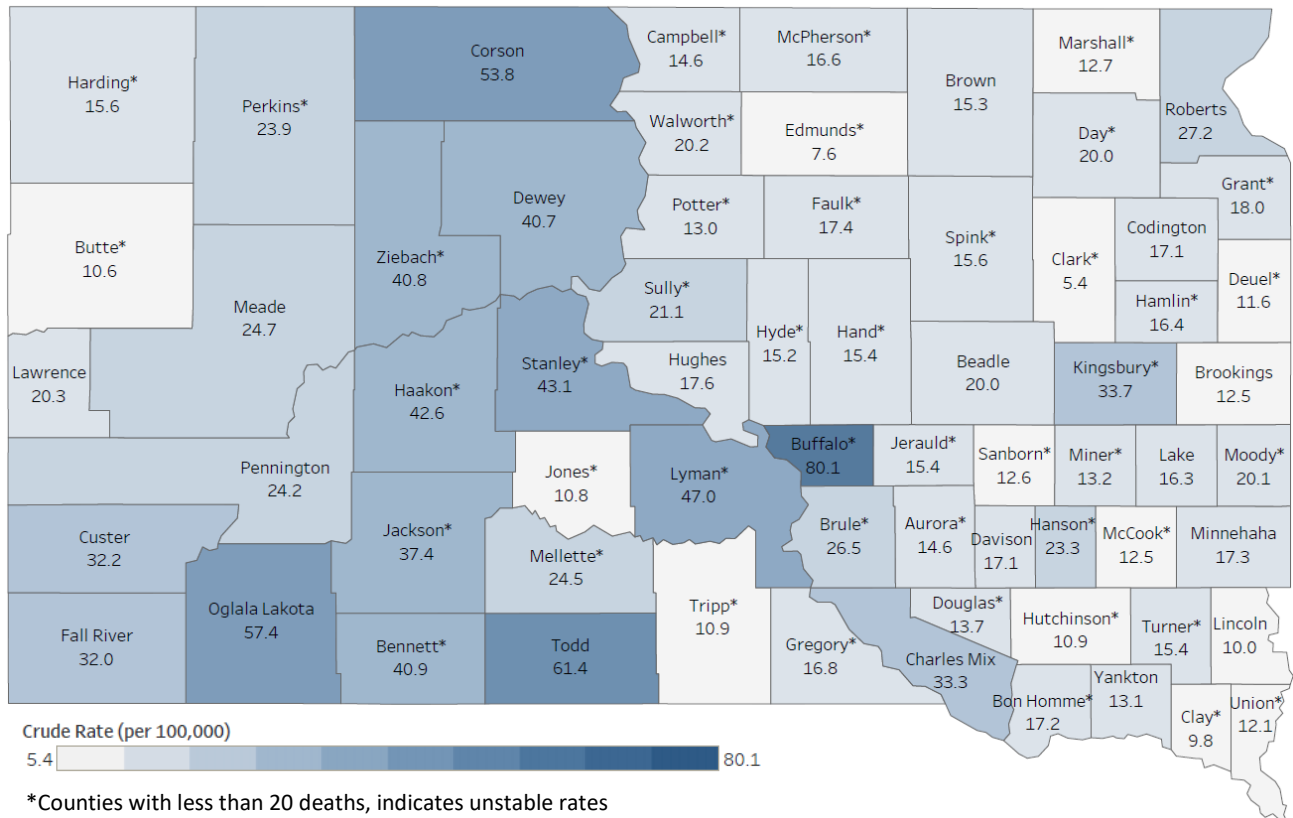
Suicide was the leading cause of death for individuals aged 10-19 years and 20-29 years and was the 7th leading cause of death among American Indians (2022). Suicide deaths in South Dakota increased 31% over the last 10 years, 147 deaths in 2013 to 192 deaths in 2022.

Figure 5: Suicide Deaths and Rates (per 100,000)



The figure below shows suicide rates by county. Among counties with stable rates for comparison (≥ 20 deaths), the top five counties included Todd (61.4 per 100,000), Oglala Lakota (57.4 per 100,000), Corson (53.8 per 100,000), Dewey (40.7 per 100,000), and Charles Mix (33.3 per 100,000).

Figure 6: Suicide Rates (per 100,000) by County, 2013-2022



High Risk Populations

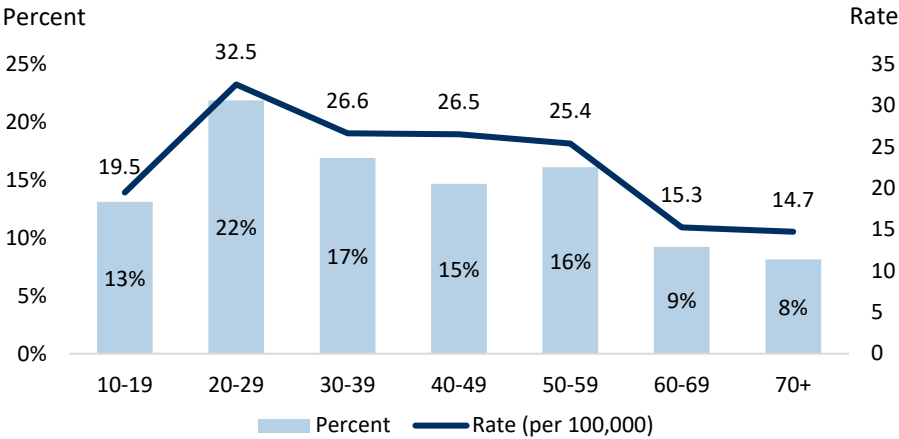
Sex

From 2013-2022, there were 1,746 suicide deaths in South Dakota. Of these deaths, 78% were males and 22% were females. During this time, the male suicide death rate was 30.9 per 100,000, which was 3.5 times higher than the female rate of 8.8 per 100,000.

Age Group

In South Dakota, suicide deaths and rates were highest among young adults aged 20-29 years, which accounted for 22% of suicides from 2013-2022. Suicide deaths and rates were also high among South Dakotans aged 30-59 years, accounting for approximately 48% of suicides from 2013-2022.

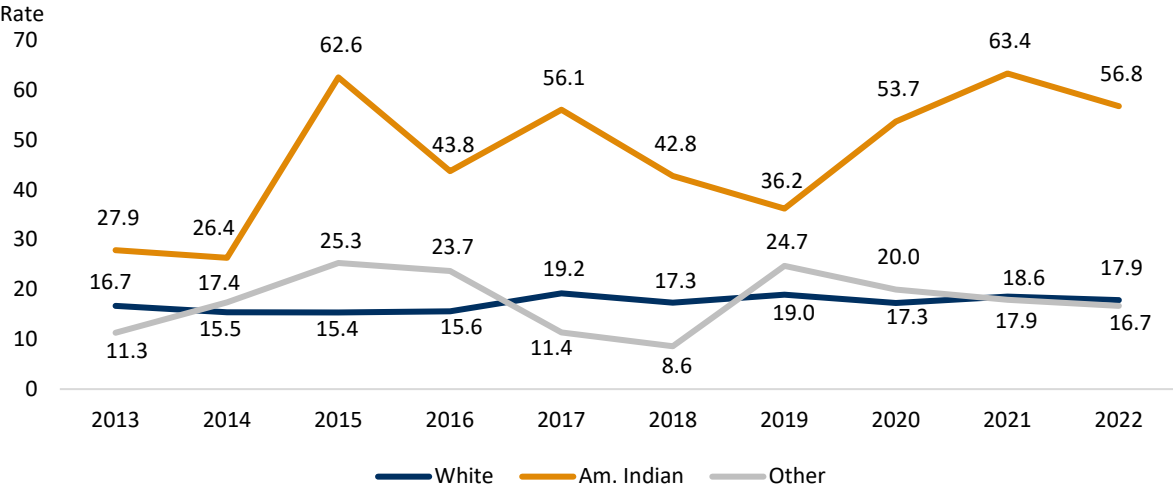
Figure 7: Suicide Deaths and Rates (per 100,000) by Age Group, 2013-2022



Race

Some racial groups were disproportionately affected by suicide. From 2013-2022, the largest proportion of suicides were among the White population (73%). The American Indian population accounted for 21% of suicide deaths, but the mean American Indian suicide rate (47.0 per 100,000) was 2.7-times higher than the White mean suicide rate (17.3 per 100,000). (“Other” includes multiracial, Asian, Black, Pacific Islander, and unknown race)

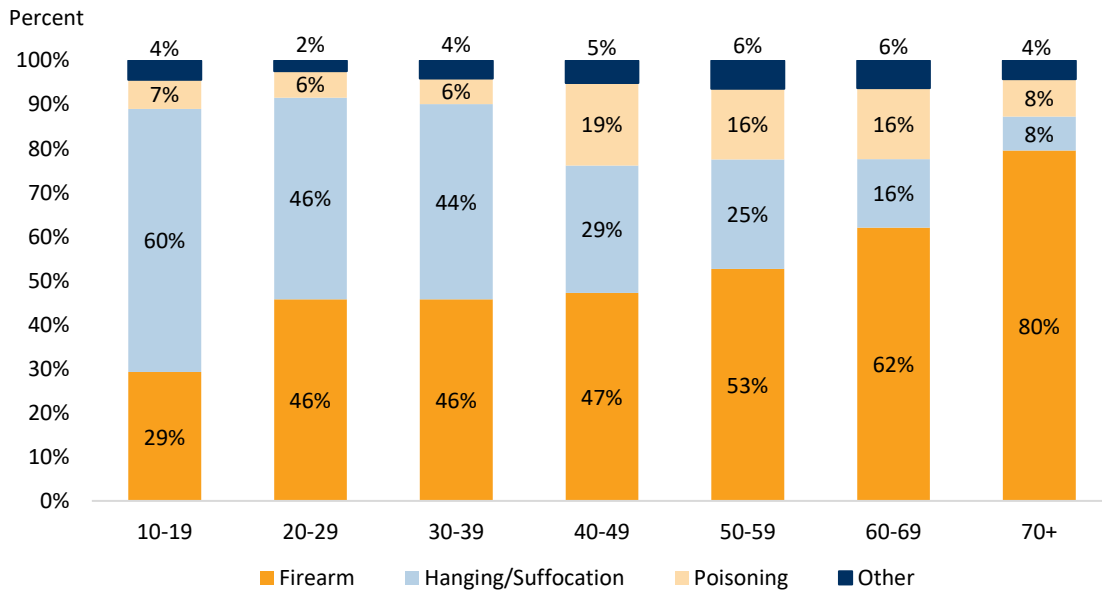
Figure 8: Suicide Rates (per 100,000) by Race (Single Race), 2013-2022



Suicide Deaths by Method

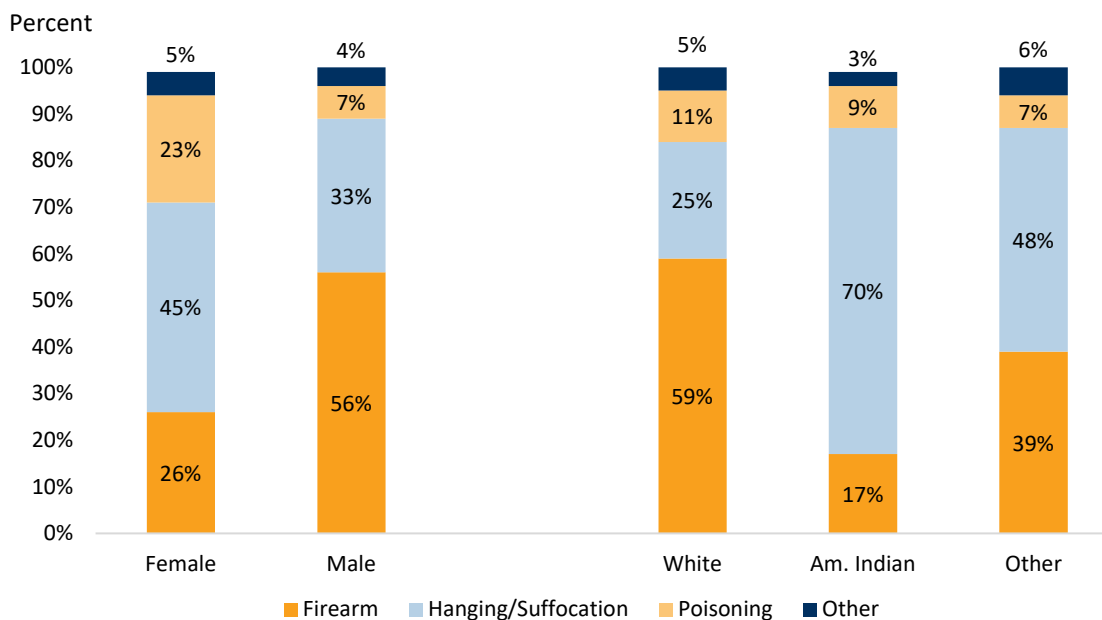
In South Dakota, firearms were the most common method accounting for 49% of all suicide deaths, followed by hanging/suffocation (36%), and poisoning (11%). Firearms were the most common method in all age groups, except for youth aged 10-19 years, among whom hanging was the most prevalent method.

Figure 9: Suicide Methods by Age Group, 2013-2022



Hanging/Suffocation was most common among females, whereas firearms were most prevalent among males. Suicide methods varied by race population. Firearms were most common among the White population and hanging/suffocation was the most common method among American Indians.

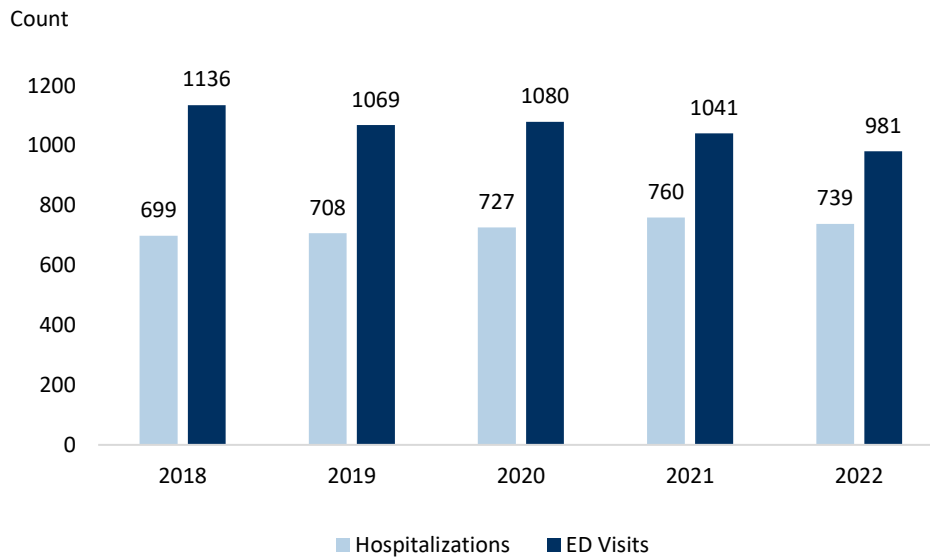
Figure 10: Suicide Methods by Sex and Race (Single Race), 2013-2022



Nonfatal Self-Inflicted Injuries

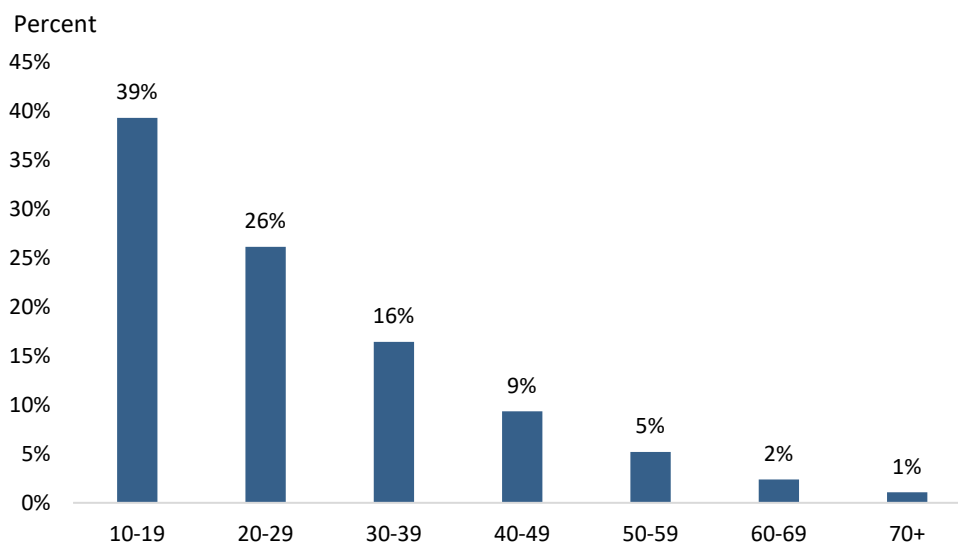
From 2018-2022, there were 3,633 hospitalizations and 5,307 emergency department (ED) visits for nonfatal self-inflicted injuries. The two most common mechanisms of self-inflicted injuries were drug poisonings (57%) and cutting/piercing of the body (31%).

Figure 11: Nonfatal Self-Inflicted Injury Hospitalizations and ED Visits, 2018-2022



Some populations were at greater risk for self-inflicted injuries. Females were at a higher risk for self-harm and made up 63% of all nonfatal visits (2018-2022). By race, 53% of nonfatal visits were White, 35% were American Indian, and 12% were of another race. Youth and young adults (10-19 years) were also at higher risk and made up the largest proportion of self-inflicted injury visits (includes both hospitalizations and ED visits) in South Dakota.

Figure 12: Nonfatal Self-Inflicted Injury Visits by Age Group, 2018-2022



Suicide Prevention

Suicide is preventable and everyone has a role to help save lives and create healthy and strong individuals, families, and communities. While the causes of suicide are complex and determined by multiple factors, the goal of suicide prevention is to reduce risk factors and to promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Collaborative partnerships between state agencies and communities to implement evidence-based interventions will help promote awareness of suicide and encourage a commitment to social change.

Resources

- Visit the South Dakota Suicide Prevention website: sdsuicideprevention.org
- Need help? Contact the 988 Suicide and Crisis Lifeline – Call, Chat, or Text 988
- Find treatment resources at dss.sd.gov/behavioralhealth/default or call 211
- Visit the Great Plains Tribal Chairmen’s Health Board Behavioral Health website: bhr.gptchb.org

Methods and Data Sources

The numbers in this report may differ from other data reports due to the data sources used and how the data was analyzed. See below for data sources and analysis methods.

Mortality Data

National mortality data used in this report comes from the Centers for Disease Control and Prevention (CDC) WISQARS and WONDER data reporting systems. South Dakota mortality data comes from the South Dakota Department of Health (DOH) Vital Statistics. South Dakota mortality data is representative of South Dakota residents. Suicide fatality ICD-10 codes utilized in this report include: U03, X60-X84, Y87.0.

Hospital and Emergency Department Data

South Dakota hospital and emergency department data comes from the South Dakota Association of Healthcare Organizations (SDAHO). Self-inflicted injury ICD-10-CM codes used in this report include: T36-T65, T71, T1491, and X71-X83. Data from SDAHO does not include cases from Indian Health Services and Veterans Affairs. South Dakota self-inflicted injury hospitalization and emergency department visit data in this report does not include deaths. South Dakota data reflects the number of inpatient and outpatient visits by South Dakota residents by year of discharge.