

# South Dakota Suicide Surveillance Report

Publication Date:  
September 2022

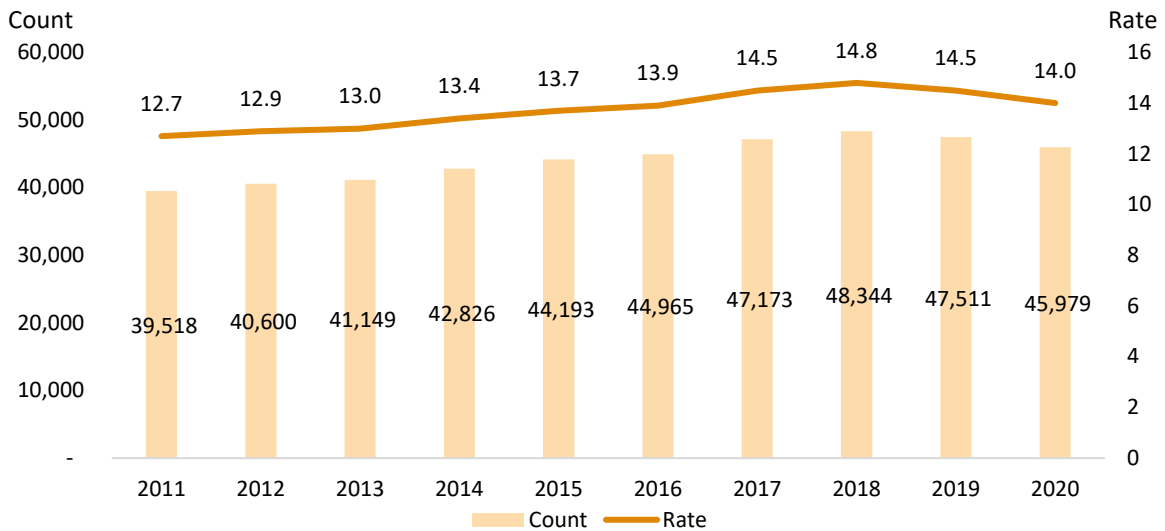
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### Suicide in the United States

In 2020, there were 45,979 deaths classified as suicides in the United States (US), which was about one suicide death every 11 minutes. Suicide ranked as the second leading cause of death for individuals aged 10-14 years and 25-34 years (2020). States with the highest suicide rates (per 100,000) in 2020 included Wyoming 31.3, Alaska 27.9, and Montana 27.8.

Figure 1. Suicide Deaths and Crude Rates (per 100,000), United States 2011-2020



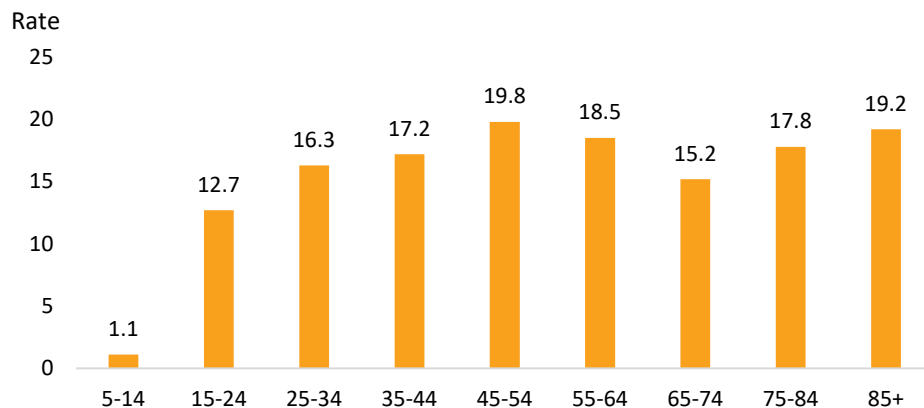
### Suicide Deaths by Sex

From 2011-2020, there were 442,258 suicide deaths in the United States. Of these deaths, 78% were among males and 22% among females. There were approximately 3.5 male suicide deaths for every female death by suicide in 2020.

### Suicide Deaths by Age Group

Nationally, the suicide death rates were highest among middle-aged adults in the 45-54-year age group, with a rate of 19.8 per 100,000, 2011-2020.

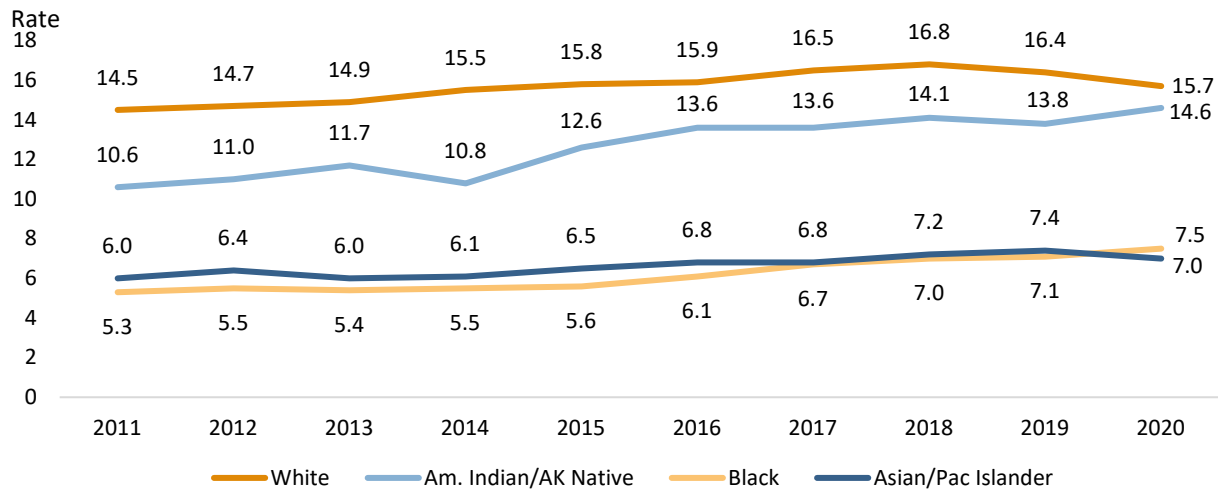
Figure 2. Suicide Rates (per 100,000) by Age Group, United States 2011-2020



### Suicide Deaths by Race

Suicide rates were highest among the White (WH) population in the United States, with the American Indian/Alaska Native (AI/AN) population having the second highest rate. The Asian/Pacific Islander (AS/PI) and Black (BL) populations had considerably lower suicide rates compared to other races.

Figure 3. Suicide Rates (per 100,000) by Race, United States 2011-2020



### Suicide Deaths by Method

Nationally, firearms remained the most used method accounting for 53% of all suicide deaths in 2020. The second most common method in 2020 was suffocation/hanging (27%), and poisoning was the third most common method (12%). Differences in method existed among different populations. Suffocation made up the largest proportion of suicide deaths among the American Indian/Alaska Native and Asian/Pacific Islander populations.

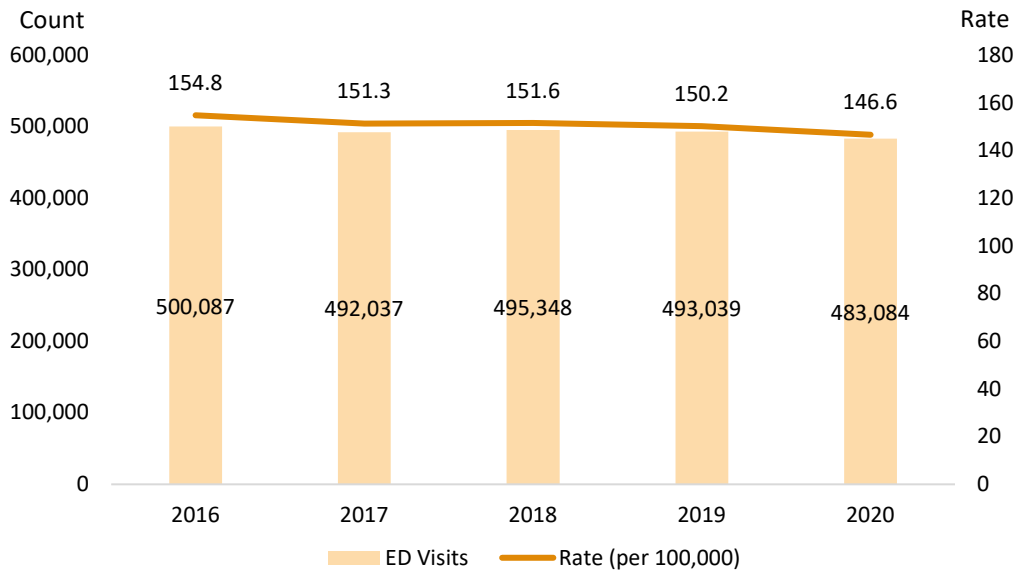
Table 1. Suicide Methods by Population, United States 2020

Demographic	Firearm	Suffocation	Poisoning
<b>Race</b>			
AI/AN	41%	44%	9%
AS/PI	25%	44%	13%
BL	54%	26%	9%
WH	54%	26%	12%
<b>Sex</b>			
Female	33%	29%	29%
Male	58%	27%	8%
<b>Age Group</b>			
5-14	37%	55%	6%
15-24	52%	32%	8%
25-34	46%	36%	9%
35-44	44%	36%	12%
45-54	47%	29%	16%
55-64	54%	21%	16%
65-74	66%	14%	14%
75-84	77%	8%	10%
85+	74%	9%	10%

### Nonfatal Self-Inflicted Injuries

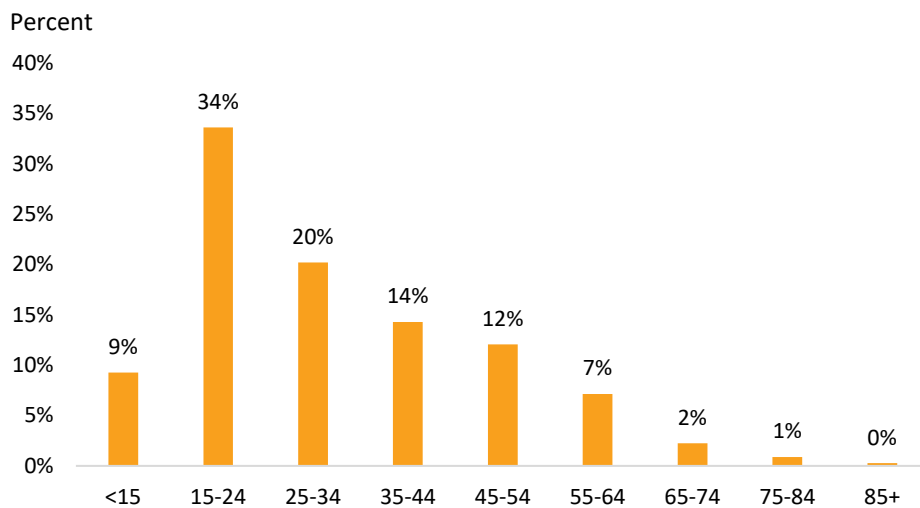
Many adults in the US thought about suicide or attempted suicide. An estimated 12.2 million US adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicides in 2020. For every suicide death, there were 4 hospitalizations for suicide attempts and 8 emergency department (ED) visits related to suicide. In 2020, there were 483,084 nonfatal self-inflicted injury emergency department visits.

Figure 4. Nonfatal Self-Inflicted Injury Emergency Department Visits, United States 2016-2020



Nonfatal suicide attempts were highest among females, with approximately 3 female suicide attempts for every male attempt. From 2016-2020, 59% of self-inflicted ED visits were among females, 41% among males. Self-inflicted injury visits were highest among the youth and young adult population, with 34% of visits among 15-24-year-olds.

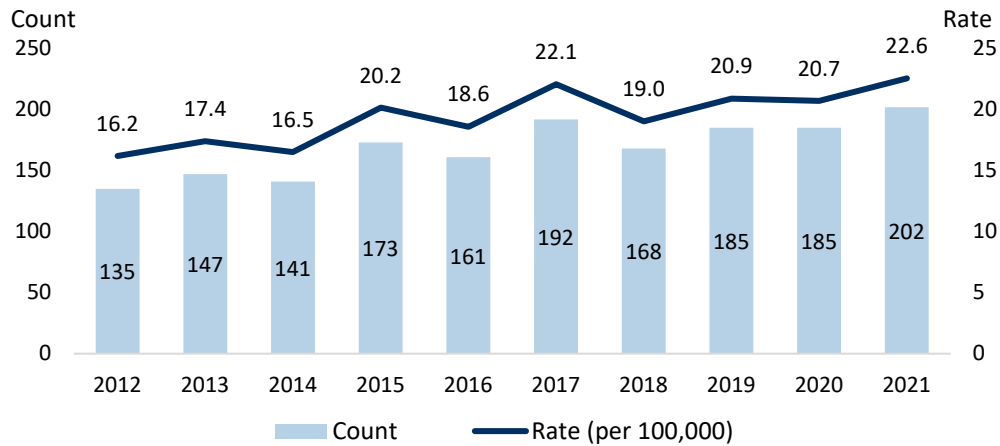
Figure 5. Nonfatal Self-Inflicted Injury ED Visits by Age Group, United States 2016-2020



### Suicide in South Dakota

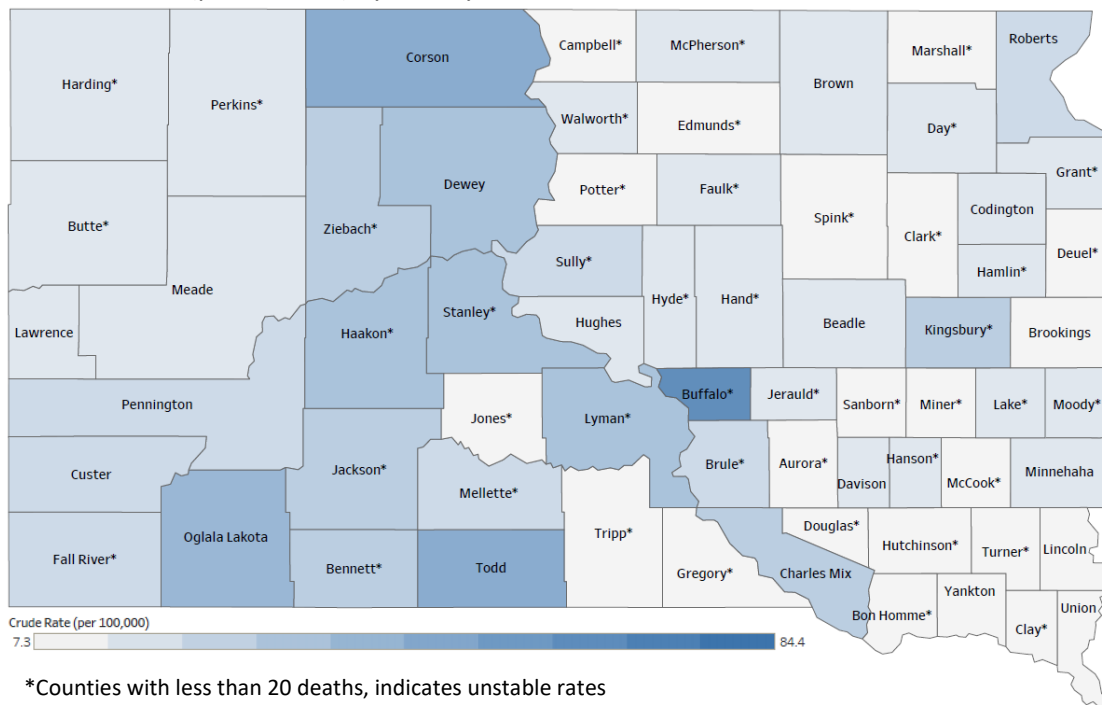
Suicide was the 10th leading cause of death in South Dakota (SD) but was the leading cause of death for individuals aged 10-29 years and was the 7th leading cause of death among American Indians (2021). South Dakota had the 7<sup>th</sup> highest suicide rate in the nation (provisional 2021). In 2021, SD had 202 suicide deaths and a rate of 22.6 per 100,000, which was the highest ever recorded. Over the last 10 years, suicide deaths have increased by 50%, from 135 suicide deaths in 2012 to 202 in 2021.

Figure 6. Suicide Deaths and Rates (per 100,000), South Dakota 2012-2021



The figure below shows suicide rates by county. Among counties with stable rates for comparison ( $\geq 20$  deaths), the top five counties included Todd (59.0 per 100,000), Corson (58.3 per 100,000), Oglala Lakota (51.5 per 100,000), Dewey (42.2 per 100,000), and Charles Mix (31.2 per 100,000).

Figure 7. Suicide Rates (per 100,000) by County, South Dakota 2012-2021



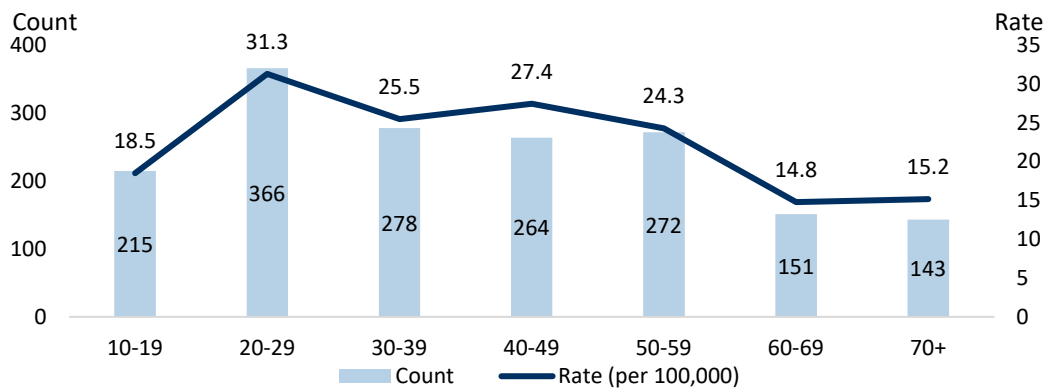
### Suicide Deaths by Sex

From 2012-2021, there were 1,689 suicide deaths in South Dakota. Of these deaths, 79% were males and 21% were females. During this time, the male suicide death rate was 30.4 per 100,000, which was 3.6 times higher than the female rate of 8.4 per 100,000.

### Suicide Deaths by 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 2012-2021. Suicide deaths and rates were also high among South Dakotans aged 30-59 years, accounting for approximately 48% of suicides from 2012-2021.

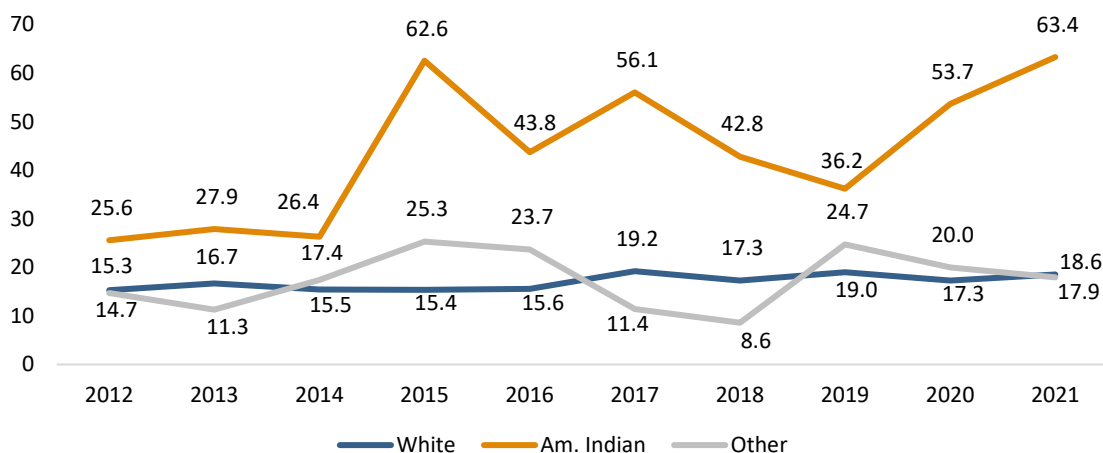
Figure 8. Suicide Deaths and Rates (per 100,000) by Age Group, South Dakota 2012-2021



### Suicide Deaths by Race

Some racial groups were disproportionately affected by suicide. From 2012-2021, the largest proportion of suicides were among the White population (74%). The American Indian population accounted for 20% of suicide deaths, but the mean American Indian suicide rate (43.8 per 100,000) was 2.6-times higher than the White mean suicide rate (17.0 per 100,000). After a decreasing suicide trend for American Indians from 2015-2019, suicide rates increased in 2021 to the highest rate in recent history. (“Other” includes multiracial, Asian, Black, Pacific Islander, and unknown race)

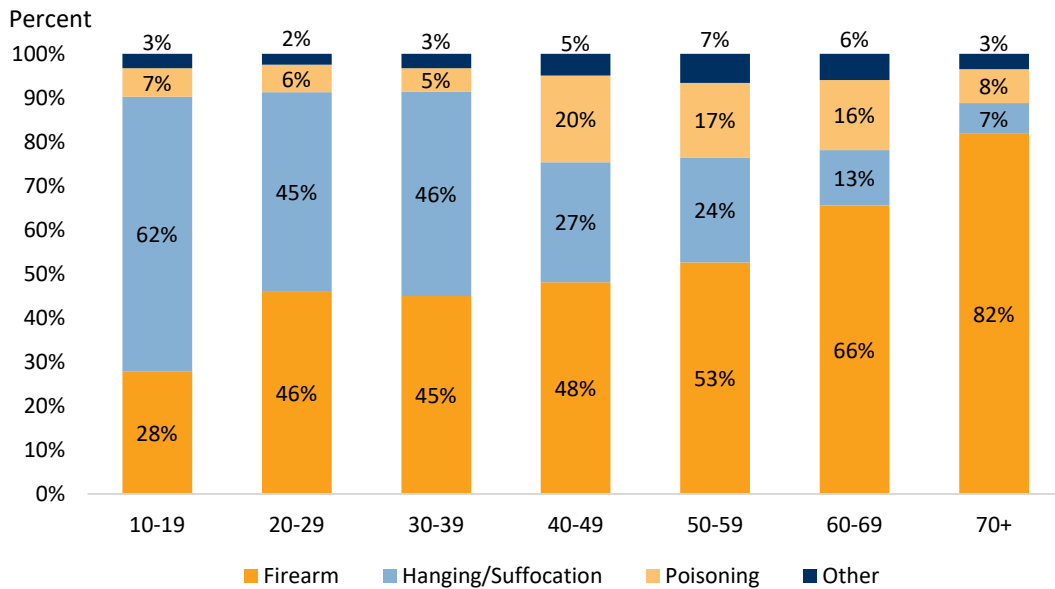
Figure 9. Suicide Rates (per 100,000) by Race (Single Race), South Dakota 2012-2021



### Suicide Deaths by Method

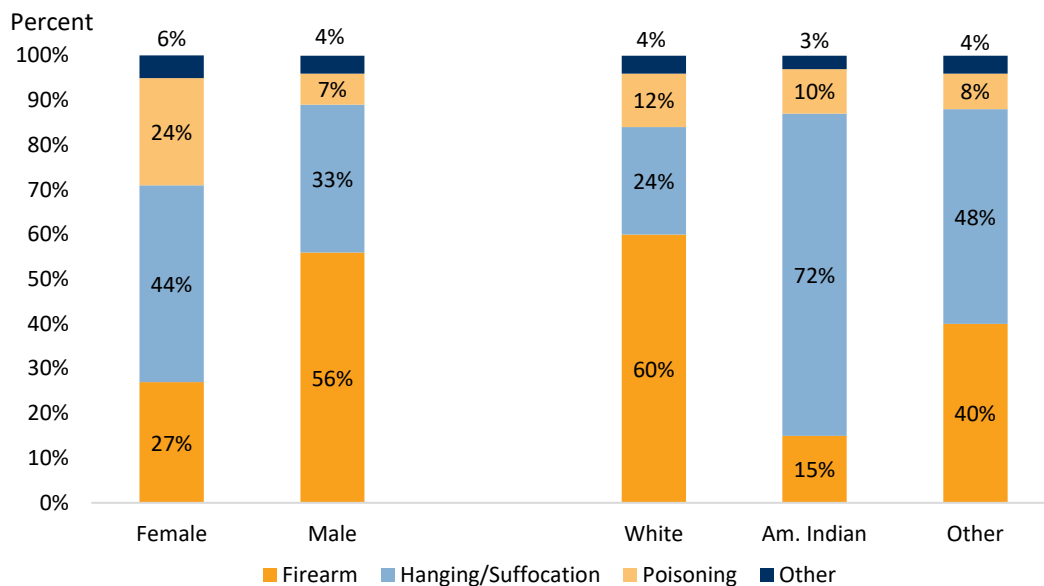
In South Dakota, firearms were the most common method accounting for 50% of all suicide deaths, followed by hanging/suffocation (35%), and poisoning (11%). Firearms were the most common method in all age groups, except for youth aged 10-19 years and adults aged 30-39 years, among whom hanging was the most prevalent method.

Figure 10. Suicide Methods by Age Group, South Dakota 2012-2021



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.

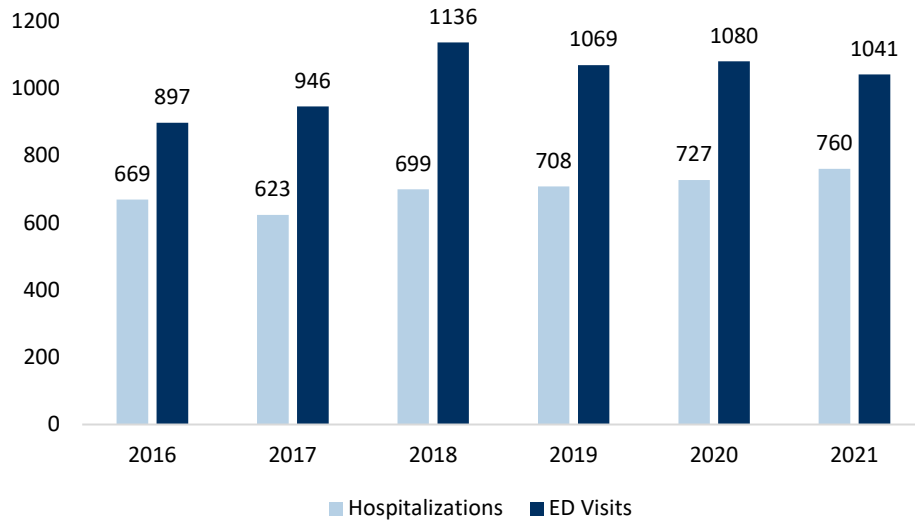
Figure 11. Suicide Methods by Sex and Race (Single Race), South Dakota 2012-2021



### Nonfatal Self-Inflicted Injuries

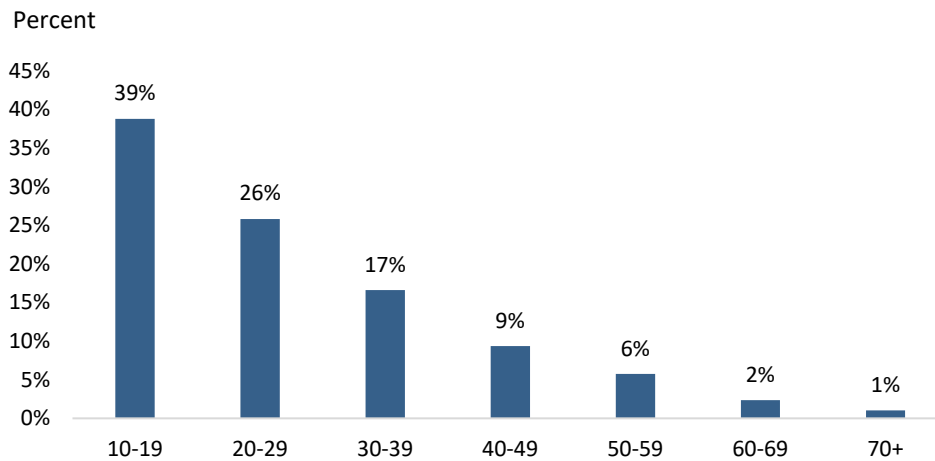
From 2016-2021, there were 4,186 hospitalizations and 6,169 ED visits for nonfatal self-inflicted injuries. The two most common mechanisms of self-inflicted injuries were drug poisonings (58%) and cutting/piercing of the body (30%).

Figure 12. Nonfatal Self-Inflicted Injury Hospitalizations and ED Visits, South Dakota 2016-2021



Some populations were at greater risk for self-inflicted injuries. Females were at a higher risk for self-harm and made up 63% of nonfatal visits (2016-2021). By race, 55% of nonfatal visits were White, 34% were American Indian, and 11% were Other race. Youth and young adults were also at higher risk and made up the largest proportion of hospitalizations and ED visits in South Dakota.

Figure 13. Nonfatal Self-Inflicted Injury Visits by Age Group, South Dakota 2016-2021





## 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](https://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](https://dss.sd.gov/behavioralhealth/default) or call 211
- Visit the Great Plains Tribal Chairmen’s Health Board Behavioral Health website: [bhr.gptchb.org](https://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

National emergency department data used in this report comes from CDC WISQARS. 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.