

South Dakota
State Epidemiological Outcomes
Behavioral Health Indicators
Executive Summary – Mental Health
2023



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South Dakota
Department of
Social Services

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Overview

Individuals that are living with poor mental health often struggle with daily life, such as issues with maintaining close relationships, coping with daily stress, finding it difficult to maintain productivity or having little to no enjoyment in life. Additionally, mental illness and substance use are often intertwined. The United States (U.S.) spent an estimated \$280.5 billion on mental health and substance use services in 2020.¹ In addition, untreated substance use disorders (SUD) or unmet substance use treatment needs cost society more than \$400 billion per year.^{2, 3, 4} Mental health related concerns have the largest disease burden of any illness in the U.S.⁵ Consequentially, substance use or mental health related concerns often increase suicidal behaviors and death by suicide. In an *Addiction Science & Clinical Practice* (2020) article found that the risk of suicide amongst individuals with a SUD had a two to eleven times greater risk of suicide-related mortality.⁶ Similarly, research indicates that individuals living with a mental health illness, such as schizophrenia, bipolar disorder, depression, anxiety and attention-deficit/hyperactivity disorder (ADHD) have an increased risk of dying by suicide.⁷⁻¹⁰

In 2020, approximately 46,000 individuals died by suicide within the U.S. and 185 died by suicide in South Dakota. The age-adjusted rate of suicide decreased about three percent in the U.S., but increased about 0.9% in South Dakota between 2019 and 2020. In 2020, the Native American/American Indian, Non-Hispanic population had the highest age-adjusted rate of suicide by race in the U.S. (23.85 per 100,000) and in South Dakota (54.51 per 100,000). The age-adjusted rate of suicide amongst Native American/American Indian, Non-Hispanic population in South Dakota is more than twice the age-adjusted rate seen in the U.S. In addition, South Dakota's age-adjusted suicide rate for Native American/American Indian, Non-Hispanic population is more than three times higher than the White, Non-Hispanic population (17.28 per 100,000) in South Dakota. Between 2019 and 2020, the U.S. age-adjusted rate of suicide by age was highest amongst individuals 85 years and older (20.50 per 100,000) followed by individuals 80-84 years old (19.37 per 100,000). During the same timeframe, the highest age-adjusted rate of suicide by age in South Dakota were individuals 25-29 years old (36.97 per 100,000) followed by individuals 15-19 years old (35.03 per 100,000), which suggest youth and young adults are more likely to die by suicide in South Dakota than in the U.S. Suicides were also more prevalent in rural areas than urban settings.^{11, 12, 13}

The *Surgeon General's Report* (2016) describes the importance of effective prevention and early intervention on substance use as having the following effects:²

- Evidence-based interventions (EBIs) can have a benefit of \$58 dollars for each dollar spent.
- Every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs.

Mental health also benefits from early intervention and prevention. A 2009 report from the Institute of Medicine (IOM) and National Research Council (NRC) highlighted that for every dollar invested in early treatment of prevention for addiction and mental health there were \$2 to \$10 dollars in return.¹⁴

Half of all lifetime cases of mental illness manifest by age 14 and three-quarters by age 24.^{5, 15} Prevention that starts early and supports communities fosters healthy families prior to onset of disorders and symptoms.

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Overview of Data Sources

Primary Datasets

Center for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) produces an annual telephone survey that collects data about health-related risk behaviors, chronic health conditions, and use of prevention services in adults; 2021 results were published in July 2022. For this report, we use the measure of depression from the BRFSS. BRFSS describes the prevalence of depression by race, gender, income, and age.

Depression in BRFSS is defined as the following:

- **Depression:** any depressive disorder, which includes depression, major depression, dysthymia, or minor depression.

Center for Disease Control (CDC), Youth Risk Behavior Surveillance System (YRBSS) creates a biennial report that monitors health-related behaviors that contribute to the leading causes of death and disability in youth through use of a national school-based survey; 2019 results were published in August 2020. The 2021 results was published April 2023.

Health Resources Service Administration (HRSA), Maternal and Child Health Bureau (MCHB) funds the National Survey of Children's Health (NSCH). The NSCH is the largest national- and state-level survey on the health and health care needs of children ages 0-17, their families, and their communities. For this report, we utilized the measures of anxiety and depression amongst youth, ages 3-17, from NSCH.

South Dakota Department of Health, The South Dakota Department of Health's mission is "Working together to promote, protect, and improve health." Delivering a wide range of public health services and monitoring the health of South Dakotans by collecting and disseminating data are key components to achieve that mission. Use of state mortality and morbidity data enable data-driven decisions by the Department of Health, other state agencies, and the public.

Mental Health America (MHA), *State of Mental Health in America Report* produces an annual report that utilizes national data sources to research mental health measures, substance use measures, and access to treatment. The most recent report of the *2023 State of Mental Health in America* report was published in October 2022, which includes state-level data from 2019-2020 published by NSDUH. However, SAMHSA has retracted the state-level 2019-2020 NSDUH. Therefore, this executive summary will utilize the *2022 The State of Mental Health in America* report that was published October 2021 and includes data from the 2018-2019 state-level NSDUH report.

Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH) estimates national and state prevalence of mental health, substance use, and substance or alcohol use related disorders. Due to issues with data validation in the 2019-2020 state-level NSDUH report, SAMHSA has retracted data from these years and the most recent report of state-level data for two-year averages is the 2018-2019 report, which was published December 2020.

The 2018-2019 state-level NSDUH uses the criteria from *the Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (DSM-IV) to define the following mental health related measures:

Mental Health Related Terms –

- **Any mental illness (AMI):** a mental, behavioral, or emotional disorder, other than a developmental or substance use disorder.
- **Serious mental illness (SMI):** a mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, which substantially interferes with or limits one or more major life activities.

- **Major depressive episodes (MDE):** an individual experiencing at least 2 weeks of having a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depressed symptoms.

Center for Disease Control (CDC), National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) offers fatal and nonfatal injury, violent death, and cost of injury data through their interactive online data dashboard. Data is acquired from death-certificate data that is provided to the National Center for Health Statistics (NCHS) and can be reported by specific populations of regions or states, such as race, sex, ethnicity, and age ranges.

South Dakota Demographics



South Dakota Demographics

Characteristics

Table 1.1 Population by Ethnicity and Race, South Dakota

	2011 [†]		2021 [‡]		Change [*]
	Number	Percent	Number	Percent	
Total (n=)	824,082	-	895,376	-	8.7% ↑
Non-Hispanic	801,183	97.2%	857,591	95.8%	1.4% ↓
Hispanic or Latino	22,899	2.8%	37,785	4.2%	50.0% ↑
White	707,944	85.9%	722,723	80.7%	6.1% ↓
American Indian/ Alaskan Native	71,532	8.7%	73,115	8.2%	5.7% ↓
Two or more	20,140	2.4%	53,740	6.0%	150.0% ↑
Black or African American	9,517	1.2%	17,810	2.0%	66.7% ↑
Asian	7,855	1.0%	14,350	1.6%	60.0% ↑
Some Other Race Alone	7,031	0.9%	12,958	1.4%	55.6% ↑
Native Hawaiian and Other Pacific Islander Alone	63	0.0%	680	0.1%	0.0%

[†]Source: U.S. Census Bureau, 2011: ACS 1-Year Estimates Data Profiles

[‡]Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates Data Profiles

*Note: Change column is the percent change of race or ethnic percent and not count. This excludes the percent change for the total population *Total (n=)*, which is based on count.

Table 1.2 Population by Gender, South Dakota

	2011 [*]		2021 [°]		Change
	Number	Percent	Number	Percent	
Male	410,505	49.8%	451,950	50.5%	1.4% ↑
Female	413,577	50.2%	443,426	49.5%	1.4% ↓

^{*}Source: U.S. Census Bureau, 2011: ACS 1-Year Estimates Data Profiles

[°]Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates Data Profiles

Note: Change column is the percent change of gender percent and not count.

Table 1.3 Population by LGBT Status, South Dakota

	Identifying as LGBT [*]	
	Number	Percent
LGBT	20,000	3.0%
Lesbian/Gay/Bisexual	18,000	2.7%
Transgender	2,150	0.3%

^{*}Source: Conron, K.J., Goldberg, S.K., Adult LGBT Population in the United States. (July 2020). The Williams Institute, UCLA, Los Angeles, CA.

Note: Due to rounding, estimate counts will not add up to total.

Table 1.4 Population by Age, South Dakota

	Age [†]	
	Number	Percent
	2021	
Under 18 years	220,621	24.6%
18 to 24 years	84,378	9.4%
25 to 34 years	110,211	12.3%
35 to 44 years	112,477	12.6%
45 to 54 years	94,783	10.6%
55 to 64 years	115,023	12.8%
65 years and over	157,883	17.6%
Total	895,376	100%

[†]Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates

*Morbidity and Mortality Weekly Report*¹¹ reports that suicides were highest amongst Native Americans/American Indians, Non-Hispanic and individuals that live in rural settings. South Dakota has over twice the amount of rural area and over eight times more Native Americans/American Indians than the United States, which suggests the nature of South Dakota offers unique challenges to serve at risk residents.

Quick Facts



About one in eight South Dakota residents reported living below the poverty line (12.3%), which is lower than the United States (12.8%).

Source: U.S. Census, 2021: ACS 1-Year Estimates



There are 54,403 veterans in South Dakota, which is 8.1% of the state's adult population, while 6.4% of the United States' population are veterans.

Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates Subject Tables



In 2010, 44.7% of South Dakota residents lived in rural areas compared to 21.0% nationwide.

Source: U.S. Census Bureau, Decennial Census



There are nine federally recognized tribes within South Dakota. About 8% of the population in South Dakota is American Indian/Alaskan Native, while only 1% identify as American Indian/Alaskan Native in the United States.



6.0% of South Dakota's workforce were ranchers and farmers, while in the United States ranchers and farmers consisted of less than 1.6% of the labor force.

Source: U.S. Census, 2021: ACS 1-Year Estimates Data Profiles



South Dakota had a 1.8% unemployment rate for individuals 16 years and older in the labor force. 3.9% of individuals 16 years and older are unemployed in the United States.

Source: U.S. Census, 2021: ACS 1-Year Estimates Data Profiles



24.6% of South Dakota residents were under age 18 and 17.6% were over age 65. In the United States 22.1% of residents were under the age of 18 years and 16.8% were over age 65.

Source: U.S. Census, 2021: ACS 1-Year Estimates



In 2021, 4.2% of South Dakota residents identified as Hispanic or Latino, which is lower than the United States (18.8%).

Source: U.S. Census Bureau, 2021: ACS 1-Year Estimates Data Profiles

Important Note: South Dakota's race/ethnicity is mainly comprised of a White and a Native American/American Indian population; therefore, this report will primarily compare these two populations, where applicable.

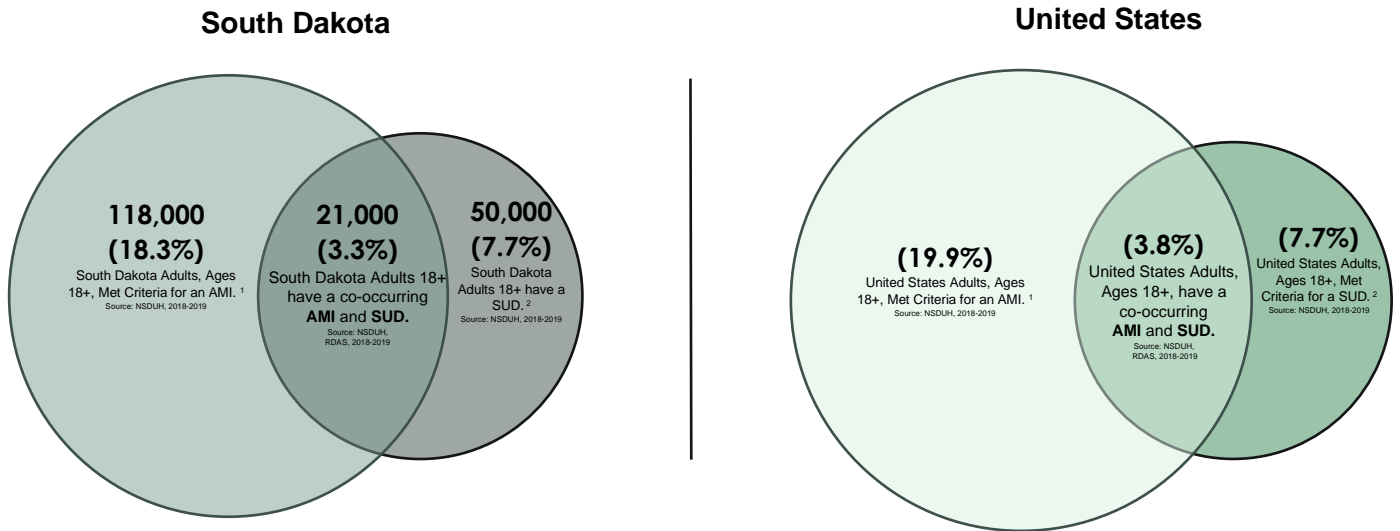
Co-occurring Substance Use and Mental Health

Co-occurring Any Mental Illness and Substance Use Disorder –

Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than substance use. In 2018-2019, adults ages 18 or older, 3.8% (or 9.3 million individuals) had a co-occurring AMI and a substance use disorder (SUD) in the United States, while 3.3% of South Dakotans (or 21,000 individuals) had a co-occurring AMI and SUD (Figure 1.1).

Figure 1.1 Co-Occurring Any Mental Illness and Substance Use Disorder in South Dakota and United States

Source: NSDUH, 2018-2019 and NSDUH, RDAS, 2018-2019

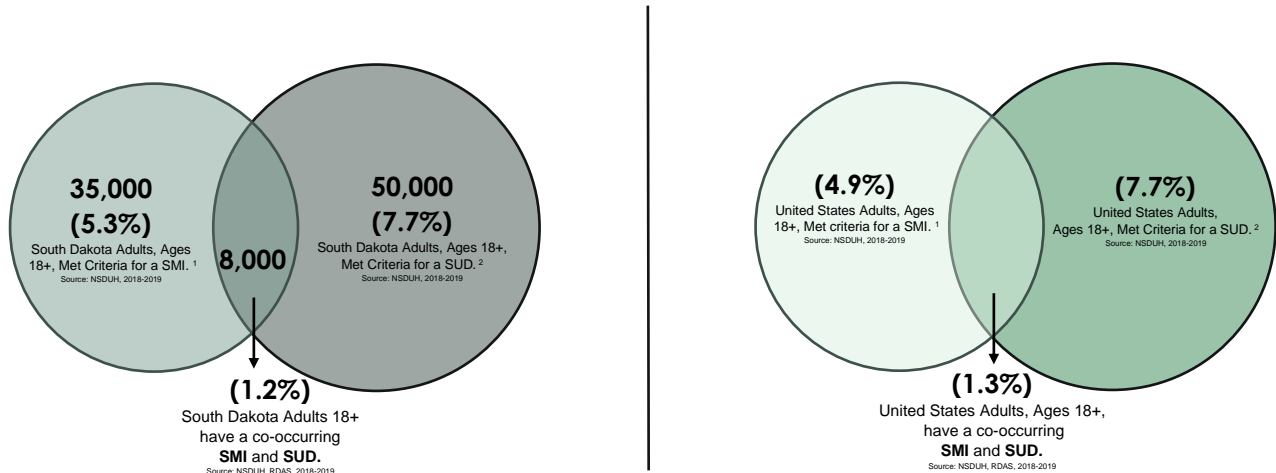


Co-occurring Serious Mental Illness and Substance Use Disorder –

Individuals with an AMI that experience limitations in major life activities would meet criteria for serious mental illness (SMI). South Dakota has a slightly lower rate of co-occurring SUD and SMI (1.2%) than the United States (1.3%).

Figure 1.2 Co-occurring Serious Mental Illness and Substance Use Disorder in South Dakota and United States

Source: NSDUH, 2018-2019 and NSDUH, RDAS, 2018-2019



Note: Restricted-use Data Analysis System (RDAS) produced design-based estimates. NSDUH State Estimates are based on the model-based estimates. Model-based estimates are produced using small area estimation (SAE) methodology. SEA uses sample survey data and other auxiliary data sources to produce the reliable estimates, which may not match exactly with the design-based estimates.

¹The National Survey on Drug Use and Health (NSDUH) reports Any Mental Illness (AMI) as individuals having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, as assessed by the Mental Health Surveillance Study (MHSS).

²NSDUH defines Substance Use Disorder (SUD) as meeting the criteria for illicit drug or alcohol use disorder as defined by *Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)*.

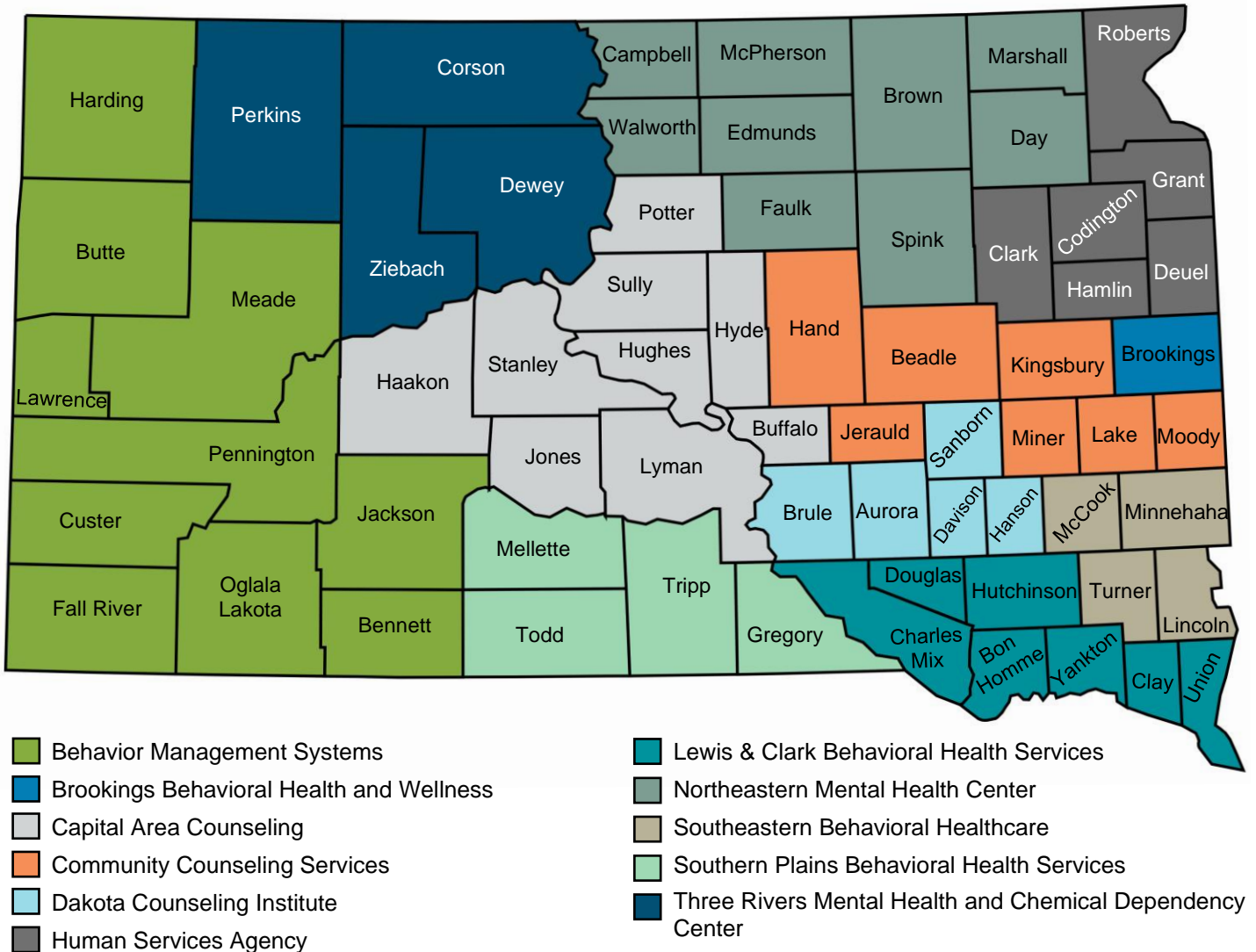
Mental Health in South Dakota



South Dakota Community Mental Health Centers

Community mental health centers in South Dakota provide quality services to both adults and youth. Services provided may include screenings and assessments, case management, individual therapy, group therapy, crisis intervention, psychiatric evaluation, and medication management. Financial assistance for services is available.

Figure 2.1 South Dakota Community Mental Health Centers



Financial assistance is available. Contact a Community Mental Health Center in your area for more information.

To locate treatment services in your area, scan the QR code on the right.



Overview of Mental Illness in South Dakota – Adult

Any Mental Illness

Definition: a mental, behavioral, or emotional disorder, other than developmental or substance use disorder assessed with the use of Mental Health Surveillance Study (MHSS), which is derived from criteria within the DSM-IV.

- 18.3% of South Dakota adults ages 18+ had any mental illness, which is lower than the United States prevalence of 19.9% (NSDUH, Figure 2.3).
- Adults ages 18-25 increased from 22.0% to 29.1% between 2015-2018-2019 for any mental illness in South Dakota, which is an increase of 7.1 percentage points. United States' prevalence of any mental illness adults 18-25 increased 6 percentage points in the same timeframe (NSDUH, Figure 2.3).

Figure 2.2 Any Mental Illness, Adults Ages 18+, South Dakota

Source: NSDUH, 2018-2019



About **1 in 5.5** adults in South Dakota qualify as having Any Mental Illness.

Key Takeaways:



Any Mental Illness increased 7.1 percentage points between 2015-2016 to 2018-2019 for South Dakota adults 18-25.



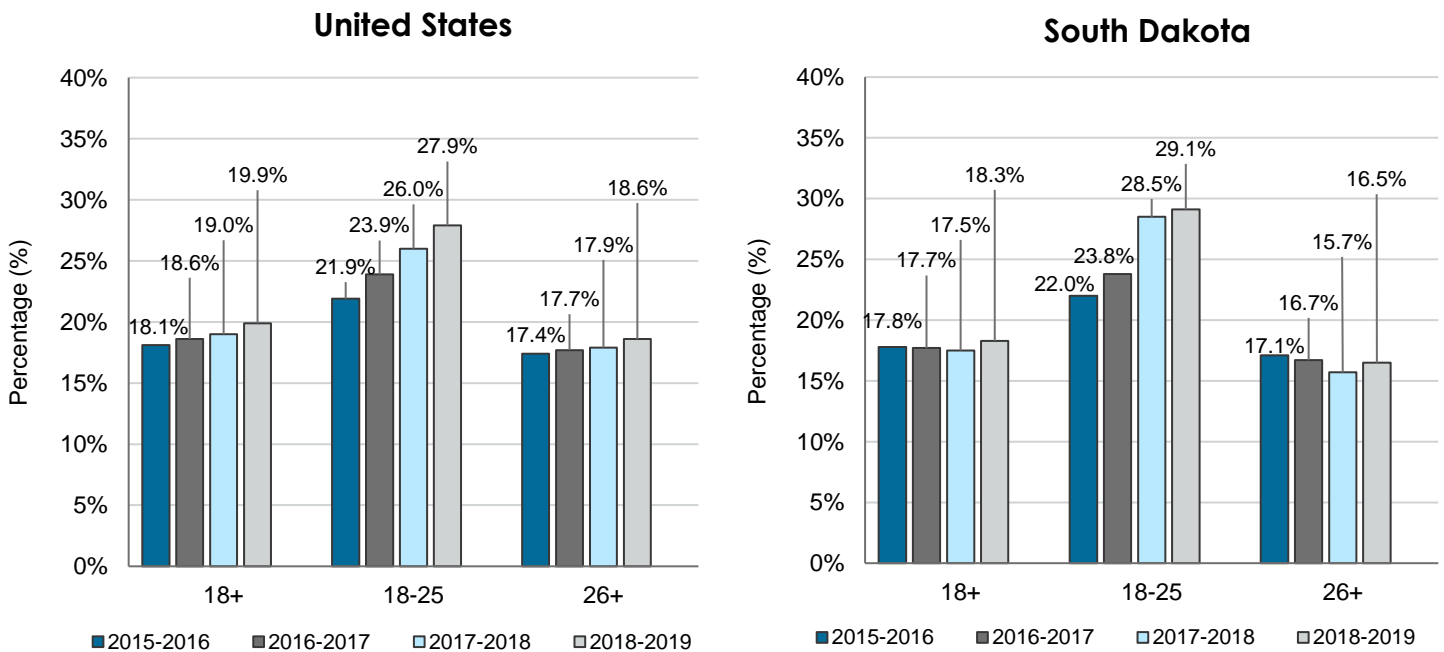
Nearly one-third of adults 18-25 in South Dakota reported having an AMI in 2018-2019.



AMI decreased 0.6 percentage points for South Dakota adults 26+ between 2015-2016 to 2018-2019.

Figure 2.3 Percentage of Any Mental Illness in the Past Year

Source: NSDUH



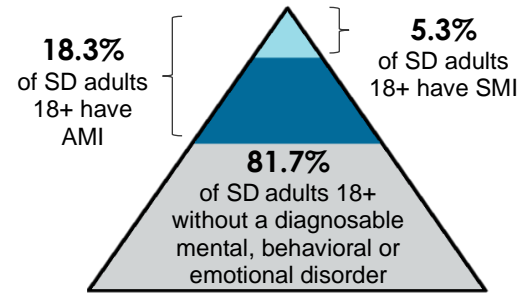
Serious Mental Illness

Definition: a mental, behavioral, or emotional disorder, other than developmental or substance use disorder, which interferes with or limits one or more major life activities. This is assessed based on MHSS, which is derived from criteria within the DSM-IV. Serious Mental Illness is a subset of any mental illness.

- In South Dakota, about 1 in 19 individuals 18+ live with a serious mental illness (5.3%) and about 1 in 20 individuals 18+ live with a serious mental illness in the United States (4.9%; NSDUH, Figure 2.5).
- In 2018-2019, 4.9% (or 12.2 million) adults lived with a serious mental illness in the United States (NSDUH, Figure 2.6).
- Young adults aged 18-25 years old had the highest prevalence of serious mental illness when compared to adults 18+ and adults 26+ (NSDUH, Figure 2.6).
- Serious mental illness was higher in South Dakota than in the United States for adults in all age groups (NSDUH, Figure 2.6).

Figure 2.4 AMI and SMI, 18+, South Dakota

Source: NSDUH, 2018-2019



Note – Serious Mental Illness is a portion of Any Mental Illness characterized by serious functional impairment.

Figure 2.5 Prevalence of Serious Mental Illness in the Past Year

Source: NSDUH, 2018-2019

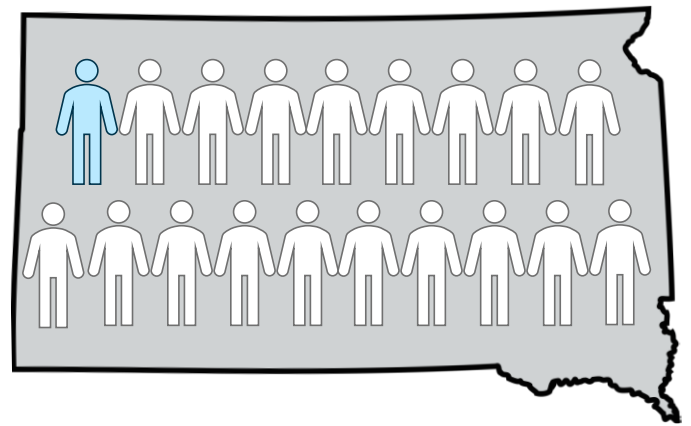
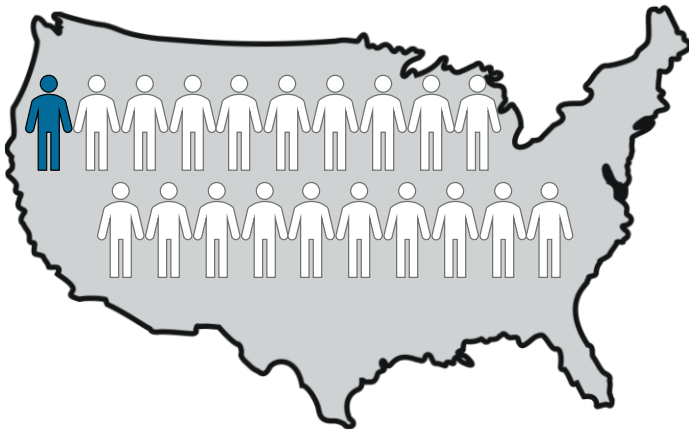
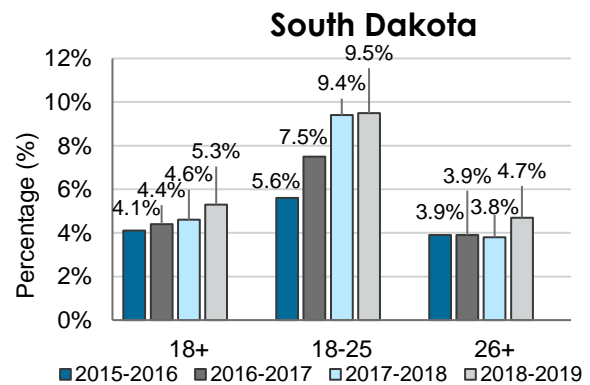
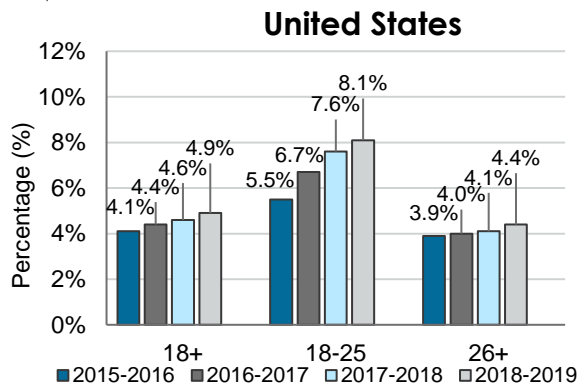


Figure 2.6 Percentage of Serious Mental Illness in the Past Year

Source: NSDUH, 2018-2019



Key Takeaway:

Nearly 1/3 of individuals with Any Mental Illness also have a Serious Mental Illness in 2018-2019 in South Dakota.



Major Depressive Episodes in Adults

Definition: an individual experiencing at least 2 weeks of having a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depressed symptoms as described in the DSM-IV.

- South Dakota adults 18+ had a lower prevalence of major depressive episodes in the past year than the United States (SD: 7.4%, US: 7.5%; NSDUH, Figure 2.7)
- South Dakota adults 18+ had a lower prevalence than the Midwest for major depressive episodes in the past year (SD: 7.4%, Midwest: 8.1%; NSDUH, Figure 2.7).
- Adults 18+ in both South Dakota and the United States reported increased rates (SD 6.9% to 7.4%; US 6.7% to 7.5%) of major depressive episodes in the past year between 2015-2016 to 2018-2019 (NSDUH, Figure 2.8).
- South Dakota had a lower prevalence of major depressive episodes in the past year than the United States for adults 18+ and adults 26+, but not for adults 18-25 in 2018-2019 (NSDUH, Figure 2.8).

* Note: The Midwest region includes the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

Figure 2.7 Major Depressive Episodes, United States vs. South Dakota vs. Midwest, Adults Ages 18+

Source: NSDUH, 2018-2019

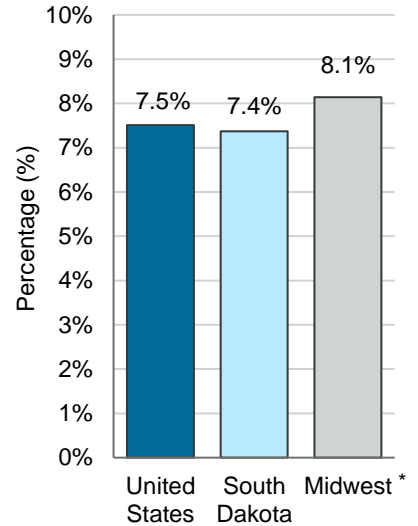
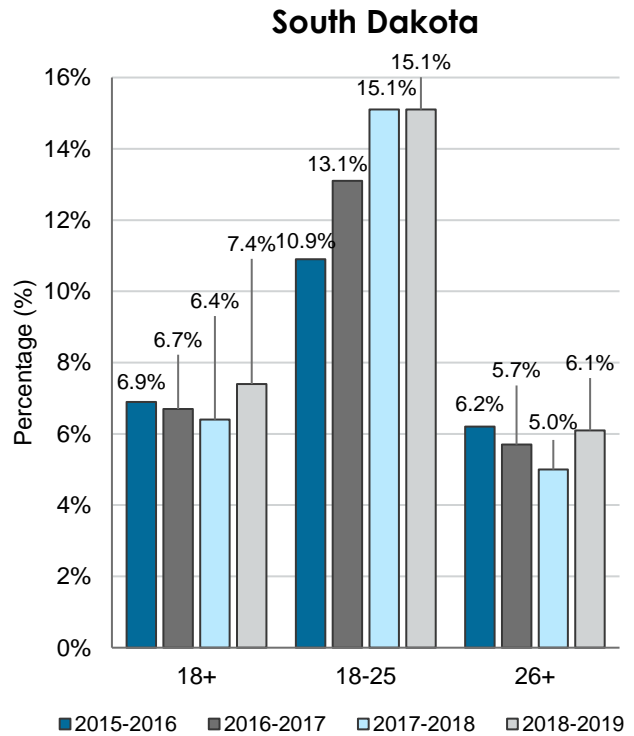
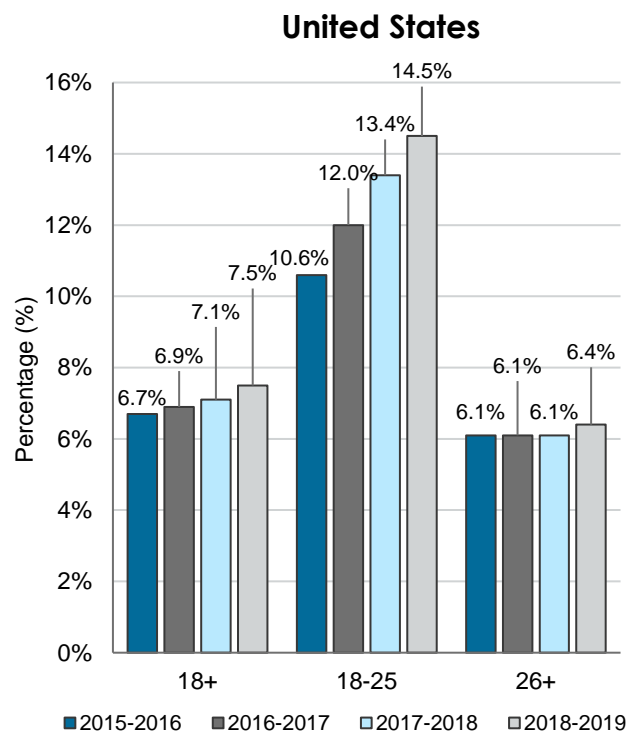


Figure 2.8 Major Depressive Episodes in the Past Year

Source: NSDUH



Depression in Adults

Definition: derived from "yes" response to the following question: Have you ever been told by a doctor/nurse or other health professional that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Figure 2.9 Have a Form of Depression, by Gender (Crude Prevalence)

Source: CDC, BRFSS

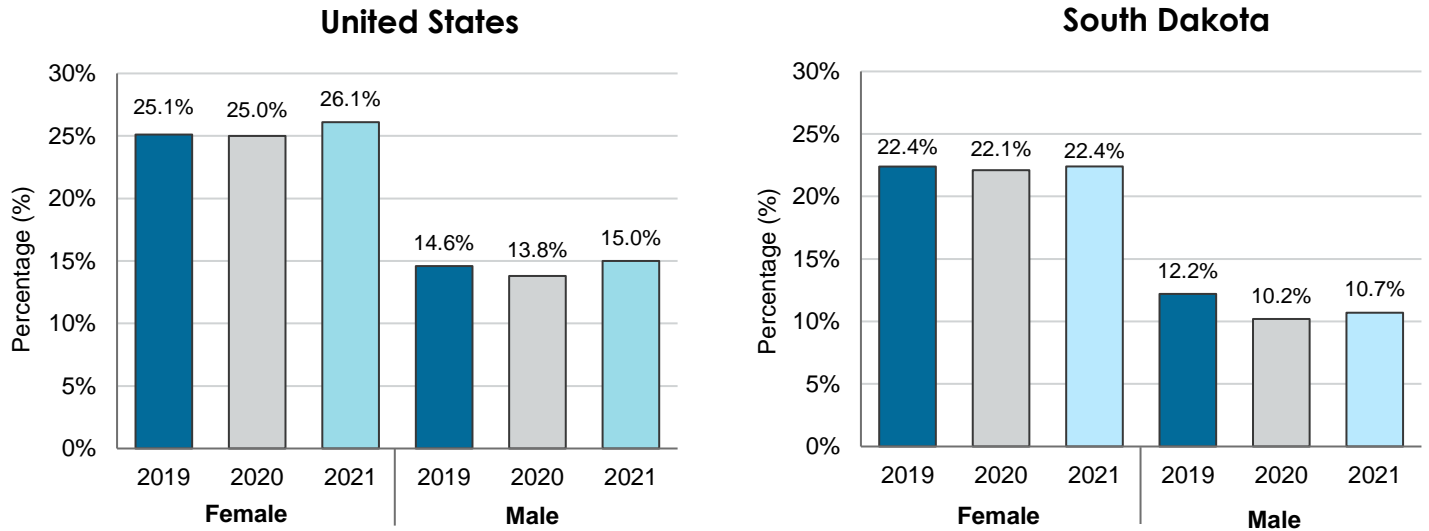


Figure 2.10 Have a Form of Depression, by Age Group (Crude Prevalence)

Source: CDC, BRFSS

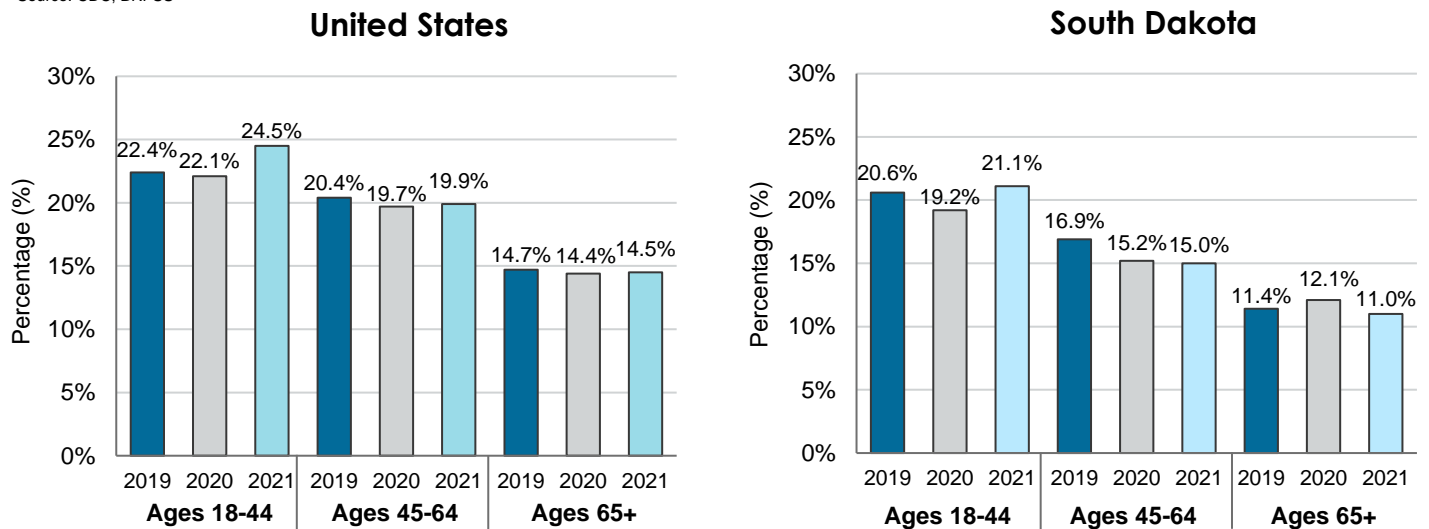


Table 2.1 Have a Form of Depression, by Income Level (Crude Prevalence)

Source: CDC, BRFSS

United States			
Income	2019	2020	2021
Less Than \$25,000	31.1%	30.9%	33.0%
\$25,000 to \$49,999	20.9%	21.4%	23.2%
\$50,000 or More	15.7%	15.5%	16.2%

South Dakota			
Income	2019	2020	2021
Less Than \$25,000	28.5%	25.6%	28.9%
\$25,000 to \$49,999	21.1%	19.0%	17.4%
\$50,000 or More	12.4%	11.2%	12.4%

Access to Care – Adult

Adults with Any Mental Illness (AMI) Who Did Not Receive Treatment

Definition: adults with any mental illness that received no treatment.

United States

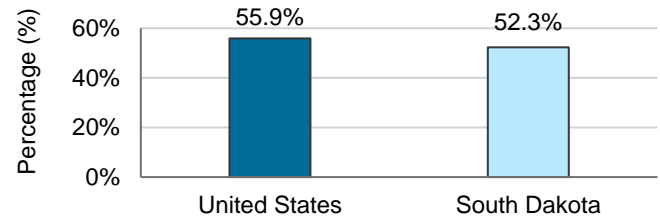
- 55.9%, (or over 27 million) adults in the United States with AMI received no treatment in 2018-2019 (Mental Health America, Figure 2.11).

South Dakota

- 52.3% of all adults in South Dakota with AMI received no treatment in 2018-2019 (Mental Health America, Figure 2.11).

Figure 2.11 Untreated Adults with AMI

Source: Mental Health America

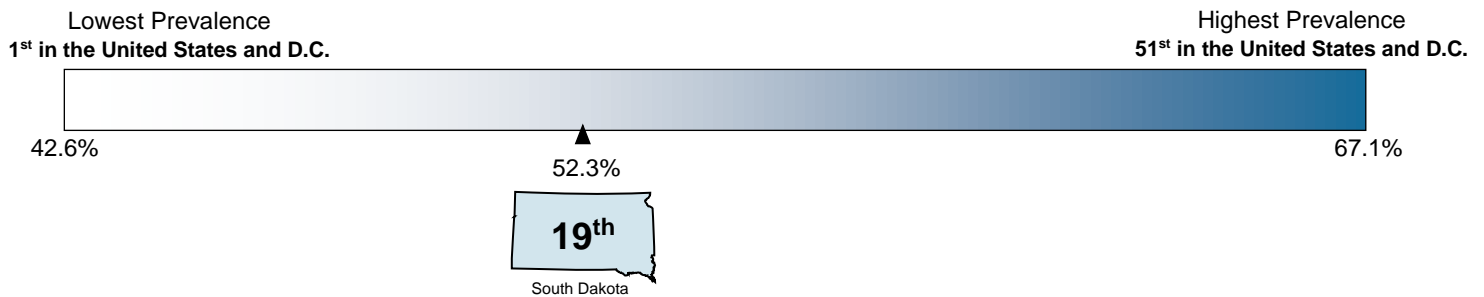


Key Takeaway:

South Dakota's prevalence of untreated adults with AMI was lower than the United States.

Figure 2.12 Untreated Adults with AMI, South Dakota's Ranking in the United States, and the District of Columbia (D.C.)

Source: Mental Health America



Adults with Any Mental Illness (AMI) Who Had Unmet Needs During Treatment

Definition: individuals reporting unmet need are those seeking treatment and facing barriers to getting the help they need, including: (1) no insurance or limited coverage of services, (2) shortfall in psychiatrists and an overall undersized mental health workforce, (3) lack of available treatment types (inpatient treatment, individual therapy, intensive community services), (4) disconnect between primary care systems and behavioral health systems, (5) insufficient finances to cover costs – including copays, uncovered treatment types, or when providers do not take insurance.

United States

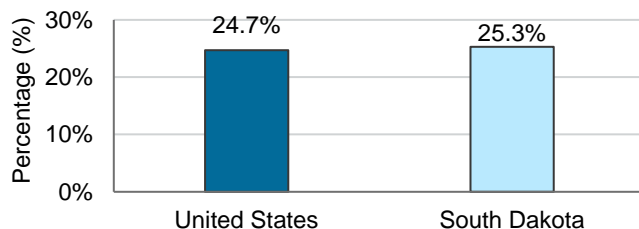
- 24.7% of United States adults with AMI reported having unmet treatment needs in 2018-2019 (Mental Health America, Figure 2.13).

South Dakota

- 25.3% of South Dakota adults with AMI reported that they had unmet treatment needs in 2018-2019 (Mental Health America, Figure 2.13).

Figure 2.13 Unmet Mental Health Treatment Need Amongst Adults with AMI

Source: Mental Health America



Key Takeaway:

Approximately, one-fourth of adults with AMI had an unmet need in both South Dakota (25.3%) and the United States (24.7%).

Received Mental Health Services

Definition: mental health services include inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include drug or alcohol use.

Figure 2.14 Individuals That Received Mental Health Services in the Past Year, by Age Group, South Dakota vs. United States

Source: NSDUH, 2018-2019

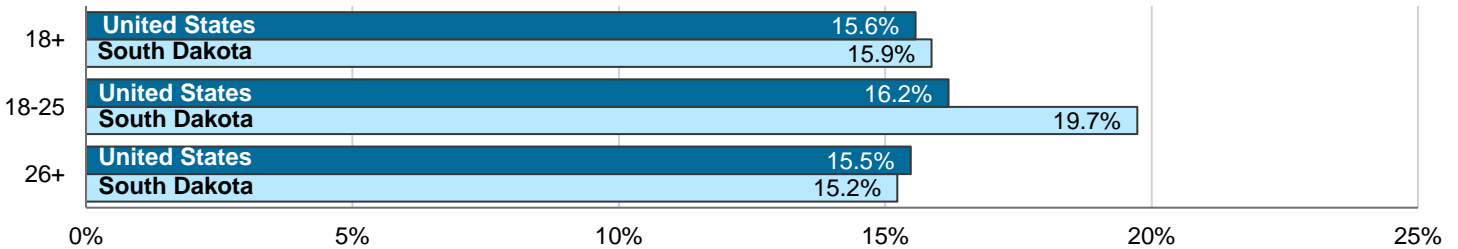
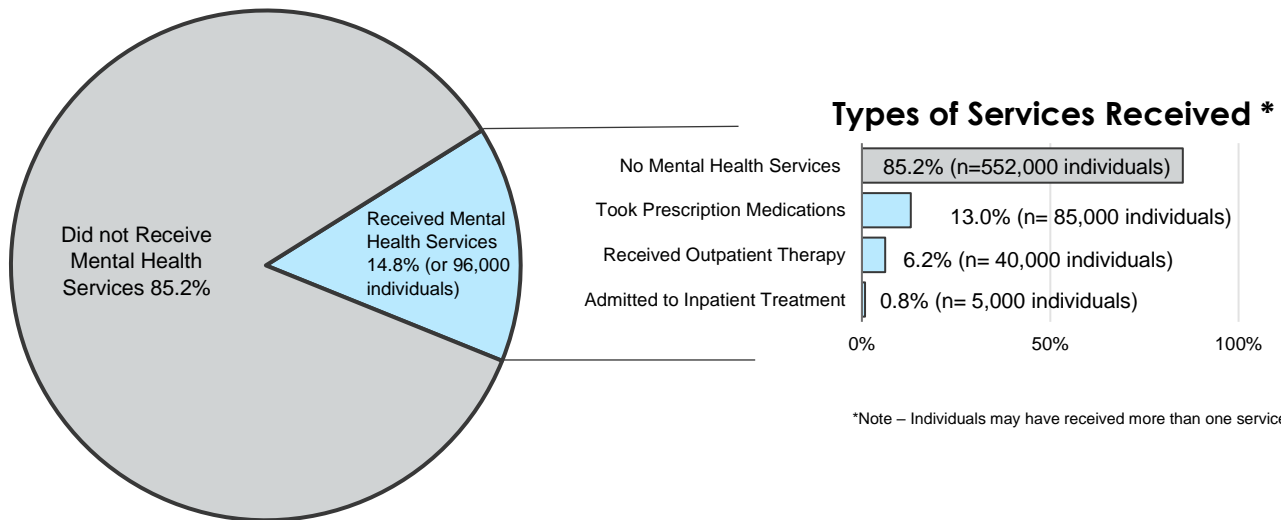


Figure 2.15 Received Mental Health Services and Service Types Adults, Ages 18+, South Dakota

Source: NSDUH, RDAS, 2018-2019

Received Mental Health Services

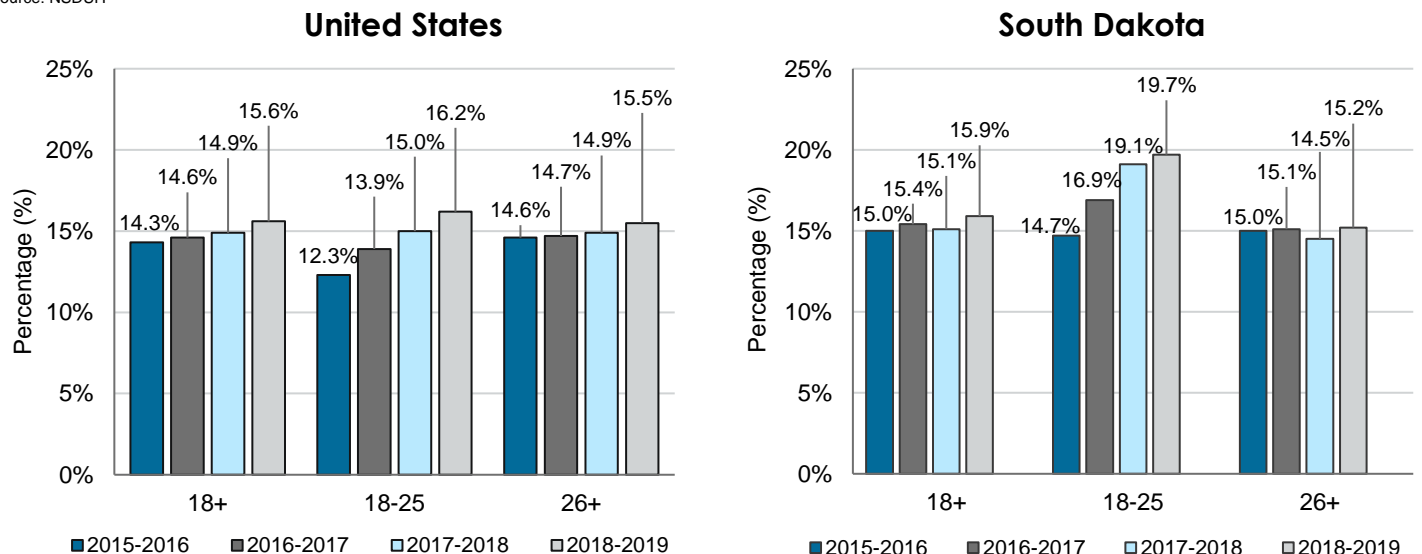


*Note – Individuals may have received more than one service type.

Note: Restricted-use Data Analysis System (RDAS) produced design-based estimates. NSDUH State Estimates are based on the model-based estimates. Model-based estimates are produced using small area estimation (SAE) methodology. SEA uses sample survey data and other auxiliary data sources to produce the reliable estimates, which may not match exactly with the design-based estimates. Therefore, two-year averages of the NSDUH state-level estimates (Figure 2.14 and Figure 2.16) and RDAS estimates (Figure 2.15) do not necessarily match.

Figure 2.16 Received Mental Health Services in the Past Year, by Age Group, South Dakota vs. United States

Source: NSDUH



Suicide – Adult

United States, South Dakota, and Midwest Prevalence Comparison of Suicidal Ideation and Suicidal Behaviors

- In 2018-2019, 4.6% of adults 18 years old and older (or 11.4 million individuals) had serious thoughts of suicide, 1.4% (or 3.4 million individuals) made a suicide plan, and 0.6% (or 1.4 million individuals) attempted suicide in the past year within the United States (NSDUH, Figure 2.17).
- In 2018-2019, 4.6% of adults 18 years old and older (or 30,000 individuals) had serious thoughts of suicide, 1.7% (or 11,000 individuals) made a suicide plan, and 0.8% (or 5,000 individuals) attempted suicide in the past year within South Dakota (NSDUH, Figure 2.17)
- In 2018-2019, 5.0% of adults 18 years old and older (or 2.6 million individuals) had serious thoughts of suicide, 1.6% (or 822,000 individuals) made a suicide plan, and 0.6% (or 319,000 individuals) attempted suicide in the past year within the Midwest (NSDUH, Figure 2.17).

* Note: The Midwest region includes the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

Quick Fact:

Nearly 20% of the individuals in South Dakota that seriously considered suicide went on to attempt suicide.

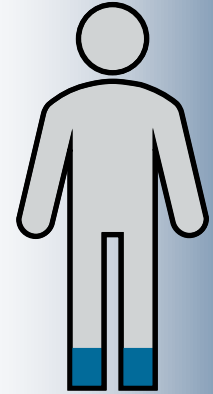
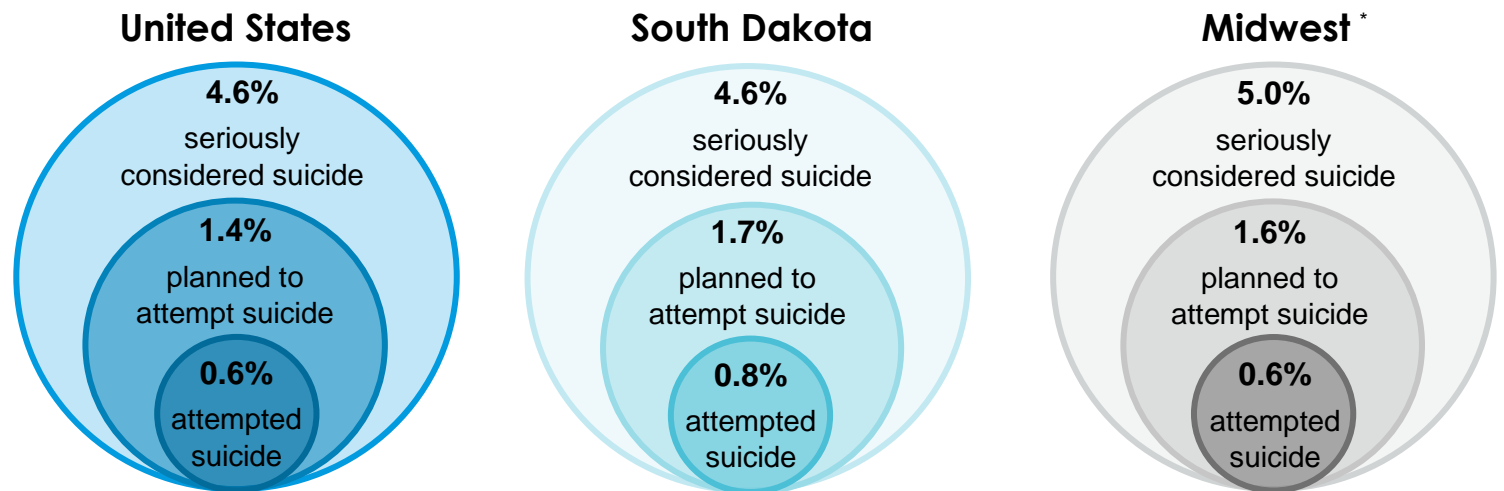


Figure 2.17 Serious Suicidal Ideation, Made Any Suicide Plans, and Attempted Suicide, South Dakota vs. United States vs. Midwest *
Source: NSDUH, 2018-2019



SOUTH DAKOTA
SUICIDE PREVENTION

Need Help Now? Call or Text
988 or Chat

<https://988lifeline.org>
sdsuicideprevention.org

988 • Call • Text • Chat

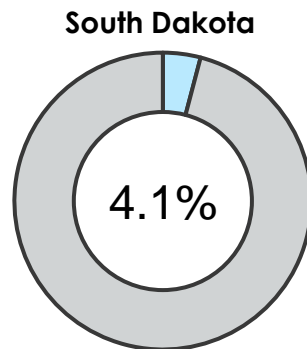
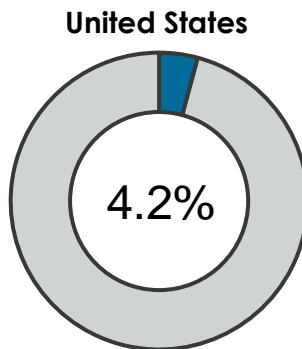
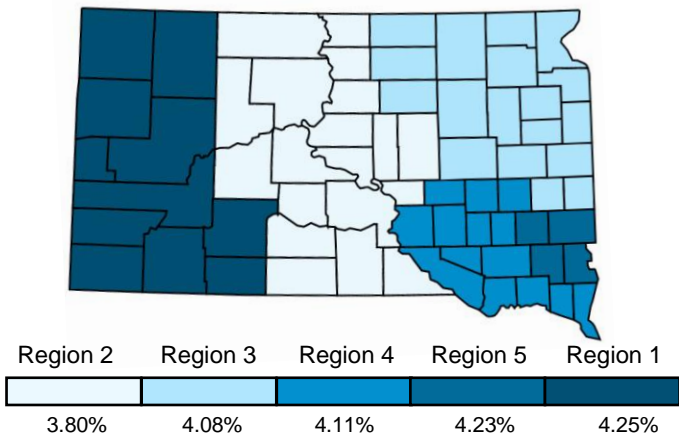
sdsuicideprevention.org

- South Dakota had a lower prevalence of serious thoughts of suicide for adults 18+ and 26+ compared to the United States; however, South Dakota had a higher rate of suicidal ideation in the United States for adults 18-25 years old (Figure 2.18, NSDUH).

Figure 2.18 Serious Suicidal Ideation in the Past Year Amongst Adults 18+, Adults 18-25, and Adults 26+
Source: NSDUH

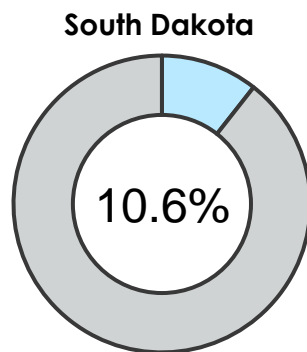
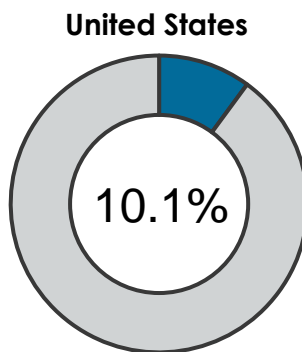
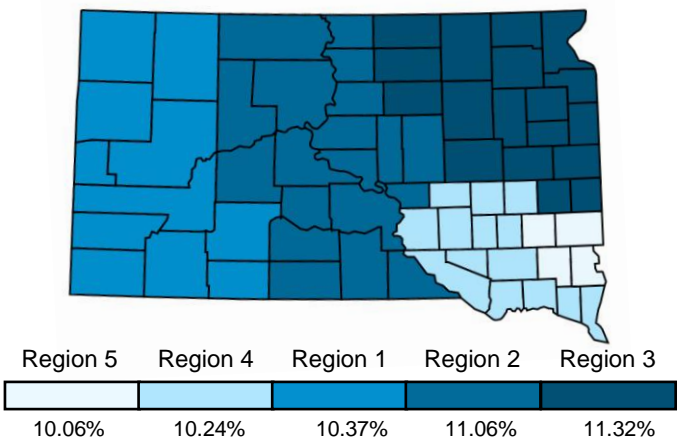
Serious Thoughts of Suicide Adults 18+

(averages based on 2016, 2017, and 2018 NSDUHs)



Serious Thoughts of Suicide Adults 18-25

(averages based on 2016, 2017, and 2018 NSDUHs)



Serious Thoughts of Suicide Adults 26+

(averages based on 2016, 2017, and 2018 NSDUHs)

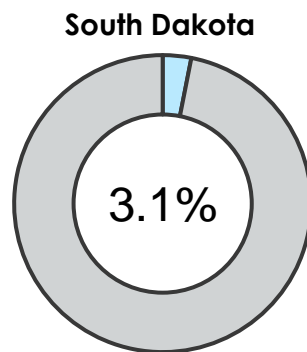
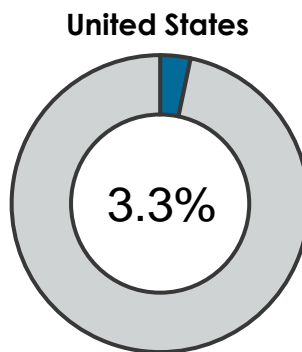
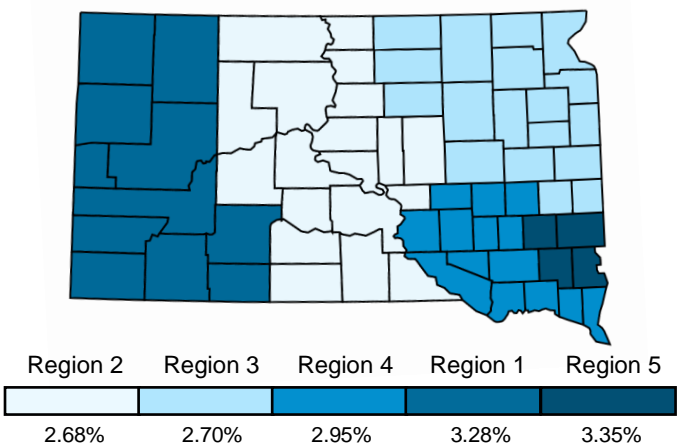
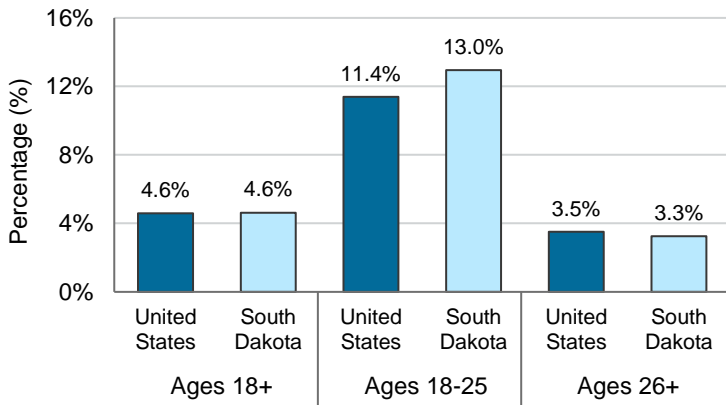


Figure 2.19 Serious Suicidal Ideation, South Dakota vs. United States

Source: NSDUH, 2018-2019



Key Takeaways:



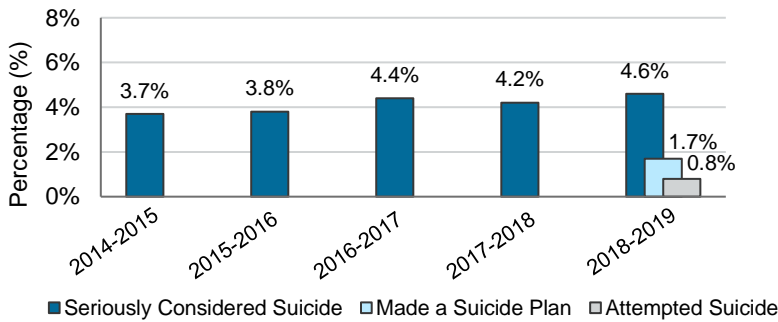
South Dakota's rate of serious suicidal ideation increased from 3.7% in 2014-2015 to 4.6% in 2018-2019, or an increase of 0.9 percentage points.



South Dakota's rate of serious suicidal ideation was higher than the United States for adults ages 18-25, but equal to or lower for adults 18+ and adults ages 26+.

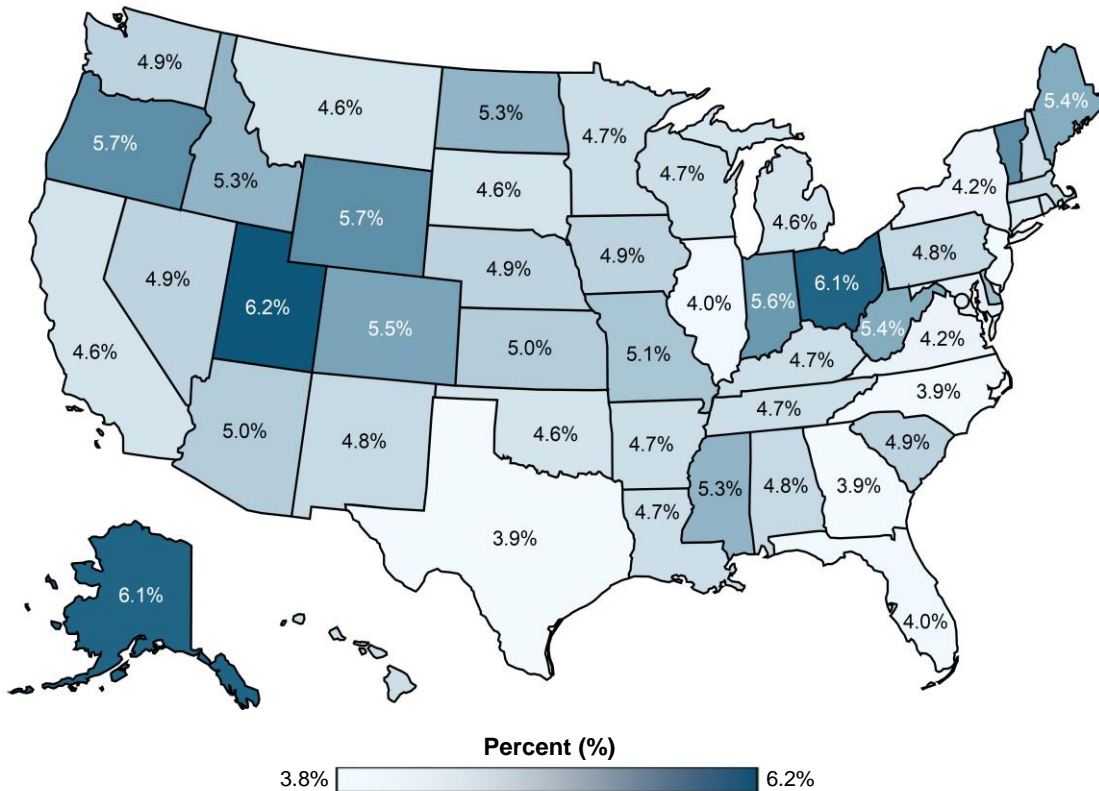
Figure 2.20 Serious Suicidal Ideation and Suicidal Behavior, South Dakota, Adults Ages 18+

Source: NSDUH



South Dakota Adults 18+ with Serious Suicidal Ideation in the Past Year

Source: NSDUH, 2018-2019



Age-Adjusted Suicide Rate (per 100,000), United States vs. South Dakota
 Source: CDC WISQARS, 2020

United States
13.5

South Dakota
21.1

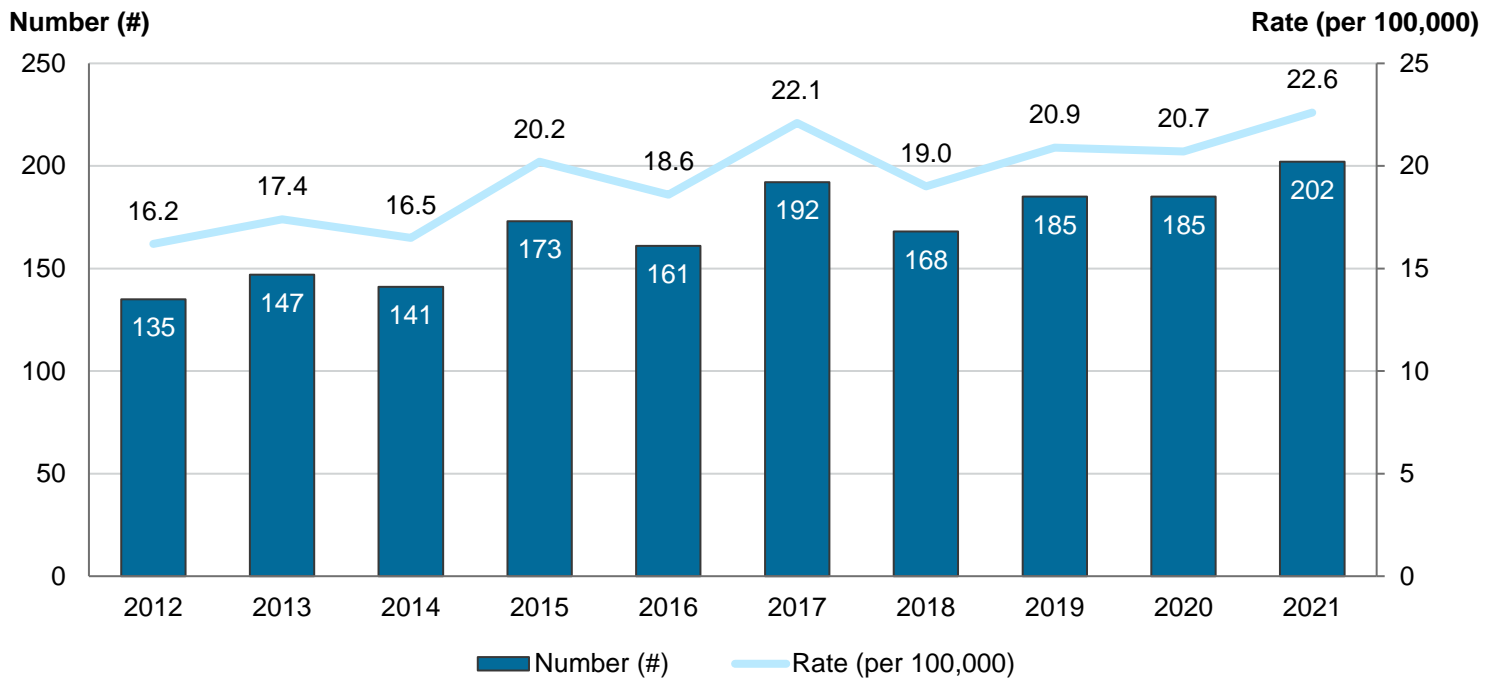
Suicide in South Dakota

Source: South Dakota Department of Health (SD DOH)

- South Dakota had the 8th highest suicide age-adjusted rate in the United States (2020).
 - United States = 13.5 per 100,000 population
 - South Dakota = 21.1 per 100,000 population
- South Dakota had the 7th highest suicide crude rate in the United States in 2021 (provisional, CDC WONDER).
 - United States = 14.6 per 100,000 population
 - South Dakota = 22.6 per 100,000 population
- In 2021, suicide was the
 - 10th leading cause of death among all South Dakotans.
 - 7th leading cause of death among American Indian/Alaskan Native.
 - Leading cause of death among individuals 10-29 years old.
- Figure 2.25 shows suicide rates by county in South Dakota between 2012 and 2021. Among counties with stable rates for comparison (≥ 20 deaths), the top five counties with the highest suicide rates in South Dakota are Todd County (59.0 per 100,000), Corson County (58.3 per 100,000), Oglala Lakota County (51.5 per 100,000), Dewey County (42.2 per 100,000), and Charles Mix County (31.2 per 100,000). In addition, Todd County, Corson County, and Oglala Lakota County were ranked in the top 1% highest suicide rates in the United States between 2011 and 2020.
- Suicide methods (2012-2021):
 - 50% firearms, 35% hanging, 11% poisoning

Figure 2.21 Suicide Deaths and Rates (per 100,000), South Dakota, 2012-2021

Primary Datasets: DOH Vital Statistics, CDC WISQARS, CDC WONDER



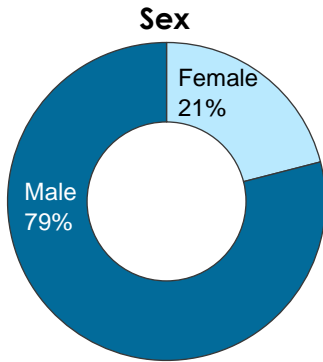
Bethe1SD

The goal of Bethe1SD is to spread the word about actions we can all take to prevent suicide.



Figure 2.22 Suicide by Sex, 2012-2021

Source: DOH Vital Statistics



The largest proportion of suicides was among males. Male suicide death rate was 3.6 times higher than female suicide death rate.



Although the largest number of suicides was among the White population (74%), American Indian/Alaskan Native mean suicide rate (43.8 per 100,000) was 2.6 times higher than White mean suicide rate (17.0 per 100,000).



The largest proportion of suicides were among young adults ages 20–29.

Figure 2.23 Suicide Rate (per 100,000) by Race, South Dakota, 2012-2021

Source: DOH Vital Statistics

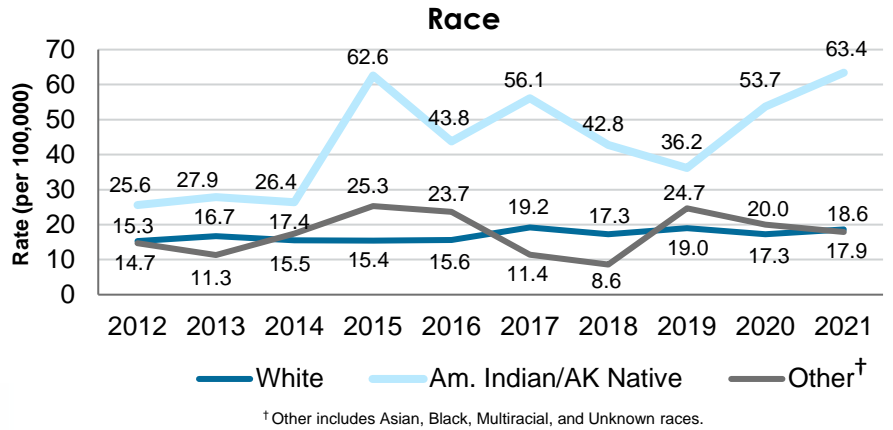


Figure 2.24 Suicide Number (#) and Rate (per 100,000) by Age Group, 2012-2021

Source: DOH Vital Statistics

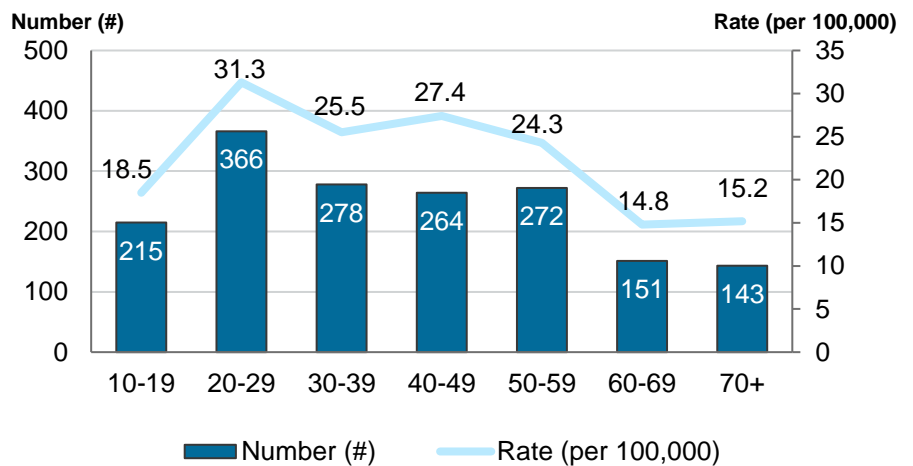
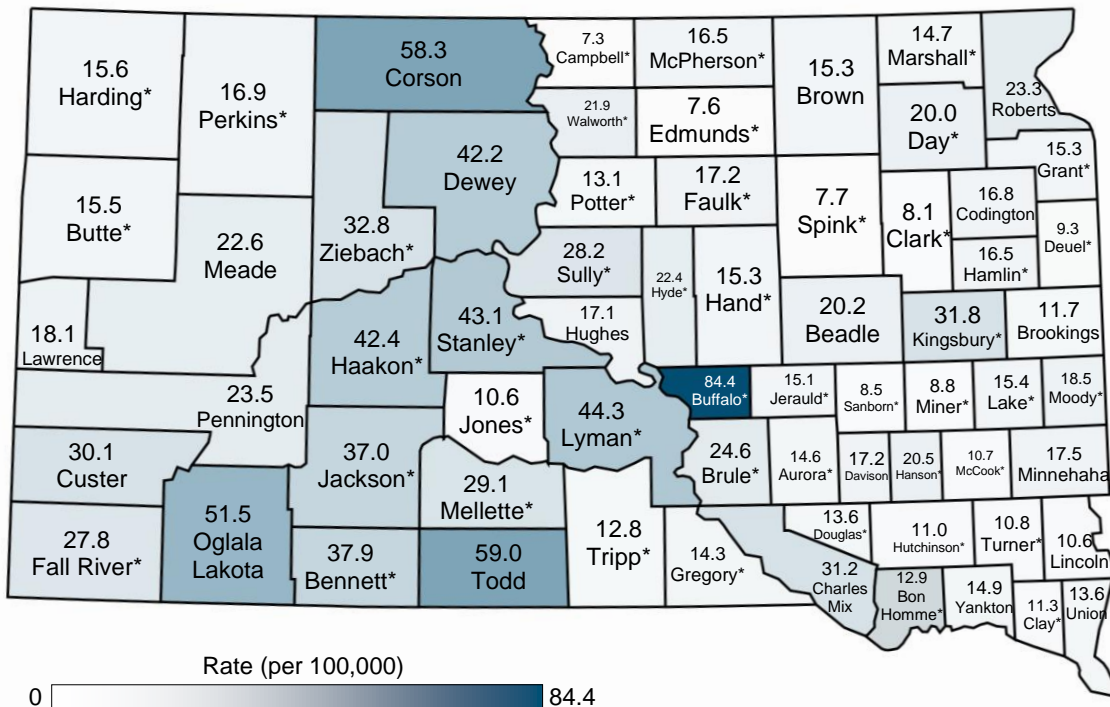


Figure 2.25 Suicide Rates (per 100,000) by County, 2012-2021

Source: DOH Vital Statistics



*Rates with less than 20 deaths are considered unstable and should be viewed with caution.

Nonfatal Self-Inflicted Injury Hospitalizations and Emergency Department Visits*

Source: South Dakota Department of Health (SD DOH)

- Self-inflicted injury methods:
 - Drug poisoning (58%)
 - Cut/Pierce (30%)
- Largest proportion of nonfatal self-inflicted injuries:
 - Females
 - White population
 - South Dakotans 10-19 years old

Figure 2.26 Nonfatal Self-Inflicted Injury, by Sex, South Dakota, 2016-2021

Source: DOH Vital Statistics, SDAHO

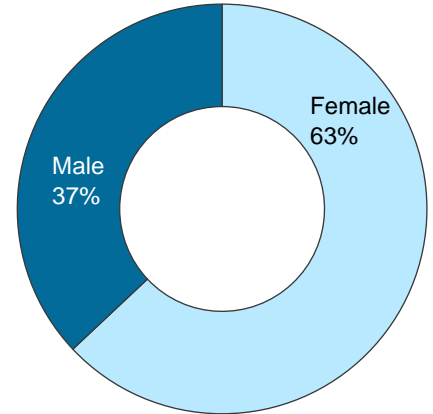


Figure 2.27 Nonfatal Self-Inflicted Injury, by Age Group, South Dakota, 2016-2021

Source: DOH Vital Statistics, SDAHO

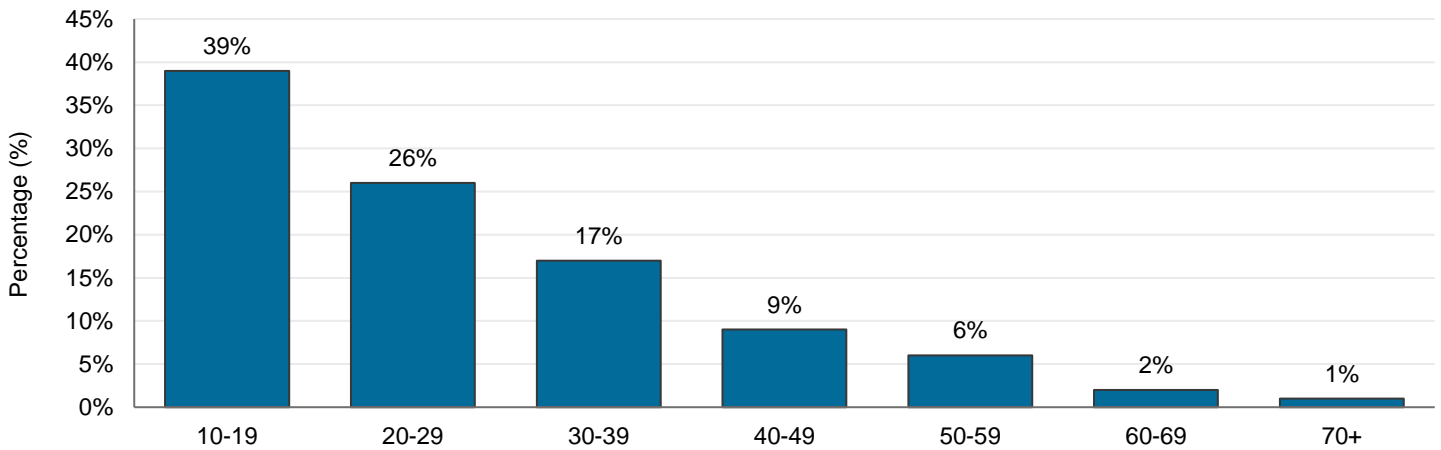


Figure 2.28 Nonfatal Self-Inflicted Injury Hospitalizations and ED Visits, 2016-2021

Source: DOH Vital Statistics, SDAHO

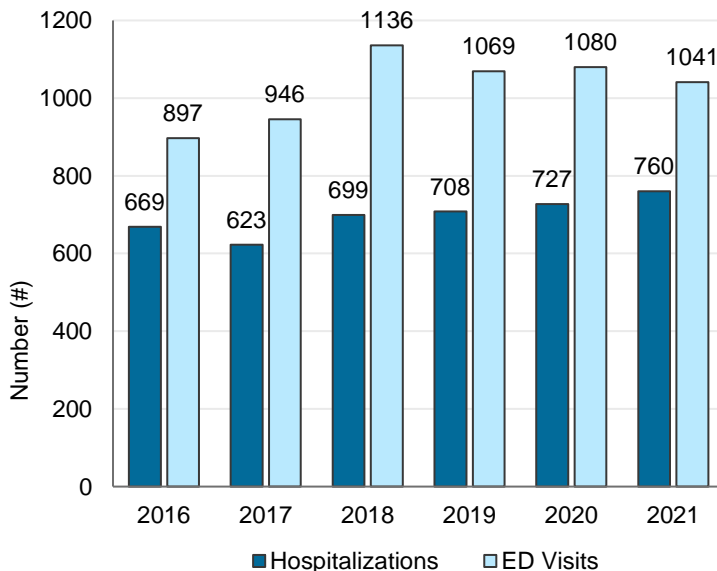
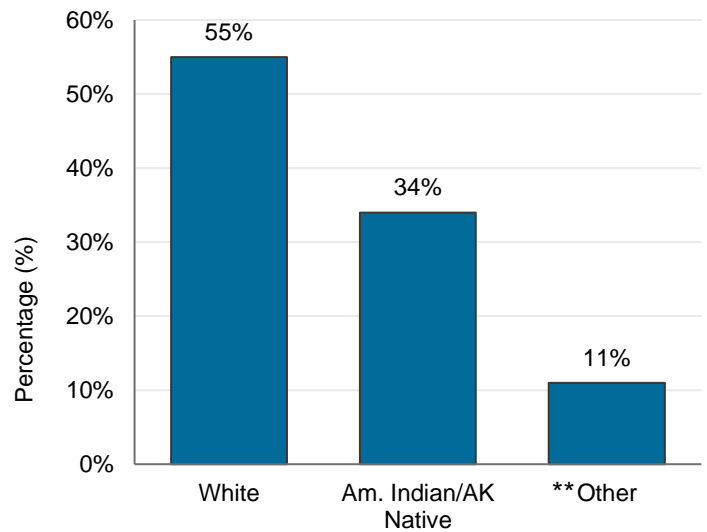


Figure 2.29 Nonfatal Self-Inflicted Injury, by Race, 2016-2021

Source: DOH Vital Statistics, SDAHO



** Other includes Asian, Black, Multiracial, and Unknown races.

*Note – Hospitalization and Emergency Department Visits are represented by date of discharge and do not include Indian Health Services and Veterans Affairs hospitals. This data does not include self-inflicted injury hospitalizations and emergency department visits that resulted in death.

Overview of Mental Illness in South Dakota – Adolescent

Anxiety and Depression

- In 2020-2021, youth, ages 3-17, that are living with anxiety in South Dakota (10.6%), exceeded the United States (9.2%) by 1.4 percentage points (NSCH, Figure 2.30).
- In 2020-2021, youth, ages 3-17, that are living with depression in South Dakota (5.9%) was higher than in the United States (4.2%) by 1.7 percentage points (NSCH, Figure 2.30).

Depression

- South Dakota’s youth, ages 3-17, experiencing depression has increased from 4.0% in 2017-2018 to 5.9% in 2020-2021, which was an increase of nearly 2 percentage points (NSCH, Figure 2.31).
- The United States’ youth, ages 3-17, experiencing depression has increased about 1 percentage point, from 3.3% to 4.2%, between 2017-2018 and 2020-2021 (NSCH, Figure 2.31).

Anxiety

- South Dakota’s youth, ages 3-17, experiencing anxiety increased from 6.9% in 2017-2018 to 10.6% in 2020-2021. This was an increase of 3.7 percentage points (NSCH, Figure 2.32).
- Youth, ages 3-17, living with anxiety in the United States increased 1.7 percentage points between 2017-2018 to 2020-2021. South Dakota’s increase in depression was more than double that seen in the United States during this timeframe (NSCH, Figure 2.32).

Figure 2.30 Currently Have Anxiety and Depression, Ages 3-17, South Dakota vs. United States

Source: NSCH, 2020-2021

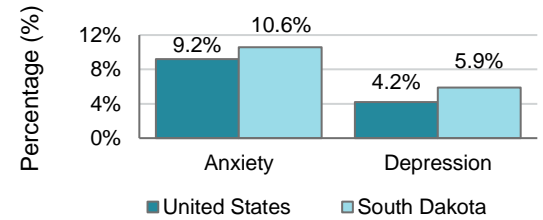


Figure 2.31 Currently Have Depression (2-Year Estimate), Ages 3-17, South Dakota vs. United States

Source: NSCH

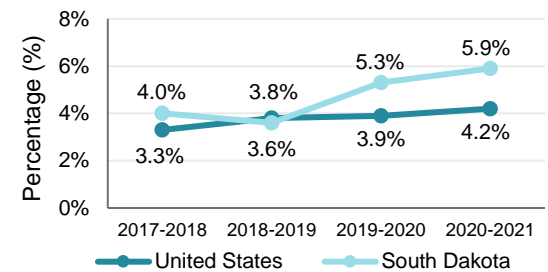
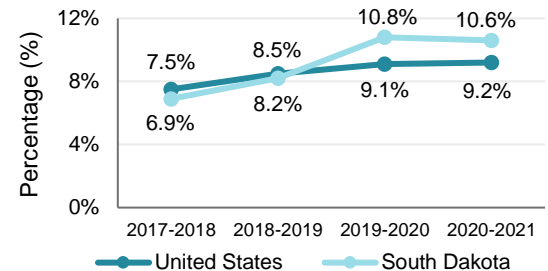


Figure 2.32 Currently Have Anxiety (2-Year Estimate), Ages 3-17, South Dakota vs. United States

Source: NSCH



Anxiety Highlights:

- Youth living with anxiety was about twice as high as youth living with depression in South Dakota.
- South Dakota’s prevalence of youth living with anxiety was 1.4 percentage points higher than the United States in 2020-2021.
- Youth in South Dakota that are experiencing anxiety increased 3.7 percentage points between 2017-2018 and 2020-2021.



Depression Highlights:

- South Dakota’s prevalence of youth living with depression was 1.7 percentage points higher than the United States in 2020-2021.
- South Dakota’s prevalence of youth living with depression increased 1.9 percentage points between 2017-2018 and 2020-2021.



Key Takeaway: Anxiety and depression has been higher in South Dakota than in the United States since 2019-2020.

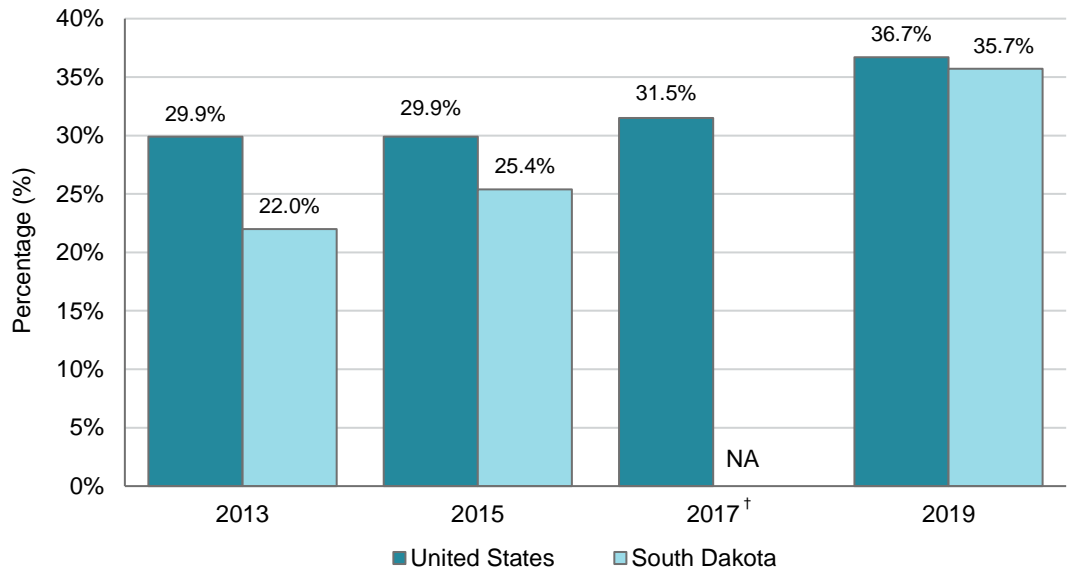
High School Students That Felt Sad or Hopeless

Definition: almost every day for 2 or more weeks in a row, participant felt sad or hopeless, so they stopped doing some usual activities, during the 12 months before the survey.

- 35.7% of South Dakota high school students reported feeling sad or hopeless. Of the 35.7% that felt sad or hopeless, 45.3% were female and 26.5% were male (YRBSS, Figure 2.33 and Figure 2.34).

Figure 2.33 High School Students Who Felt Sad or Hopeless, South Dakota vs. United States

Source: YRBSS



[†] YRBSS did not collect data for South Dakota in 2017.



Key Takeaway:

South Dakota consistently had a lower prevalence of feeling hopeless or sad amongst high school students compared to the United States.

Table 2.2 High School Students Who Felt Sad or Hopeless, Gender, Grade, and Race; South Dakota and United States

Source: YRBSS, 2019

Gender		
	Female	Male
United States	46.6%	26.8%
South Dakota	45.3%	26.5%



Female high school students were 1.7 times more likely to feel sad or hopeless than male high school students in South Dakota and the United States.

Grade				
	9 th	10 th	11 th	12 th
United States	33.2%	37.0%	37.9%	39.0%
South Dakota	32.9%	37.1%	36.6%	36.8%



10th graders in South Dakota were most likely to feel sad or hopeless (37.1%) followed by 12th graders (36.8%), while in the United States feeling sad or hopeless increased with grade.

Race		
	American Indian/Alaskan Native	White
United States	45.5%	36.0%
South Dakota	55.6%	30.9%



American Indian/Alaskan Native high school students in South Dakota were 1.8 times more likely to feel sad or hopeless than White high schoolers in South Dakota.

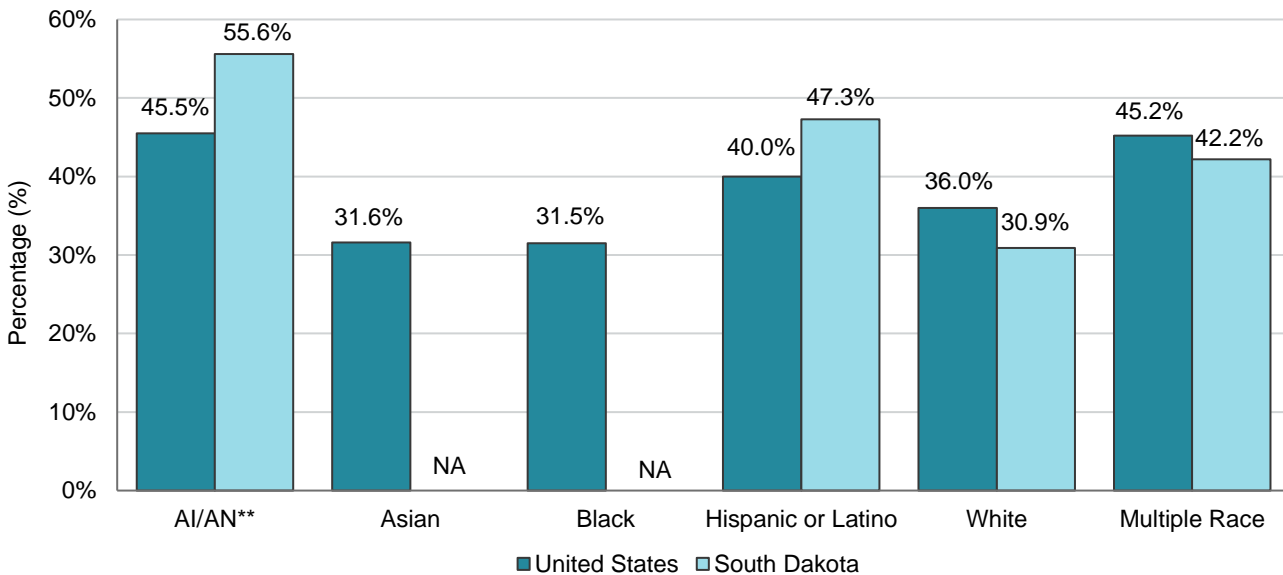
High School Students That Felt Sad or Hopeless

Definition: almost every day for 2 or more weeks in a row, participant felt sad or hopeless, so they stopped doing some usual activities, during the 12 months before the survey.

- American Indian/Alaskan Native high school students had the highest prevalence of feeling sad or hopeless at 55.6% in South Dakota, which was about 10 percentage points higher than the United States' prevalence of American Indian/Alaskan Native high school students that felt sad or hopeless in the last year (YRBSS, Figure 2.34).
- Hispanic or Latino high school students had the 2nd highest prevalence of feeling sad or hopeless in South Dakota at 47.3%, which was 7.3 percentage points higher than the United States (YRBSS, Figure 2.34).
- High school students that identify as multiple races or White had a lower prevalence of feeling sad or hopeless in South Dakota than the United States, while American Indian/Alaskan Native and Hispanic or Latino high school students had a higher prevalence of feeling sad or hopeless in South Dakota than the United States (YRBSS, Figure 2.34).
- White South Dakota high school students had the lowest prevalence of feeling sad or hopeless compared to any race in South Dakota and the United States (YRBSS, Figure 2.34).

Figure 2.34 High School Students Who Felt Sad or Hopeless, by Race, 2019, South Dakota vs. United States

Source: YRBSS, 2019



** AI/AN = American Indian/Alaskan Native.

NA – Missing bars indicate that the number of respondents within the subgroup did not meet the minimum reporting threshold or that data were not available.

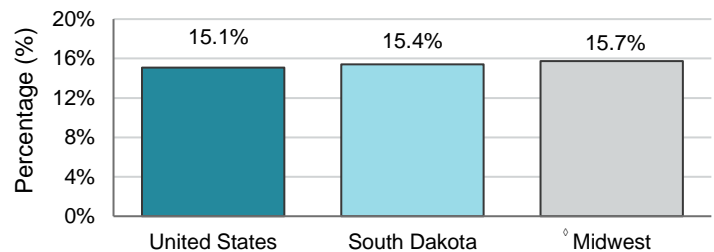
Major Depressive Episodes in Youth

Definition: youth with severe major depressive episodes is defined by severe role impairment in daily activities, such as school, relationships, and social life.

- Rates of youth with major depressive episode in the past year were highest within the Midwest[◊] at 15.7% (831,000 people), followed by South Dakota at 15.4% (11,000 people) then the United States at 15.1% (3.8 million people; NSDUH, Figure 2.35).

Figure 2.35 Major Depressive Episodes in the Past Year

Source: NSDUH, 2018-2019



◊ The Midwest region includes the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

Severe Major Depressive Episodes in Youth

Definition: youth with severe major depressive episodes are defined by severe role impairment in daily activities, such as school, relationships, and social life.

- About 80% of youth in South Dakota that experienced at least one major depressive episode could also be classified as having a severe major depressive episode in 2018-2019.

United States

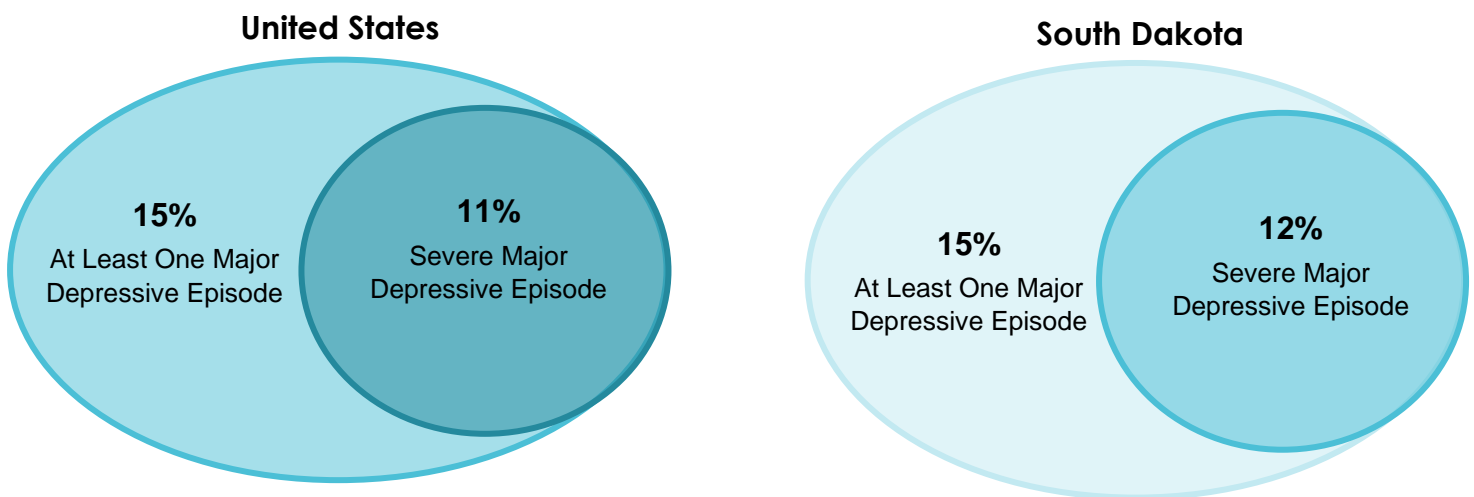
- 11% of youth in the United States who suffered a major depressive episode reported suffering from a severe major depressive episode (Mental Health America, Figure 2.36).

South Dakota




- 12% of youth in South Dakota who suffered a major depressive episode reported suffering a severe major depressive episode (Mental Health America, Figure 2.36).

Figure 2.36 Youth That Experienced At Least One Major Depressive Episode and Severe Major Depressive Episode

Source: Mental Health America



How do I find help?

- 1 Contact a local mental health provider 
- 2 A trained clinician completes an assessment 
- 3 The individual is referred to recommended services 

Resources for Local Treatment Providers:

SAMHSA Treatment Locator:
findtreatment.samhsa.gov

Department of Social Services:
dss.sd.gov/behavioralhealth/agencycounty.aspx

Access to Care – Youth

Untreated Youth with Major Depressive Episodes

United States

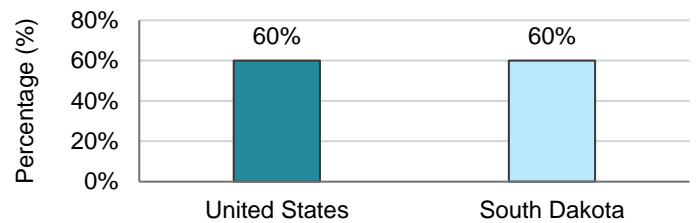
- About 60% of youth in the United States with a major depressive episode did not receive mental health services in 2018-2019 (Mental Health America, Figure 2.37).
- Even in states with high access to mental health treatment, 1/3 of youth with major depressive episodes still go without treatment.

South Dakota

- About 60% of youth in South Dakota with a major depressive episode did not receive mental health services in 2018-2019 (Mental Health America, Figure 2.37).

Figure 2.37 Youth with a Major Depressive Episode Who Did Not Receive Mental Health Treatment

Source: Mental Health America



Key Takeaway:

South Dakota has the same prevalence of treatment access for youth with major depressive episode as the United States.

Figure 2.38 Untreated Youth with Major Depressive Disorder, South Dakota's Ranking Amongst the United States and the District of Columbia (D.C.)

Source: Mental Health America



Youth with Severe Major Depressive Episodes Who Received Consistent Treatment

Definition: consistent treatment is youth that visit a specialty outpatient mental health service, such as day treatment, mental health clinics, or therapy, more than seven times in the previous year.

United States

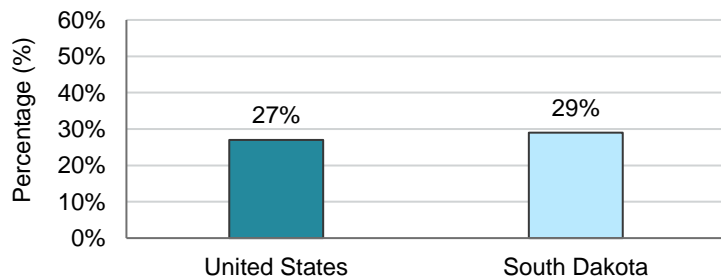
- 27% of youth with severe major depressive episode in the United States received consistent mental health services in 2018-2019 (Mental Health America, Figure 2.39).

South Dakota

- 29% of youth in South Dakota with severe major depressive episode received consistent mental health services in 2018-2019 (Mental Health America, Figure 2.39).
- South Dakota provided more consistent treatment services to youth with severe major depressive episodes than the United States.

Figure 2.39 Youth Who Received Consistent Treatment (7 to 25+ Visits in a Year)

Source: Mental Health America



Key Takeaway:

South Dakota's prevalence of youth with a severe major depressive episode who received consistent treatment was 2 percentage points higher than the United States.

Suicide – Youth

High School Students That Had Seriously Considered Suicide, Made a Suicide Plan, or Attempted Suicide

- In the past decade, high school students that reported serious thoughts of suicide has increased 35.9% in South Dakota and 36.2% in the United States (YRBSS, Figure 2.40).
- High school students that made a suicide plan increased 55.2% in South Dakota and 44.0% in the United States in the past decade (YRBSS, Figure 2.40).
- In the past decade, high school students who reported that they attempted suicide increased 83.6% in South Dakota and 41.3% in the United States (YRBSS, Figure 2.40).

Quick Fact:

Source: CDC WONDER, 2018-2020

South Dakota had the 2nd highest rate of teen (ages 15 to 19 years old) deaths by suicide at 34.4 per 100,000 in the United States.

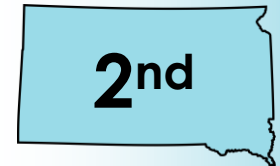
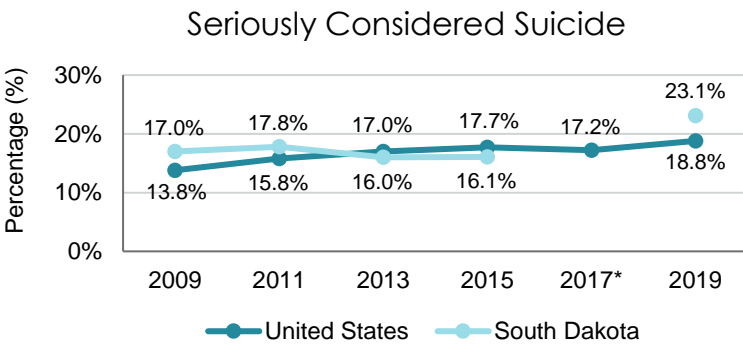
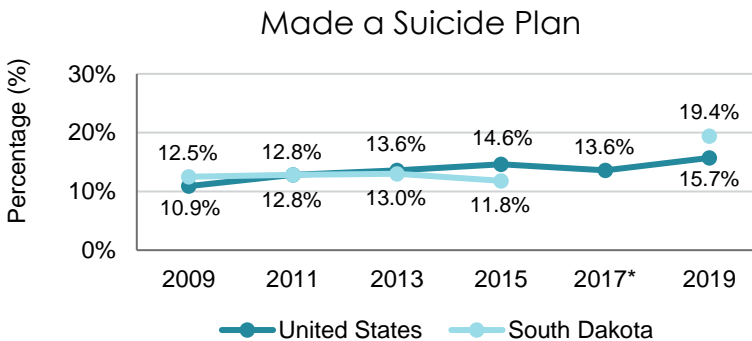


Figure 2.40 Prevalence and Percent Change of Seriously Considered Suicide, Made a Suicide Plan, and Attempted Suicide Amongst High School Students

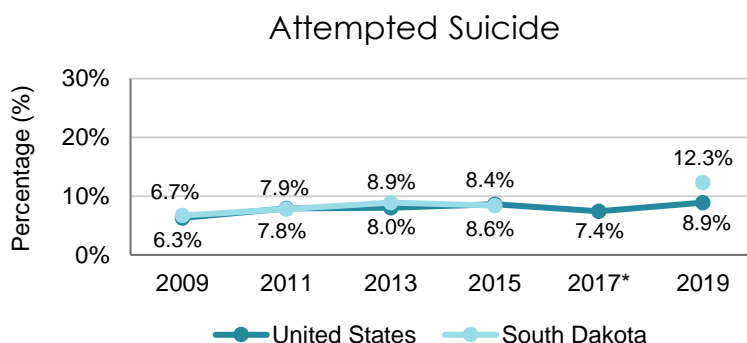
Source: YRBSS



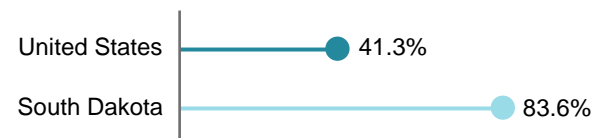
Percent (%) Increase of Seriously Considered Suicide, Past Decade



Percent (%) Increase of Made a Suicide Plan, Past Decade



Percent (%) Increase of Attempted Suicide, Past Decade



*YRBSS did not collect data for South Dakota in 2017.

Figure 2.41 Seriously Considered Suicide, Made a Suicide Plan, and Attempted Suicide Amongst High Schoolers

Source: YRBSS, 2019

Quick Facts:

Source: YRBSS, 2019

Of the high schoolers in South Dakota that attempted suicide, about 1/3 asked for help from a doctor, counselor, or hotline before attempting suicide.

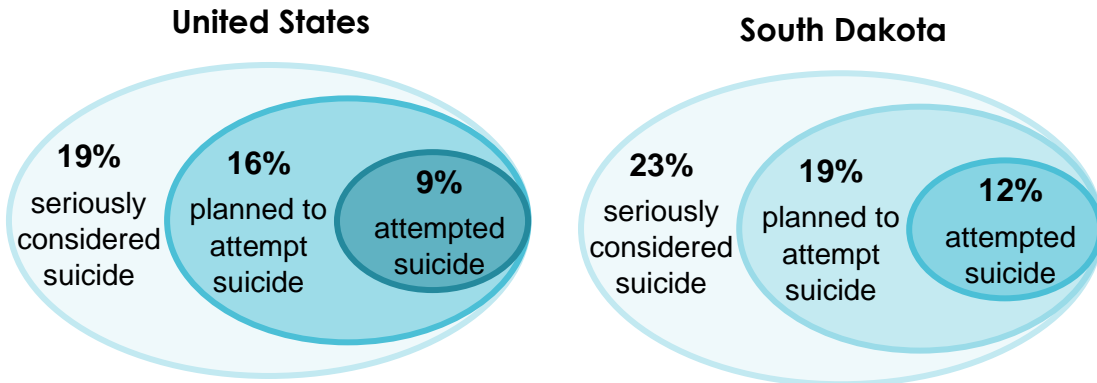


Table 2.3 Suicidal Ideation and Suicidal Behavior by Disparities of Gender, Race, and School Grade

Source: YRBSS, 2019

United States		
Gender	Female	Male
Seriously Considered Suicide	24.1%	13.3%
Made a Suicide Plan	19.9%	11.3%
Attempted Suicide	11.0%	6.6%

South Dakota		
Gender	Female	Male
Seriously Considered Suicide	27.3%	19.0%
Made a Suicide Plan	21.9%	16.9%
Attempted Suicide	15.1%	9.3%

United States				
Grade	9 th	10 th	11 th	12 th
Seriously Considered Suicide	17.7%	18.5%	19.3%	19.6%
Made a Suicide Plan	14.8%	15.4%	16.4%	16.2%
Attempted Suicide	9.4%	8.8%	8.6%	8.5%

South Dakota				
Grade	9 th	10 th	11 th	12 th
Seriously Considered Suicide	26.3%	23.6%	18.8%	22.7%
Made a Suicide Plan	20.8%	21.7%	17.1%	16.4%
Attempted Suicide	14.9%	14.3%	9.9%	8.6%

United States		
Race	American Indian/Alaskan Native	White
Seriously Considered Suicide	34.7%	19.1%
Made a Suicide Plan	24.2%	15.7%
Attempted Suicide	25.5%	7.9%

South Dakota		
Race	American Indian/Alaskan Native	White
Seriously Considered Suicide	41.9%	18.1%
Made a Suicide Plan	34.0%	14.7%
Attempted Suicide	30.7%	8.0%



Key Takeaway:

Source: YRBSS, 2019

The prevalence of high school students that had seriously considered suicide, made a suicide plan, or attempted suicide in South Dakota was higher than the United States for most demographics, except for individuals that are White*. This suggests that American Indian/Alaskan Native high school students were disproportionately affected by suicidal ideation and suicidal behaviors.

*except for those of the White race that attempted suicide (South Dakota: 8.0%, United States: 7.9%)

High School Students Who Attempted Suicide Resulting in an Injury, Poisoning, or Overdose That Was Medically Treated

- In the past decade, high school students in the United States that attempted suicide resulting in an injury that needed medical treatment increased 0.6 percentage points from 1.9% in 2009 to 2.5% in 2019, while in South Dakota increased by 1.9 percentage points from 1.9% to 3.8% in the same timeframe (YRBSS, Figure 2.42).
- South Dakota exceeded the United States by 1.3 percentage points in 2019 for high school students that were seriously injured by a suicide attempt that needed medical treatment (YRBSS, Figure 2.42).



Key Takeaway:

South Dakota's high school students who needed medical treatment due to being seriously injured in a suicide attempt doubled in the last decade.

Figure 2.42 High School Students That Were Seriously Injured Due to a Suicide Attempt, South Dakota vs. United States

Source: YRBSS, 2019

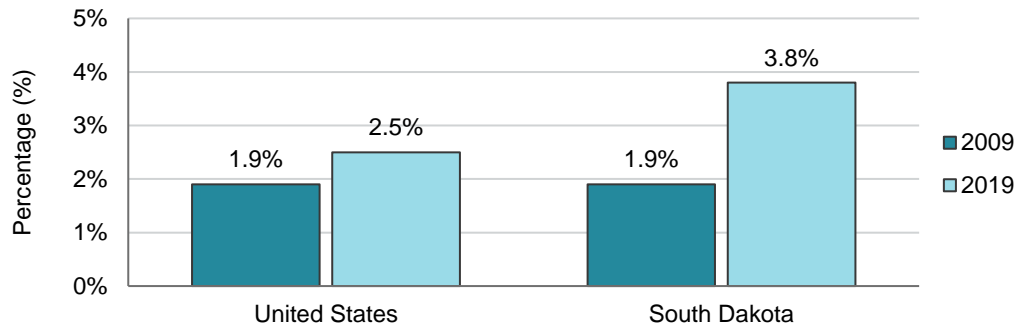


Figure 2.43 High School Students That Were Seriously Injured Due to a Suicide Attempt, by Gender, South Dakota vs. United States

Source: YRBSS, 2019

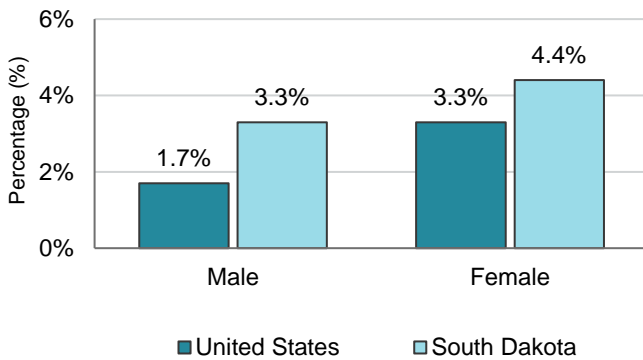
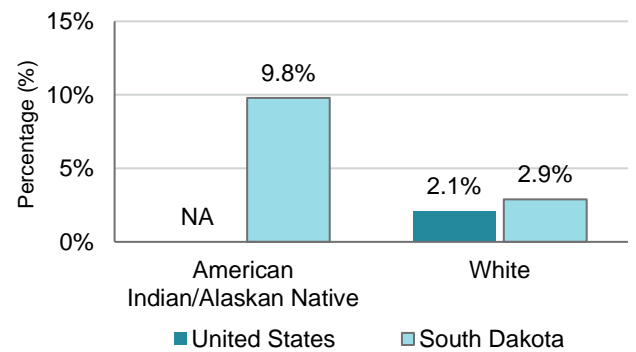


Figure 2.44 High School Students That Were Seriously Injured Due to a Suicide Attempt, by Race, South Dakota vs. United States

Source: YRBSS, 2019



NA – American Indian/Alaskan Native population prevalence in United States is suppressed due to not meeting reporting threshold or data were not available.

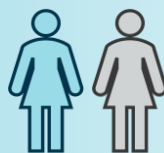


Key Takeaways:

Source: YRBS, 2019



South Dakota males in high school were injured nearly twice as often as males in the United States from a suicide attempt.



South Dakota females in high school were injured 1.1 percentage points more often than United States females.



9.8% of American Indian/Alaskan Native high school students in South Dakota were injured when attempting suicide.



2.9% of White South Dakota high school students were injured when attempting suicide, which was higher than the United States (2.1%).

Suicide and Suicidal Behavior Disparities in High School Students

- Figure 2.45 shows in 2019 American Indian/Alaskan Native had the highest prevalence in all categories of suicidal ideation and suicidal behavior amongst high school students:
 - About 42% of American Indian/Alaskan Native seriously considered suicide, 34% made a plan, about 31% attempted suicide and about 10% were seriously injured due to an attempt.
 - 90.3% of American Indian/Alaskan Native that made a suicide plan also attempted suicide.
 - About 1/3 of American Indian/Alaskan Native that attempted suicide were seriously injured.
- In 2019, high school students that identified as being multiple races had the 2nd highest prevalence of suicidal ideations, planned suicide, suicide attempt, and seriously injured due to attempt followed by Hispanic or Latino (YRBSS, Figure 2.45).

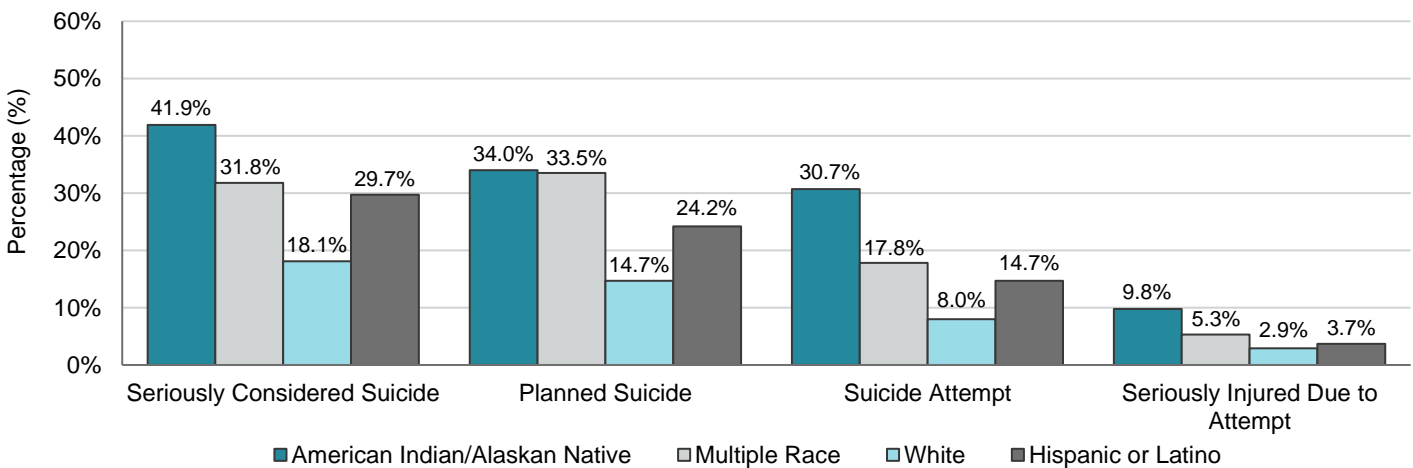


Key Takeaway:

In South Dakota, White high school students had the lowest prevalence of suicide risk for all measures (seriously considered suicide, planned suicide, suicide attempt, seriously injured due to attempt), while American Indian/Alaskan Native had the highest prevalence.

Figure 2.45 Suicide and Suicidal Behaviors Race Disparities Amongst South Dakota High School Students

Source: YRBSS, 2019



Need Help Now?
1-800-273-8255
 Help Available 24/7
sdsuicideprevention.org

Suicide Prevention



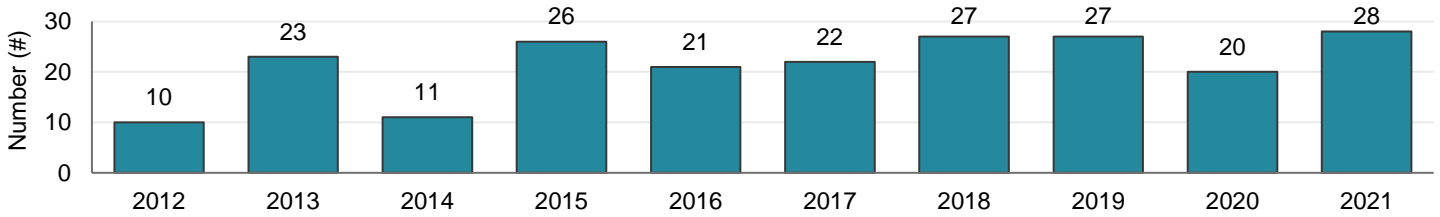
6 Steps to Help Someone at Risk

- 1 Ask.
- 2 Listen.
- 3 Keep them safe.
- 4 Be there.
- 5 Help them connect.
- 6 Follow up.

Suicide and Nonfatal Self-Inflicted Injury Among Youth* in South Dakota

Figure 2.46 Suicides Among Youth, 2012-2021

Source: DOH Vital Statistics, SDAHO



Key Takeaway: 28 of the 202 individuals that died by suicide in 2021 were youth. This would mean that about 14% of suicides were youth in 2021.

Figure 2.47 Youth Suicide by Sex, 2012-2021

Source: DOH Vital Statistics, SDAHO

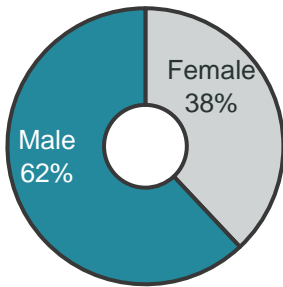
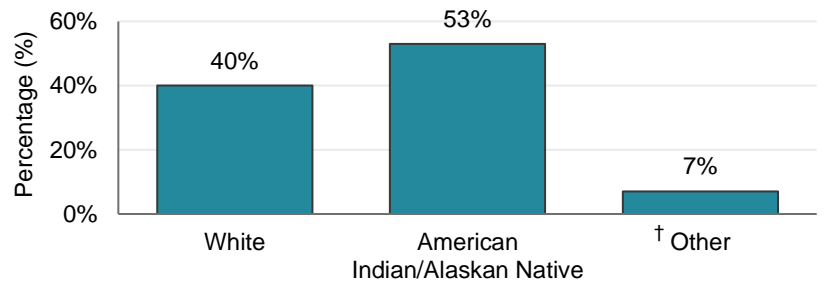


Figure 2.48 Youth Suicide by Race, 2012-2021

Source: DOH Vital Statistics, SDAHO



† Other includes Asian, Black, Multiracial, and Unknown races.

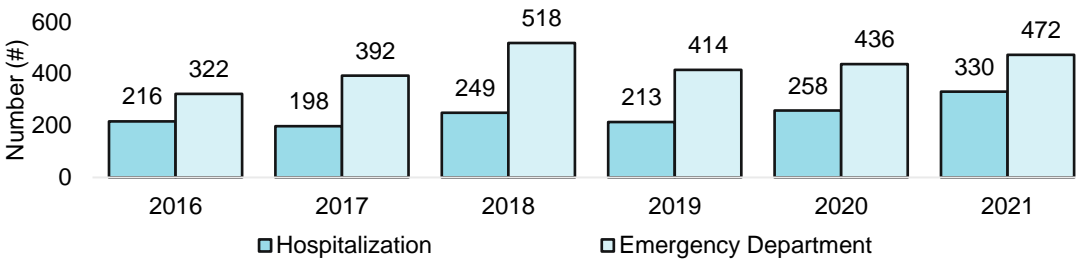
Key Takeaways:

The largest proportion of suicide deaths was among American Indian/Alaskan Native youth.

The largest proportion of nonfatal self-inflicted injuries was among females and the White population, but there was still a high percentage among the American Indian/Alaskan Native population.

Figure 2.49 Youth Nonfatal Self-Inflicted Injuries, Hospitalizations and Emergency Department Visits, 2016-2021 **

Source: DOH Vital Statistics, SDAHO



Key Takeaway:

Nearly 60% of nonfatal self-inflicted injuries among youth that went to an emergency department needed to be hospitalized.

Figure 2.50 Youth Nonfatal Self-Inflicted Injuries by Sex, 2016-2021 **

Source: DOH Vital Statistics, SDAHO

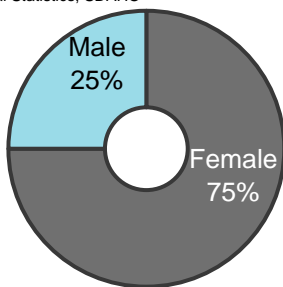
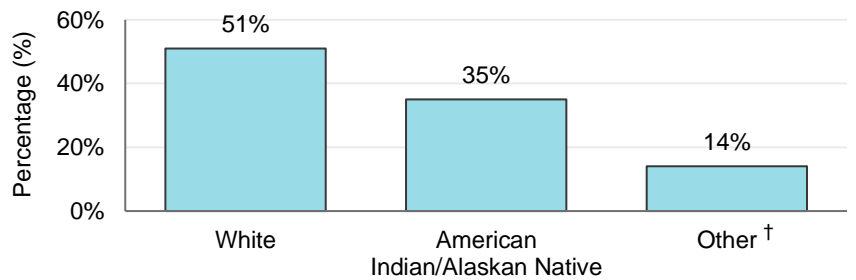


Figure 2.51 Youth Nonfatal Self-Inflicted Injuries by Race, 2016-2021 **

Source: DOH Vital Statistics, SDAHO



† Other includes Asian, Black, Multiracial, and Unknown races.

*Note – youth ages 10-19 years old.

**Note – Hospitalization and Emergency Department Visits are represented by date of discharge and do not include Indian Health Services and Veterans Affairs hospitals. This data does not include self-inflicted injury hospitalizations and emergency department visits that resulted in death.

Additional Sources

1. Substance Abuse and Mental Health Services Administration. Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
2. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.
3. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 national and state costs of excessive alcohol consumption. *Am J Prev Med*. 2015; 49(5):e73-e79.
4. National Drug Intelligence Center. National drug threat assessment. Washington, DC: U.S. Department of Justice; 2011.
5. Beardslee WR, Chien PL, Bell CC. Prevention of mental disorders, substance abuse, and problem behaviors: A developmental perspective. *Psychiatr Serv*. 2011; 62(3), 247-254.
6. Lynch FL, Peterson EL, Lu CY. *et al*. Substance use disorders and risk of suicide in a general US population: a case control study. *Addiction Sci Clin Parct* **15**, 14 (2020). DOI: <https://doi.org/10.1186/s13722-020-0181-1>.
7. Yeh HH, Westphal J, Hu Y, Peterson EL, *et al*. Diagnosed Mental Health Conditions and Risk of Suicide Mortality. *Psychiatr Serv*. 2019 Sep 1;70(9):750-757. DOI: 10.1176/appi.ps.201800346.
8. Miller JN and Black DW. Bipolar Disorder and Suicide: a Review. *Curr Psych Rep*. 2020 Jan 19;22(6). DOI: <https://doi.org/10.1007/s11920-020-1130-0>.
9. Isometsä E. Suicidal behaviour in mood disorders--who, when, and why? *Can J Psychiatry*. 2014 Mar;59(3):120-30. DOI: 10.1177/070674371405900303.
10. Sher L, Kahn RS. Suicide in Schizophrenia: An Educational Overview. *Medicina (Kaunas)*. 2019 Jul 10;55(7):361. DOI: 10.3390/medicina55070361.
11. Ehlman DC, Yard E, Stone DM, Jones CM, Mack KA. Changes in Suicide Rates – United States, 2019 and 2020. *MMWR Morb Mortal Wkly Rep*. 2022;71:306-312. DOI: <http://dx.doi.org/10.15585/mmwr.mm7108a5>.
12. South Dakota Department of Health. (2022). South Dakota Suicide Surveillance Report: Suicide Surveillance, South Dakota.
13. Center for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQUARS) [Online].
14. National Research Council and Institute of Medicine. 2009. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. DOI: 10.17226/12480.
15. Kessler RC, Berglund P, Demler O, *et al*. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of Gen Psychiatr*. 62:593-602, 2005.

Data Resources



