



Suicide Surveillance Report

SOUTH DAKOTA

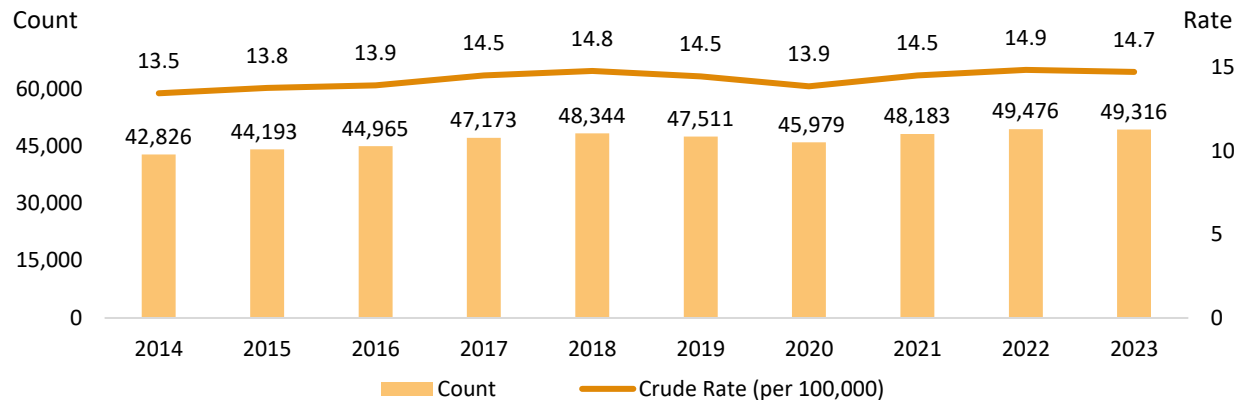
August 2025



Suicide in the United States

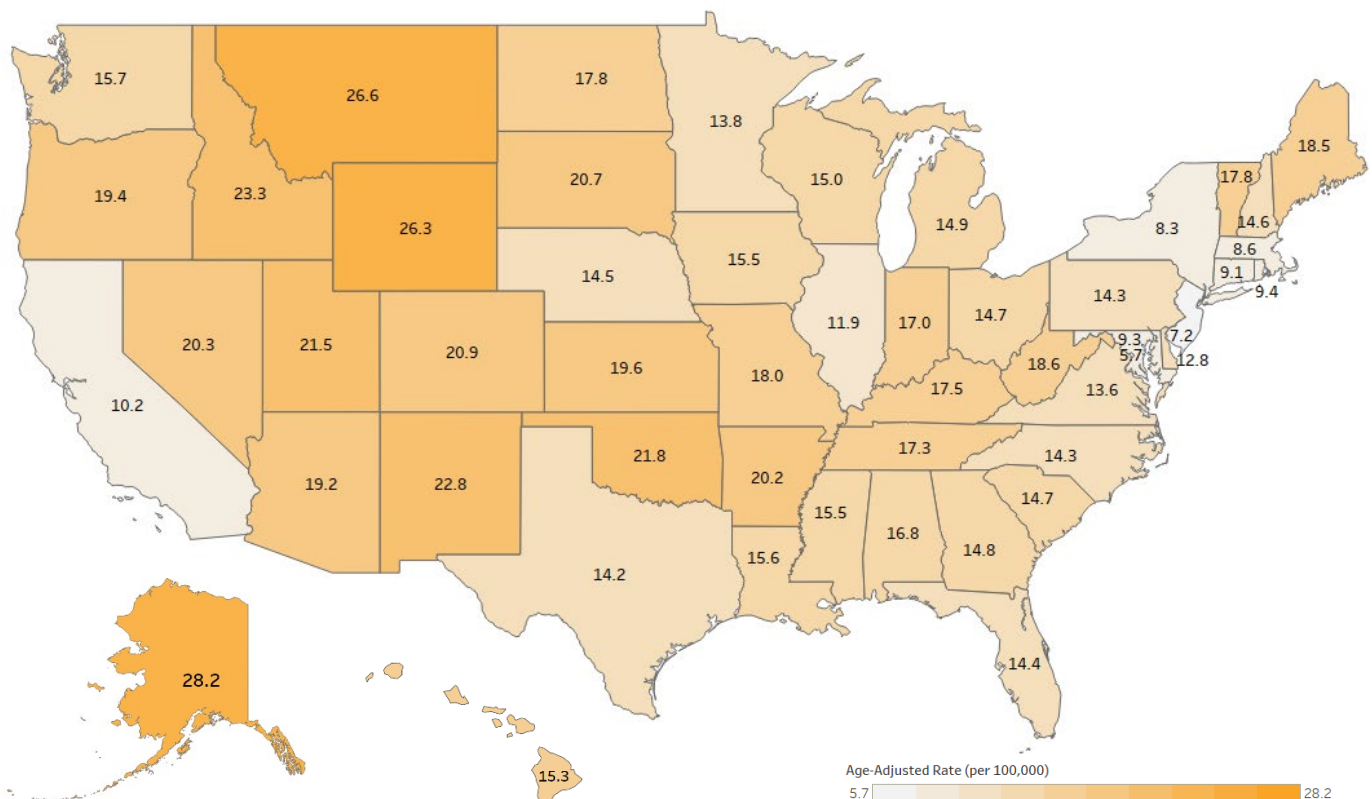
In 2023, there were 49,316 deaths classified as suicides in the United States (US), which was about one death every 11 minutes. Suicide was among the top 10 leading causes of death for people ages 10 to 64 years and suicide was ranked as the second leading cause of death for individuals aged 10-34 years (2023).

Figure 1: Suicide Deaths and Crude Rates (per 100,000) by Year, United States



The figure below shows 2023 suicide death rates by state. States with the highest age-adjusted rates (per 100,000 population) included Alaska (28.2), Montana (26.6), and Wyoming (26.3). South Dakota had the 9th-highest suicide death rate in the nation in 2023.

Figure 2: Suicide Death Rates (per 100,000) by State, 2023



High-Risk Populations

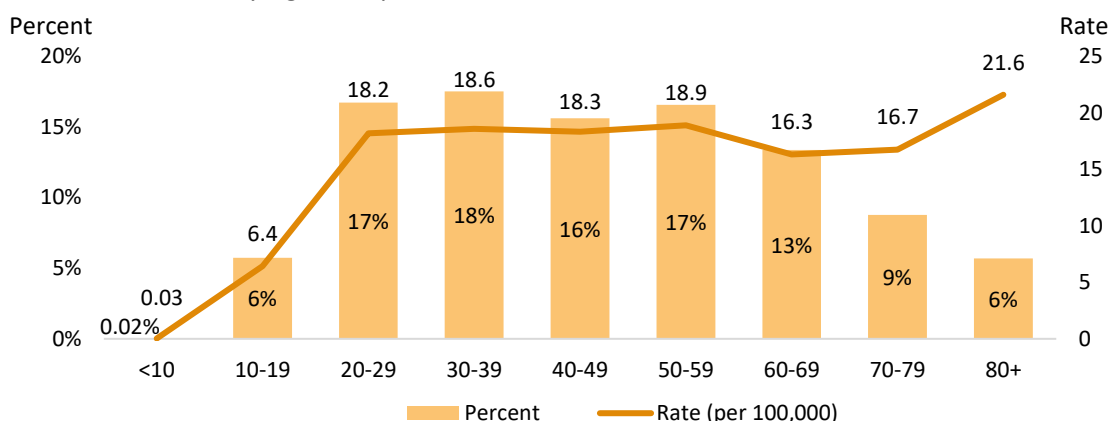
Sex

From 2019-2023, there were 240,465 suicide deaths in the US. Of these deaths, 79% were among males and 21% among females. The male suicide death rate was 3.9 times higher than the female rate (23.2 vs 6.0 per 100,000)

Age Group

Nationally, the highest proportion of suicide deaths were among individuals aged 20 to 59 years. And suicide death rates were highest among older adults aged 80 years and older, with a rate of 21.6 per 100,000.

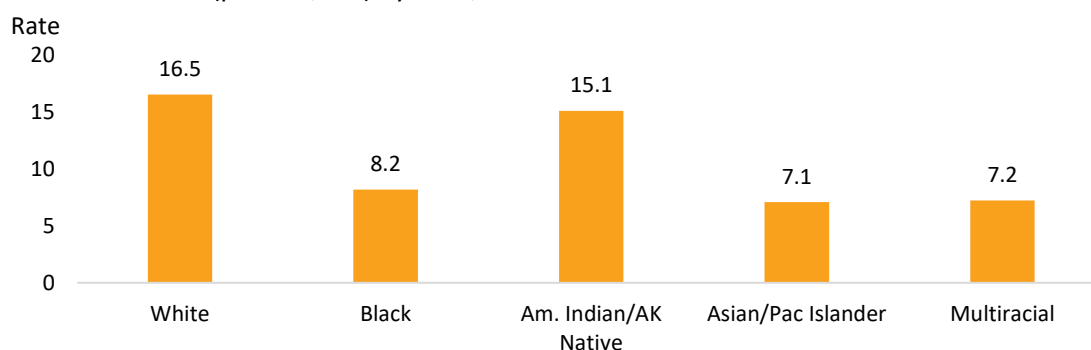
Figure 3: Suicide Deaths by Age Group, 2019-2023



Race

The largest proportion of suicide deaths in the United States during 2019-2023 was among the White population (86%), followed by the Black population (8%). Suicide death rates were highest among the White population (16.5 per 100,000) and the American Indian/Alaska Native population had the second highest rate (15.1 per 100,000).

Figure 4: Suicide Rates (per 100,000) by Race, 2019-2023



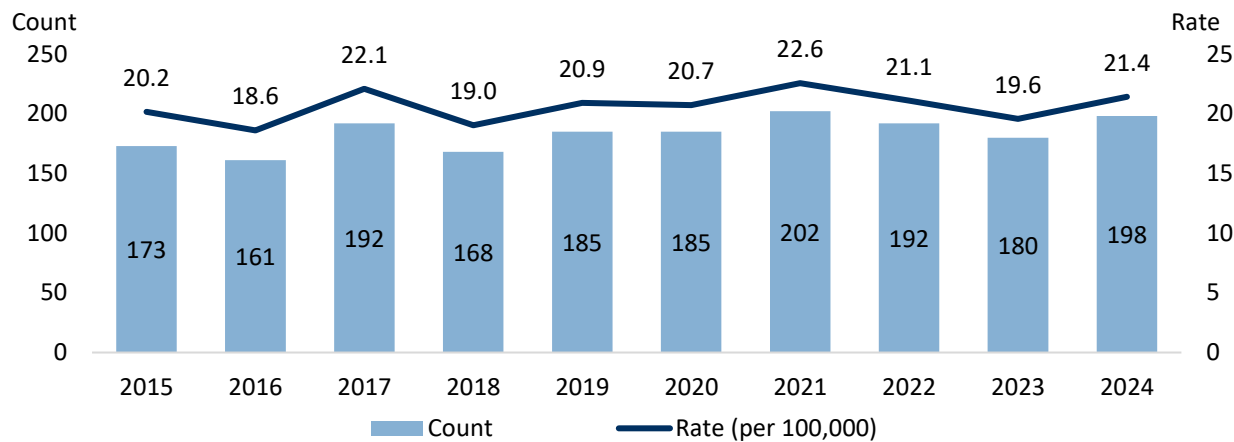
Suicide Deaths by Method

Nationally, firearms remained the most common method accounting for 55% of suicide deaths in 2023. The second most common method was suffocation/hanging (24%), and the third most common method was poisoning (12%).

Suicide in South Dakota

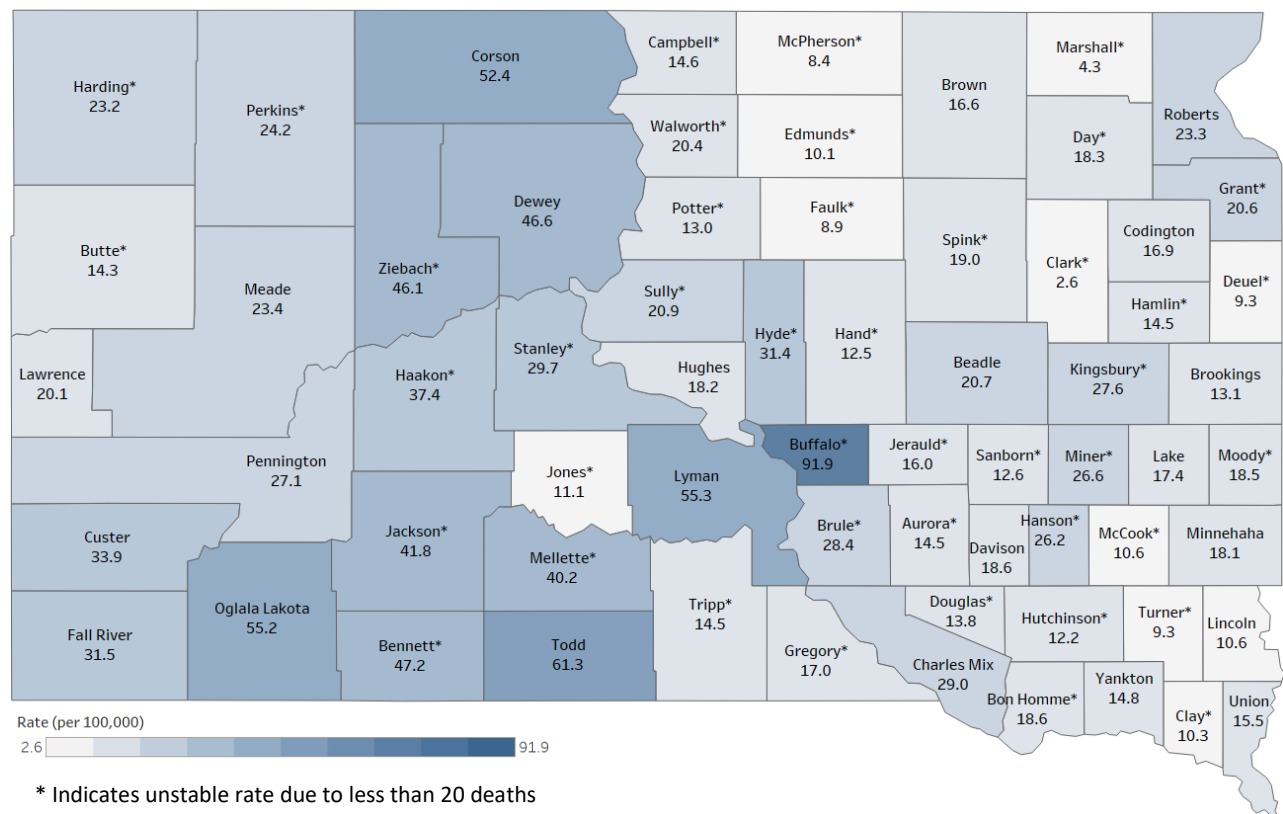
In 2024, suicide was the 10th leading cause of death in South Dakota, the leading cause of death for individuals aged 20-39 years, and the 5th leading cause of death among American Indians. There were 198 suicide deaths in South Dakota in 2024, which was a 10% increase from 180 deaths in 2023.

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 (61.3 per 100,000), Lyman (55.3 per 100,000), Oglala Lakota (55.2 per 100,000), Corson (52.4 per 100,000), and Dewey (46.6 per 100,000).

Figure 6: Suicide Death Rates (per 100,000) by County, 2015–2024



High-Risk Populations

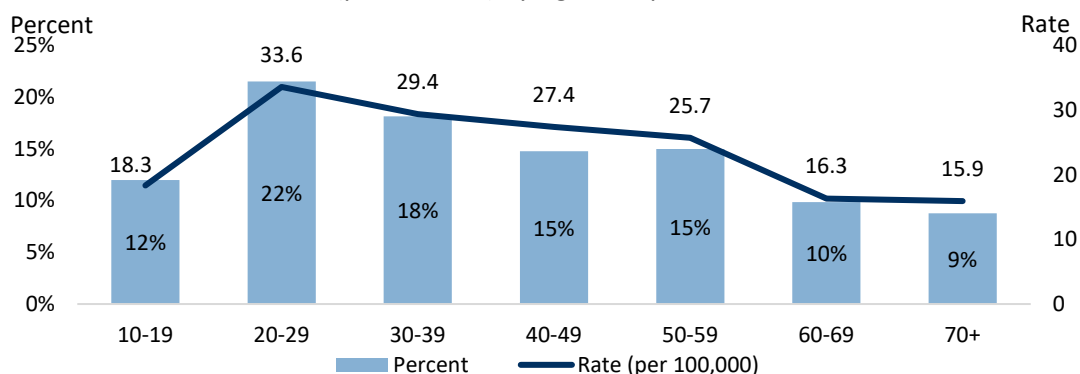
Sex

From 2015-2024, there were 1,836 suicide deaths in South Dakota. Of these deaths, 78% were males and 22% were females. During this time, the male suicide death rate was 31.7 per 100,000, which was 3.4 times higher than the female rate of 9.3 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 2015-2024. Suicide deaths and rates were also high among South Dakotans aged 30-59 years, accounting for approximately 48% of suicides.

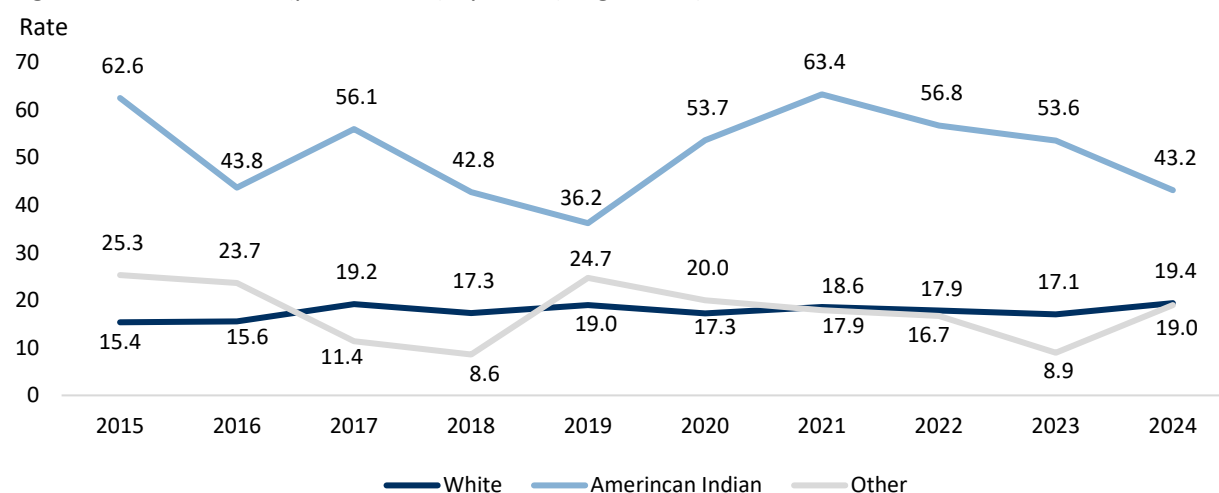
Figure 7: Suicide Deaths and Rates (per 100,000) by Age Group, 2015-2024



Race

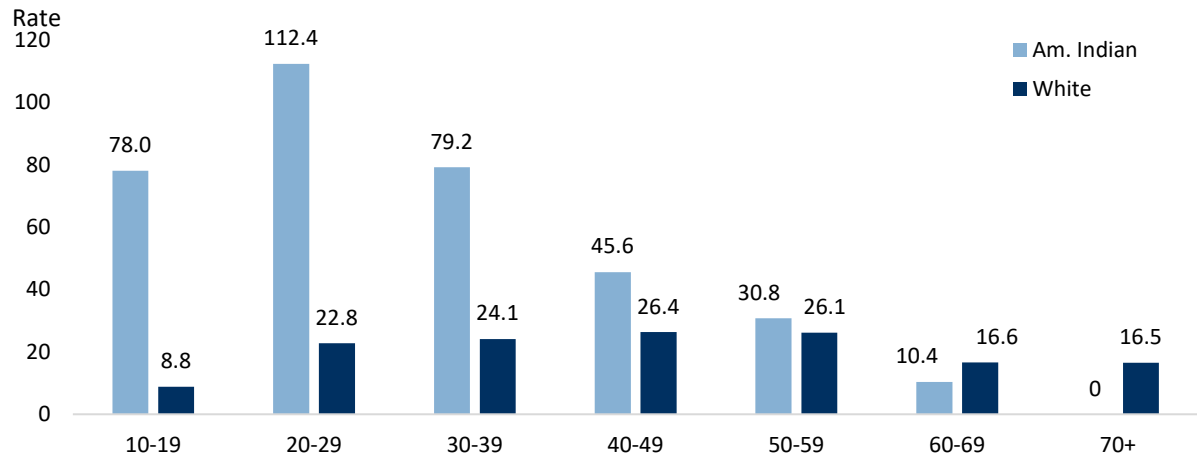
Some racial groups were disproportionately affected by suicide in South Dakota. From 2015-2024, the largest proportion of suicides were among the White population (72%). South Dakota American Indians accounted for 22% of suicide deaths, but the mean American Indian suicide rate (51.2 per 100,000) was 2.9 times higher than the White mean suicide rate (17.7 per 100,000). In 2024, the suicide death rate increased among the White population (17.1 to 19.4 per 100,000), while the suicide death rate decreased among the American Indian population (53.6 to 43.2 per 100,000). ("Other" includes multiracial, Asian, Black, Pacific Islander, and unknown race)

Figure 8: Suicide Rates (per 100,000) by Race (Single Race), 2014-2023



From 2015-2024, almost two-thirds (65%) of American Indian suicide deaths were among ages 10-29 years and American Indian rates were highest among ages 20-29 years (112.4 per 100,000). Among the White population, the highest proportion of suicide deaths were among ages 30-59 years (53%) and White rates were highest among ages 40-49 years (26.4 per 100,000).

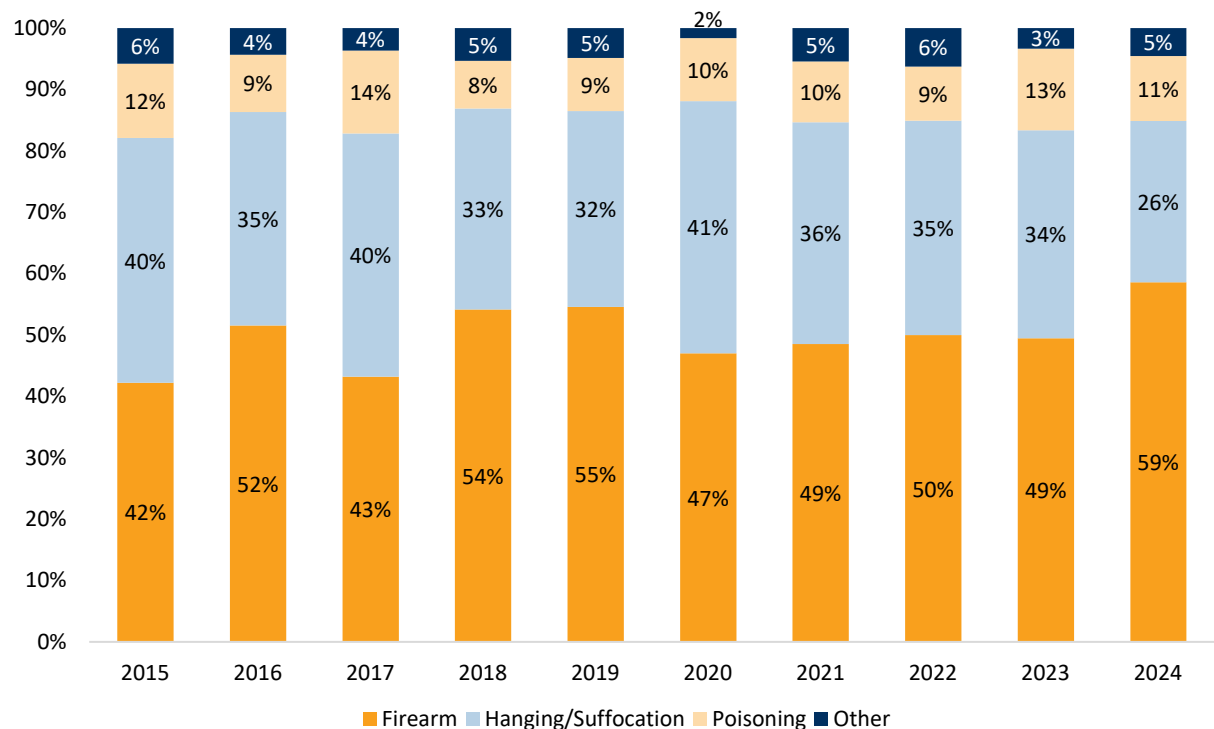
Figure 9: Suicide Rates (per 100,000) by Race and Age Group, 2015-2024



Suicide Deaths by Method

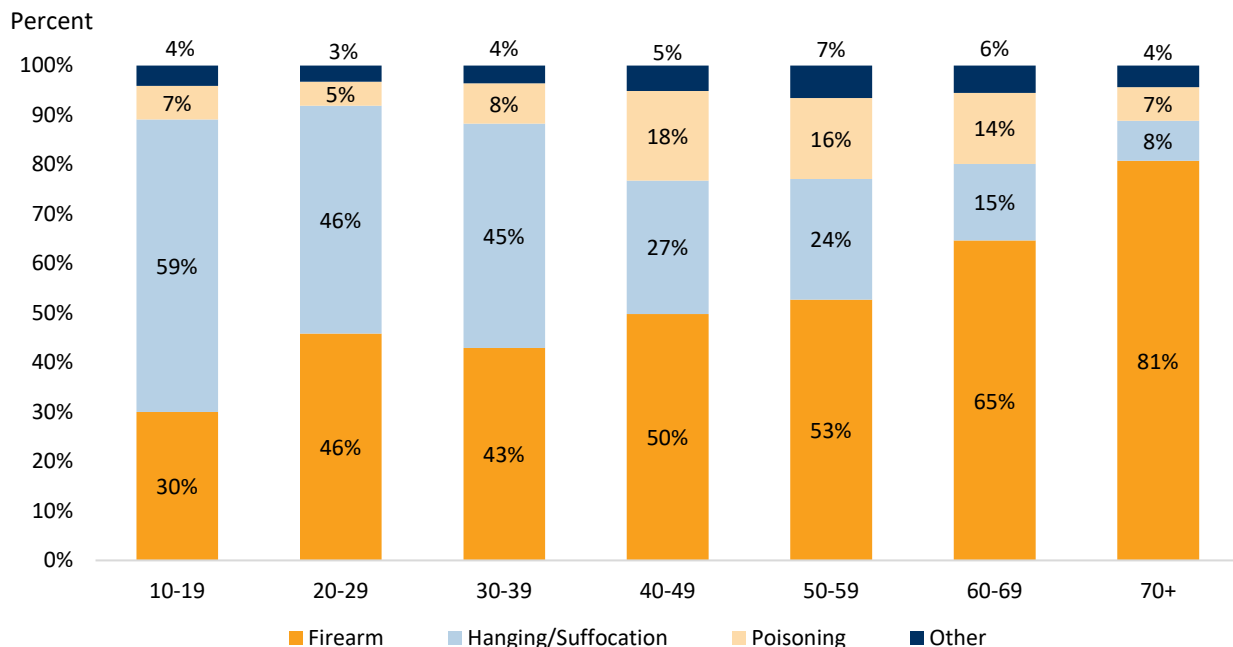
In South Dakota, firearms were the most common method accounting for 50% of all suicide deaths, followed by hanging/suffocation (35%), and poisoning (10%) (2015-2024). In 2024, 59% of suicide deaths were firearm-related, which was an increase from 49% in 2023.

Figure 10: Suicide Methods by Year



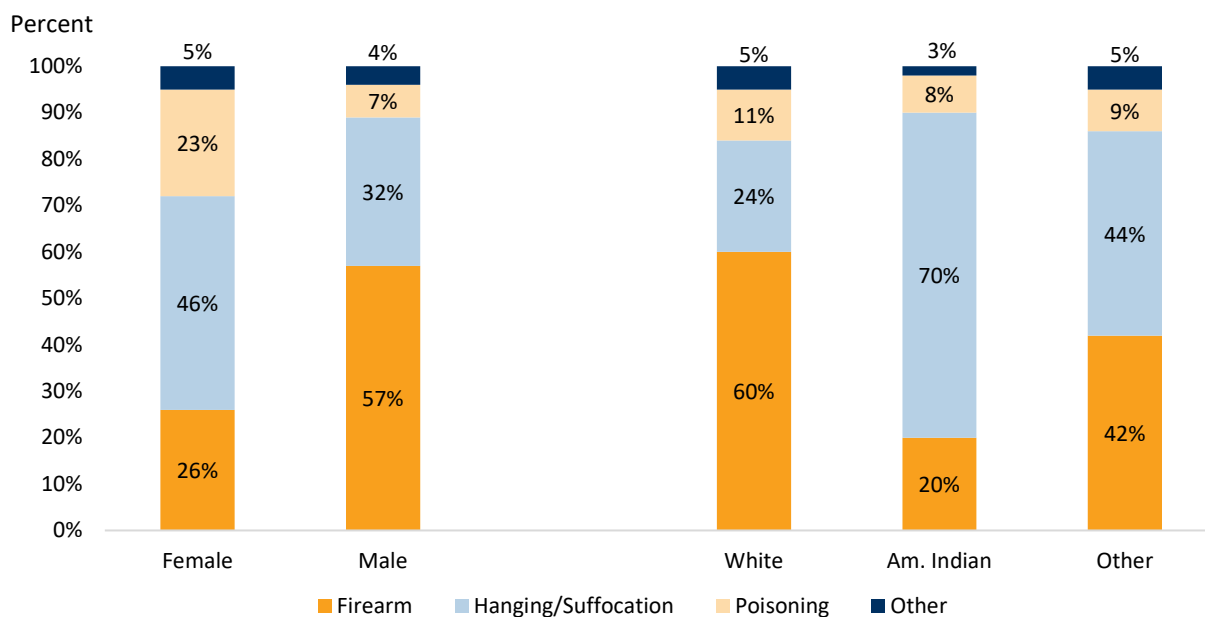
Lethality of method increased with age, with firearms being the most common method among adults aged 40 years and older, whereas hanging/suffocation was the most prevalent method among youth (ages 10-19 years) and adults aged 30-39 years.

Figure 11: Suicide Methods by Age Group, 2015-2024



Differences in suicide method can also be seen by sex and race. Hanging/Suffocation was most common among females, whereas firearms were most prevalent among males. By race population, firearms were most common among the White population and hanging/suffocation was the most common method among American Indians.

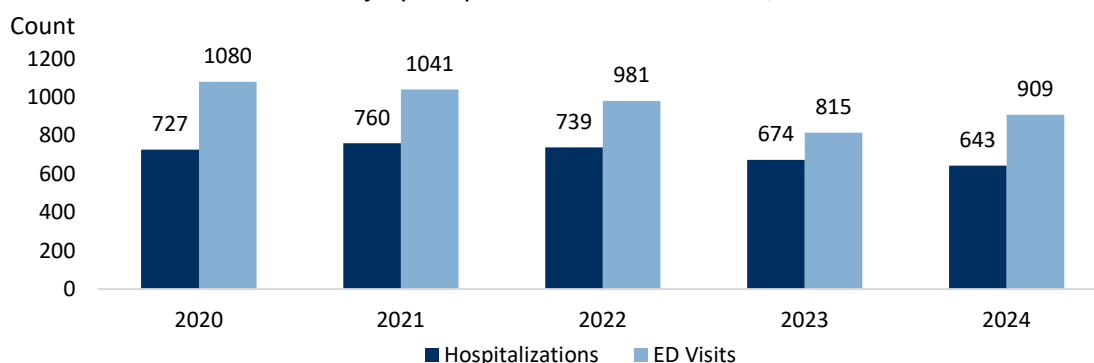
Figure 12: Suicide Methods by Sex and Race (Single Race), 2015-2024



Nonfatal Self-Inflicted Injuries

From 2020-2024, there were 3,543 hospitalizations and 4,826 emergency department (ED) visits for nonfatal self-inflicted injuries. The two most common mechanisms of self-inflicted injuries in South Dakota were poisoning (58%) and cutting/piercing of the body (32%).

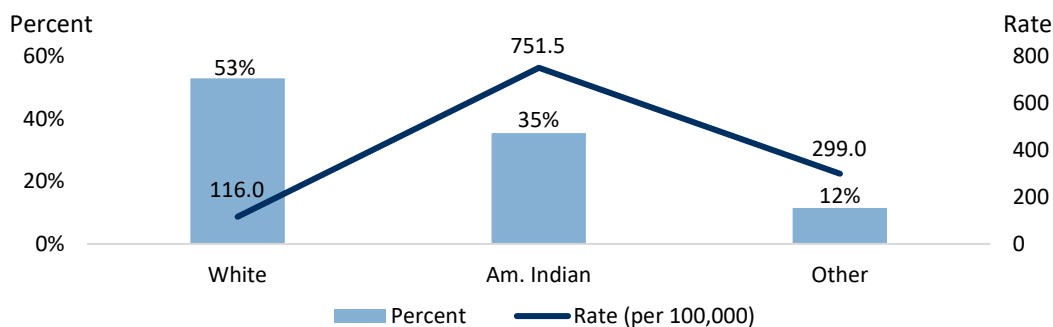
Figure 13: Nonfatal Self-Inflicted Injury Hospitalizations and ED Visits, 2020-2024



High-Risk Populations

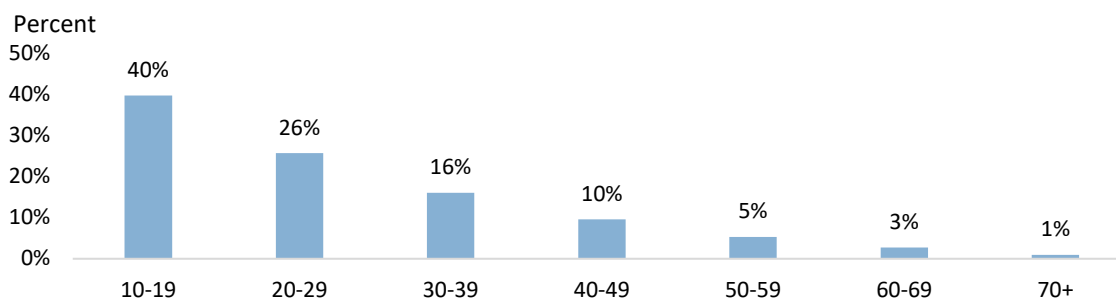
Some populations were at greater risk for self-inflicted injuries. Females were at a higher risk for self-harm and made up 64% of all nonfatal visits (2020-2024). By race, 53% of nonfatal visits were White, 35% were American Indian, and 12% were of another race. The American Indian nonfatal self-inflicted injury rate was 6.5 times higher than the White nonfatal rate (751.5 vs 116.0 per 100,000).

Figure 14: Nonfatal Self-Inflicted Injury Visits by Race, 2020-2024



South Dakota youth, aged 10-19 years, were also at higher risk and made up the largest proportion of self-inflicted injury visits (including both hospitalizations and ED visits) in South Dakota.

Figure 15: Nonfatal Self-Inflicted Injury Visits by Age Group, 2020-2024



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 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
- You or someone you know needs help? **Call, Chat, or Text** the **988** Suicide and Crisis Lifeline
- Find treatment resources at <https://sdbehavioralhealth.gov/mental-health/treatment>
- Visit the Great Plains Tribal Leaders' Health Board Behavioral & Community Health website: <https://www.greatplainstribalhealth.org/behavioral-health-and-recovery-department.html>



Data Sources and Methods

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, and 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 any of the following codes with a 7th character A or missing: T36- T65 (6th digit is 2), T71 (6th digit is 2), T1491, and X71-X83. Data from SDAHO does not include cases from Indian Health Services and Veterans Affairs medical centers. 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.