Youth Suicide

and Self-Inflicted Injuries in South Carolina





The South Carolina Violent Death Reporting System (SCVDRS) combines data from law enforcement reports, death certificates, and coroner/medical examiner reports (including toxicology) to pool data on violent deaths and their circumstances into one anonymous database. SCVDRS data includes decedents who were fatally injured and died within South Carolina whether or not they were South Carolina residents. South Carolina residents who were fatally injured or died outside of South Carolina are not included in this report. Therefore, there are discrepancies between SCVDRS and other death data sources, including South Carolina DPH Vital Statistics. This may include differing death counts and rates.

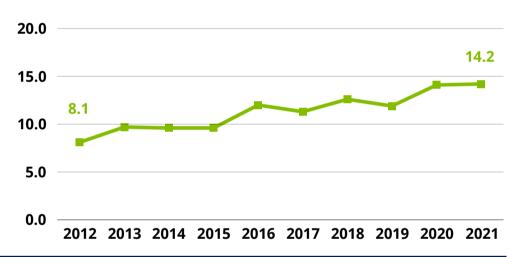
Suicide is a significant and preventable public health problem. In particular, suicide rates among youth ages 10-24 years old have continued to increase nationally and within South Carolina.



In 2021, there were **141** youth suicides in South Carolina. The rate of youth suicide increased by **32.2%** over the last 10 years.

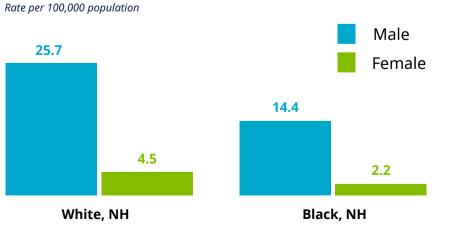
Youth Suicide, by Year ¹





Youth Suicide by Demographics ¹

Youth Suicide, by Race/Ethnicity and Sex



630

Youths died by suicide in South Carolina from 2017-2021. Non-Hispanic White males had the highest rate of suicide which was over **5 times higher** than the suicide rate among non-Hispanic White females.

Note: NH = non-Hispanic.

85% are males

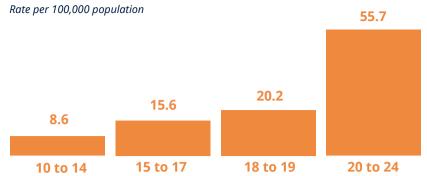


15% are females

Eight out of ten youth suicide deaths were among males. White males aged 20-24 were the most at risk group.

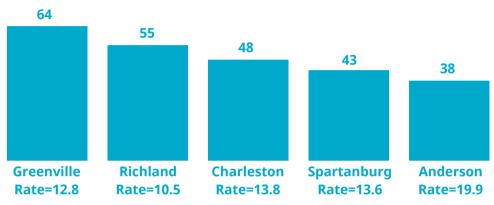
Youth Suicide, by Age Group

From 2017-2021, youth suicides occurred most frequently among young adults aged **20-24**.



Counties with the Highest Youth Suicide Count





Chester had the highest rate (27.4 per 100,00 population) of youth suicides in South Carolina while Greenville had the highest count (64) of youth suicides from 2017-2021. The rate of youth suicides in South Carolina was 12.8 per 100,000 population with a count of 630 youth suicides from 2017-2021.

Note: Rate per 100,000 population.

The Impact of Suicides and Self-Inflicted Injuries 1, 2

Every week in South Carolina, on average, 21 emergency department visits and six inpatient hospitalizations occur for intentional self-harm injuries among youths aged 10-24, and three youths die by suicide.



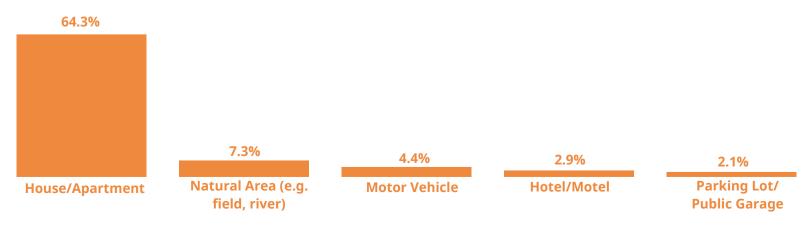
Hospital and ED charges for self-inflicted injuries in 2021 included:

\$16.2 million in ED charges with an average cost of \$6.207

\$23.5 million in Hospital Inpatient charges with an average cost of \$40,454

Incident Characteristics of Youth Suicides 1

Top 5 Injury Locations of Youth Suicides



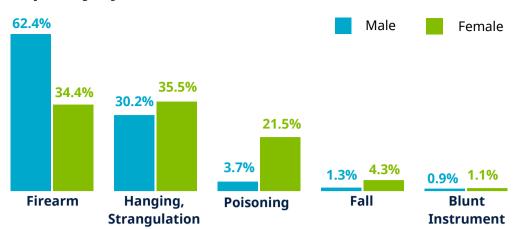
The top three locations for youth suicides were in a house or apartment, in a natural area, and in a motor vehicle.

Nearly two thirds of youth suicide victims were injured in a house or apartment.

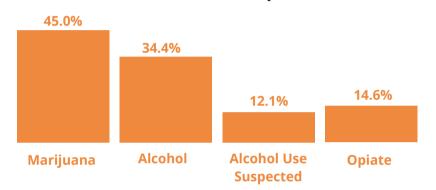
Firearms were the most common weapon used in youth suicides, accounting for over **60%** of suicides from 2017-2021.

More than **1 in 5** youth suicides were by hanging from 2017-2021.

Top 5 Injury Mechanisms of Suicides

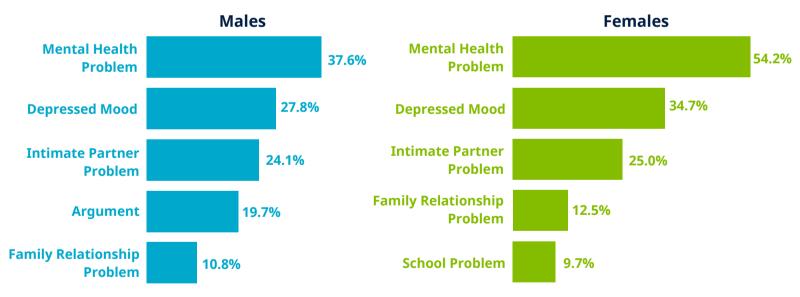


Victim Substance Use or Exposure



Of youths tested, **45.0%** of youth suicide victims had marijuana present and **34.4%** had alcohol present. **12.1%** were suspected to have used alcohol hours before the incident.

Top 5 Circumstances Leading to Youth Suicide, by Sex



Note: Among youth suicide decedents with at least 1 known circumstance. Suicide circumstances were known for **76.0%** of suicide decedents. Decedents may have more than one known circumstance.

Mental Health Problem is the most common circumstance for both males and females. Over half of suicides among females and over a third of suicides among males involved mental health problems as a related circumstance. Nearly a quarter of suicide decedents (21.7%) were experiencing a crisis at the time of their death.

Youth Female suicide was **more** likely than male suicide to be related to depressed mood or problems with mental health, arguments, substance abuse, or family relationships.



Youth Male suicide was **more** likely than female suicide to be precipitated by another crime, physical health problems, a recent criminal legal problem, or alcohol problem.

History and Disclosure of Youth Suicide Decedents

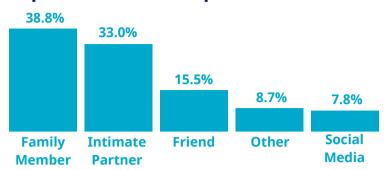
Males

37.5% of **male** youth suicide decedents disclosed suicide intent to an **intimate** partner.

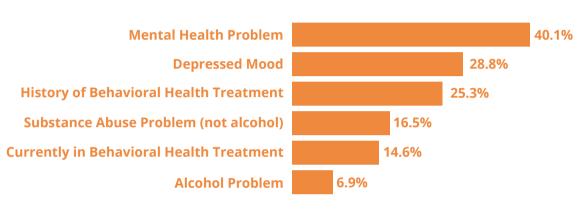
Females

66.7% of **female** youth suicide decedents disclosed suicide intent to a **family member**.

Top 5 Disclosure Recipients



Mental Health and Substance Use



40.1% of youth suicide victims had a previously diagnosed mental health problem such as depression or anxiety.

Highest Circumstances Leading to Suicide



The most common problem prior to a youth suicide was an intimate relationship problem.

SCVDRS Data Limitations

- Known circumstances leading to the suicide event are subject to the knowledge of family members, friends, and others who report to coroners and law enforcement during investigations.
- Availability of law enforcement and coroner reports for 2020 and 2021 were impacted by the pandemic, therefore, known circumstances may be underreported.

Support:

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Sources:

- 1. South Carolina Violent Death Reporting System (SCVDRS), 2012-2021
- 2. South Carolina Revenue and Fiscal Affairs Office (SC RFA) Emergency Department Visit and Hospital Discharge Data, 2017-2021
- 3. Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Data, National Vital Statistics System (NVSS), 2021