

Suicides Among Older Adults

in South Carolina

South Carolina Violent Death Reporting System



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 (SC) whether or not they were SC residents. SC residents who were fatally injured or died outside of SC are not included in this report.

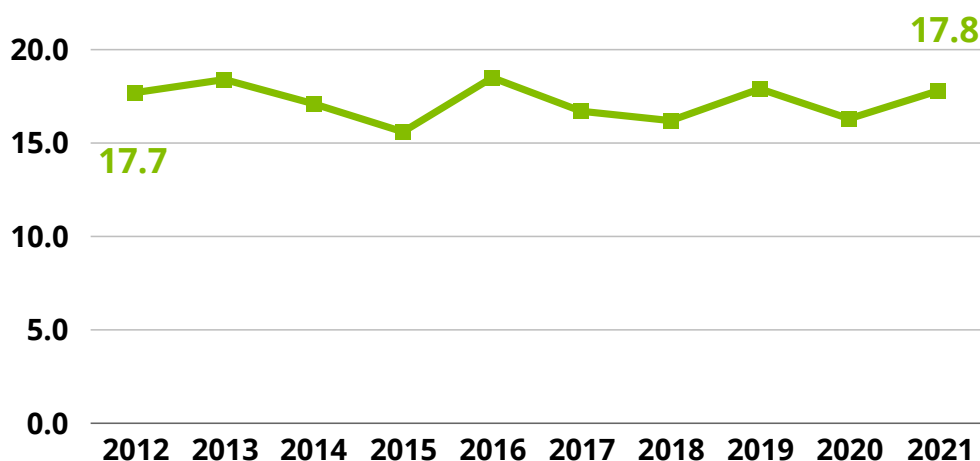
Therefore, SCVDRS death counts and rates may differ from SC DPH Vital Statistics and other death sources.

Suicide among older adults (65 years old and over) is a significant public health issue. SC ranks 31st in the nation in suicide rates among older adults.

Older Adult Suicide, by Year ¹

Rate per 100,000 population

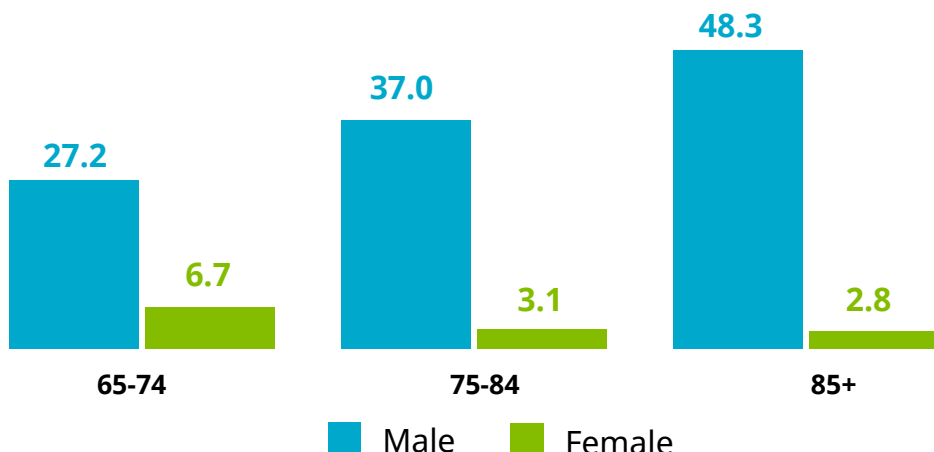
In 2021 there were **172** suicide deaths among those aged 65 and older. The rate of suicide deaths among older adults has remained relatively constant over the last 10 years.



Older Adult Suicide by Demographics ¹

Older Adult Suicide Deaths Rates, by Age Group and Sex

Rate per 100,000 population



789

adults over the age of 65 died by suicide in SC from 2017-2021.

Men in the **85+ year** age group had the highest rate of suicide deaths, while **women** in the **65-74 year** age group had the highest rate of suicide deaths among older adult women.

83%
are males

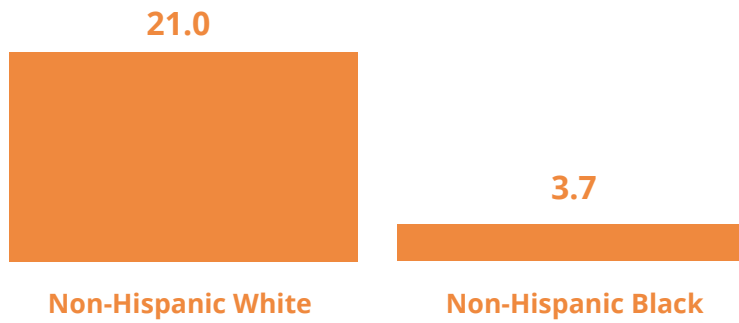
VS.

17%
are females

Eight out of ten older adult suicide deaths were among males, while most emergency department visits and hospitalizations were among females.

Older Adult Suicide Deaths Rates, by Race/Ethnicity

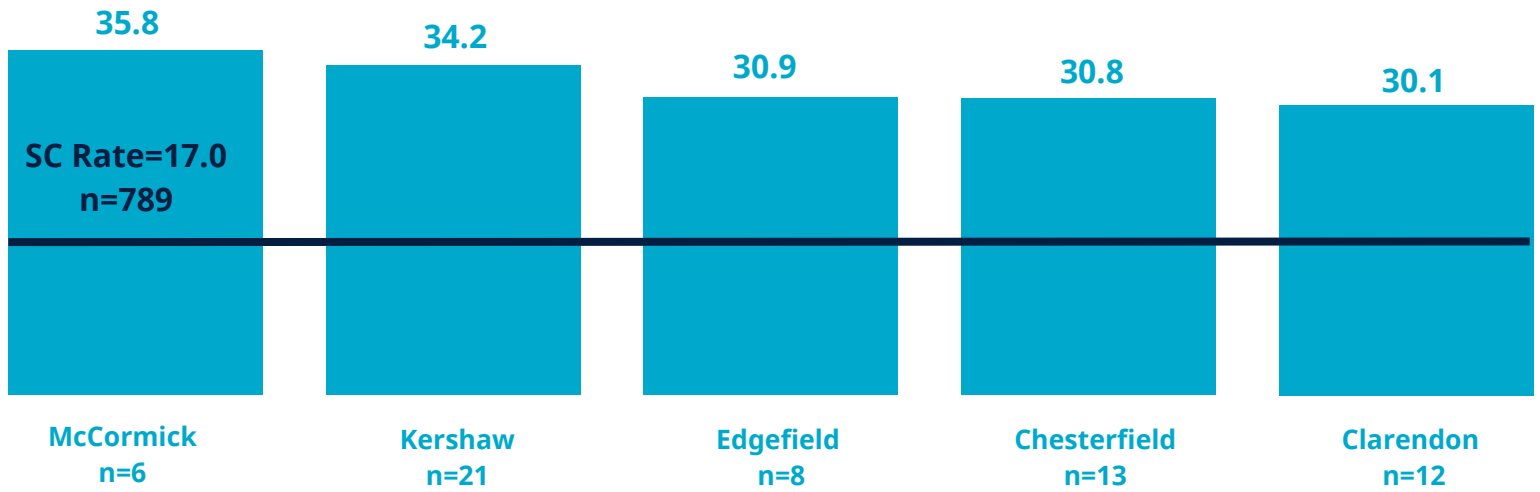
Rate per 100,000 population



The rate of suicide deaths was over **5 times higher** for non-Hispanic White older adults than non-Hispanic Black older adults.

Counties with the Highest Older Adult Suicide Rate

Rate per 100,000 population



Note: Rate per 100,000 population.

Greenville County had the highest number of older adult suicides (**n=76, rate 18.2**), while **McCormick County** had the highest rate of older adult suicides (**n=6, rate=35.8**)



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

Every week in SC, on average, two emergency department visits and three inpatient hospitalizations occur for intentional self-harm injuries among adults over the age of 65, and three older adults die by suicide.



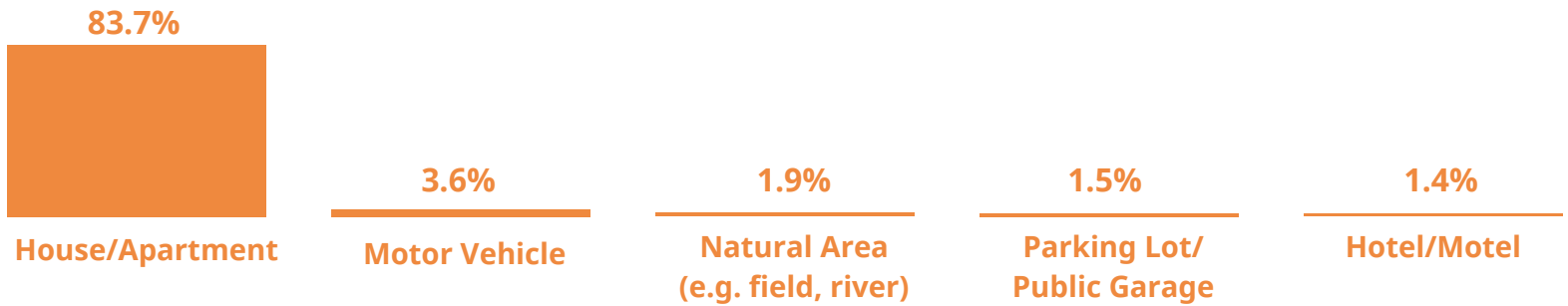
Hospital and ED charges for self-inflicted injuries in 2021 included:

\$1.1 million in ED charges with an average cost of \$9,120

\$9.9 million in Hospital Inpatient charges with an average cost of \$63,460

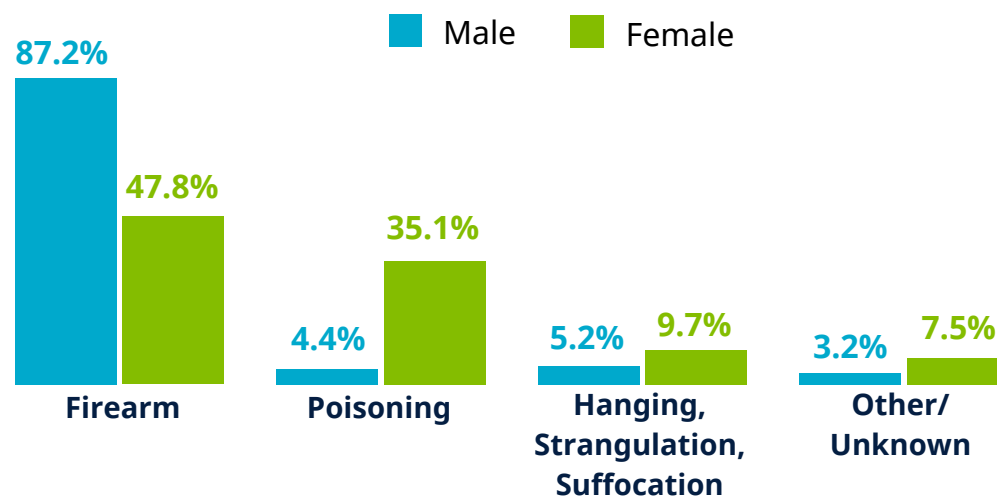
Incident Characteristics of Older Adult Suicides ¹

Top 5 Injury Locations of Older Adult Suicides



The top three locations for older adult decedents were in a house or apartment, in a motor vehicle, and in a natural area. Over three quarters of older adult suicide victims were injured in a house or apartment.

Mechanism of Injury, by Sex



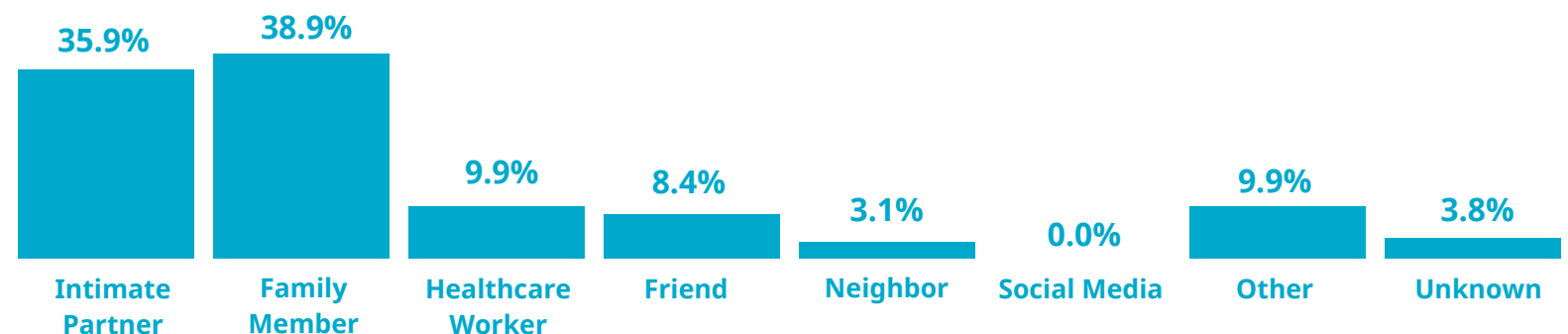
Firearms were the most common weapon used in older adult suicides, accounting for over **80%** of suicides from 2017-2021.

Almost 1 in 10 older adult suicides were by poisoning from 2017-2021.

Note: Responses for 'Other' mechanism include: sharp/blunt instrument, drowning, fall, non-powder gun; fire or burns; motor vehicle including buses, motorcycles; intentional neglect; other transport vehicle (trains, planes, boats); and other unspecified mechanisms.

History and Disclosure of Older Adult Suicide Decedents ¹

Disclosure of Suicidal Intent



Note: Among older adult suicide decedents with at least 1 known circumstance. Suicide circumstances were known for 75.2% of suicide decedents. Decedents may have more than one known circumstance. Based off individuals who disclosed suicidal thoughts (n=131).

Of all suicide decedents who disclosed intent, over 2/3 reached out to a family member or a previous or current intimate partner.

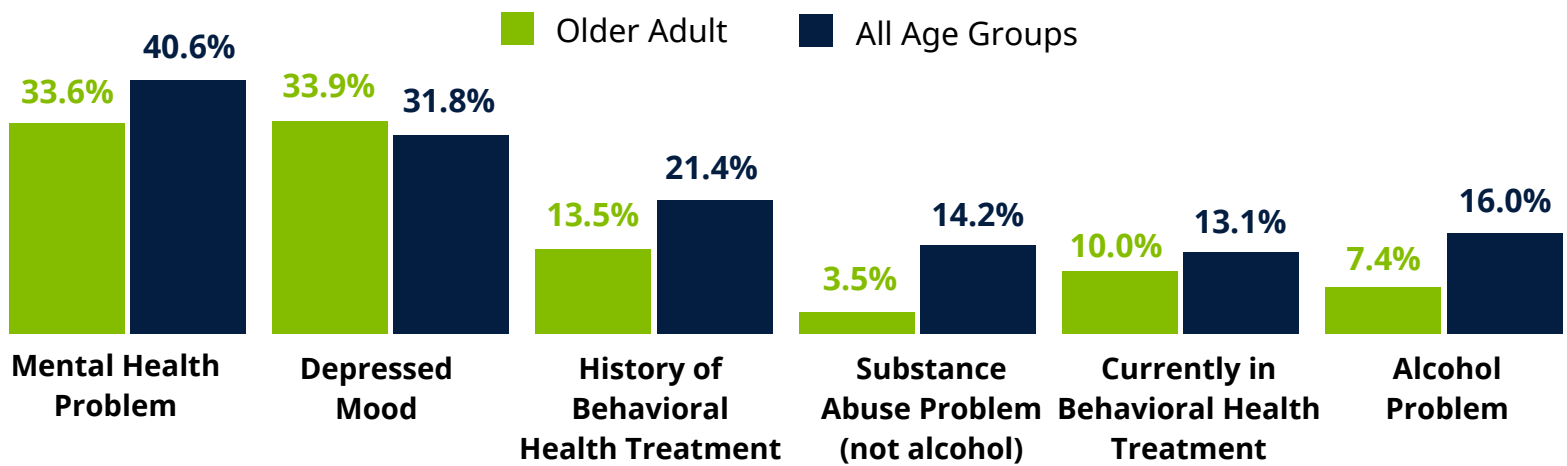
Males

38.1% of **male** older adult suicide decedents disclosed suicide intent to an **intimate partner**.

Females

50.0% of **female** older adult suicide decedents disclosed suicide intent to a **family member**.

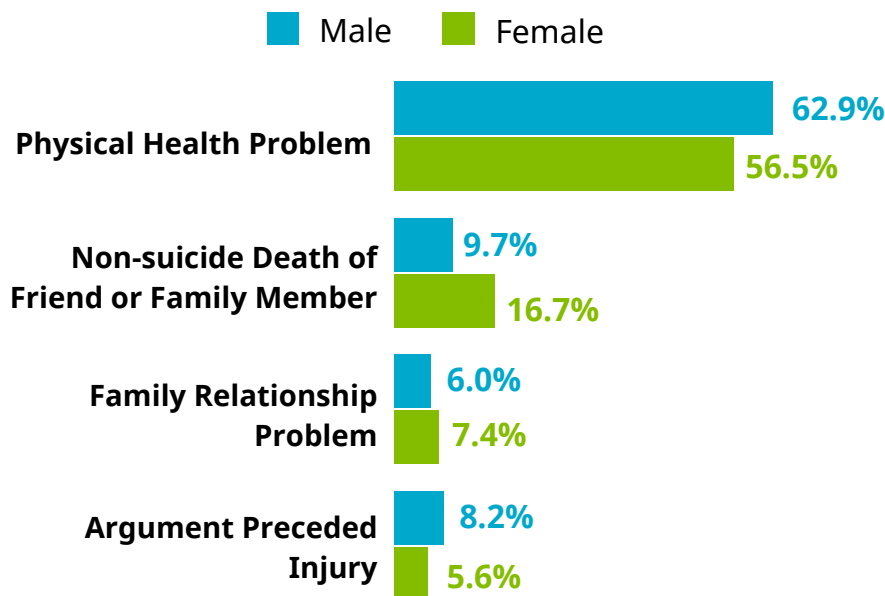
Mental Health and Substance Use by Age Group



Note: Among older adult suicide decedents with at least 1 known circumstance. Suicide circumstances were known for 75.2% of suicide decedents. Decedents may have more than one known circumstance.

A **current mental health problem** or **depressed mood** were found to be the highest mental health circumstances for both the general population and among older adults.

Circumstances Preceding Suicide, by Sex



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

Older Adult Female suicide was **more** likely than male suicide to be related to depressed mood or problems with mental health, substance abuse, family relationship problems, or death of family/friend.

Note: Among older adult suicide decedents with at least 1 known circumstance. Suicide circumstances were known for 75.2% of suicide decedents. Decedents may have more than one known circumstance.

Physical health problem was the leading circumstance in both sexes for older adult suicides, found in **61.7%** of suicides.

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:

SCVDRS is supported by funds from the National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS) under Cooperative Agreement 5 NU17CE010146-02-00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the NCIPC, CDC, DHHS, or the U.S. Government.

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