Self-Inflicted Injury and Death in North Carolina

2013-2022

Note: some data are provisional and subject to change

4

people a day die from suicide in NC.

There were more than 1,560 suiciderelated deaths among North Carolina (NC) residents in 2022.

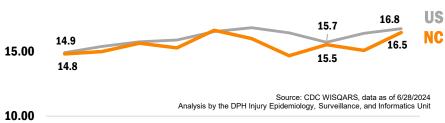
The number of suicide deaths in NC has increased by 11% over the past 10 years, with a 12% increase from the start of the pandemic from 1,358 deaths in 2019 to 1,562 deaths in 2022.

The rate of suicide death is slightly lower in NC than across the US.

NC has experienced a lower increase in suicide deaths since 2020.

Rate per 100,000

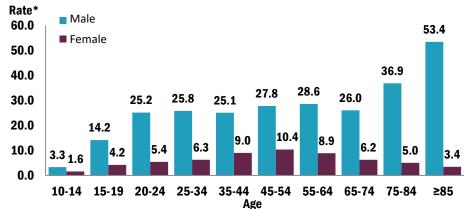
20.00



2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

Over half (60%) of NC violent deaths in 2022 were suicides, and 35% were homicides.

Sex-Specific Suicide Rates by Age, NC-VDRS 2013-2022



Males consistently had a higher suicide rate than females regardless of age. The suicide rate peaked for men ages 85 years and older at a rate of 70.3 per 100,000.

Among females, the suicide rate peaked for ages 45-54 at a rate of 10.4 per 100,000 and steadily declined thereafter.

The rate of suicide death was 3.5 times higher for males than females (24.6 and 7.0 per 100,000, respectively).

Limited to NC residents; suicides limited to residents ages 10 and older. Source: NC Violent Death Reporting System (NC-VDRS), 2013-2022
Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

Non-Hispanic (NH) White residents accounted for the greatest percent of all **suicide deaths** (80.9%), followed by NH Asian and Hispanic residents (74.7% and 49.2%, respectively).

By race/ethnicity, rates of all suicide deaths were highest among NH White residents (20.1 deaths per 100,000) followed by NH American Indian and NH Asian residents (14.4 and 8.1 deaths per 100,000, respectively).

In contrast, NH Black residents accounted for the greatest percentage for all **homicide deaths** (72.4%), followed by NH American Indian residents (57.0%).

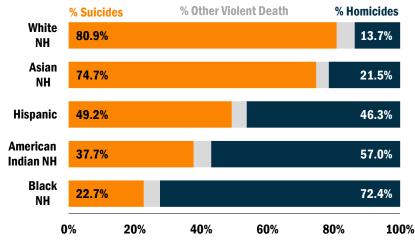
Get Help Now: Suicide Prevention

If you or someone you know needs support call or text 988 or chat 988lifeline.org

The manner of violent death differs by race/ethnicity.

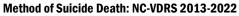
Most violent deaths among NH White and NH Asian residents were suicides, where most violent deaths among NH Black, NH American Indian. and Hispanic residents were homicides.

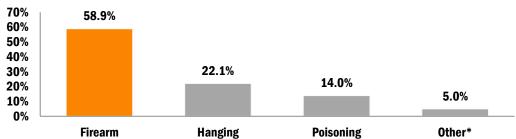
Proportion of Male and Female Suicides by Race/Ethnicity: NC-VDRS, 2013-2022



Limited to NC residents; suicides limited to residents ages 10 and older Source: NC Violent Death Reporting System (NC-VDRS), 2013-2022

After firearms (58.9%), hanging (22.1%) and poisoning (14.0%) were the second and third leading causes of suicide, respectively.

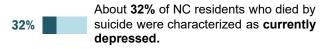


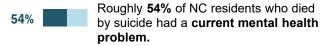


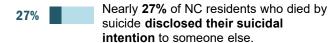
Limited to NC residents; suicides limited to residents ages 10 and older Source: NC Violent Death Reporting System (NC-VDRS), 2013-2022 Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit Approximately five percent (5.0%) of suicides were completed using a method other than firearms, hanging, or poisoning.

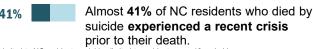
Other methods* include falls (1.2%), motor vehicle (0.7%), sharp instrument (1.6%), drowning (0.7%), fire/burns (0.4%), unknown and other causes of suicide.

Suicide Death Circumstances



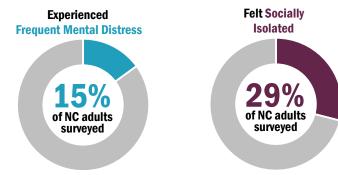






Limited to NC residents; suicides limited to residents ages 10 and olde Source: NC Violent Death Reporting System (NC-VDRS), 2013-2022 Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

More than 1/7 of NC adults experienced frequent mental distress and more than 1/4 of NC adults reported feeling socially isolated.



Frequent Mental Distress = 14 or more days of poor mental health in the past month

Usual Activities = self-care, work, or recreation

Limited to NC Residents
Source: NC BRFSS Core Module, 2022 https://schs.dph.ncdhhs.gov/data/brfss/2022/nc/all/topics.htm Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

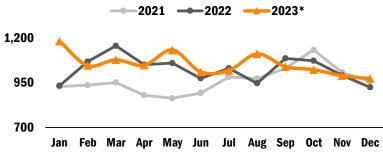
Suicide deaths are just the tip of the iceberg

For every 1 suicide death, there were about 8 emergency department (ED) visits coded for self-inflicted injury in NC.

NC DETECT (North Carolina Disease Event Tracking and Epidemiological Collection Tool) provides surveillance data in near-real time on ED visits for nonfatal self-inflicted injuries based on diagnosis codes.

2023* Self-inflicted injury ED visits increased in August, though trends are similar to previous years.

Number of Self-Inflicted Injury ED Visits by Month, 2021-2023*



*2023 NC DETECT ED visit data are provisional and subject to change, data as of 6/28/2024; Source: NC DETECT ED visit data, 2021-2023 Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

In 2023, females, youth (10-18), and NH White residents experienced a higher than expected burden of self-inflicted injury-related ED visits.



Females made up 63% of ED visits vs. 54% of the state population.

10-18 year olds made up 30% of ED visits but only 13% of the population.

Most visits were among non-Hispanic (NH) white residents (64%) followed by NH Black residents (21%).

Self-Inflicted Injury quarterly fact sheets with provisional data on nonfatal ED visits are available here on the IVPB website.

Injury and Violence Prevention Branch Resources

https://injuryfreenc.dph.ncdhhs.gov/safestorage/index.htm

https://injuryfreenc.dph.ncdhhs.gov/preventionResources/Suicide.htm

National Resources

The Suicide Prevention Resource Center: http://www.sprc.org/ The American Foundation for Suicide Prevention: https://afsp.org/

State Resources & Partners

Office of Violence Prevention

https://www.ncdps.gov/about-dps/current-initiatives/office-violence-prevention

Office of the Chief Medical Examiner

https://www.ocme.dhhs.nc.gov/

Division of Child and Family Wellbeing

https://www.ncdhhs.gov/divisions/division-child-and-family-well-being