



Suicide Morbidity and Mortality in Vermont

Vermont Department of Health

This slide deck contains the latest annual suicide data and is intended to provide information in a format that can be used for presentations.

Date Published: February 2025

Self-harm data through 2022

Emergency Department surveillance data through 2023

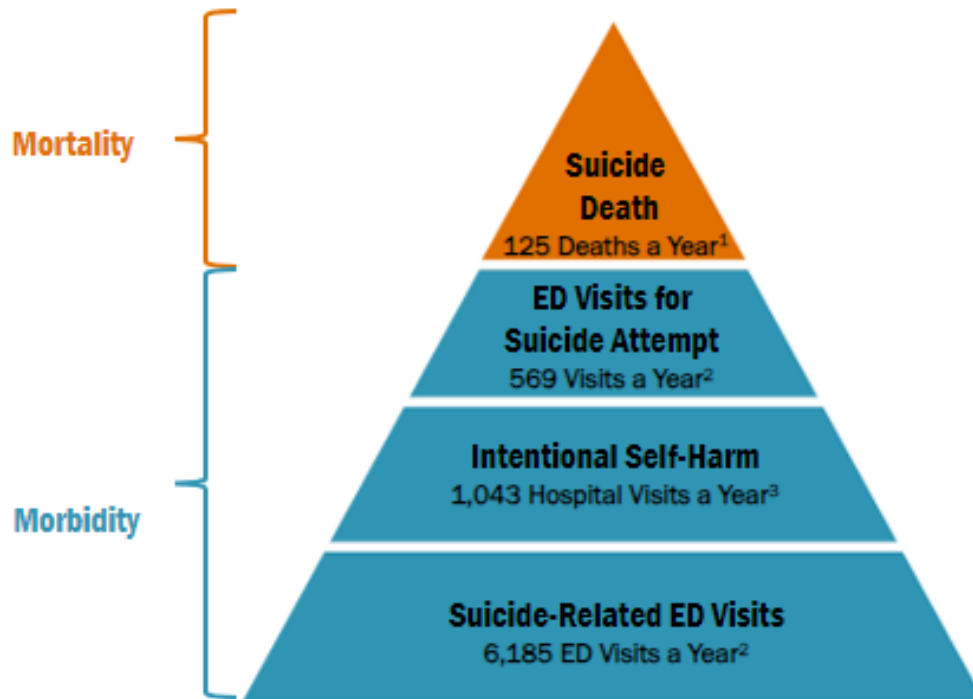
YRBS data through 2023

BRFSS data through 2022

Vital statistics data through 2023

Vermont Violent Death Reporting System data through 2022

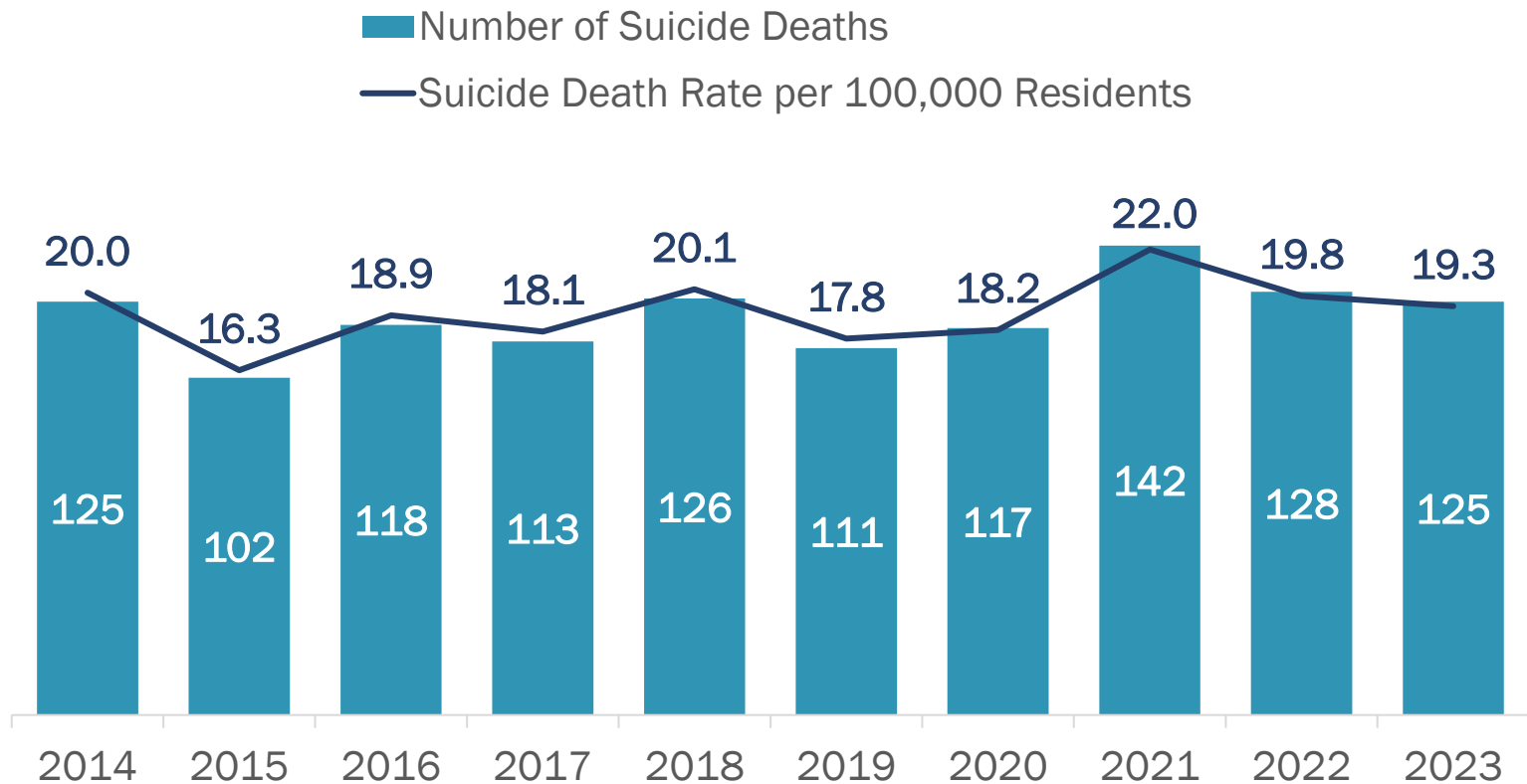
Vermont suicide morbidity and mortality.



- Suicide is a preventable public health problem.
- For every suicide death, there are many more people who visit the hospital (including ED visits and inpatient hospitalizations) for self-harm or suicidal ideation, endorse suicidal thoughts or plans, or attempt suicide. These thoughts and behaviors are sometimes risk factors for suicide.

1. Vermont Vital Statistics, 2023. 2023 data is preliminary
2. Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE), 2023
3. Vermont Uniform Hospital Discharge Data Set (VUHDDS), 2021

Suicide death rates remain steady over the past 10 years.



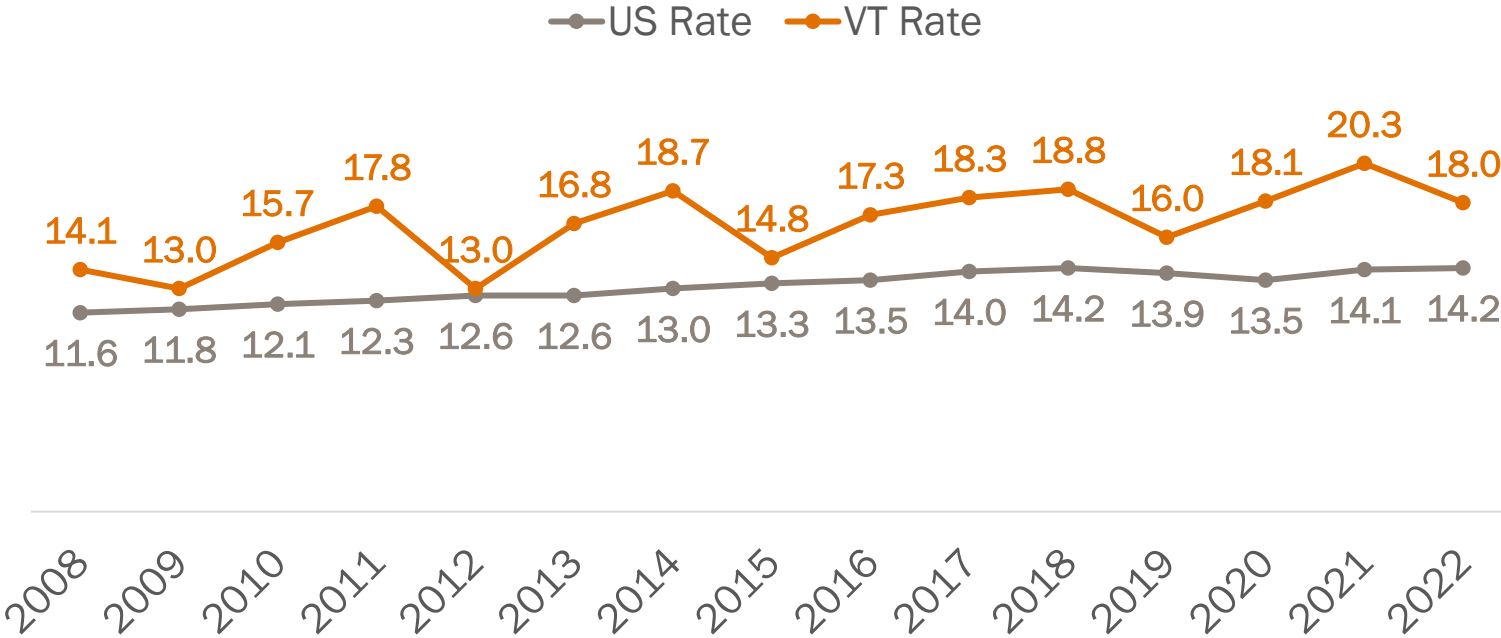
Source: Vermont Vital Statistics, 2014-2023. 2023 data is preliminary.

*Suicide death numbers may slightly vary from previous publications from the Vermont Department of Health due to an updated, more inclusive, data inclusion criteria. See Methodology for more information.

Over the past 15 years, Vermont's suicide rate has consistently been higher than the U.S. rate.*

Suicide Deaths

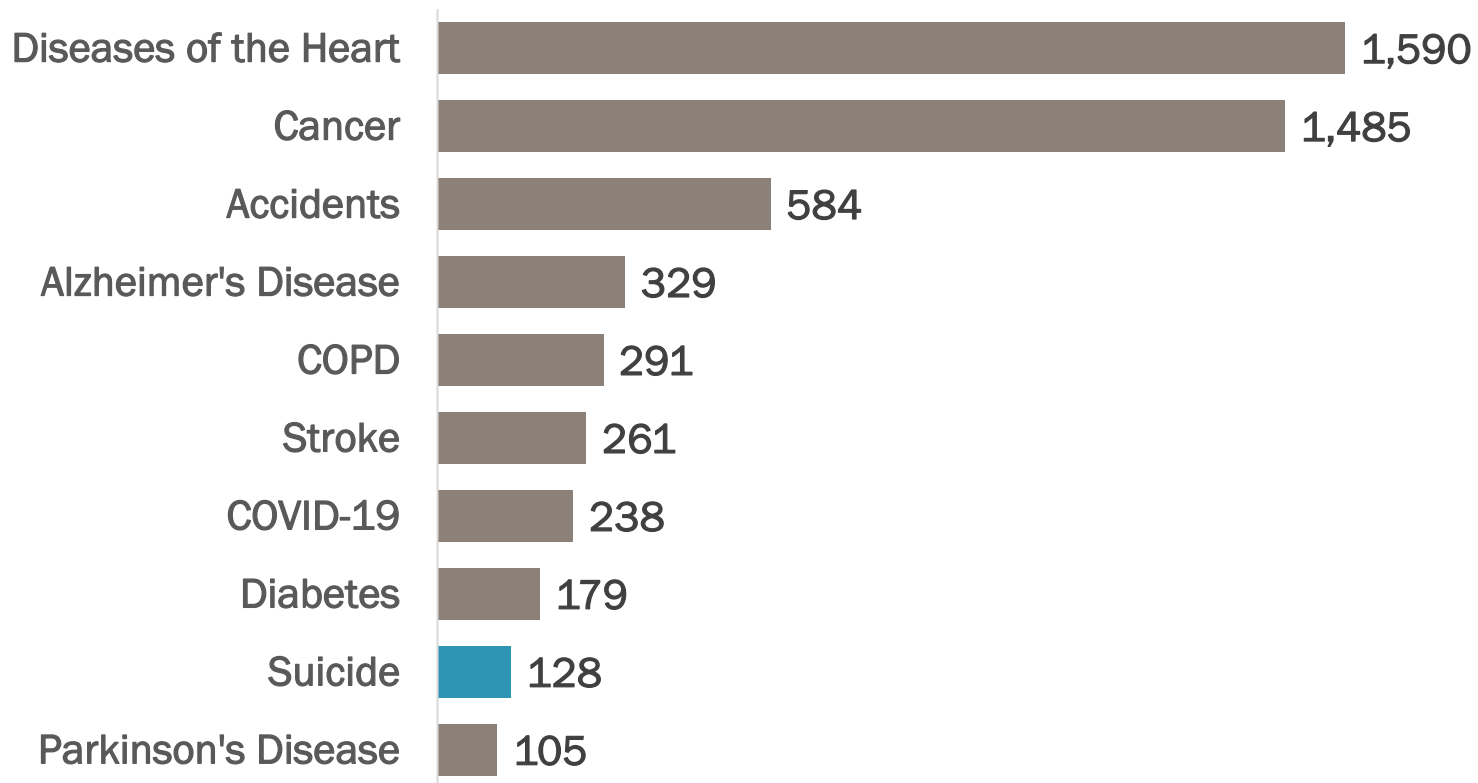
Age-adjusted rate per 100,000 residents



*statistically significant.
Source: CDC WONDER

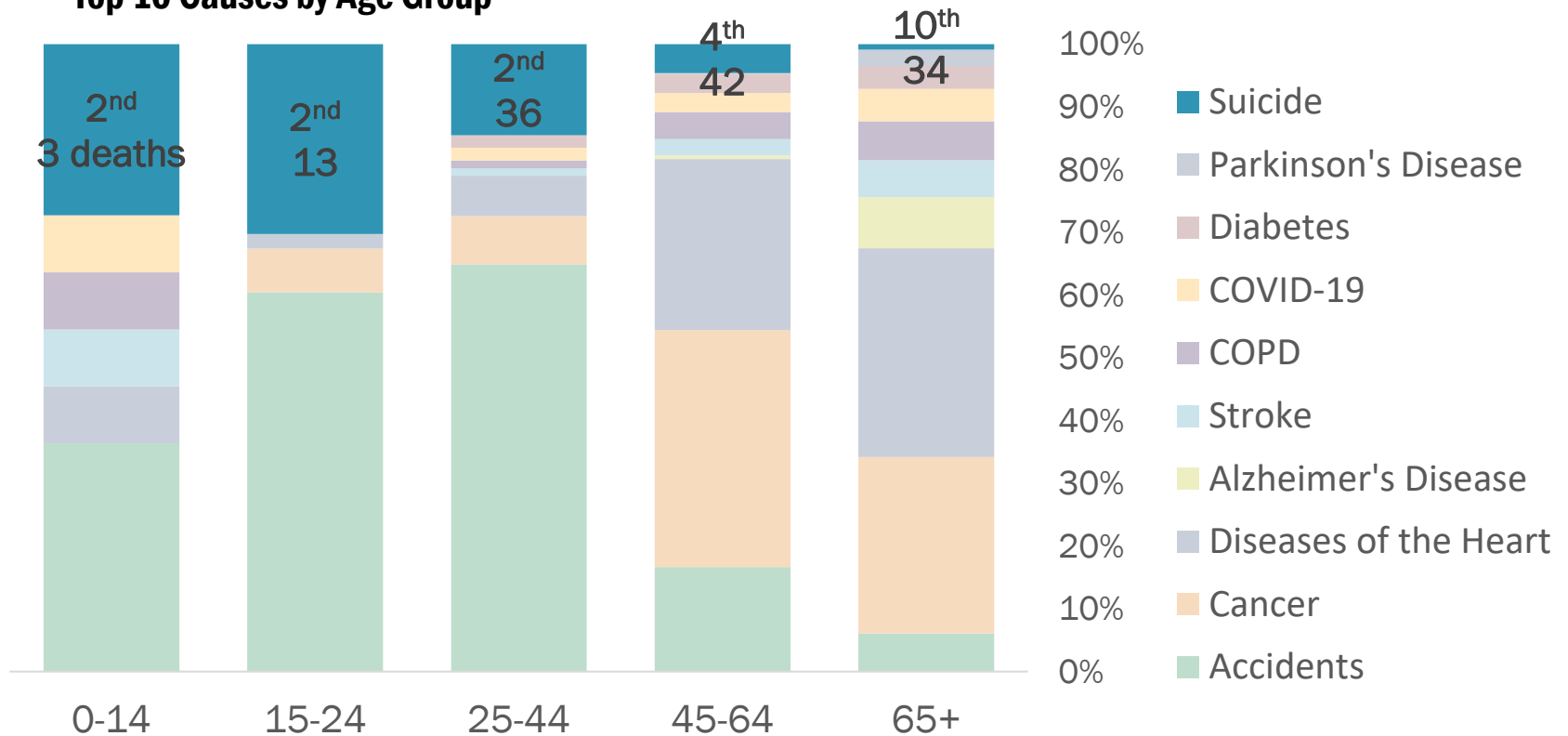
Suicide was the 9th leading cause of death in Vermont in 2022.

Top 10 Causes of Death



Suicide was the 2nd leading cause of death among Vermonters 0-44 in 2022.

Top 10 Causes by Age Group

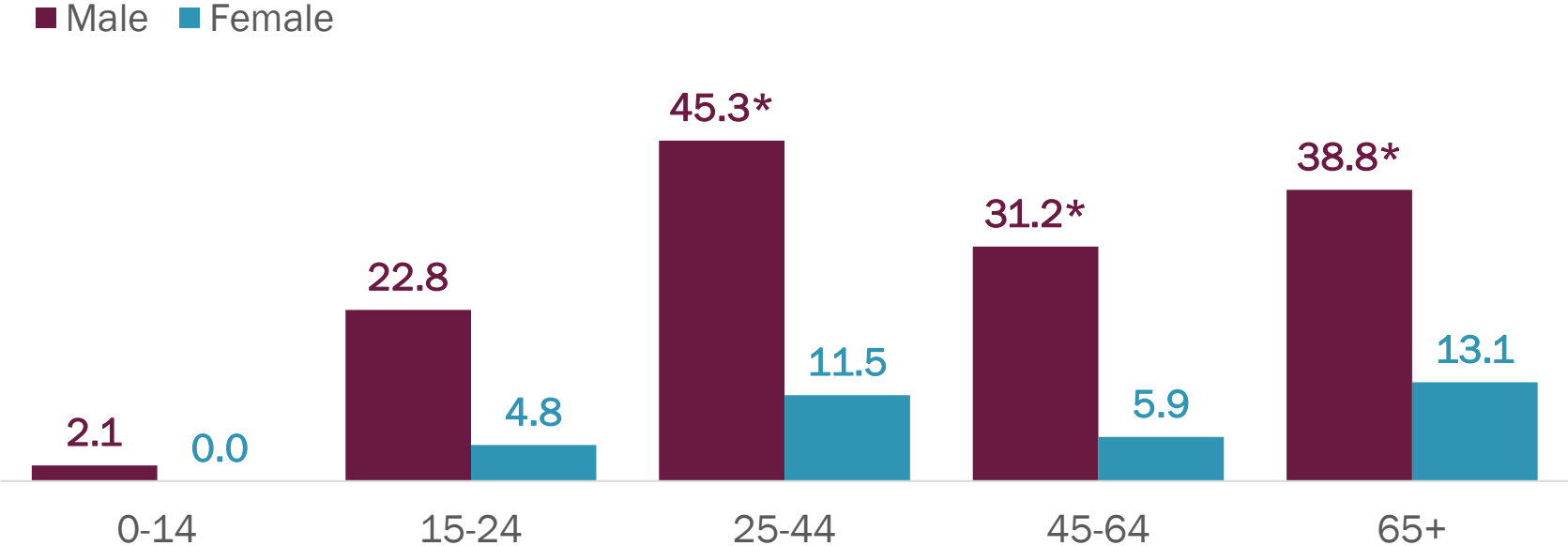


Source: Vermont Vital Statistics, 2022

Suicide death rates are higher for males.*

Death by Suicide

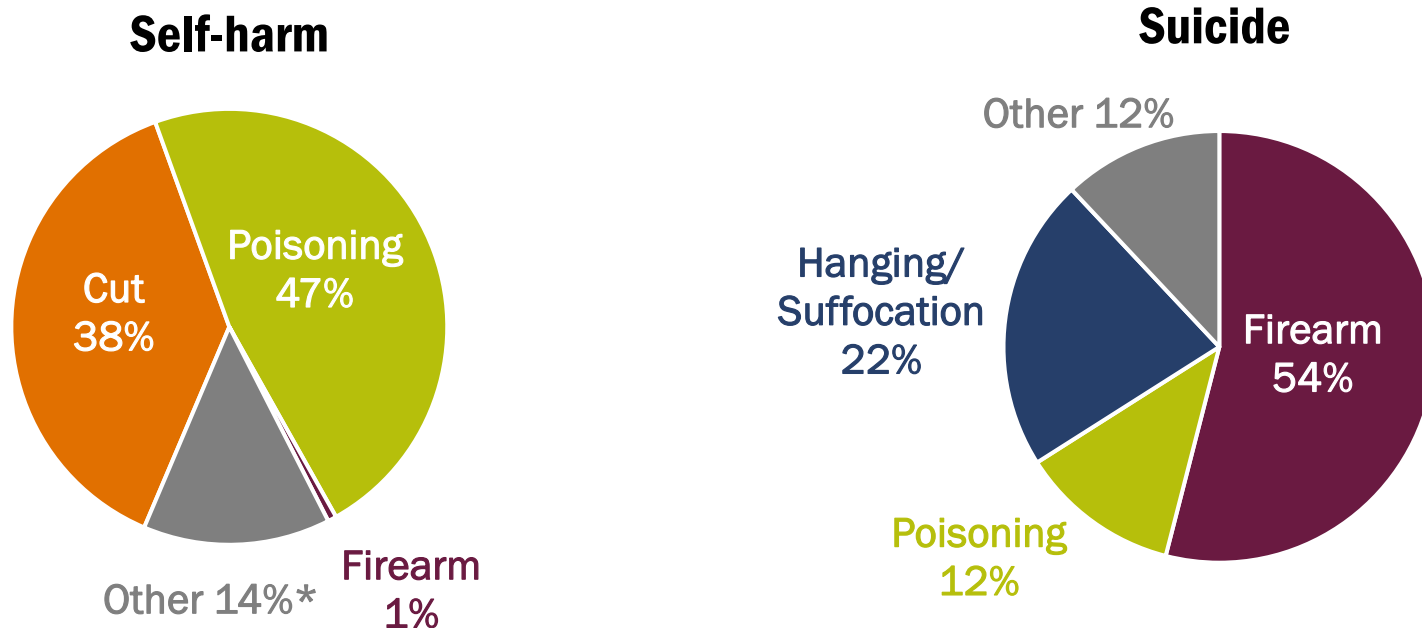
Rates by age and sex per 100,000 Vermont residents



*statistically significant.
Source: Vermont Vital Statistics, 2023 (preliminary)

Almost 90% of suicide-related hospital visits are due to poisonings or cutting. Over half of suicide deaths are due to firearms.

Method of intentional self-harm and suicide.



Source: Vermont Vital Statistics, 2023 (preliminary); VUHDDS, 2022

*“Hanging/suffocation” has fewer than 6 observations and is included in the “Other” total.

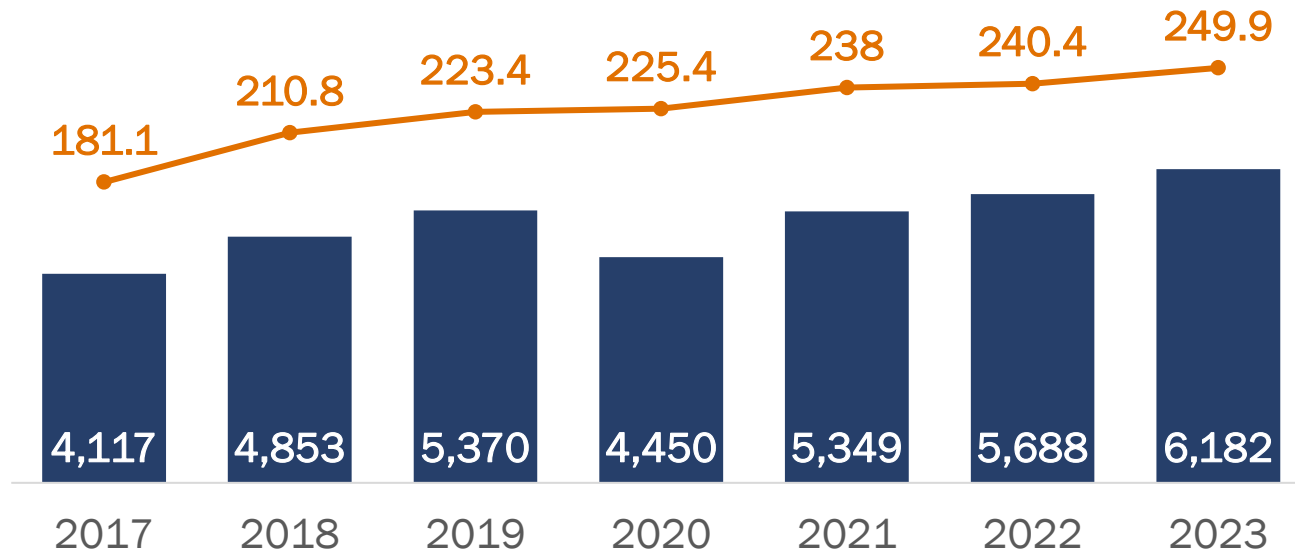
Hospital visits include both ED visits and inpatient hospitalizations.

Suicide-related emergency department visits in Vermont have increased since 2017.*

Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits

■ Number —● Rate



*statistically significant.

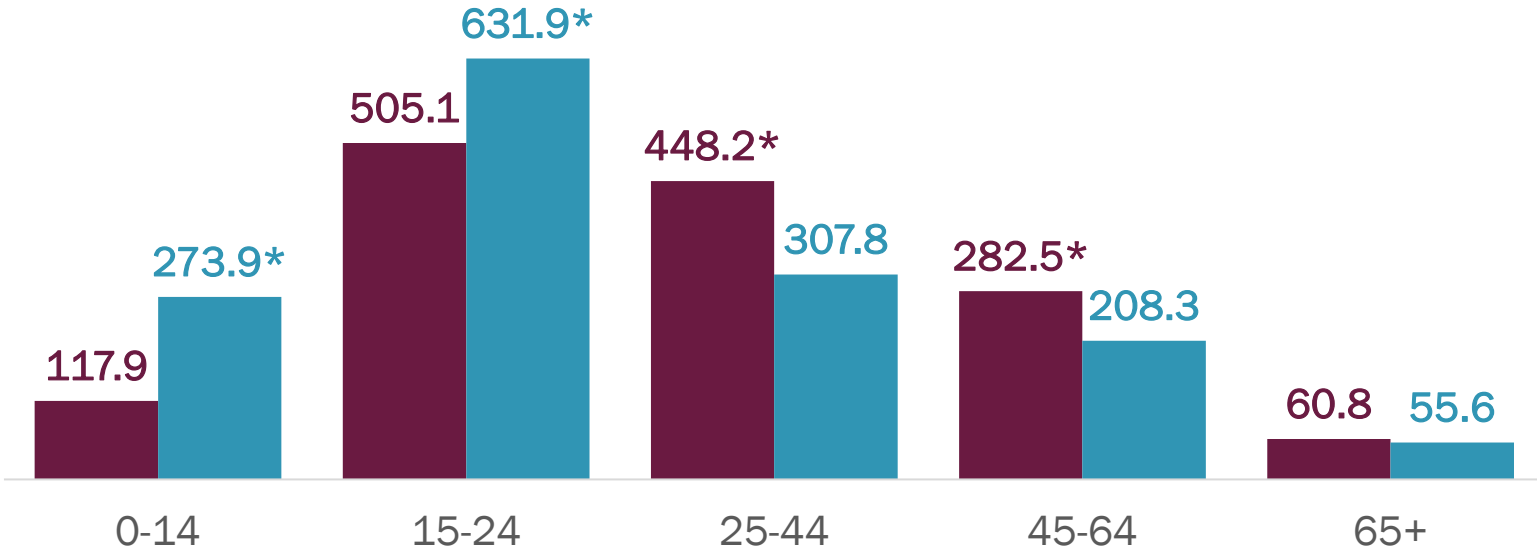
Please note the number of suicide-related ED visits is influenced by the number of hospitals reporting in ESSENCE. Hospitals not reporting: Brattleboro Memorial Hospital January 2017 – May 2022; North Country Hospital from January 2017 – June 2020 and May 2022 - January 2023. Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics ESSENCE, 2017-2022.

Suicide-related ED visits are higher for females younger than 24 years old. ED visits are higher for males aged 25-64.*

ED Visits for Suicidal Ideation and/or Self-Directed Violence

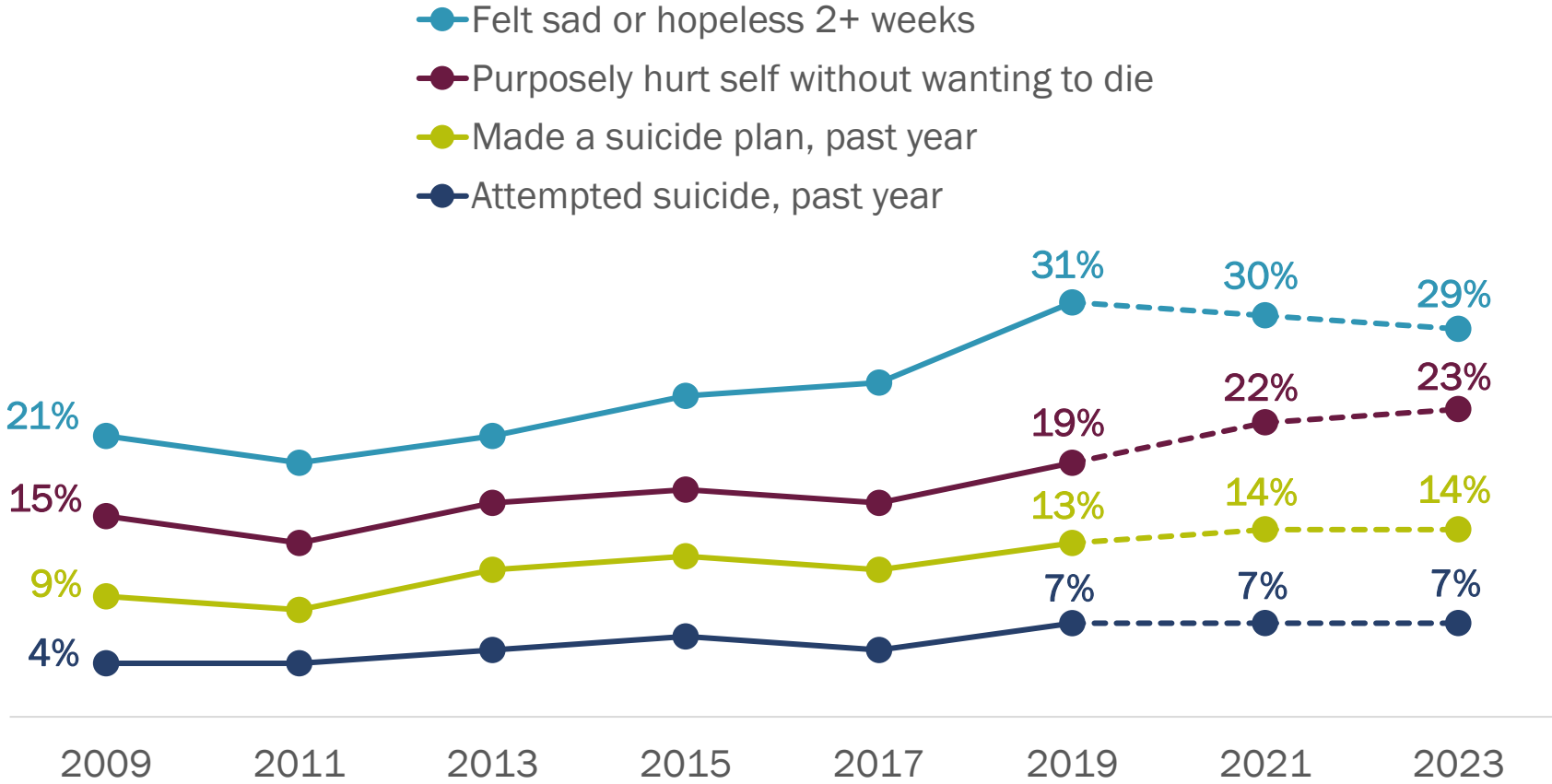
Rates by age and sex per 10,000 ED visits

■ Male ■ Female



*statistically significant.
Source: ESSENCE, 2023

Suicide-related risk factors in youth have increased over the past decade.

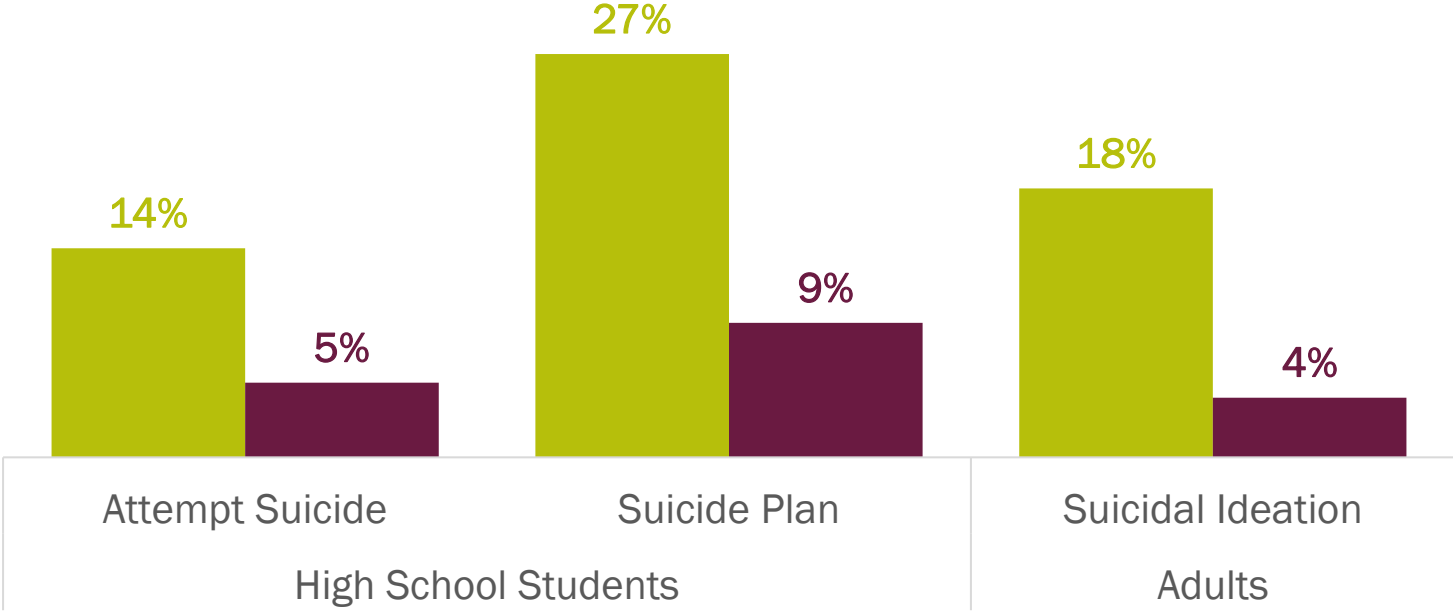


Source: Youth Risk Behavior Survey (YRBS), 2009-2023

Note: Due to methodological changes data from 2021 cannot be compared to other years (see [pages 12-13 of the 2023 YRBS report](#) for more information).

People who identify as LGBTQ+ have high suicide morbidity.

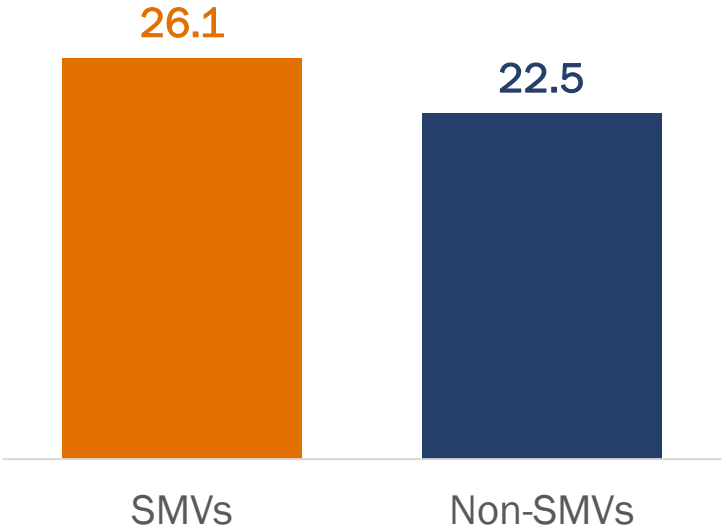
People who identify as **LGBTQ+** are more likely to attempt suicide, make a suicide plan, or report suicidal ideation compared to **heterosexual cisgender** people.



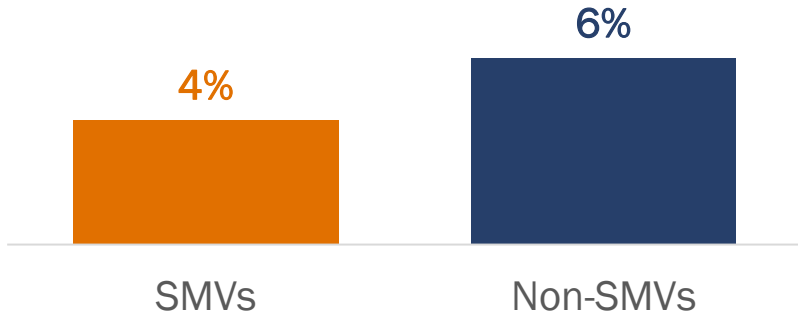
Source: YRBS, 2023; BRFSS, 2022

Service members and veterans (SMVs) have statistically similar rates of suicide morbidity and mortality compared to non-SMV.

Though **SMVs** have a higher rate of suicide death than **non-SMVs**, the difference is not statistically significant.



SMVs have seriously considered suicide at a similar rate compared to **non-SMVs**.

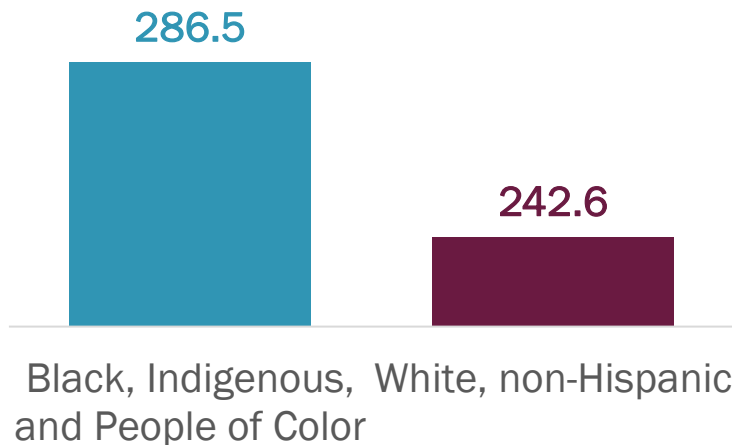


Source: Vermont Vital Statistics, 2023 (preliminary); BRFSS, 2022

Vermonters who identify as BIPOC have high suicide morbidity; they do not have high suicide mortality.

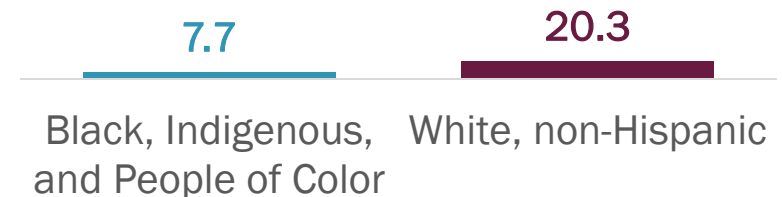
People who identify as BIPOC have higher rates of suicide-related ED visits.

Rate per 10,000 visits



Death rates due to suicide are similar by race and ethnicity.

Rate per 100,000 residents

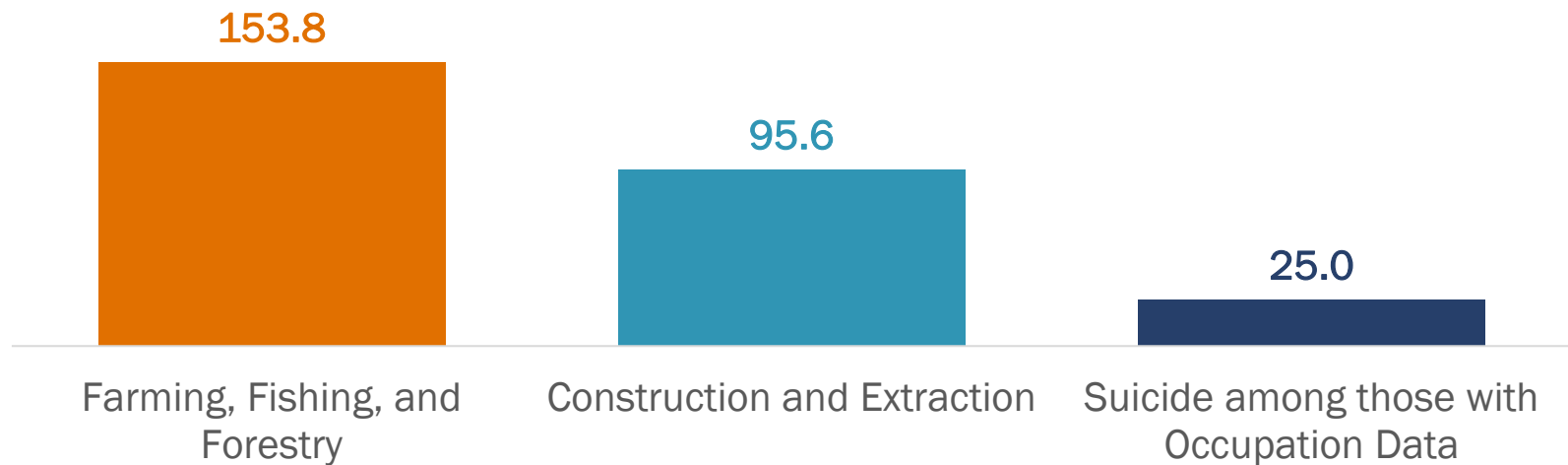


Source: Vermont Vital Statistics, 2023 (preliminary); ESSENCE, 2023

Adults working in construction and farming have high suicide mortality.

People working in **farming, fishing, and forestry occupations** are **six times more likely** to die by suicide than the rest of the population. People working in **construction and extraction** are **3.5 times more likely**.

Rate per 100,000



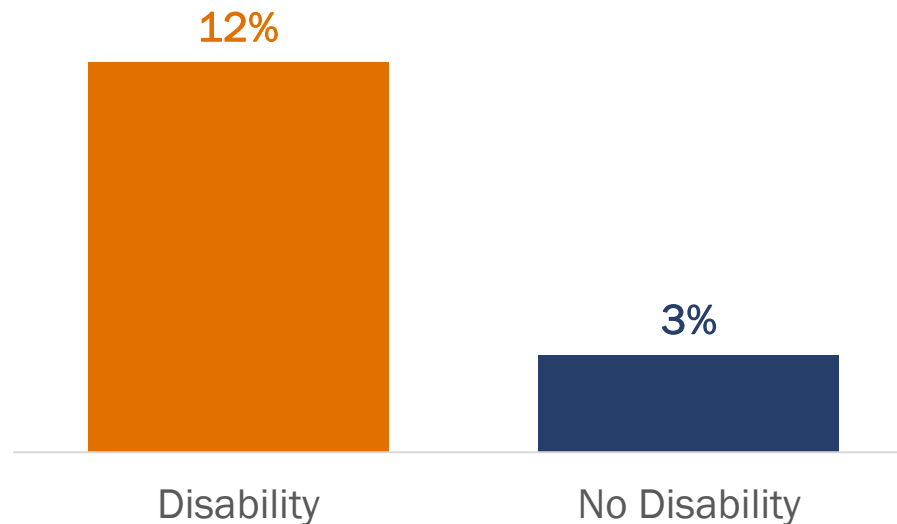
Source: Vermont Vital Statistics, 2019-2020; Quarterly Census of Employment and Wages 2019-2020

There are several populations at high risk for suicide in Vermont.

- Males
- Rural
- Youth
- Veterans
- LGBTQ+
- Work in farming, fishing forestry, construction or extraction occupations
- Black, Indigenous, or People of Color (BIPOC)
- High school education or less
- Never married, single or divorced
- Disability
- Recently released from incarceration
- Recently involved with the court system

Adults with a disability have high suicide morbidity.

Adults with a disability are 4 times more likely to seriously consider suicide compared to people without a disability.

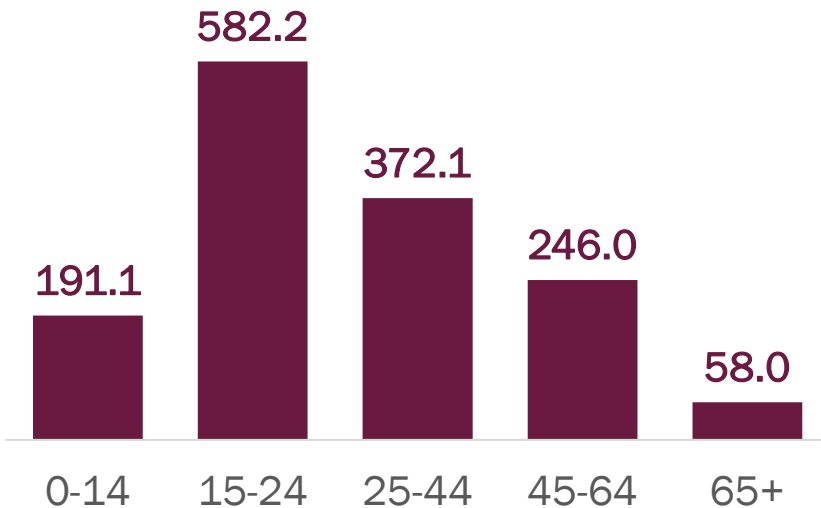


Source: BRFSS, 2022.

Young adults have high suicide morbidity; youth and young adults have the lowest mortality rates.

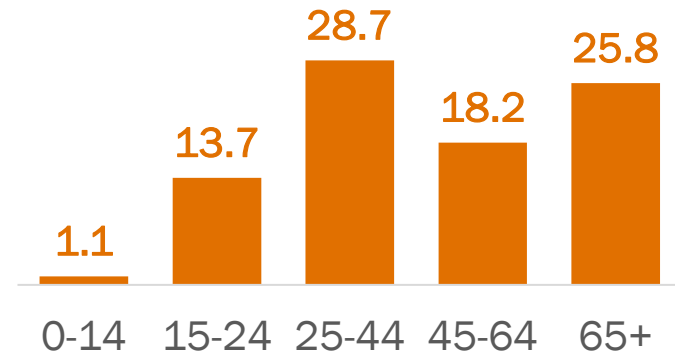
Youth and young adults have the highest rates of **suicide-related ED visits**.

Rate per 10,000 ED visits



Youth and young adult **suicide death** rates are the lowest of any age group.

Rate per 100,000 residents



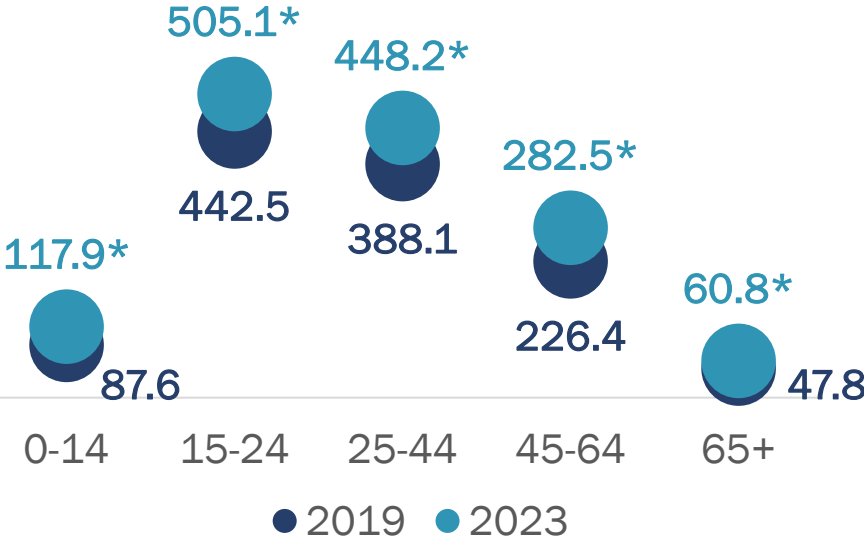
Source: Vermont Vital Statistics, 2023 (preliminary); ESSENCE, 2023

Suicide-related ED visits are increasing in most age groups. The largest increase is in females 15 to 24.*

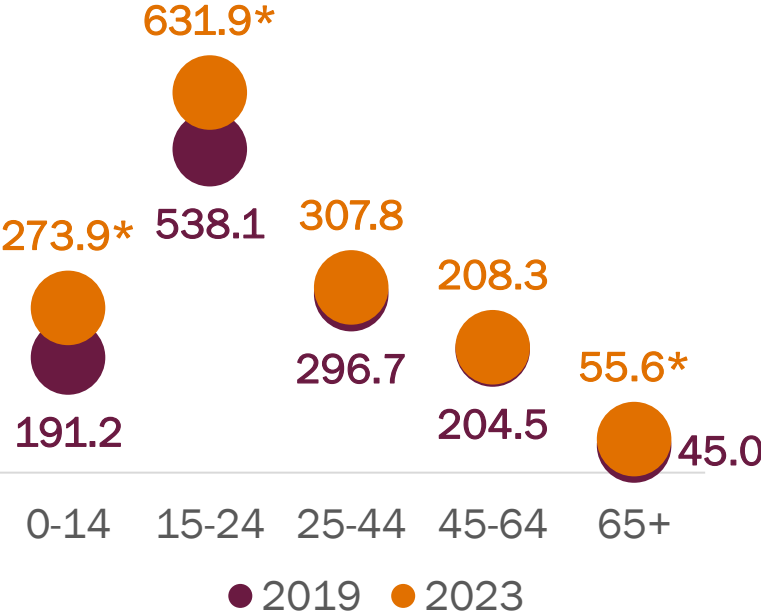
Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits

Males



Females



*statistically significant.
 Source: ESSENCE, 2019 and 2023
 Vermont Department of Health

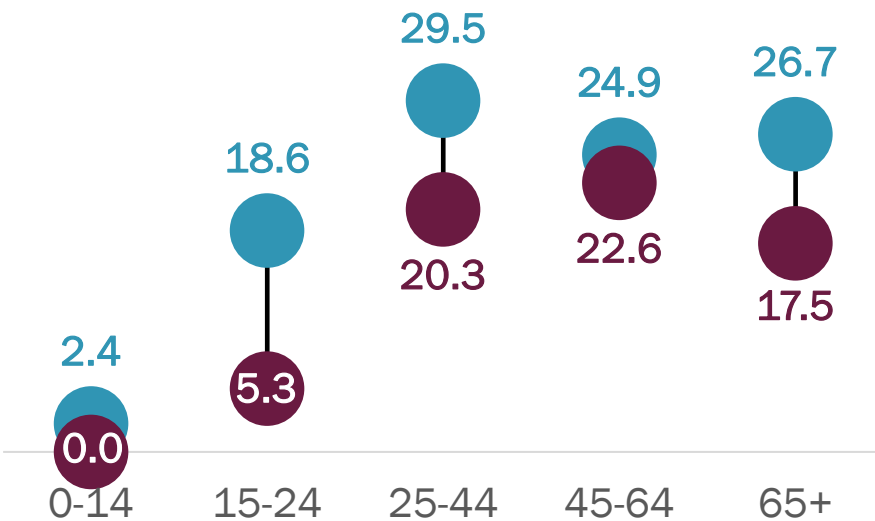
Rural Vermonters have higher suicide mortality but lower suicide morbidity than those living in urban areas.

Rural Vermonters have a higher rate of suicide death but a lower rate of suicide-related ED visits.

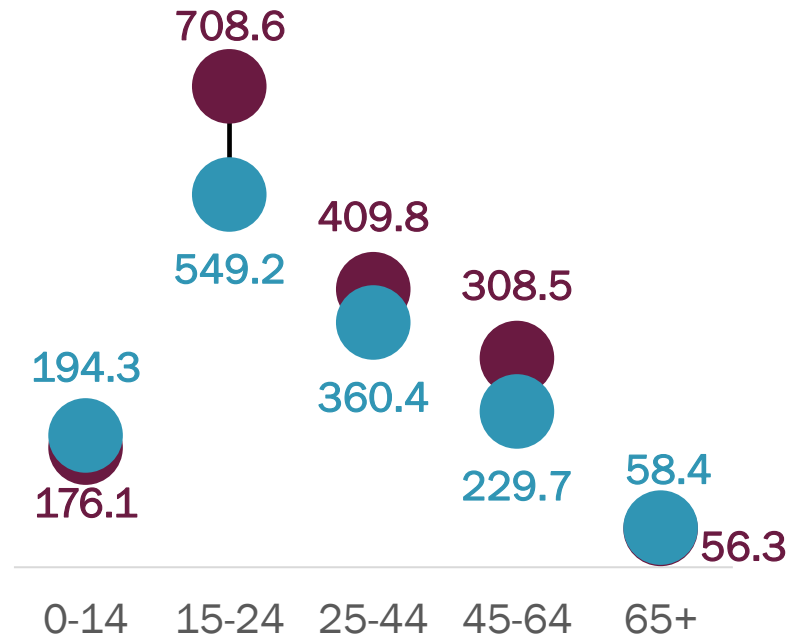
Rate per 100,000 residents (left), per 10,000 ED Visits (right)

Deaths

● Rural ● Urban



Emergency Department Visits

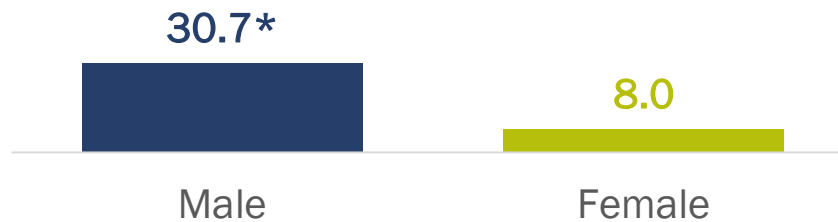


Source: Vermont Vital Statistics, 2021-2023; ESSENCE, 2023
Vermont Department of Health

Males have high suicide mortality, and males 25-64 have high suicide-related morbidity.

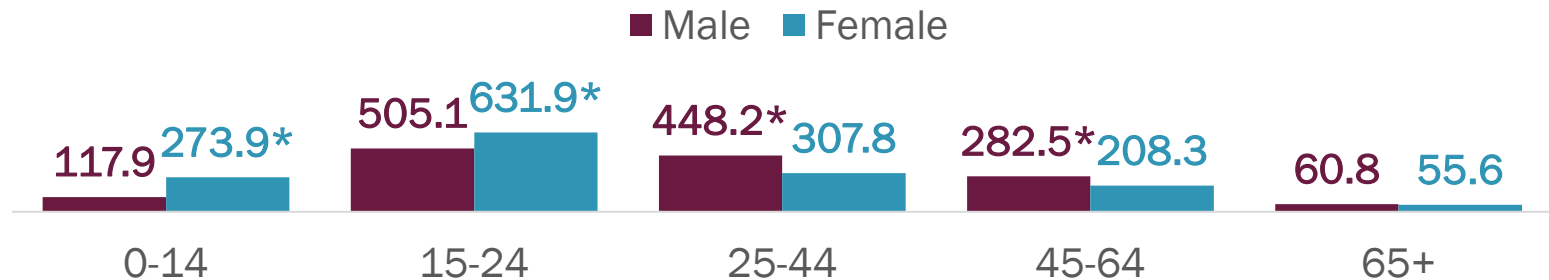
Males have a suicide death rate that is nearly four times higher than females.

Rate per 100,000 residents



Males ages 25 to 64 have a high rate of suicide-related ED visits.

Rate per 10,000 ED Visits



*statistically significant.

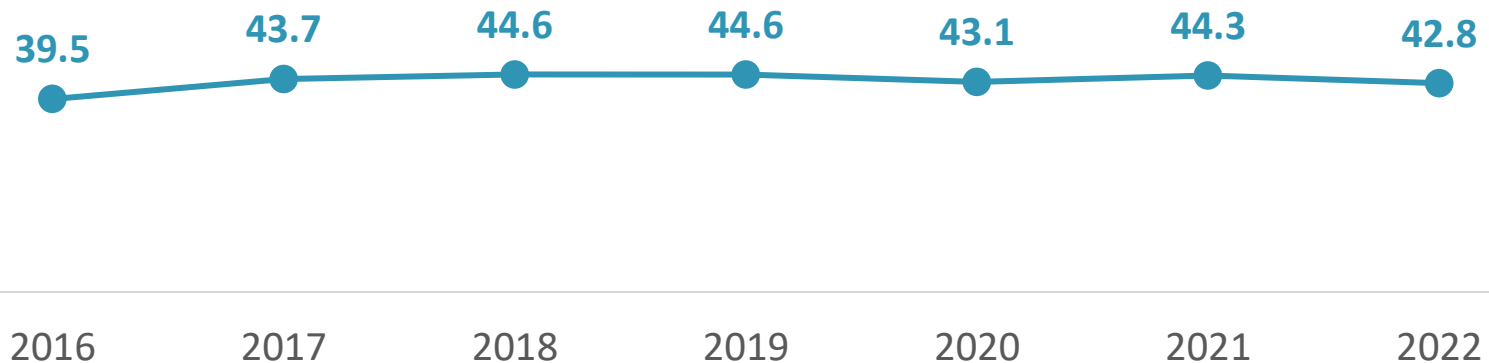
Source: Vermont Vital Statistics, 2023 (preliminary); ESSENCE, 2023

Vermont Department of Health

Vermont hospital visit rates for intentional self-harm have been steady since 2016.

Intentional Self-Harm Emergency Department Visits and Hospitalizations

Unadjusted rate per 10,000 visits

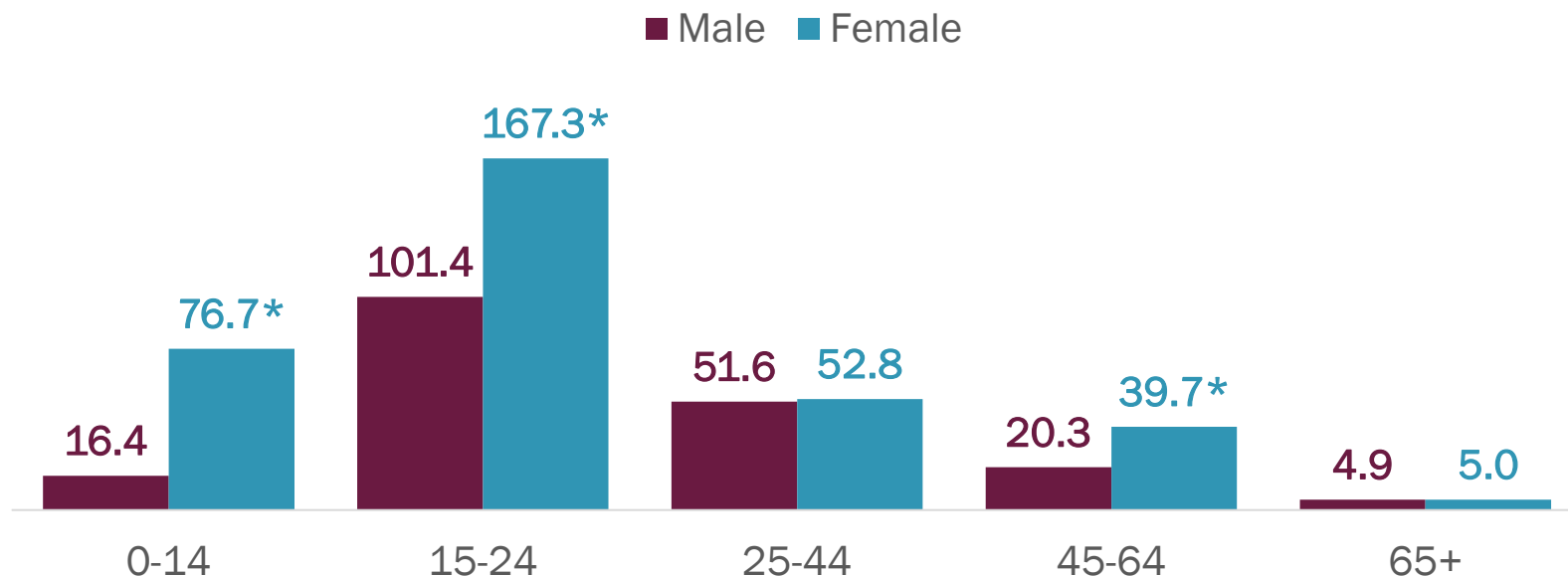


Source: Vermont Uniform Hospital Discharge Data System (VUHDDS), 2016-2022
Hospital visits include both ED visits and inpatient hospitalizations.

Hospital visits for intentional self-harm is higher for females aged 0-24 and 45-64.*

Hospital Visits for Intentional Self-Harm

Rates by age and sex per 10,000 hospital visits



*statistically significant.

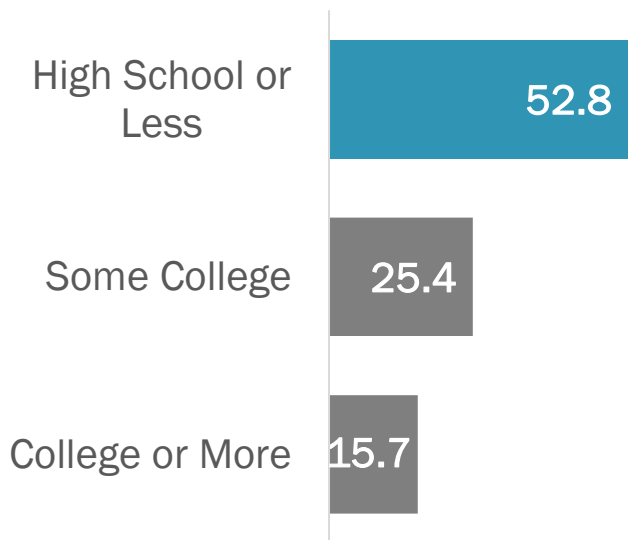
Source: VUHDDS, 2022

Hospital visits include both ED visits and inpatient hospitalizations.

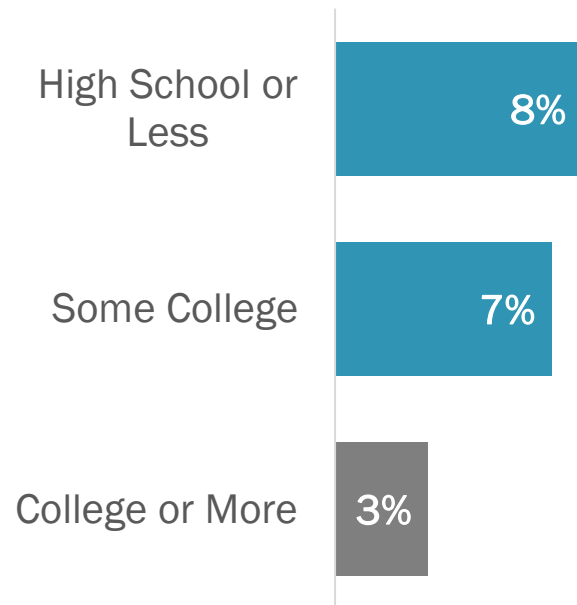
People with a high school education or less have high suicide morbidity and mortality.

People with a high school education or less have a higher rate of suicide death.

Rate per 100,000



Adults with less than a college education are more likely to have seriously considered suicide in the past 12 months.

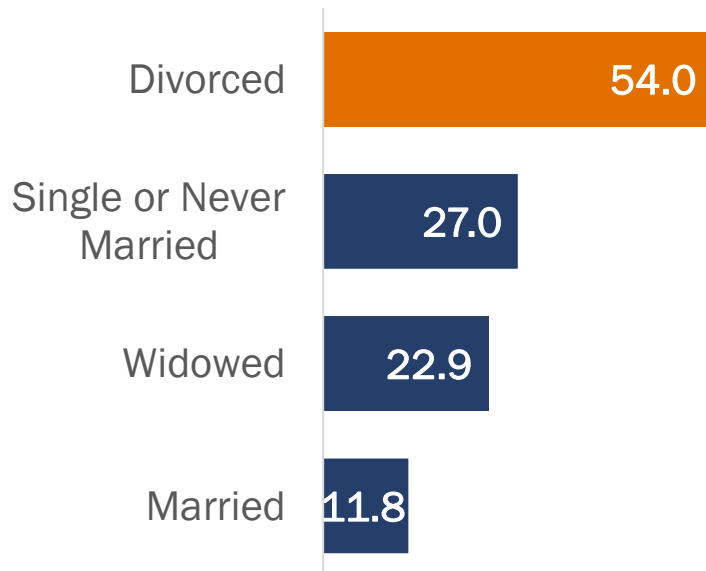


Source: Vermont Vital Statistics, 2023 (preliminary); BRFSS, 2022

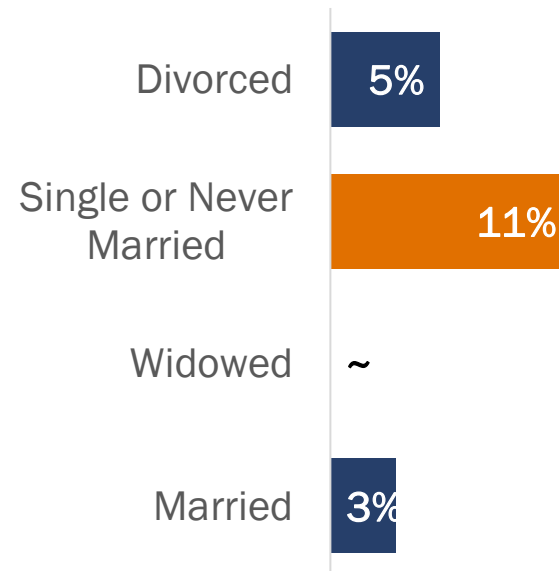
Divorced and single adults have higher rates of suicide mortality and suicidal ideation than married or widowed adults.

People who are **divorced** had the highest rate of death.

Rate per 100,000 residents



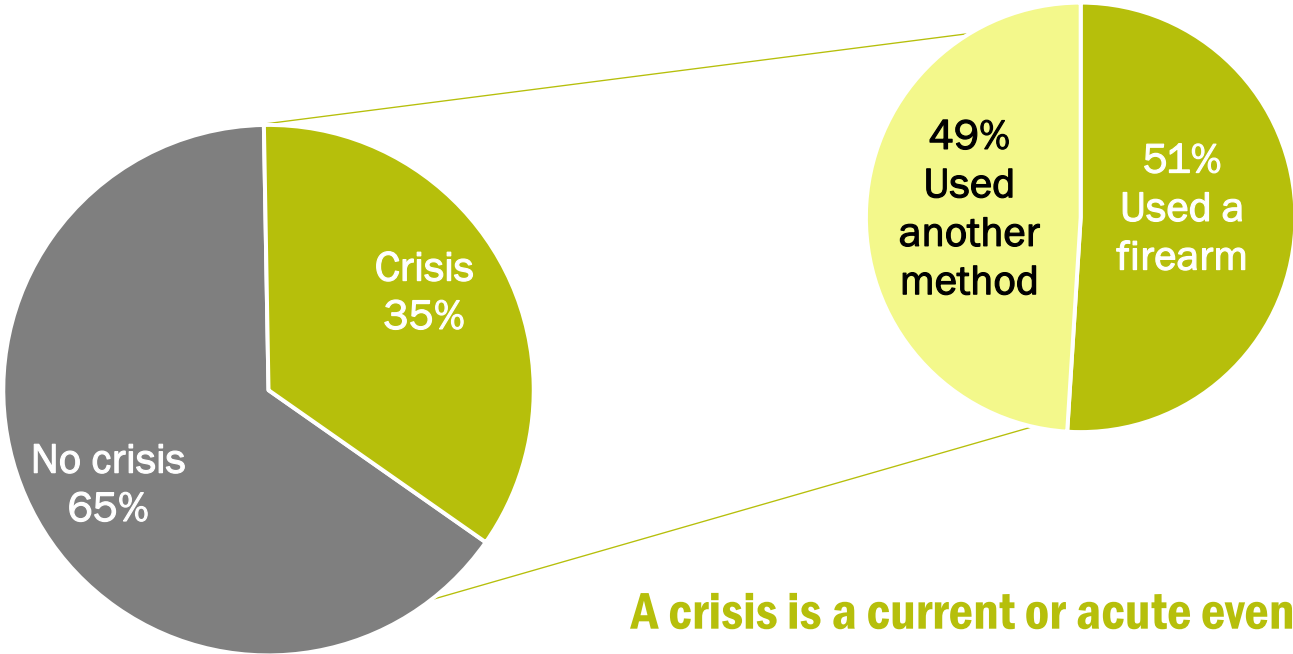
People who are **single or never married** have a higher rate of seriously considering suicide in the past 12 months.



~ suppressed due to confidentiality. Categories are suppressed if the relative standard error is greater than 30% or the numerator is less than 5.

Source: Vermont Vital Statistics, 2023 (preliminary); BRFSS, 2022

Nearly four in ten people who died by suicide experienced a crisis within two weeks of death. Among those, the majority used a firearm.



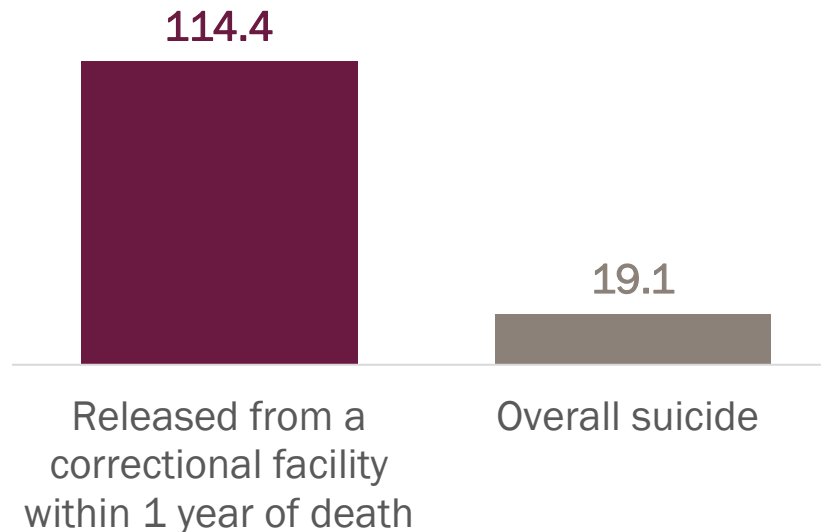
Source: VTVDRS, 2022

A crisis is a current or acute event within 2 weeks of death that contributed to the death.

Adults with a recent release from incarceration have high suicide mortality compared to all Vermonters.

The suicide rate is six times higher for those released from a correctional facility within a year of death.

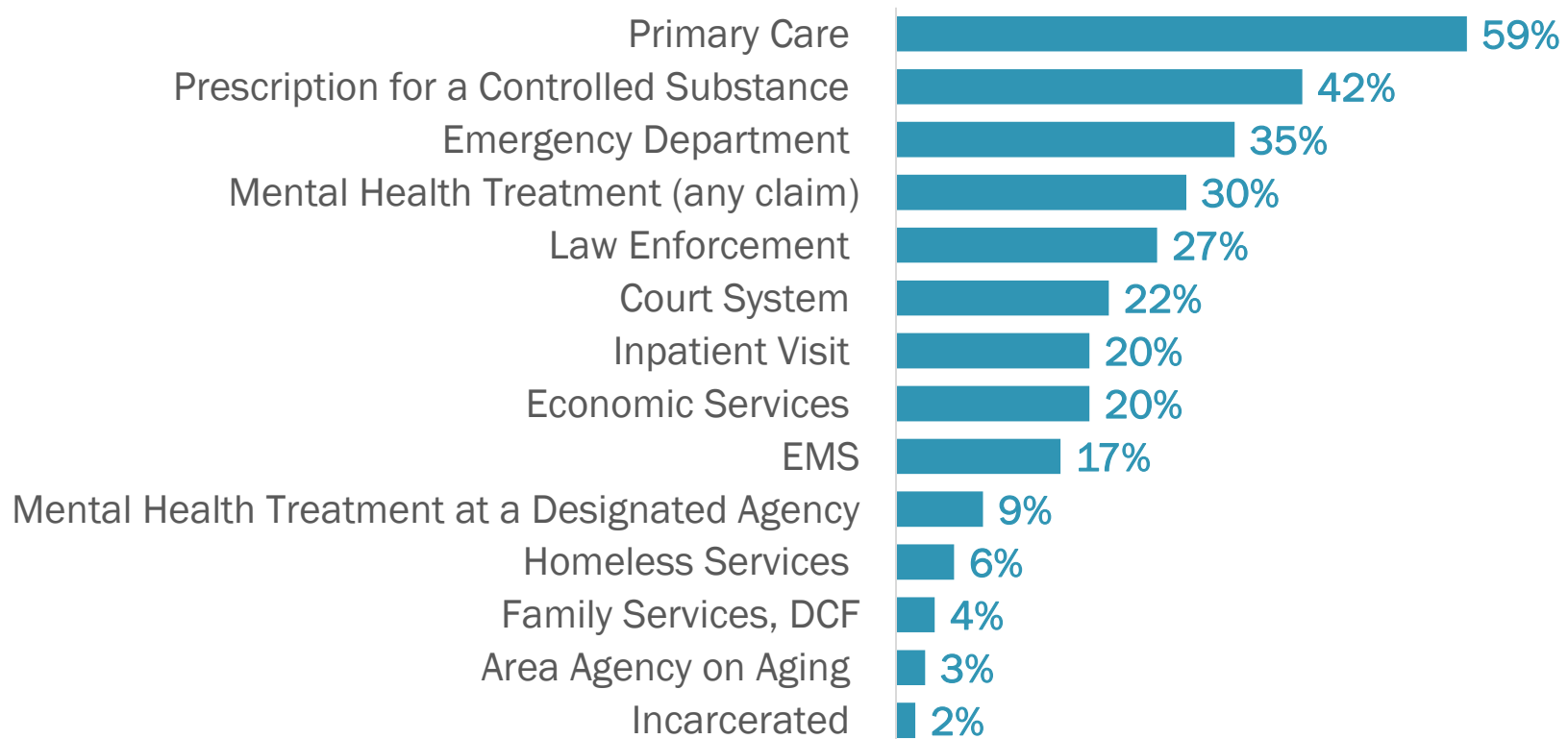
Rate per 100,000



Source: Vermont Vital Statistics 2020-2021; Department of Corrections 2019-2021

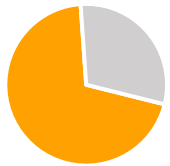
The majority of people who died by suicide had a primary care visit within a year of death.

Interactions with healthcare and other entities within a year of death by suicide.



Source: Vermont Department of Health, 2019-2021

Risk factors are prevalent among Vermonters who have died by suicide.



70% ever received a mental health diagnosis.



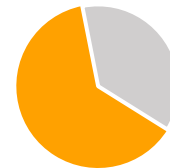
22% had a non-alcohol substance use problem.



62% were ever diagnosed with depression.

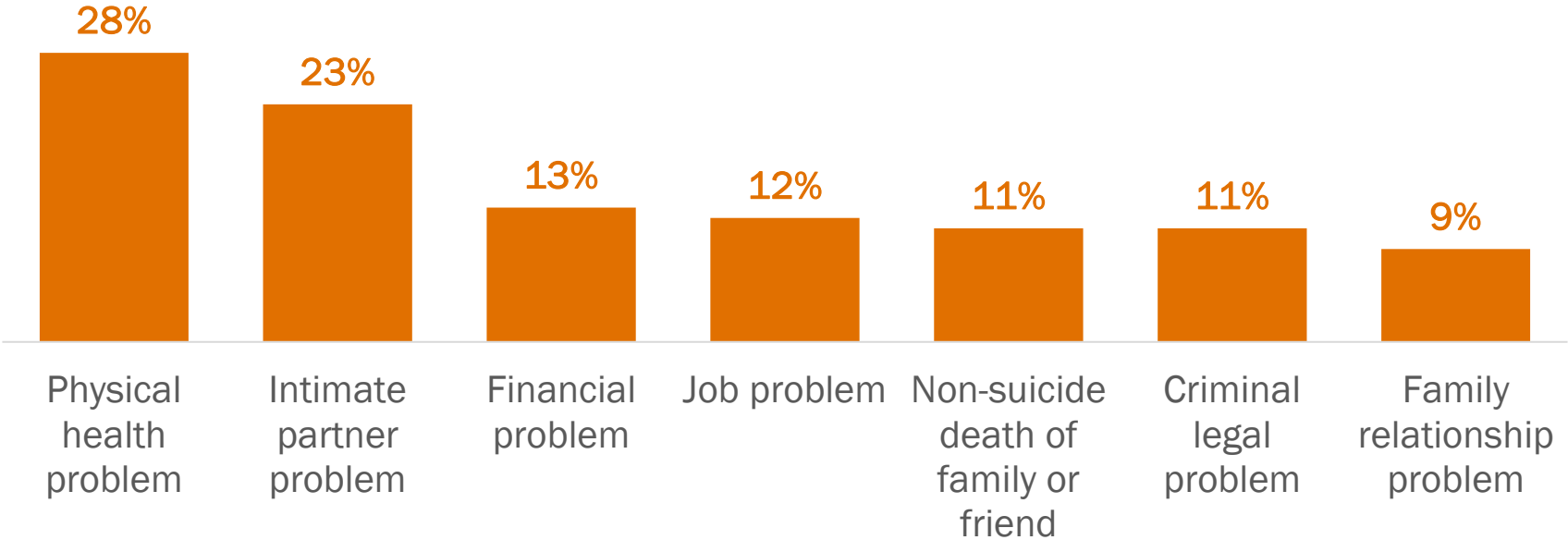


19% had a previous suicide attempt.



63% were not enrolled in mental health treatment at the time of death.

Some people who died by suicide were navigating challenging life circumstances prior to their death.

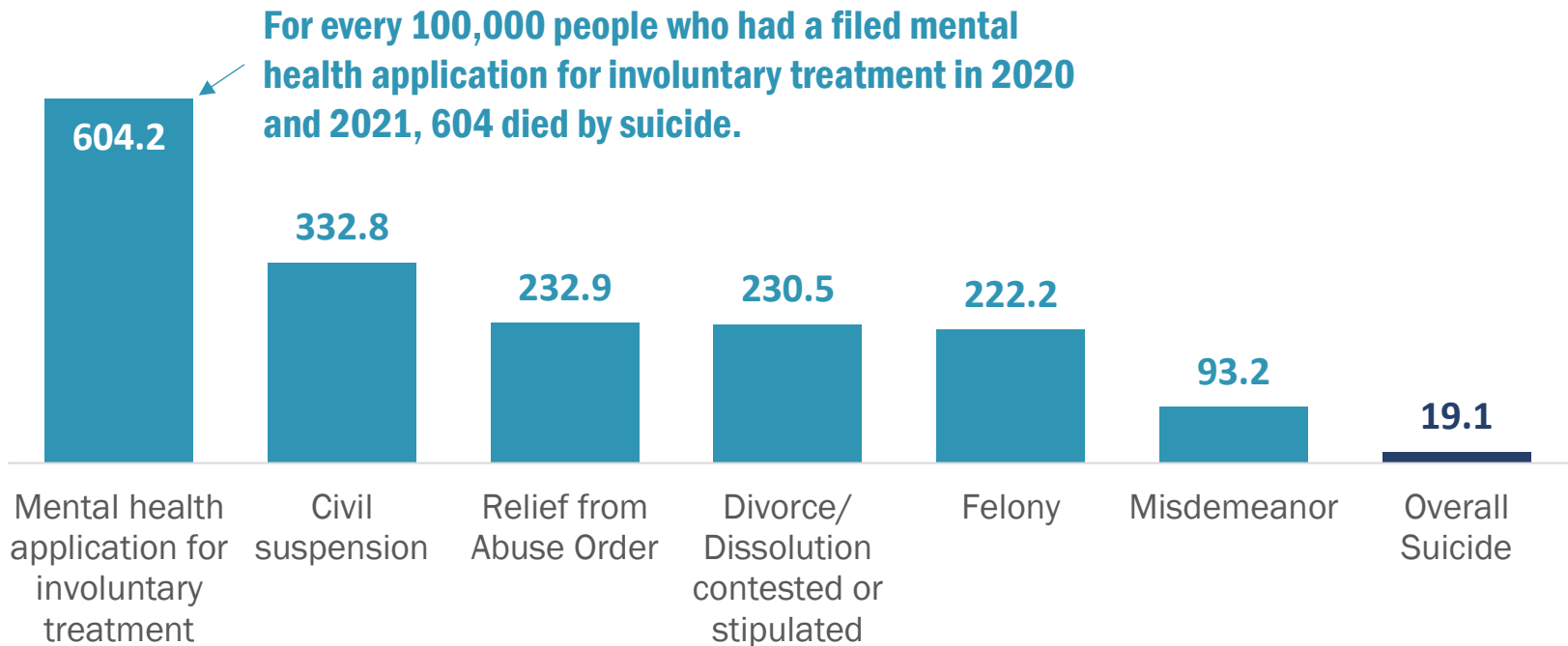


Source: VTVDRS, 2022

People with court involvement have high suicide mortality.

People who had a case with a court system within a year of death were more likely to die by suicide compared to the general population.

Rate per 100,000



Additional facts about Vermont suicide data in 2023

87%

Nearly all Vermonters who died by suicide passed away in Vermont.

100%

All of Vermont's Emergency Departments were reflected in ESSENCE, our syndromic surveillance system.

Key Takeaways

- Suicide-related ED visits have increased since 2019. The largest increase is seen in females ages 15-24 and males 25-44.
- There were 125 Vermont resident suicide deaths in 2023. This is a slight decrease from 2022 but is not statistically significant.
- Suicide is the 9th leading cause of death in Vermont, and the 2nd leading cause of death for Vermonters 44 years and younger.
- 59% of people who die by suicide visit primary care within a year of death.
- The majority of people who experience a crisis before their suicide used a firearm in their death.
- There are several populations with high suicide morbidity or mortality in Vermont.

Data Sources

Suicide mortality

- Vermont Vital Statistics
 - ICD-10 codes X60-X84, Y87.0, U03 *or* a manner of death of “Suicide”
- Vermont resident deaths
- Vermont Violent Death Reporting System (VTVDRS)

Suicide morbidity and risk factors

- Youth Risk Behavior Survey (YRBS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Vermont Uniform Hospitalization Discharge Data System (VUHDDS)
 - All diagnosis fields (DX1-DX20) were searched for suicide-related ICD codes.
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

Resources to get help

If you or someone you know is thinking about or planning to take their own life, there is help 24/7:

- **Call or text the Suicide and Crisis Lifeline at 988, or chat at 988lifeline.org**
- **Text the Crisis Text Line** – text “HOME” to 741741 anywhere in the U.S. about any type of crisis
- **Trevor Lifeline - LGBTQ Crisis Lifeline: 1-866-488-7368**
- FacingSuicideVT.org