



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 December 2023

Self-harm data through 2021

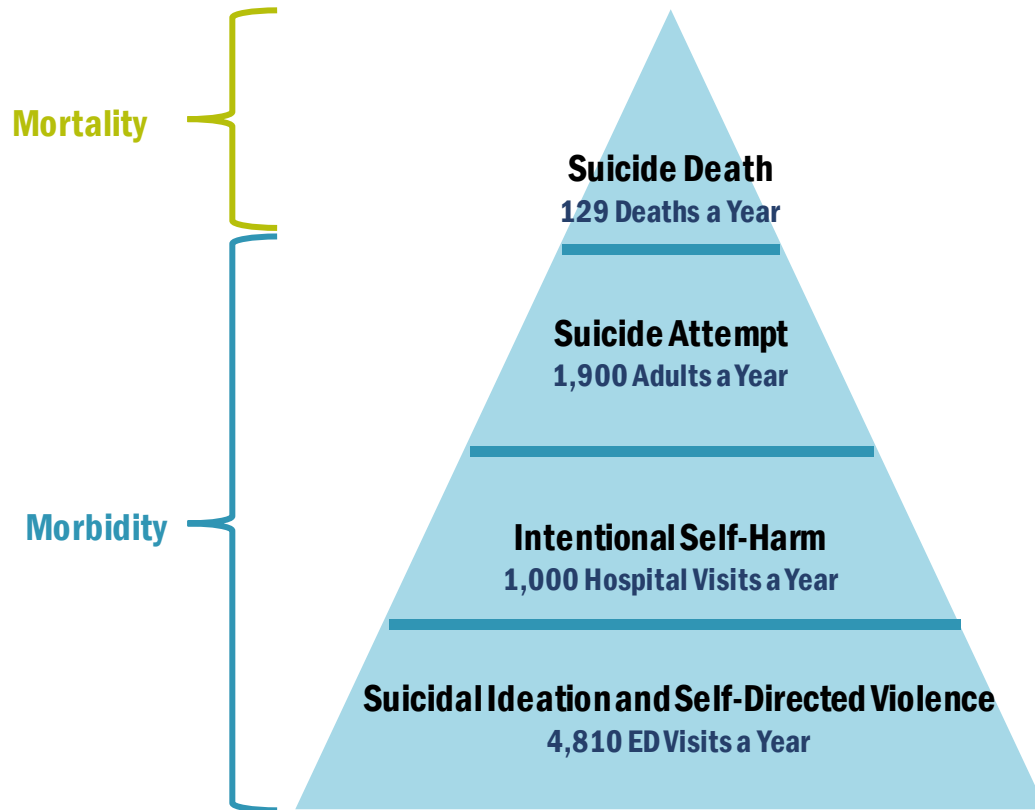
Emergency Department surveillance data through 2022

YRBS and BRFSS data through 2021

Vital statistics data through 2022

Vermont Violent Death Reporting System data through 2021

Vermont suicide morbidity and mortality.



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

Source: Vermont Vital Statistics, 2020-2022; Electronic Surveillance System for the Early Notification of Community-based Epidemics, 2022; Vermont Uniform Hospital Discharge Data System, 2021; Behavioral Risk Factor Surveillance System, 2021.

Vermont hospital visit rates for intentional self-harm fluctuate but have remained similar since 2016.

Intentional Self-Harm Emergency Department Visits and Hospitalizations

Age-adjusted rate per 100,000 residents

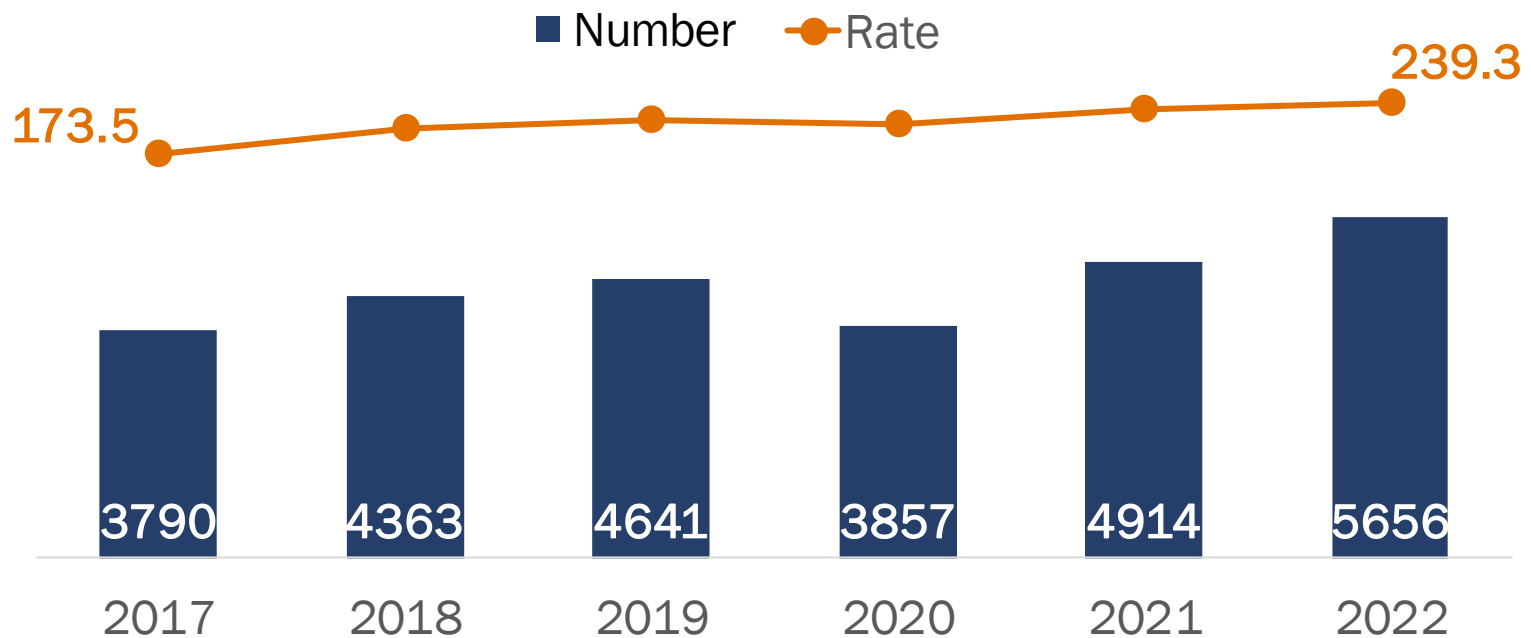


Source: Vermont Uniform Hospital Discharge Data System (VUHDDS), 2013-2021. Due to a change from ICD-9 to ICD-10 in 2015, data is not comparable before 2016.

Suicide-related emergency department visits in Vermont are increasing.*

Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits



*statistically significant.

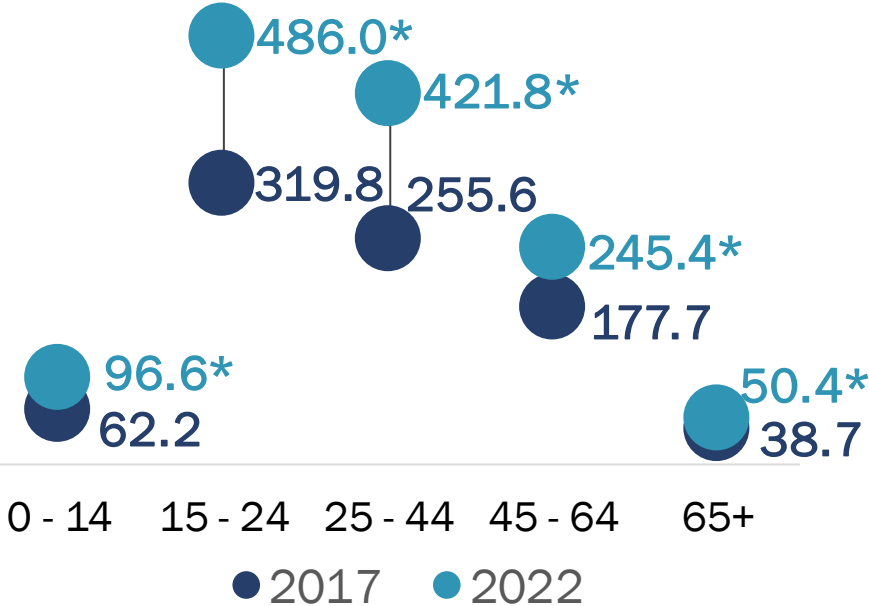
Please note the number of suicide-related ED visits is influenced by the number of hospitals reporting in ESSENCE. Hospitals not reporting: Brattleboro Memorial Hospital January 2017 – May 2022; North Country Hospital from January 2017 – June 2020 and May 2022 - January 2023. Source: Electronic Surveillance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

Suicide-related ED visits are increasing in every age group. The largest increase is in males 25 to 44.*

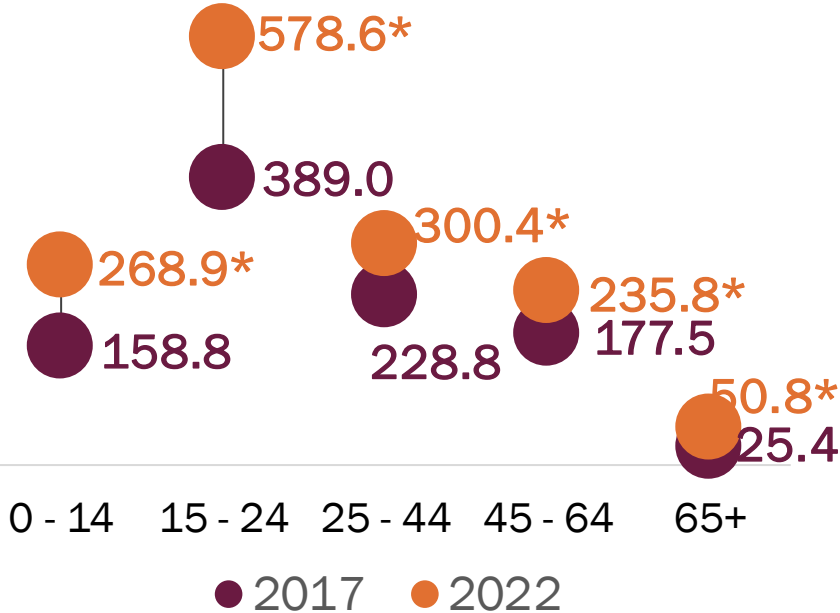
Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits

Males

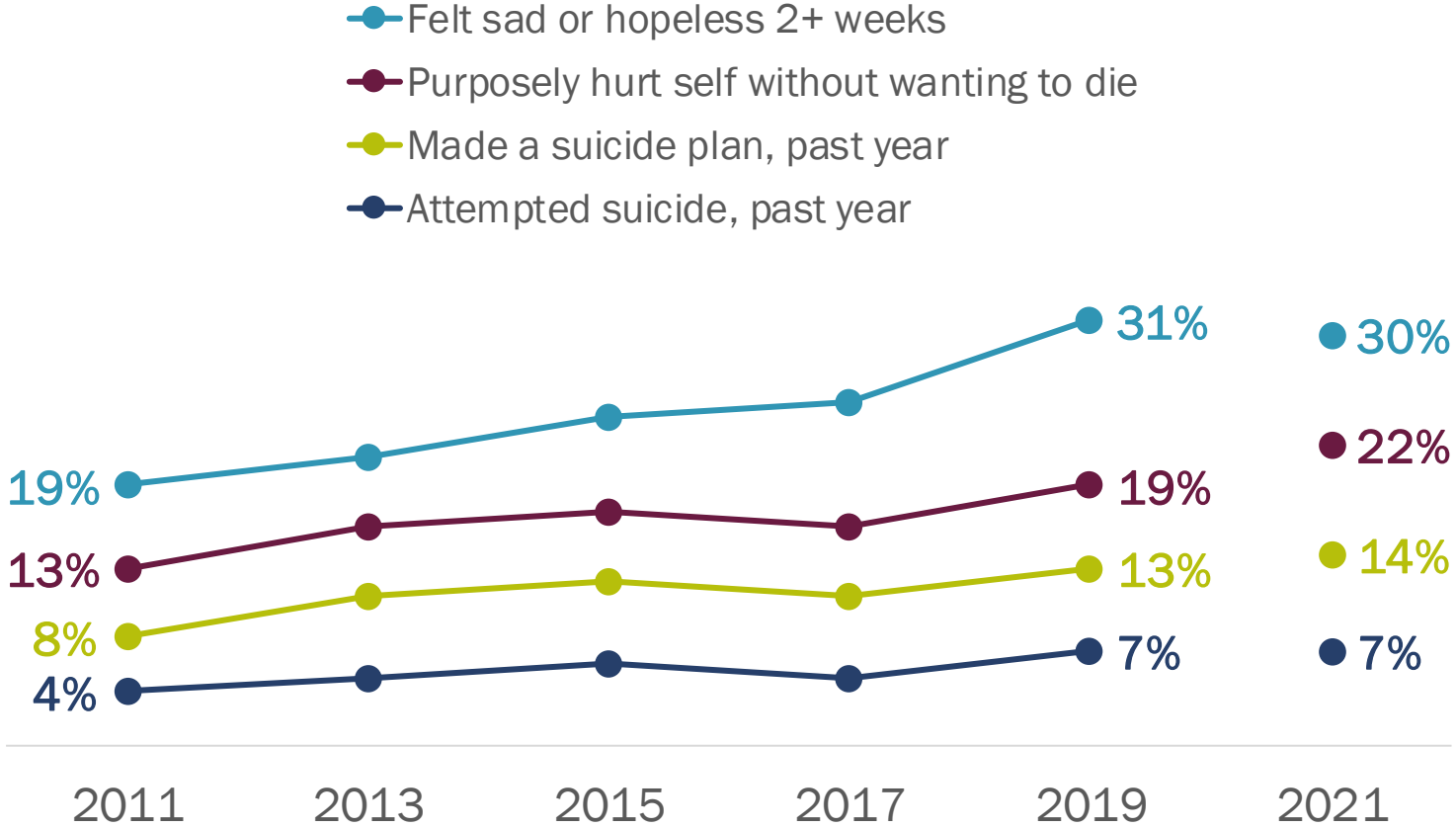


Females



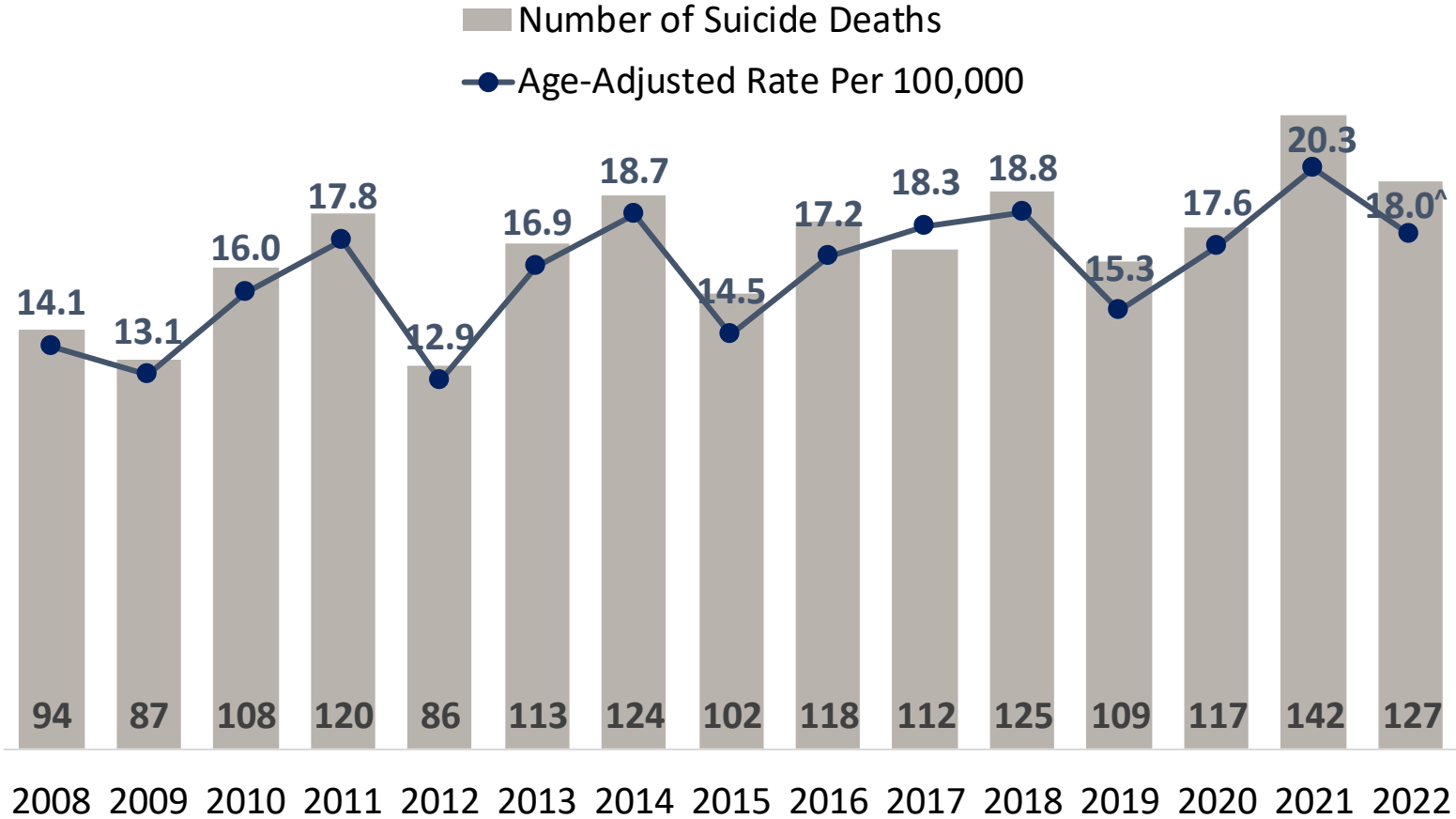
*statistically significant.
 Source: ESSENCE, 2017-2022.
 Vermont Department of Health

Suicide-related risk factors in youth are increasing.



Source: Youth risk behavior survey (YRBS), 2011-2021.
Note: Due to methodological changes data from 2021 cannot be compared to previous years (see [pages 10-11 of the YRBS report](#) for more information).
Vermont Department of Health

Over the past 15 years, Vermont's suicide rate has increased, but this increase is not statistically significant.

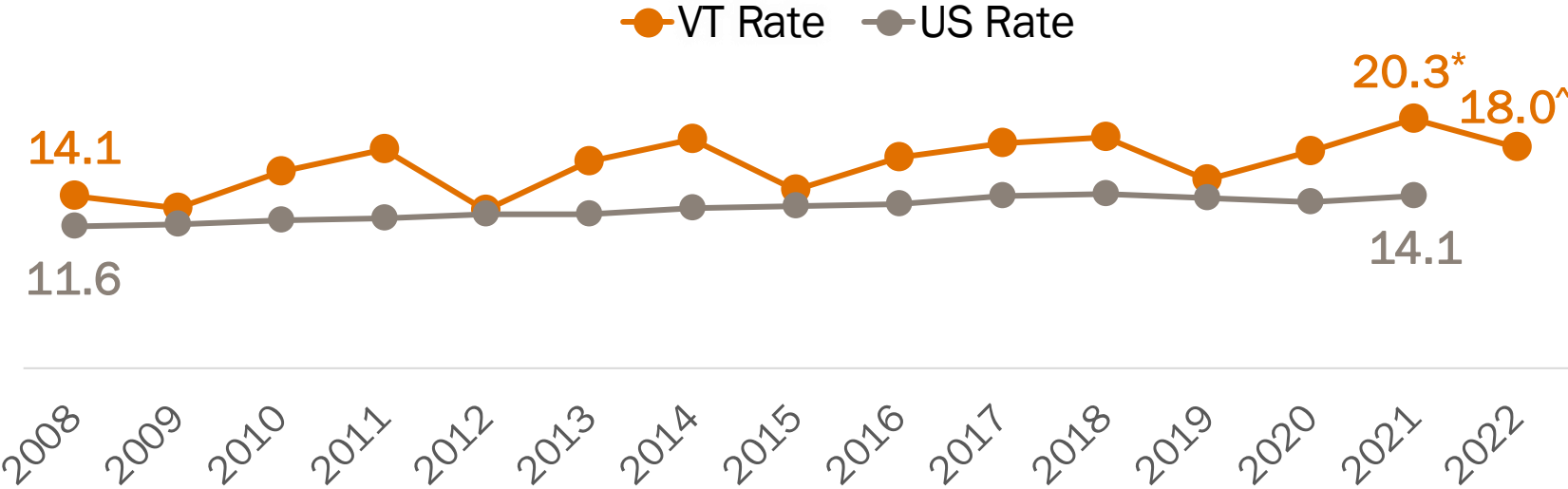


Source: Vermont Vital Statistics, 2008-2022. [^]2022 data are preliminary.

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

Suicide Deaths

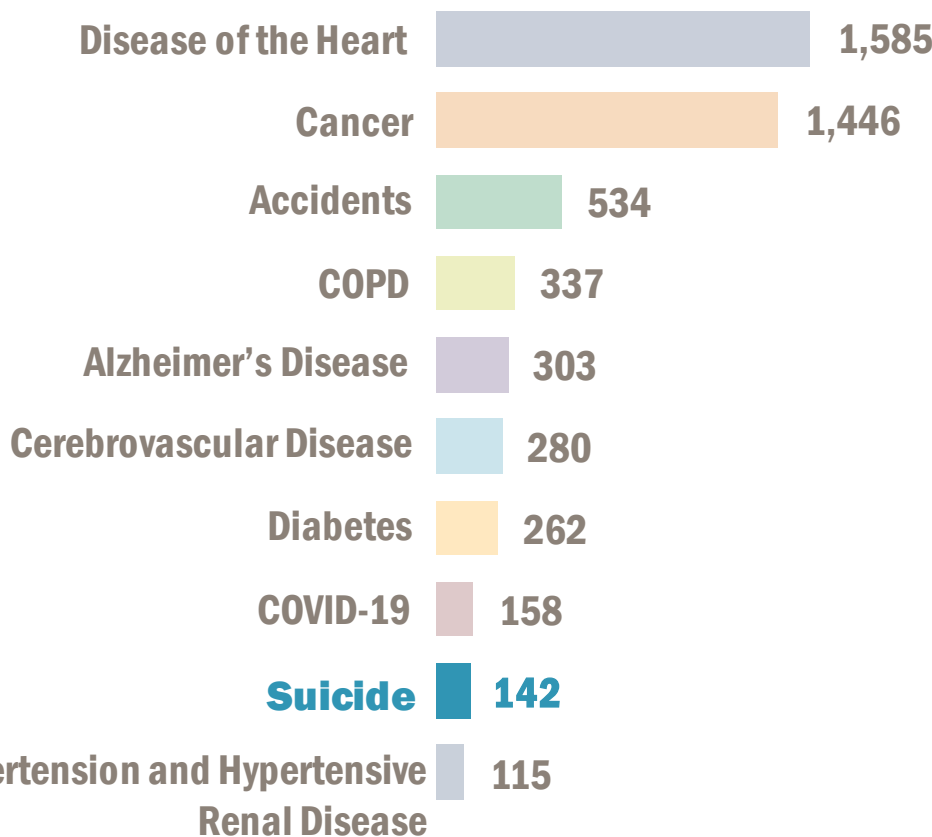
Age-adjusted rate per 100,000 residents



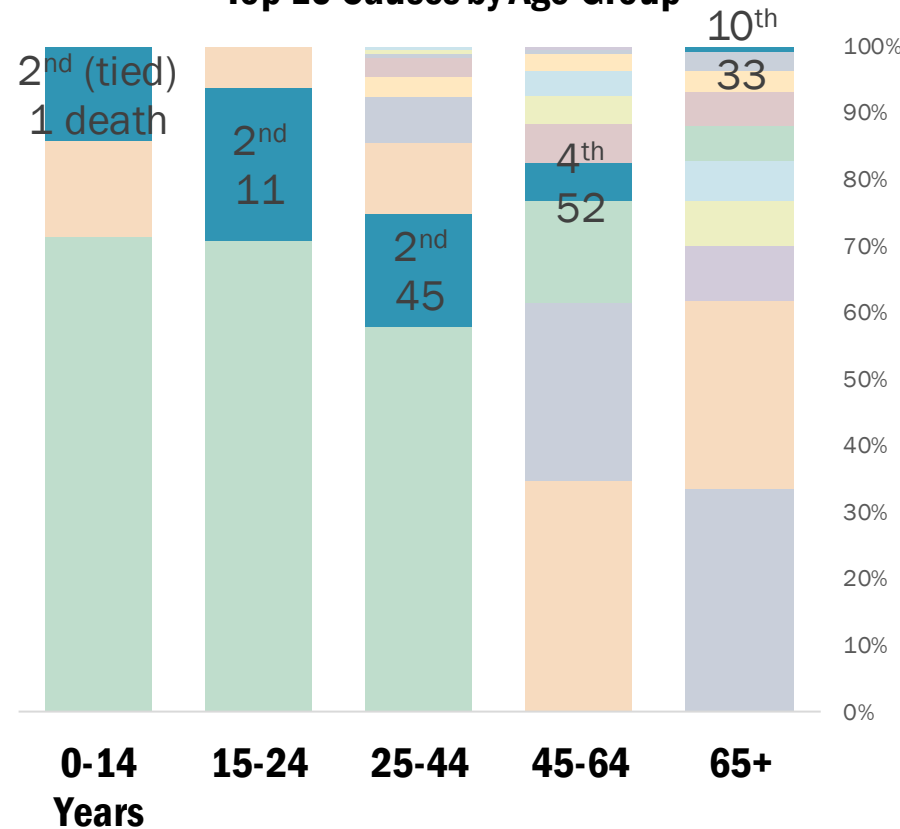
*statistically significant.
Source: Vermont Vital Statistics, 2008-2022. ^2022 data are preliminary.

Suicide was the 9th leading cause of death in Vermont in 2021.

Top 10 Causes of Death



Top 10 Causes by Age Group

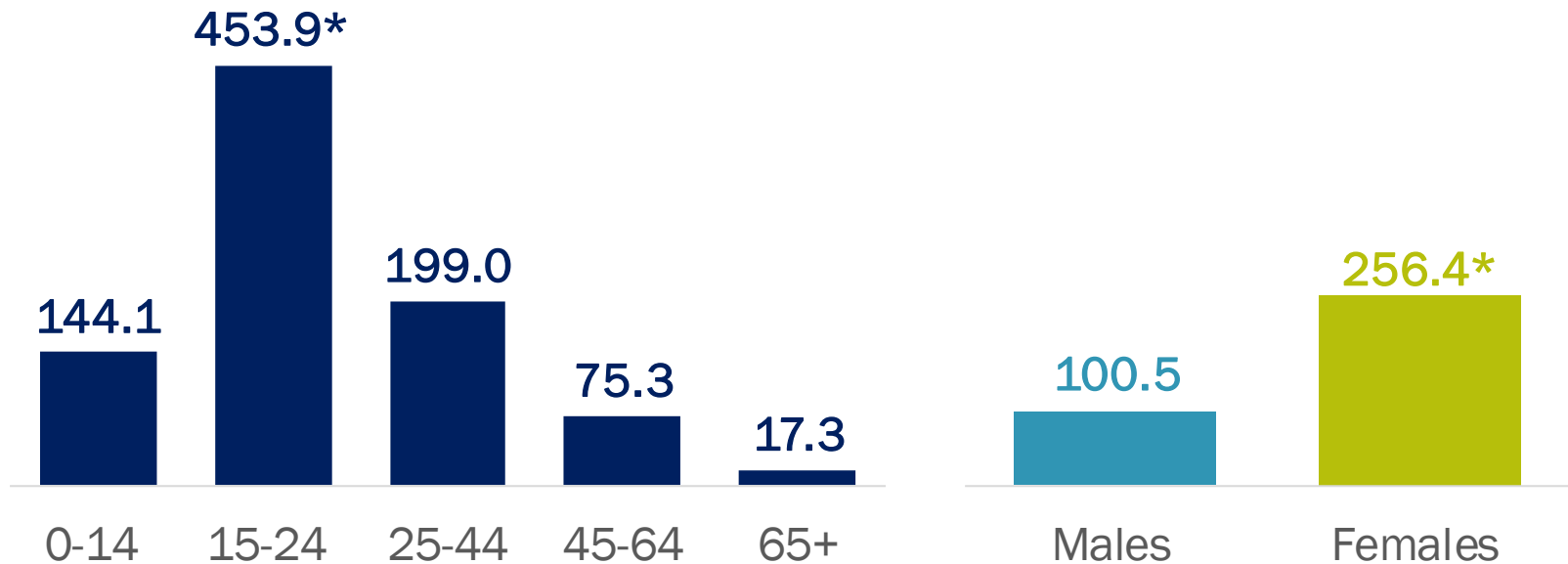


Source: Vermont Vital Statistics, 2021

Intentional self-harm is significantly higher in 15 to 24-year-olds. Females are 2.5 times more likely to visit a hospital for intentional self-harm.*

Hospital Visits for Intentional Self-Harm

Rates by age and sex per 100,000 Vermont residents

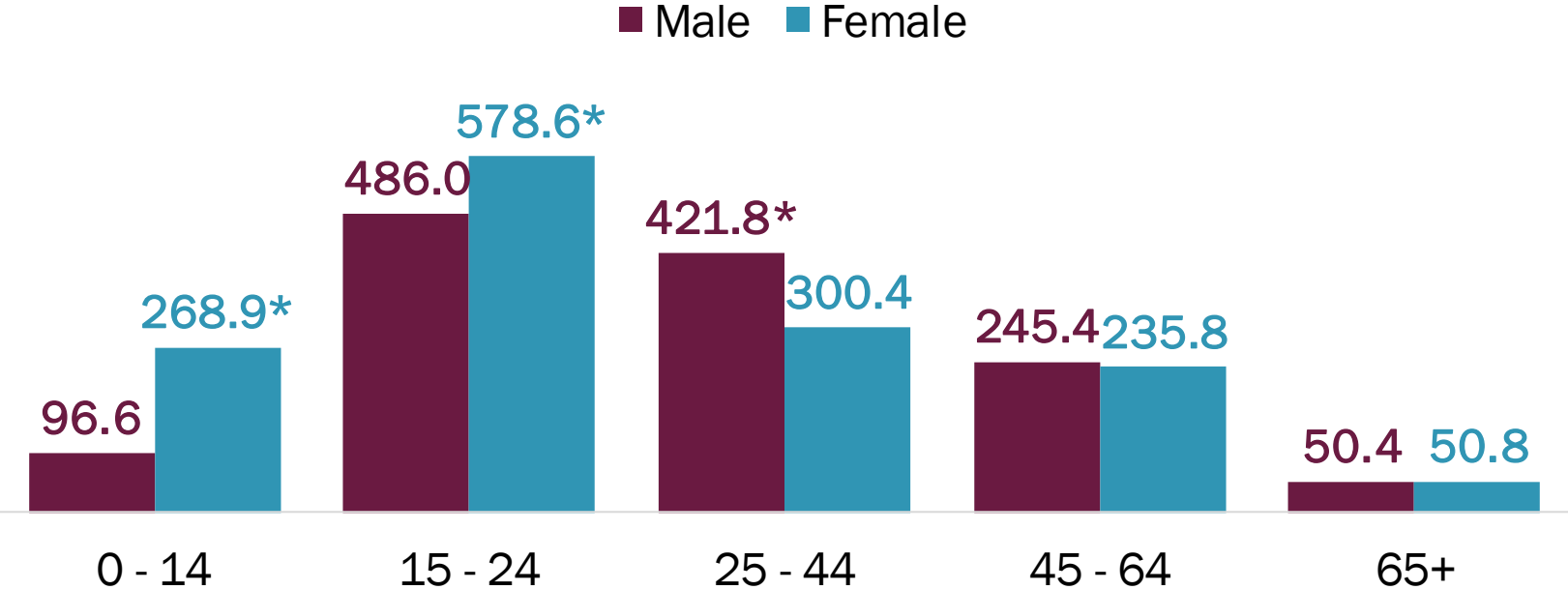


*statistically significant.
Source: VUHDDS, 2021.

Suicide-related ED visits are higher for females less than 24 years old. ED visits for ages 25-44 are higher for males.*

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

Rates by age and sex per 10,000 ED visits

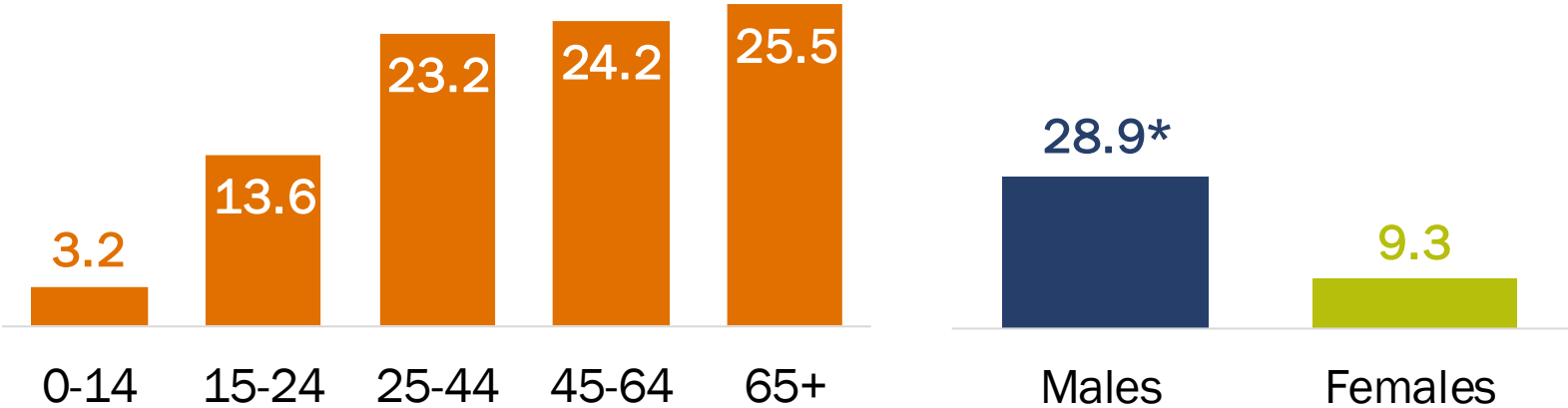


*statistically significant.
Source: ESSENCE, 2022.

Suicide death rates are highest for Vermonters ages 25 and older. Males are three times more likely to die by suicide.*

Death by Suicide

Rates by age and sex per 100,000 Vermont residents



*Vermonters 25 and older and Vermont males are statistically more likely to experience death by suicide.
Source: Vermont Vital Statistics, 2022 (preliminary)

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

Males have high suicide mortality, and males 25-44 have high suicide-related morbidity.

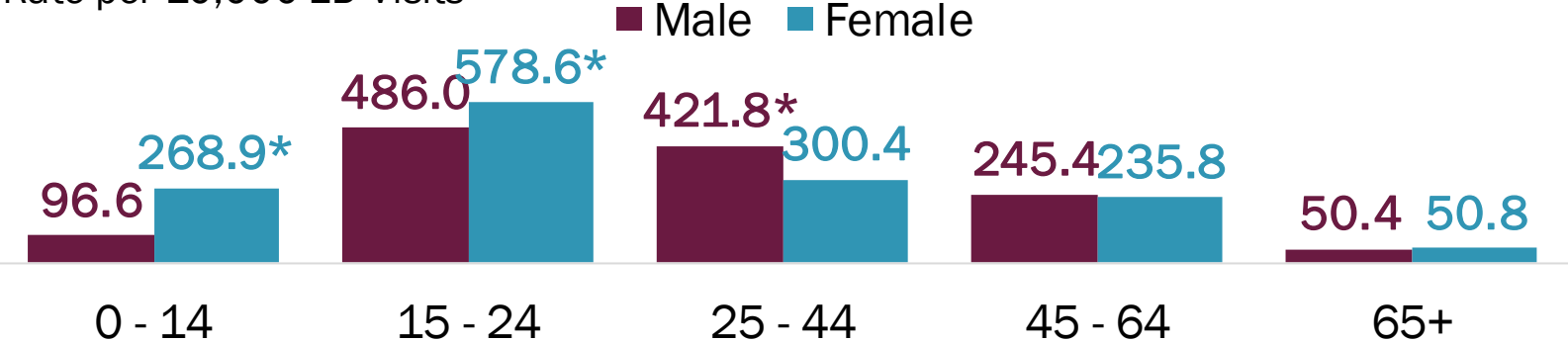
Males have a suicide death rate that is three times higher than females.

Rate per 100,000 residents



Males ages 25 to 44 have a high rate of suicide-related ED visits.

Rate per 10,000 ED Visits



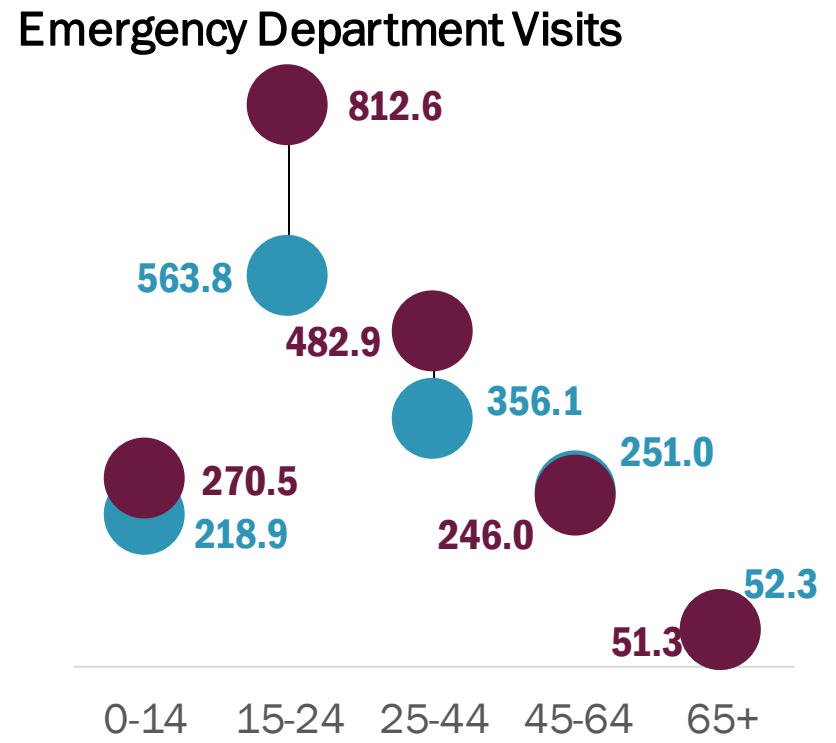
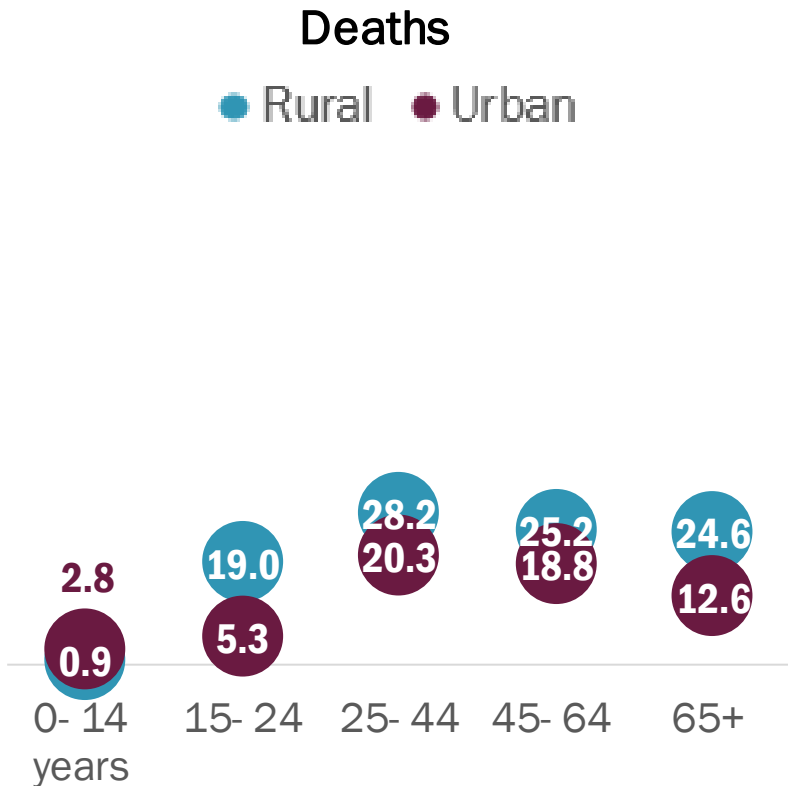
*statistically significant

Source: Vermont Vital Statistics, 2022 preliminary. ESSENCE, 2022
Vermont Department of Health

Rural Vermonters have high suicide mortality.

Rural Vermonters ages 15 and older have a higher rate of suicide death.

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

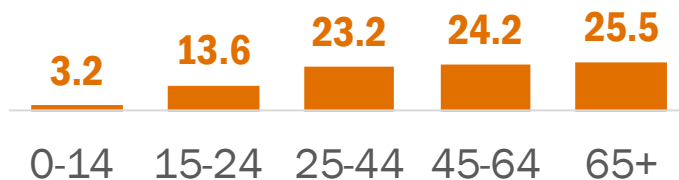


Source: Vermont Vital Statistics, 2019-2021; ESSENCE, 2022. Vermont Department of Health

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

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

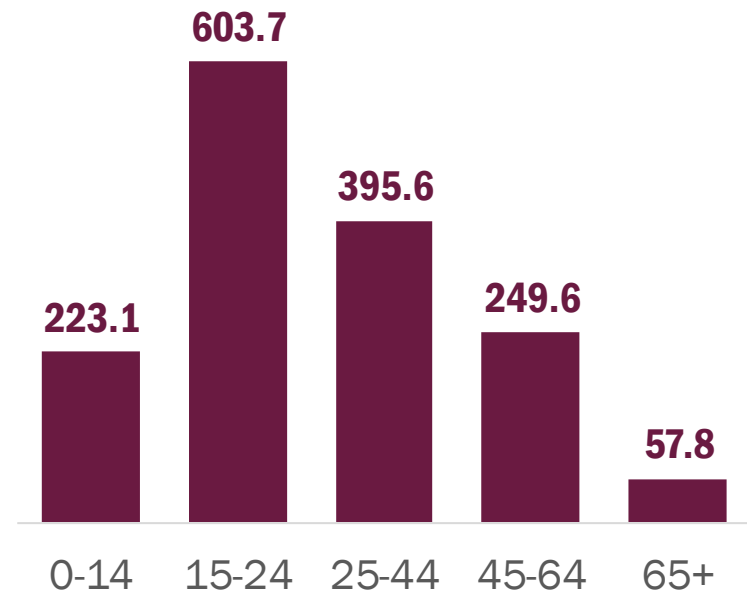
Rate per 100,000 residents



Source: Vermont Vital Statistics, 2022 (preliminary); ESSENCE, 2022

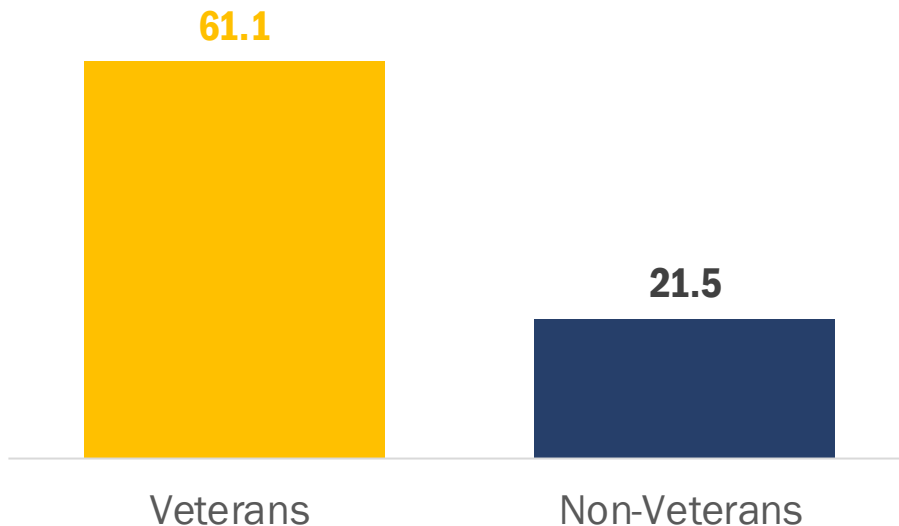
Youth and young adults have the highest rates of **suicide-related ED visits**.

Rate per 10,000 ED visits



Veterans have high suicide mortality compared to non-veterans; they do not have high suicide morbidity.

Veterans have a suicide death rate **nearly three times higher** than **non-Veterans**.



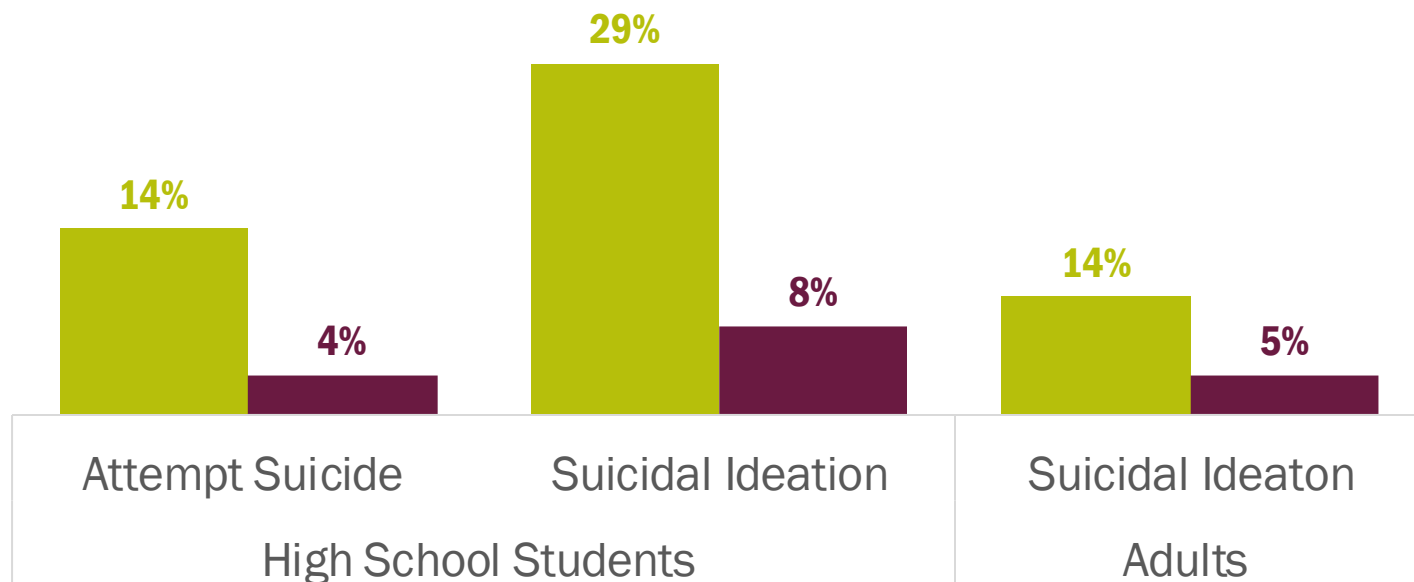
Veterans have seriously considered suicide at a similar rate compared to **non-Veterans**.



Source: Vermont Vital Statistics, 2022 preliminary; BRFSS, 2021.

People who identify as LGBTQ+ have high suicide morbidity.

People who identify as **LGBTQ+** are more likely to report suicidal ideation or attempt suicide than **heterosexual cisgender** people.

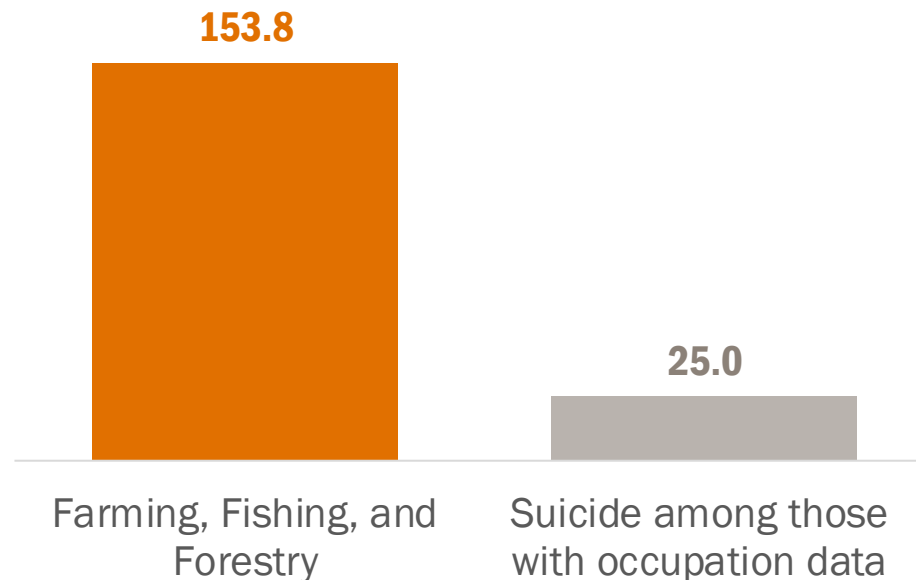


Source: YRBS, 2021; BRFSS, 2021.

Adults working in farming have high suicide mortality.

People working in **farming, fishing, and forestry occupations** have a suicide rate that is **over six times higher** than the rate of suicide in the general population.

Rate per 100,000

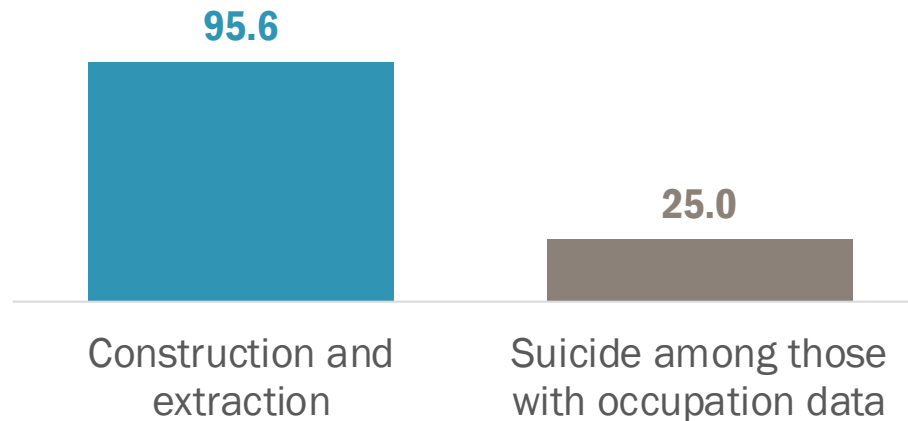


Source: Vermont Vital Statistics, 2019-2020, Quarterly Census of Employment and Wages 2019-2020.

Adults working in construction have high suicide mortality.

People working in construction and extraction occupations have a suicide rate that is over 3.5 times higher than the rate of suicide in the general population.

Rate per 100,000

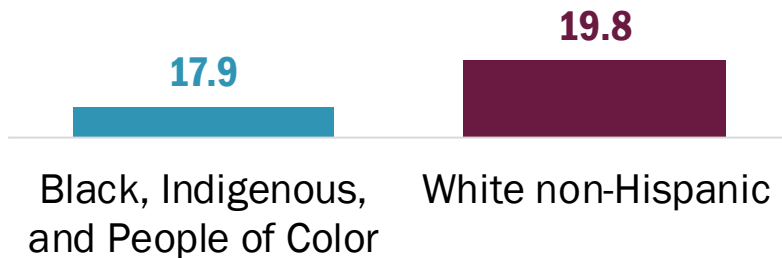


Source: Vermont Vital Statistics, 2019-2020, Quarterly Census of Employment and Wages 2019-2020.

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

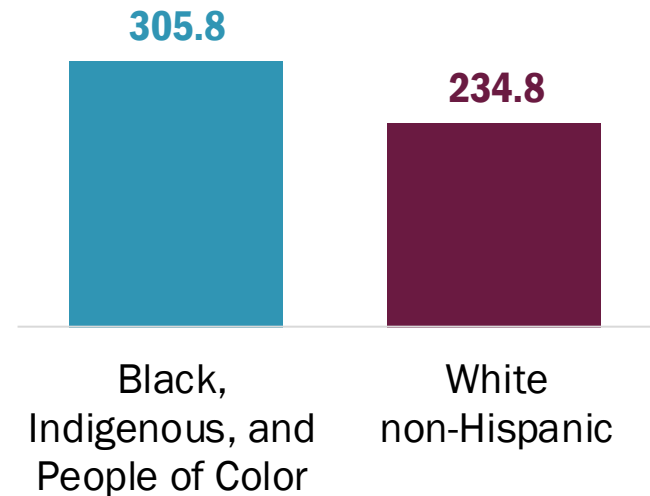
Death rates are similar by race and ethnicity.

Rate per 100,000 residents



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

Rate per 10,000 visits

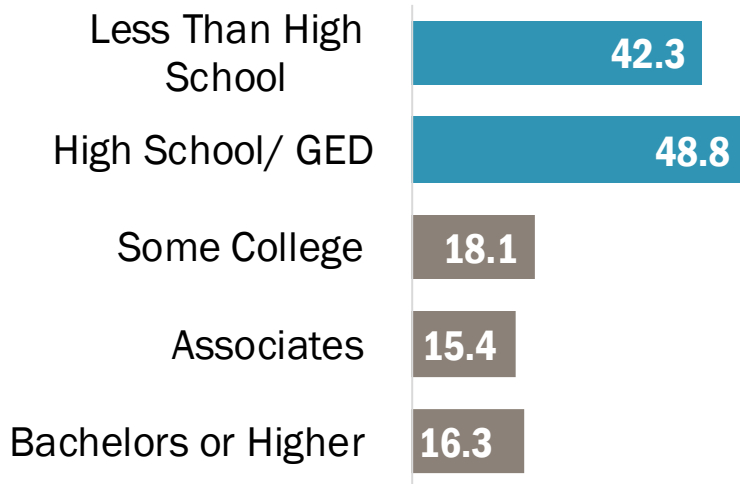


Source: Vermont Vital Statistics, 2022 (preliminary), ESSENCE, 2022

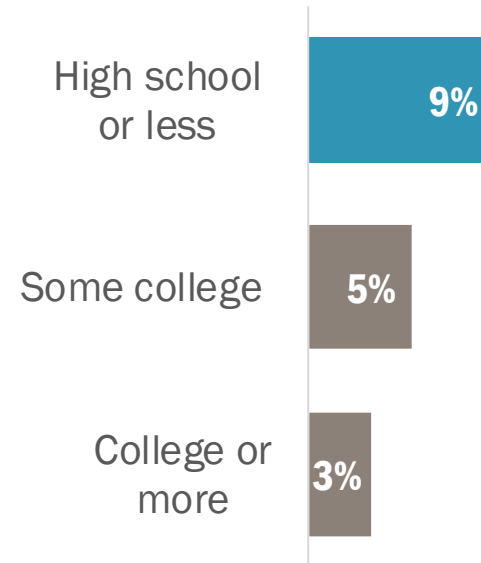
People with a high school education or less have high suicide morbidity and mortality.

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

Rate per 100,000



Adults with a high school education or less are more likely to have seriously considered suicide in the past 12 months.

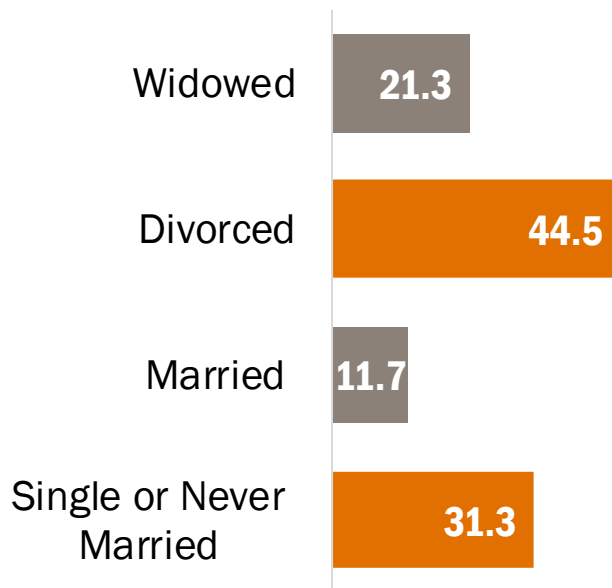


Source: Vermont Vital Statistics, 2020-2021; BRFSS, 2021.

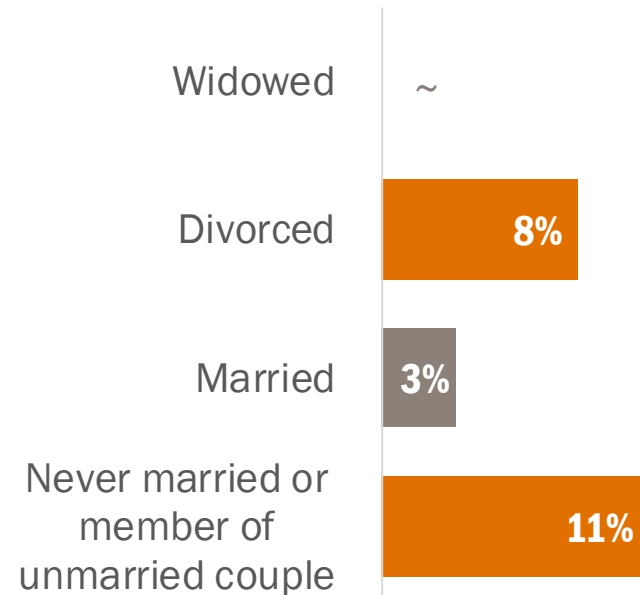
People who have never married, are single or divorced have high suicide morbidity and mortality compared to married Vermonters.

People who are **divorced, single or never married** had the highest rate of death.

Rate per 100,000



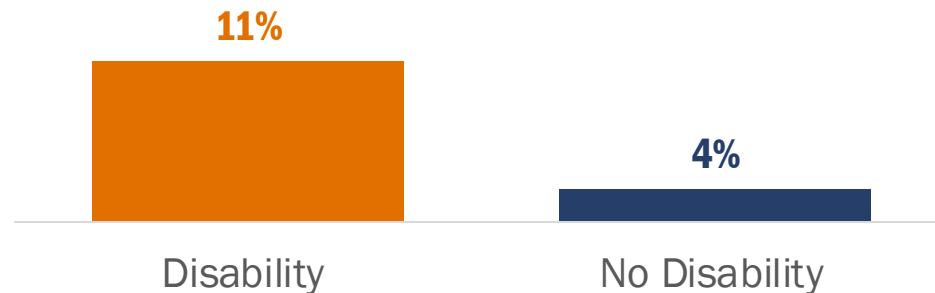
People who are **divorced, never married or a member of an unmarried couple** have a higher rate of seriously considering suicide in the past 12 months.



~ suppressed, standard error larger than 30
Source: Vermont Vital Statistics, 2020-2021; BRFSS, 2021.
Vermont Department of Health

Adults with a disability have high suicide morbidity.

Adults with a disability are 3 times more likely to seriously consider suicide compared to people without a disability.

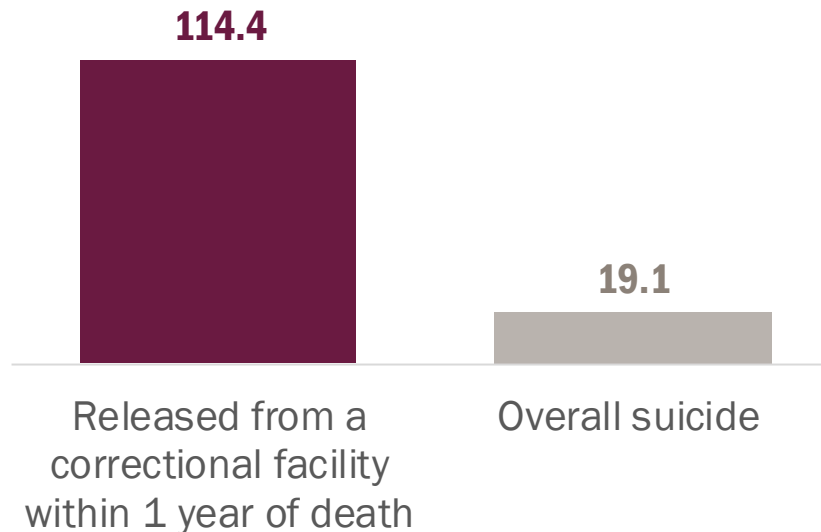


Source: BRFSS, 2021.

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

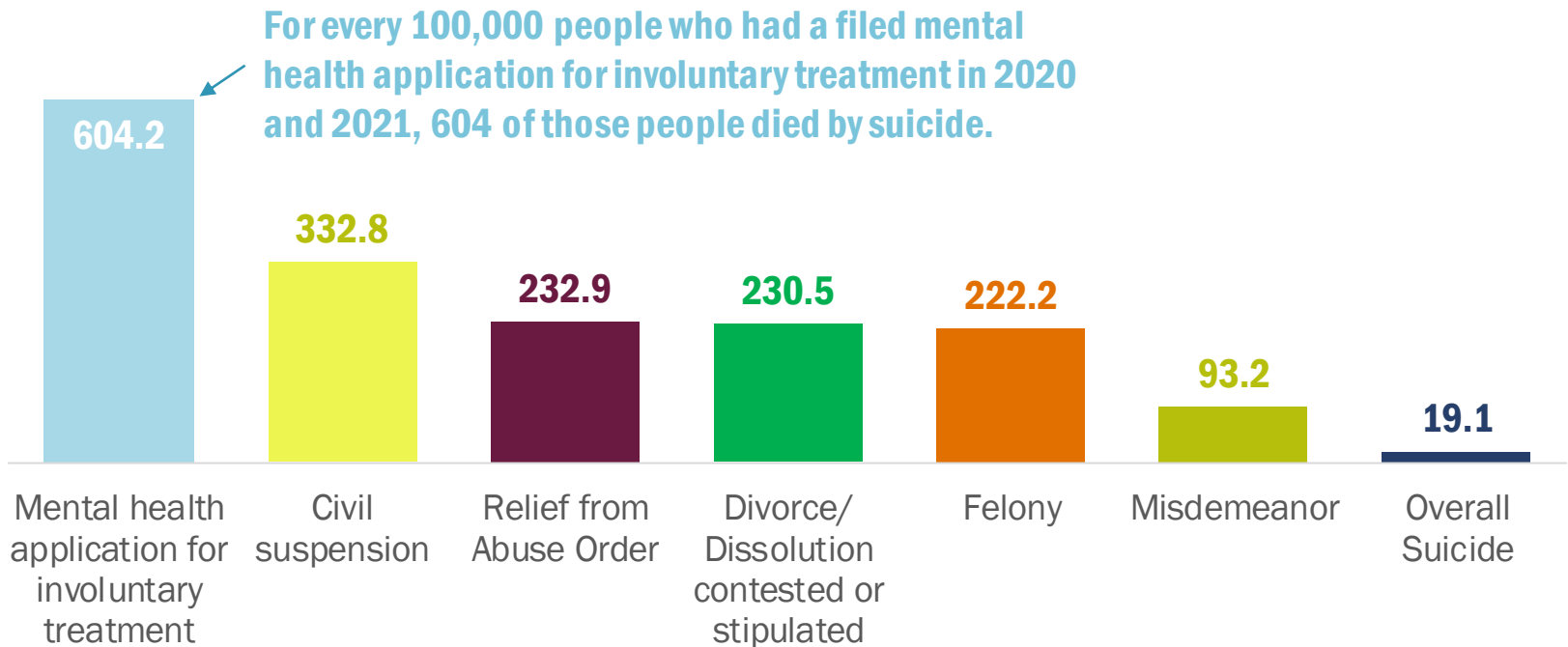


Source: Vermont Vital Statistics 2020-2021, Department of Corrections 2019-2021

People with court involvement have high suicide mortality.

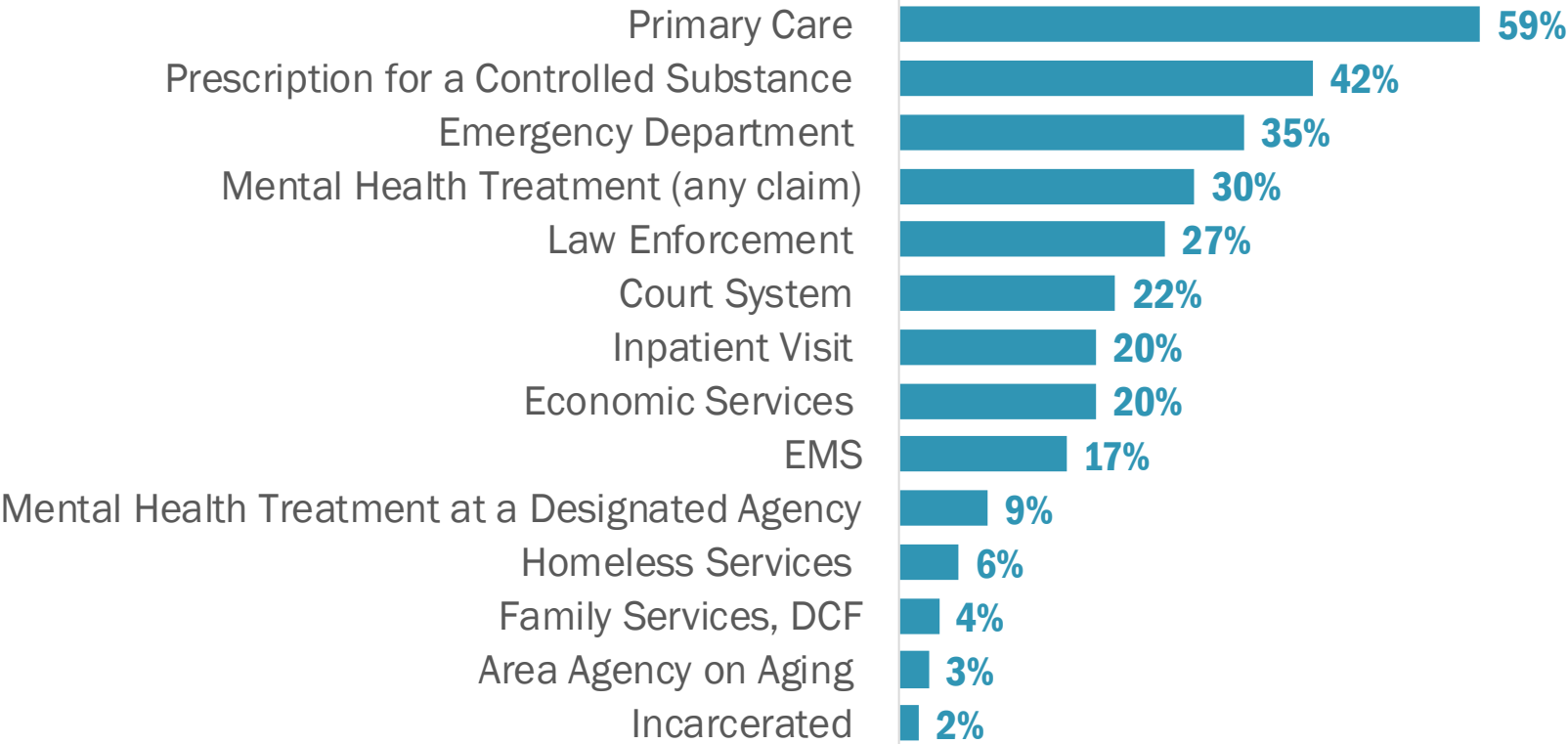
People who had a case with a court system within a year of death were more likely to die by suicide compared to the general population.

Rate per 100,000



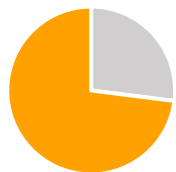
Many people who died by suicide had a primary care visit within a year of death.

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

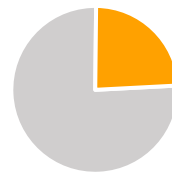


Source: Vermont Department of Health, 2019-2021

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



73% ever received a mental health diagnosis.



24% had a non-alcohol substance use problem.



62% were ever diagnosed with depression.



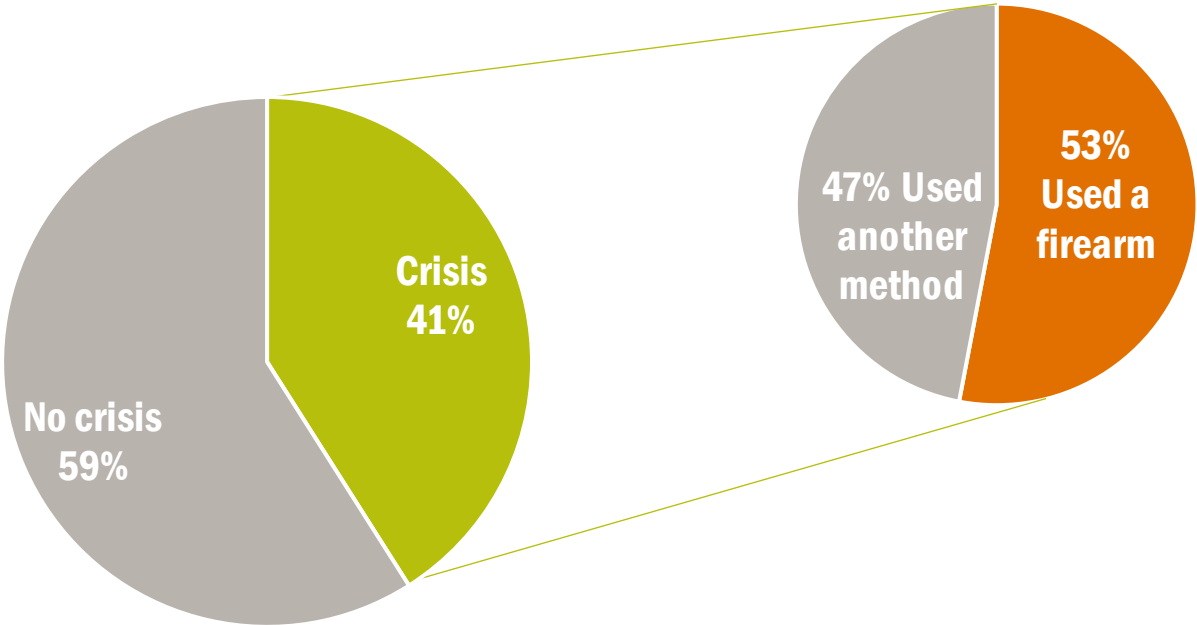
22% had a previous suicide attempt.



68% were not enrolled in mental health treatment at the time of death.

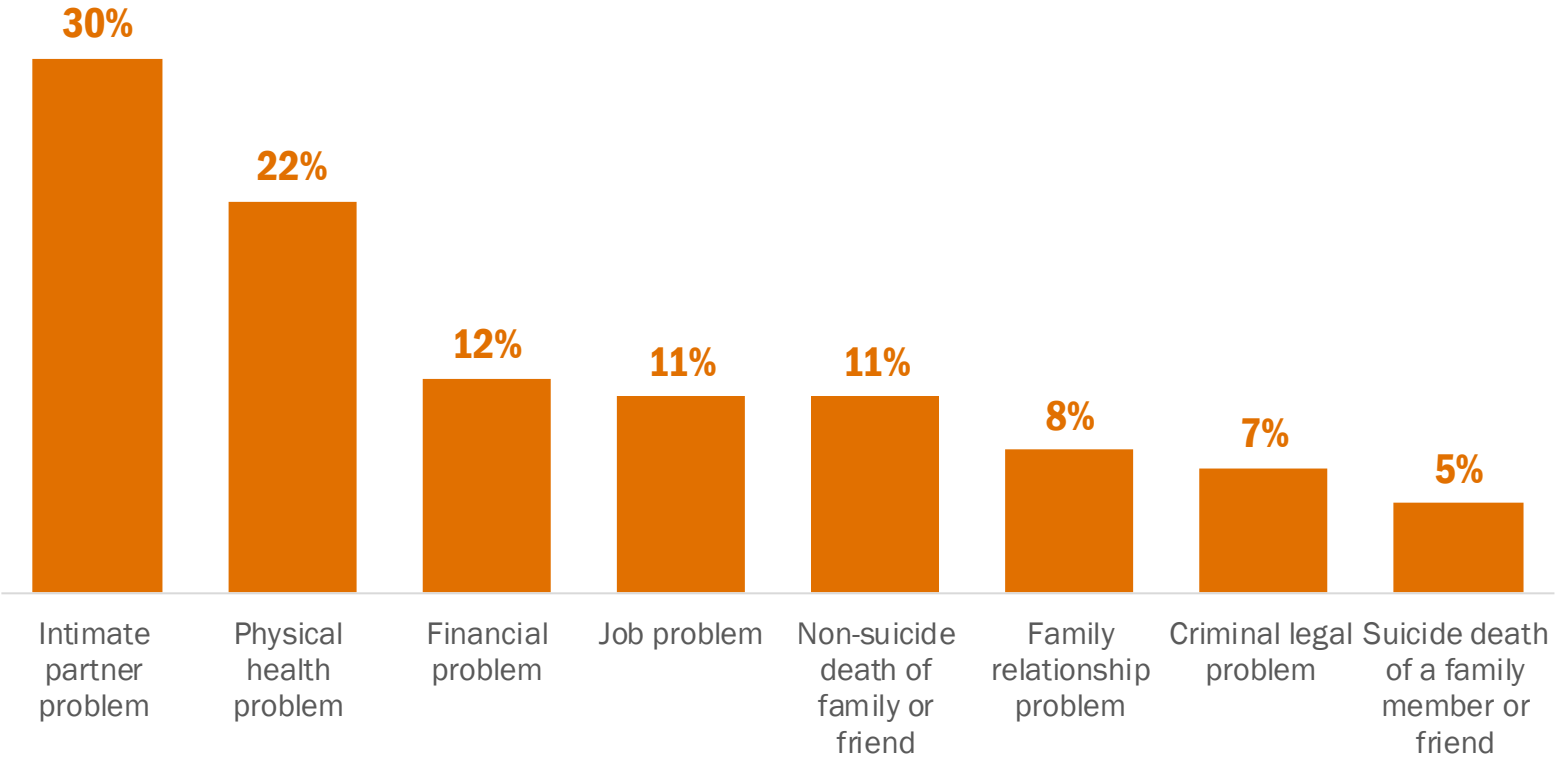
Four in ten people who died by suicide experienced a crisis within two weeks of death; among them the majority used a firearm.

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



Source: VTVDORS, 2021.

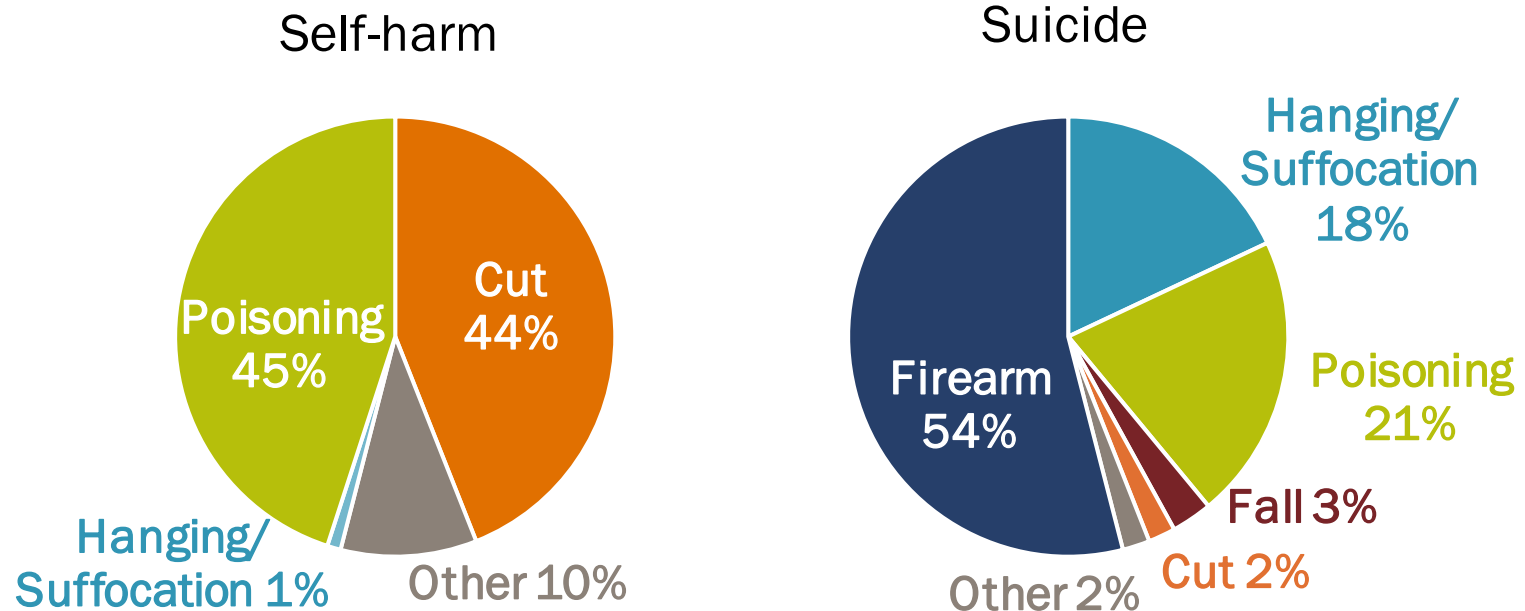
Some people who died by suicide had problems noted that contributed to their death.



Source: VTVDRS, 2021

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, 2022 (preliminary); VUHDDS, 2021.

Additional facts about Vermont suicide data

92%

In 2022, nearly all Vermonters who died by suicide passed away in Vermont.

92%

In 2022, all but one of Vermont's Emergency Departments were reflected in ESSENCE, our syndromic surveillance system.

Key Takeaways

- Suicide-related ED visits have steadily increased since 2017. The largest increase is seen in ages 15-24 and males 25-44.
- There were 127 Vermont resident suicide deaths in 2022. This is a slight decrease from 2021 but is not statistically significant.
- Suicide is the 9th leading cause of death in the 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
- 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)
- 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 the National Suicide Prevention Hotline at 988**
- **Text the Crisis Text Line** – text “VT” to 741741 anywhere in the U.S. about any type of crisis
- **Trevor Lifeline - LGBTQ Crisis Lifeline: 1-866-488-7368**
- **FacingSuicideVT.org**