Suicide Morbidity and Mortality in Vermont

Vermont Department of Health

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VERMONT
DEPARTMENT OF HEALTH

Data Sources

This slide deck contains the latest annual suicide data and is intended to provide information in a format that can be used for presentations. The data sources included in the slide deck are listed below:

- **Vermont Vital Statistics System:** suicide death data through 2025
  - 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 death circumstance data through 2024

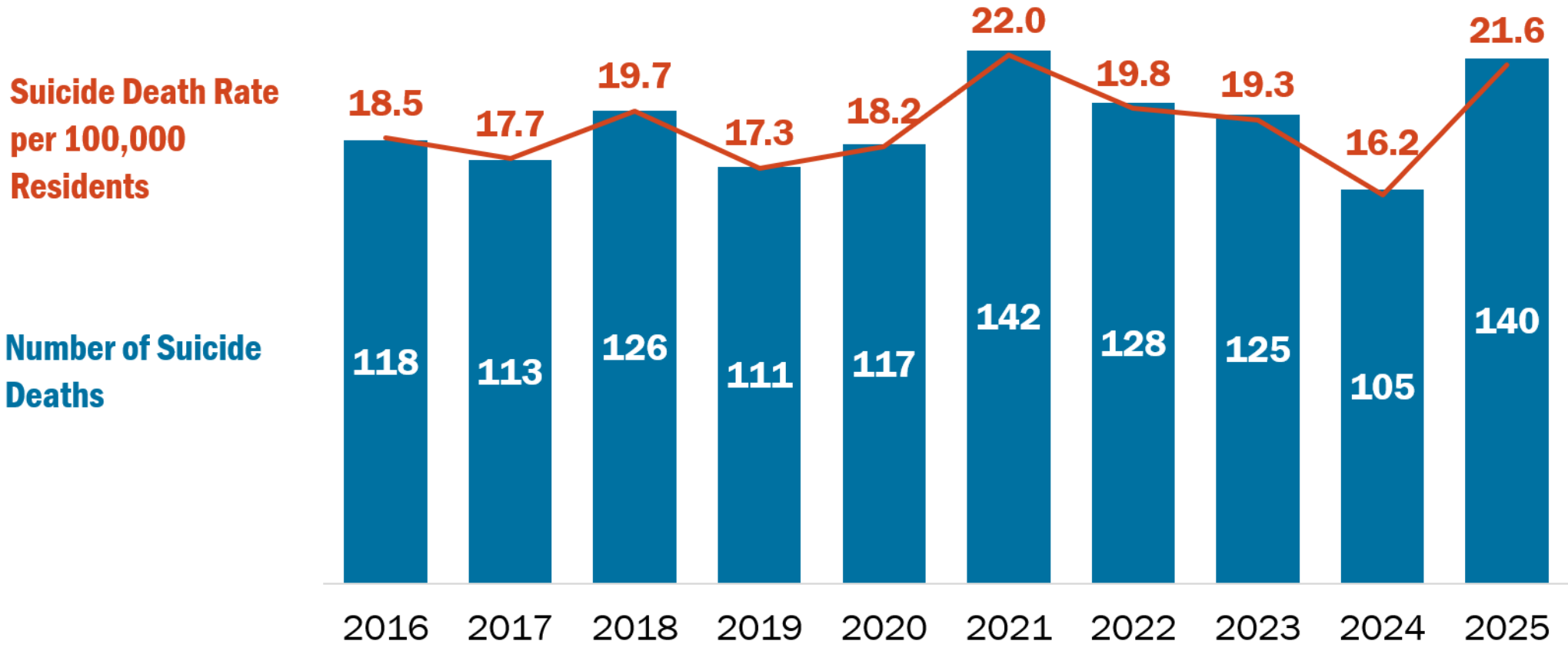
Data Sources (continued)

- **Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE):** emergency department surveillance data through 2025
- **Vermont Uniform Hospital Discharge Data System (VUHDDS):** self-harm data through 2022
  - All diagnosis fields (DX1-DX20) were searched for suicide-related ICD codes.
- **Youth Risk Behavior Survey (YRBS):** youth suicide data through 2025
- **Behavioral Risk Factor Surveillance System (BRFSS):** adult suicide data through 2024

Definitions of Terms Used in this Slide Deck

- **Suicide:** the act of intentionally taking one's own life.
- **Suicide attempt:** a non-fatal act where one intentionally tries to take their life.
- **Intentional self-harm:** anything a person does to purposefully cause injury to themselves. This can be with or without suicidal intent.
- **Suicidal ideation:** self-reported thoughts of engaging in suicide-related behavior or thoughts of being better off dead.
- **Suicide-related ED visit:** an emergency department visit for any reason relating to suicide, including suicidal ideation, intentional self-harm, and suicide attempts.
- **Suicide morbidity:** measured by emergency department visits for suicide-related reasons and self-reported survey data, including reports of suicide attempts, suicide planning, self-harm, and depression.
- **Suicide mortality:** refers to suicide deaths.

The rate of suicide deaths among Vermont residents statistically increased in 2025 compared to 2024.

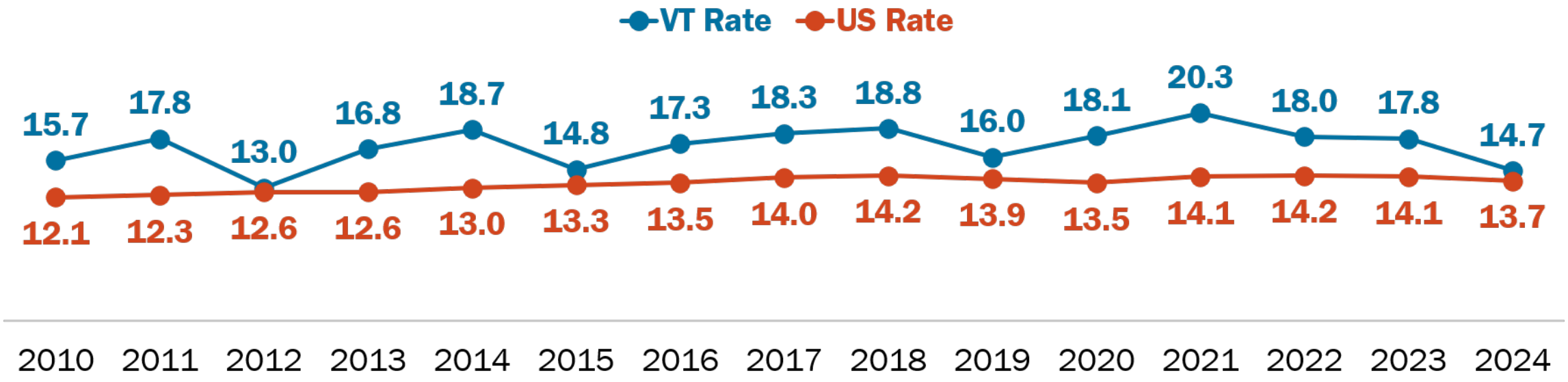


Source: Vermont Vital Statistics, 2016-2025. 2025 data are preliminary.

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

Suicide Deaths

Age-adjusted rate per 100,000 residents

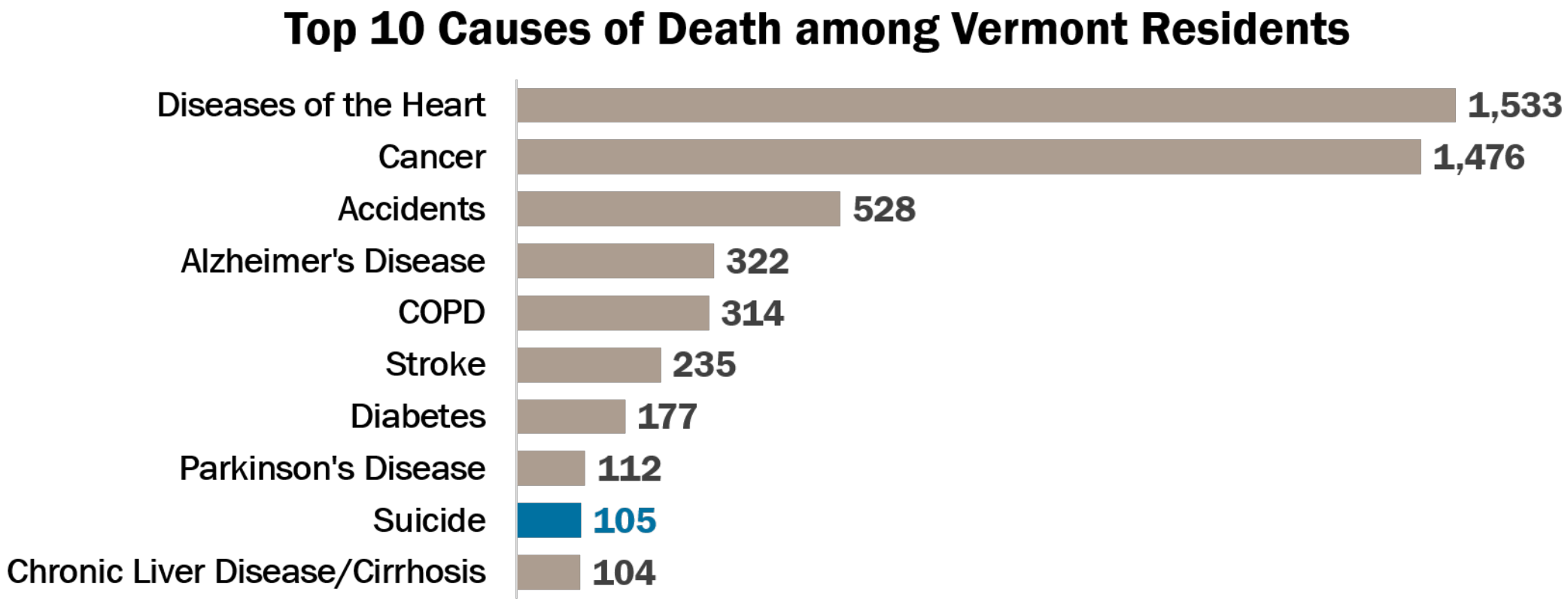


Source: CDC WONDER, 2010-2024

*Statistically significant.

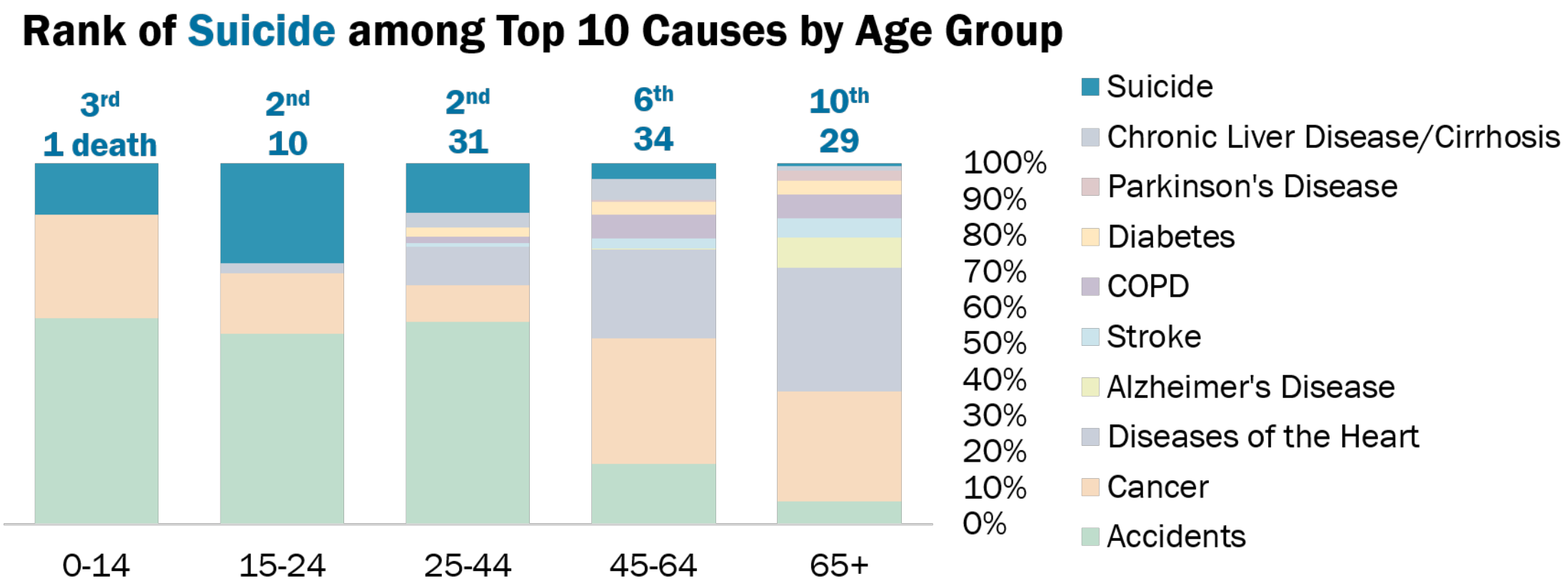
The data on this page are age-adjusted for comparison with national data. Therefore, Vermont rates on this page may differ in comparison to crude (non-age adjusted) Vermont rates presented in this document.

Suicide was the 9th leading cause of death in Vermont in 2024.



Source: Vermont Vital Statistics, 2024

Suicide was the 2nd leading cause of death among Vermonters 15-44 years old in 2024.

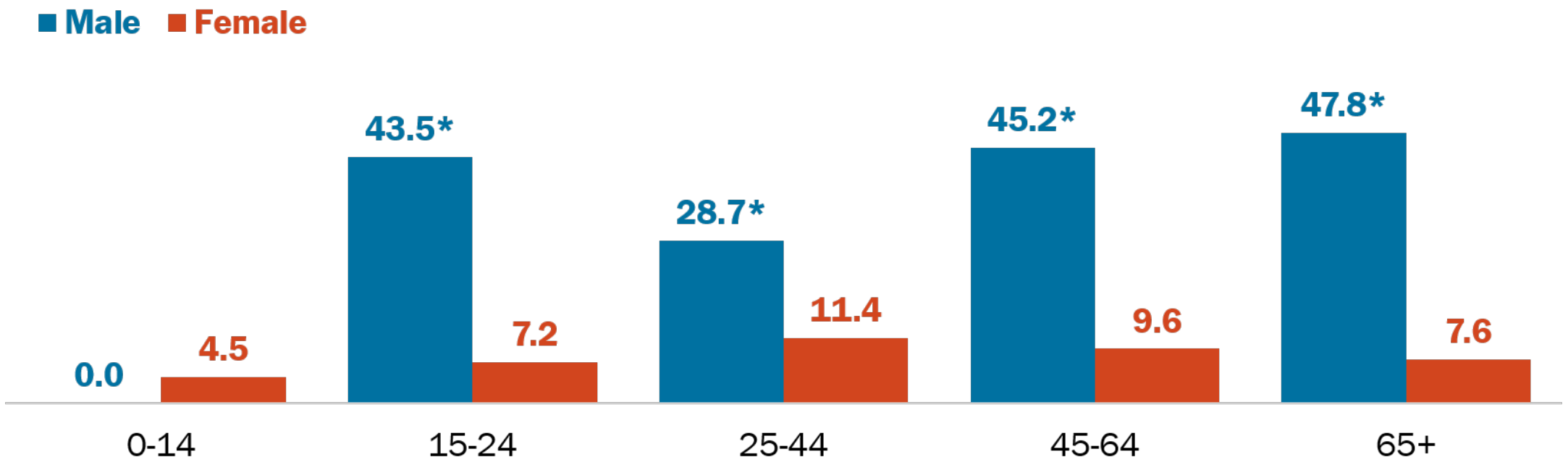


Source: Vermont Vital Statistics, 2024

Suicide death rates are higher for males.*

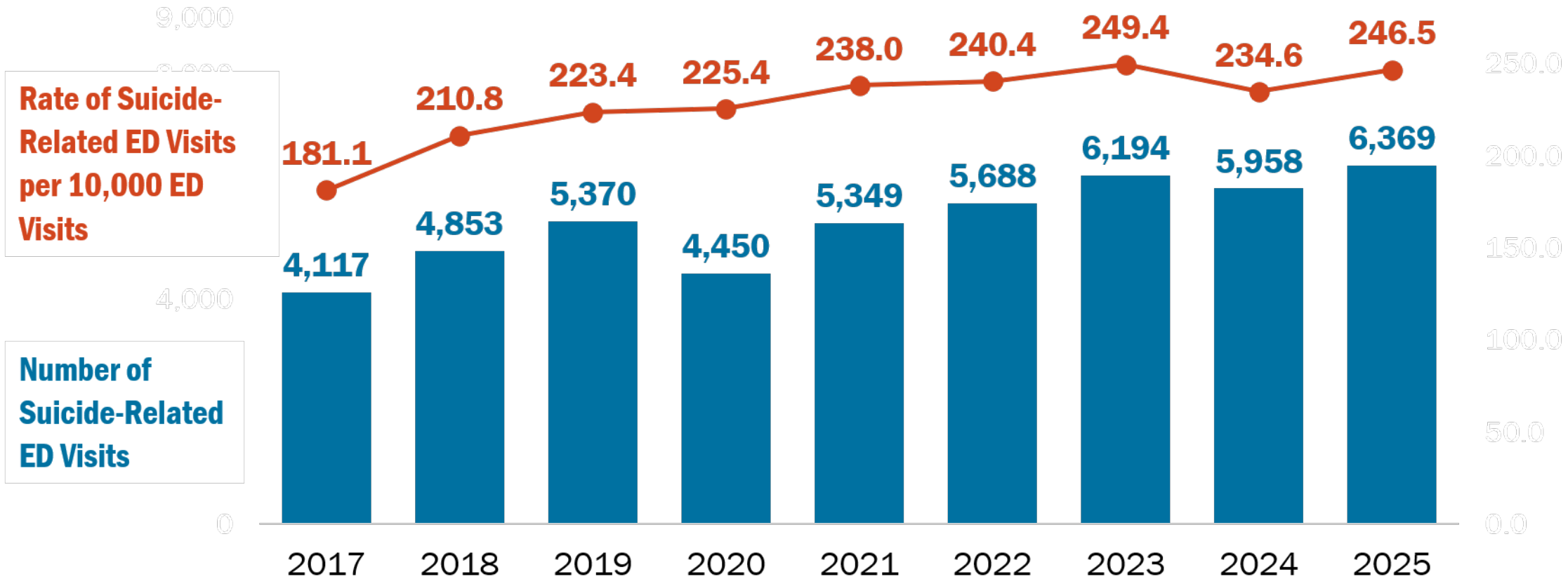
Suicide Deaths

Rates by age and sex per 100,000 Vermont residents



Source: Vermont Vital Statistics, 2025. 2025 data are preliminary.
*Statistically significant.

Suicide-related emergency department visits among Vermont residents have trended upward since 2017 and significantly increased in 2025 compared to 2024.*

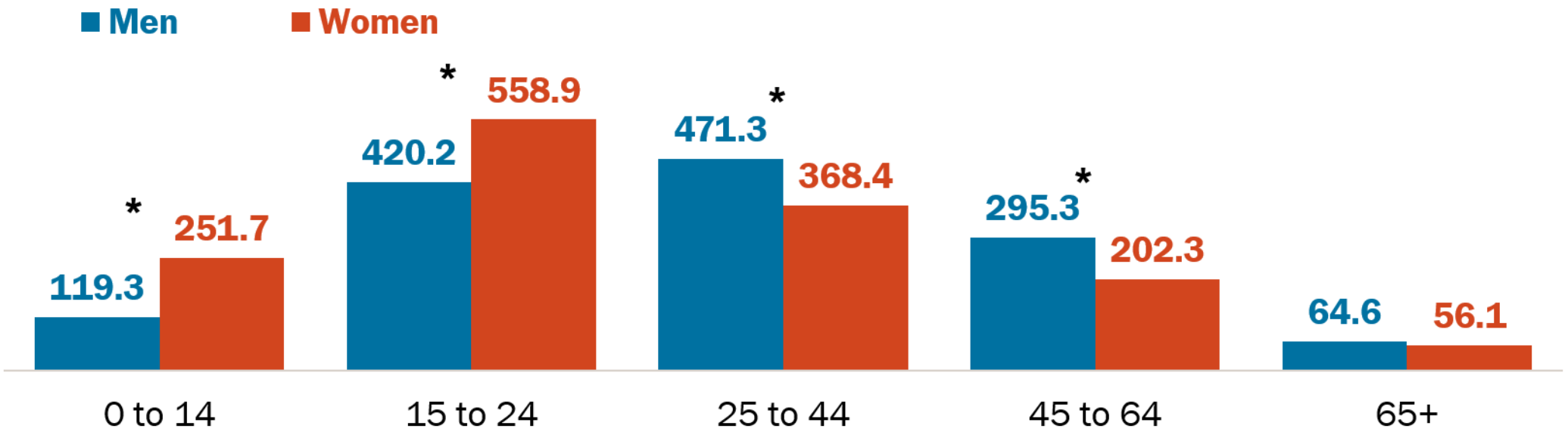


Source: ESSENCE, 2025
*Statistically significant.

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

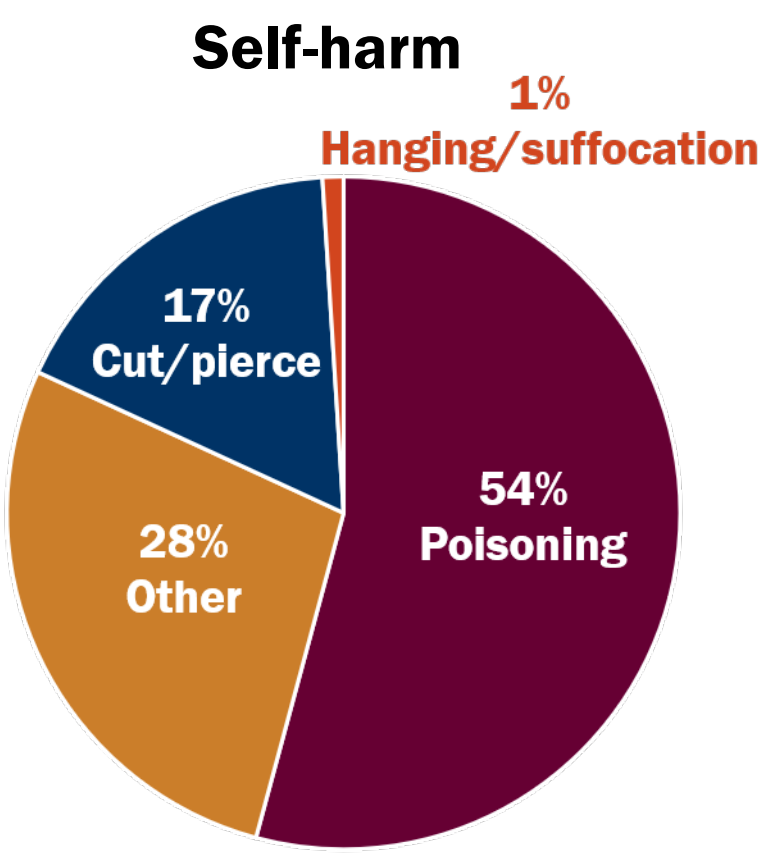
Suicide-related ED Visits

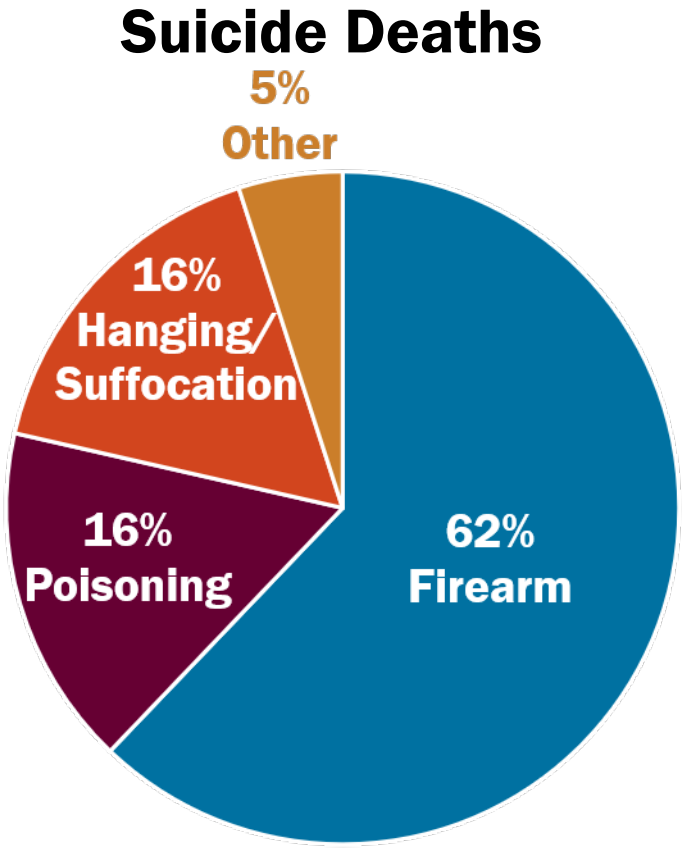
Rates by age and sex per 10,000 ED visits



Source: ESSENCE, 2025
*Statistically significant.

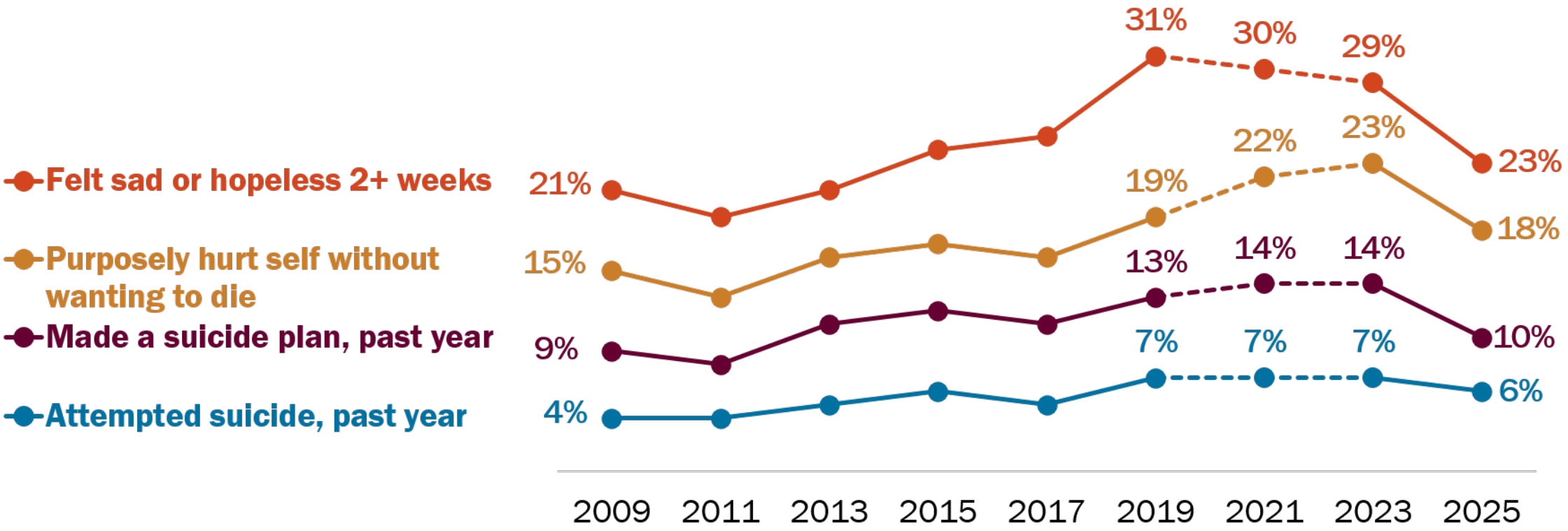
Half of emergency department visits for intentional self-harm are due to poisoning. Nearly two-thirds of suicide deaths involve a firearm.





Source: ESSENCE, 2025 | Vermont Vital Statistics, 2025. 2025 Vital Statistics data are preliminary.
*Statistically significant.

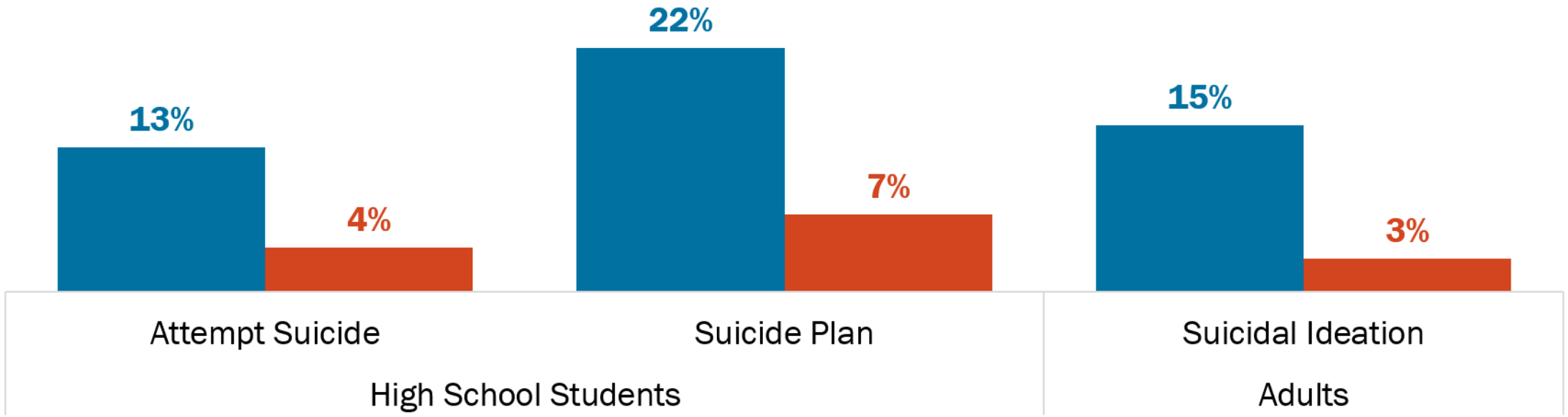
Suicide-related risk factors in youth statistically decreased between 2023 and 2025.



Source: Youth Risk Behavior Survey (YRBS), 2009-2025
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.

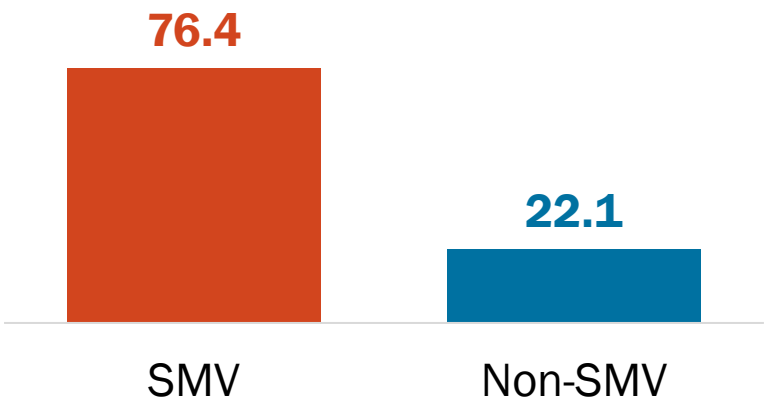


Source: YRBS, 2025 | BRFSS, 2024
*Statistically significant.

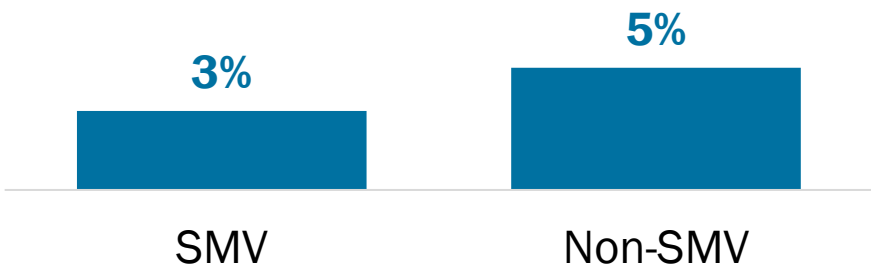
Suicide deaths are higher among service members and veterans (SMVs) than among non-SMVs. Suicide morbidity is similar among SMVs and non-SMVs.

SMVs have a higher rate of suicide than non-SMVs.*

Suicide death rate per 100,000 residents



SMVs are equally likely to have considered suicide in the past year as non-SMVs.

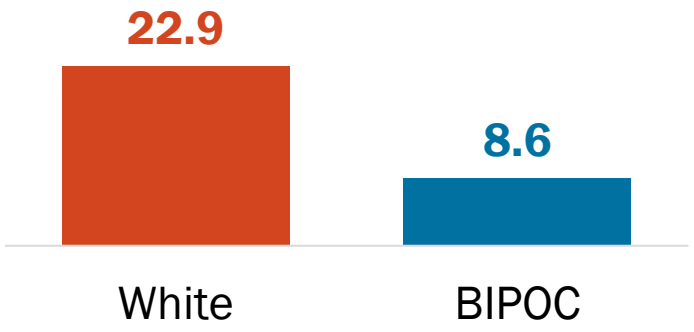


Source: Vermont Vital Statistics, 2025. 2025 Vital Statistics data are preliminary. | BRFSS, 2024
*Statistically significant.

White, non-Hispanic Vermonters are more likely to die by suicide than BIPOC Vermonters. BIPOC Vermonters are more likely to visit the ED for suicide-related reasons.

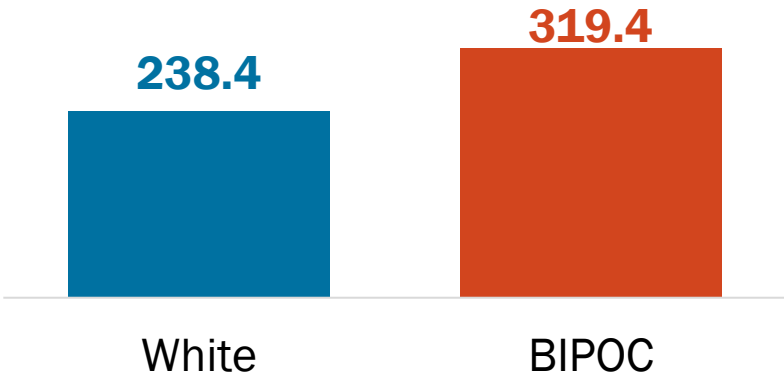
The suicide death rate is nearly 3 times higher for white Vermonters than for BIPOC Vermonters.*

Suicide death rate per 100,000 residents



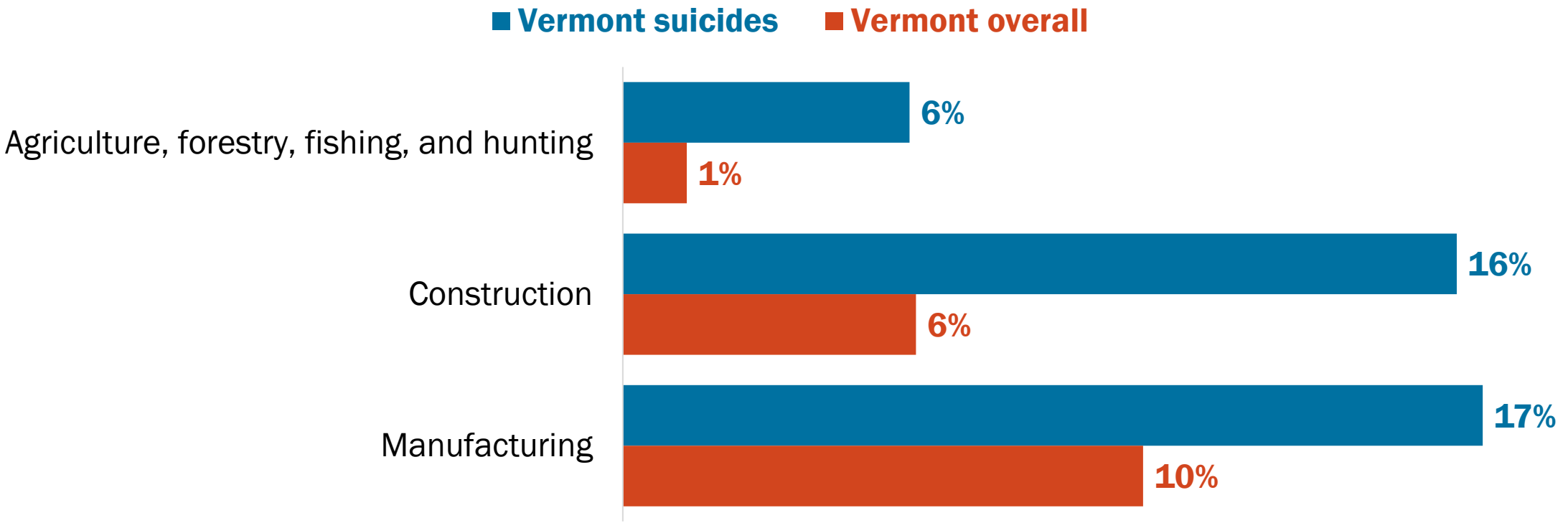
BIPOC Vermonters visit the ED for a suicide-related reason at a higher rate than white Vermonters.*

Suicide-related ED visits rate per 10,000 ED visits



Source: Vermont Vital Statistics, 2025. 2025 Vital Statistics data are preliminary. | ESSENCE, 2025
*Statistically significant.

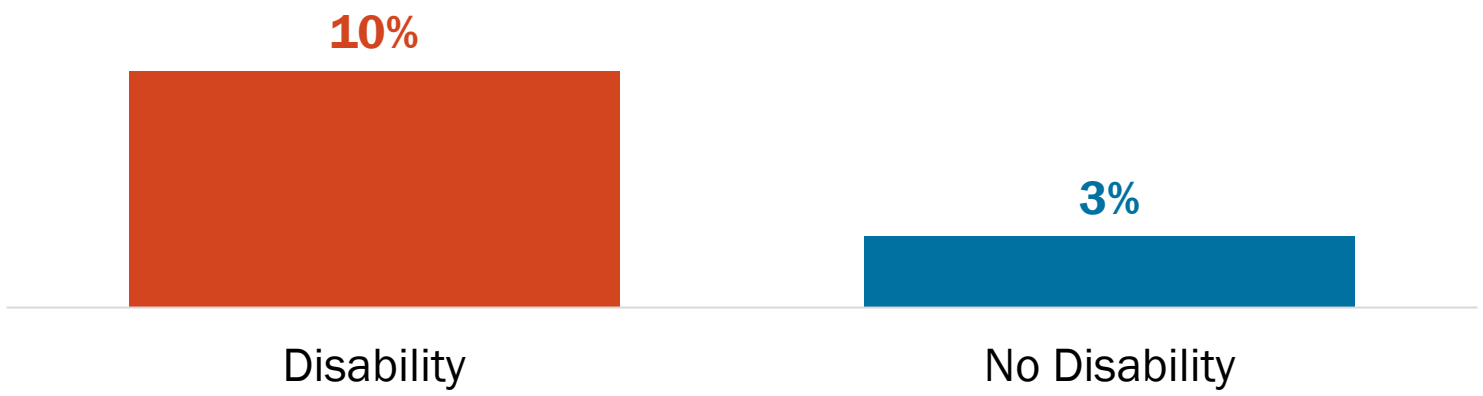
People who die by suicide are more likely to work in agriculture, construction and manufacturing industries than working Vermonters overall.



Source: Vermont Vital Statistics, 2022-2023
*Statistically significant.

Adults with a disability have high suicide morbidity.

Adults with a disability are more than three times as likely to have seriously considered suicide in the past year than adults without a disability.*

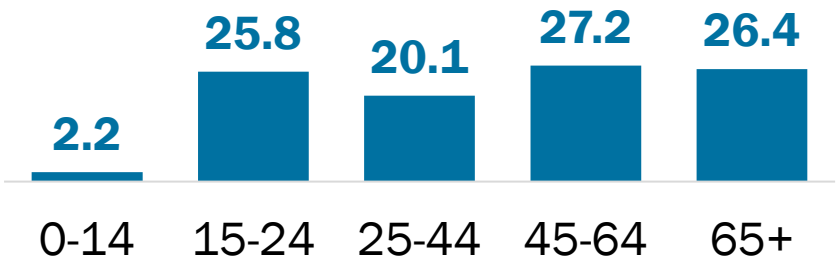


Source: BRFSS, 2024
*Statistically significant.

Suicide mortality is similar among people 15 and older; young adults have the highest rates of suicide morbidity.

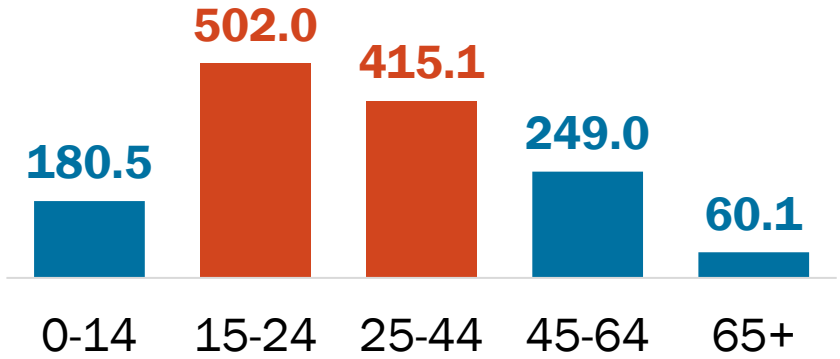
Suicide mortality rates are similar among people 15 and older.

Suicide death rate per 100,000 residents



Vermonters aged 15-44 are more likely to visit the ED for a suicide-related reason compared to other age groups.*

Suicide-related ED visits rate per 10,000 ED visits

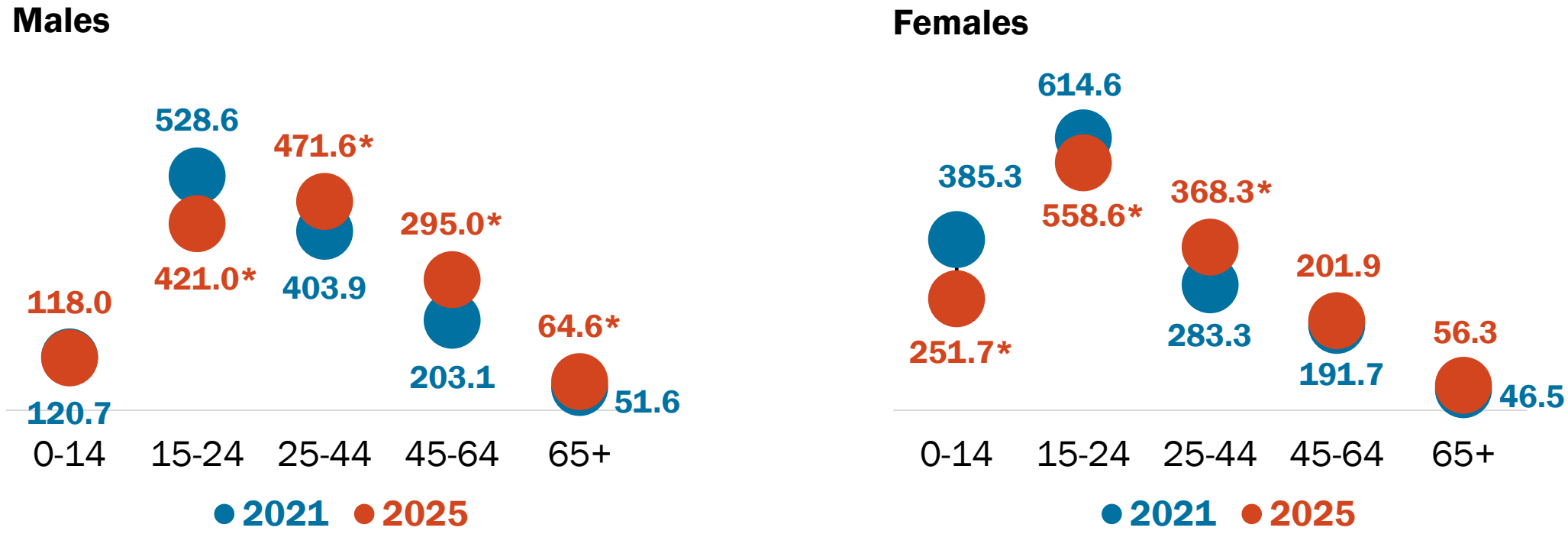


Source: Vermont Vital Statistics, 2025. 2025 data are preliminary.
*Statistically significant.

Suicide-related ED visits are increasing among older men and decreasing among younger women.

Suicide-related ED Visits

Rates by age and sex per 10,000 ED visits

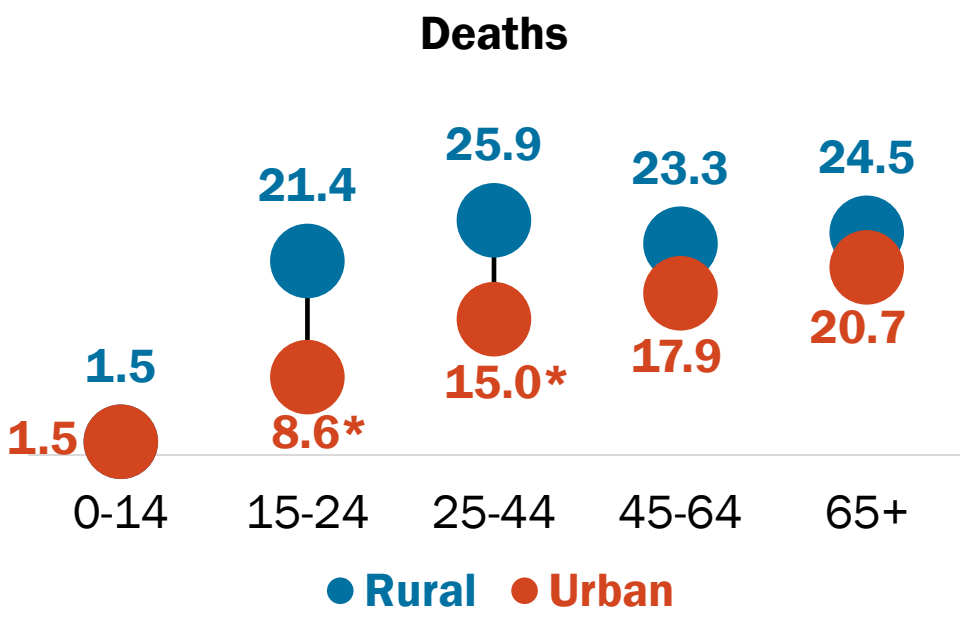


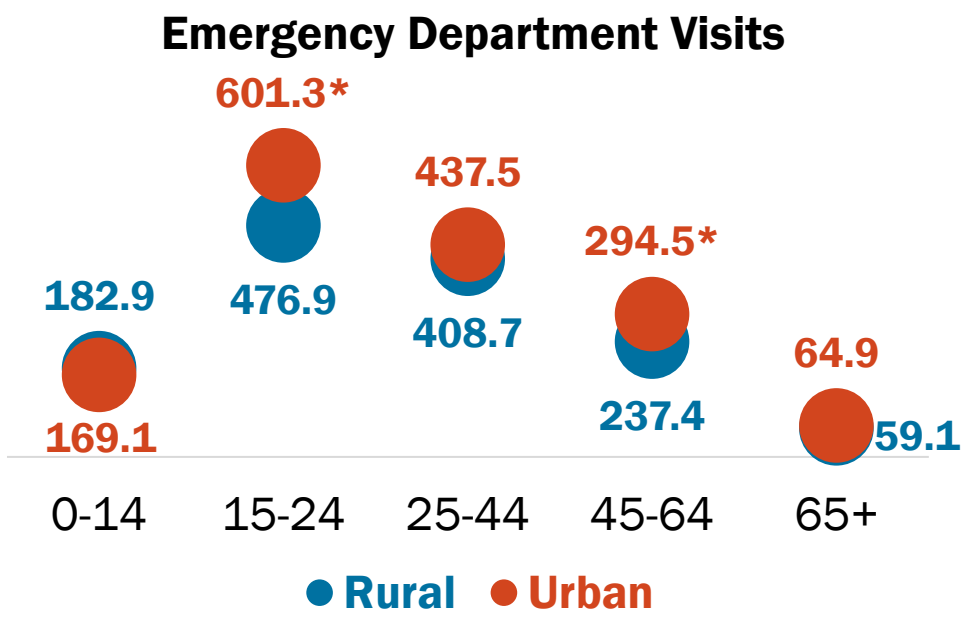
Source: ESSENCE, 2021 and 2025

*Statistically significant.

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

Rural Vermonters have a higher rate of suicide deaths per 100,000 residents but a lower rate of suicide-related ED visits.

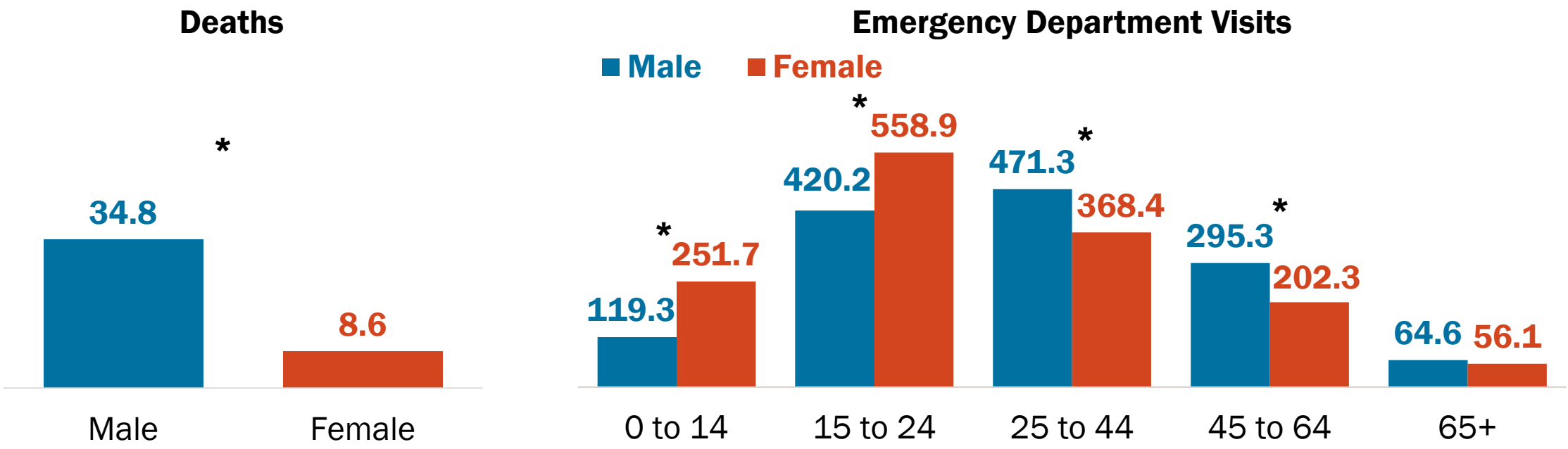




Source: Vermont Vital Statistics, 2023-2025. 2025 Vital Statistics data are preliminary. | ESSENCE, 2025
*Statistically significant.

Males are four times more likely to die by suicide than females, and males who visit the ED for suicide-related reasons are typically older than women who visit for suicide-related reasons.

Males have a higher rate of suicide deaths per 100,000 residents, and males 25-64 have a higher rate of suicide-related ED visits per 10,000 ED visits.

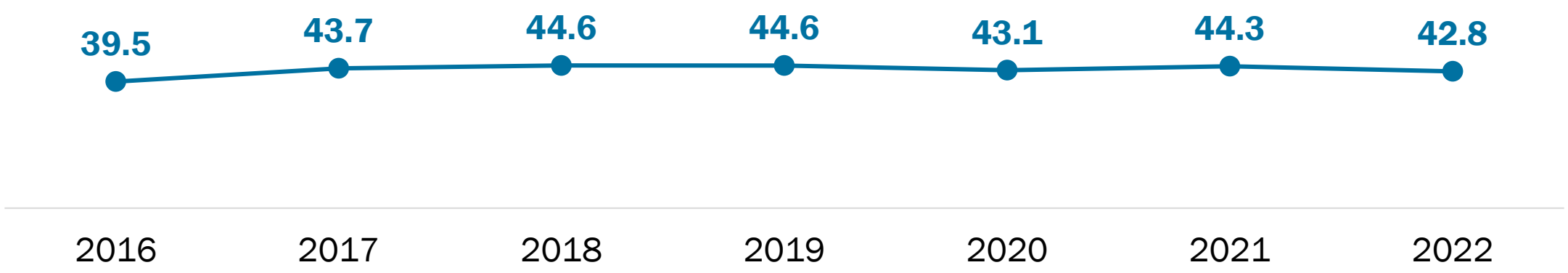


Source: Vermont Vital Statistics, 2025. 2025 Vital Statistics data are preliminary. | ESSENCE, 2025
*Statistically significant.

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

Intentional Self-Harm Emergency Department Visits and Hospitalizations

Rate per 10,000 visits

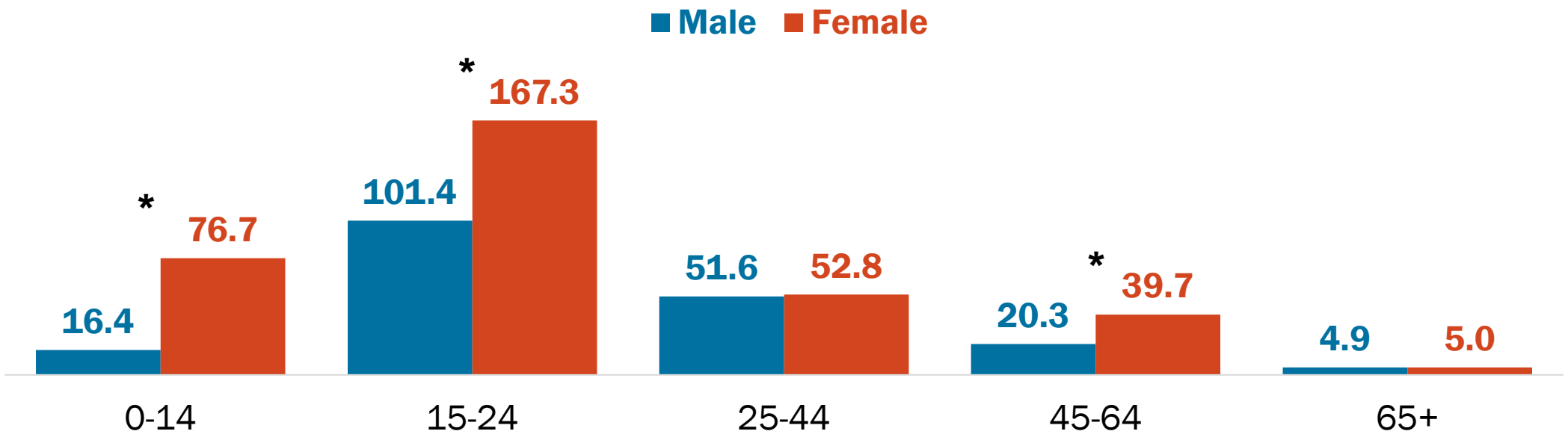


Source: Vermont Uniform Hospital Discharge Data System (VUHDDS), 2016-2022
Hospital visits include both ED visits and inpatient hospitalizations.

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

Intentional Self-Harm Emergency Department Visits and Hospitalizations

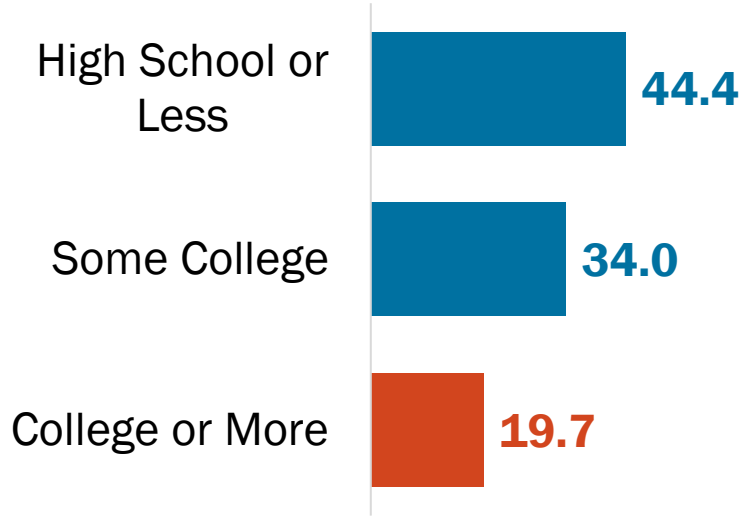
Rate by age and sex per 10,000 visits



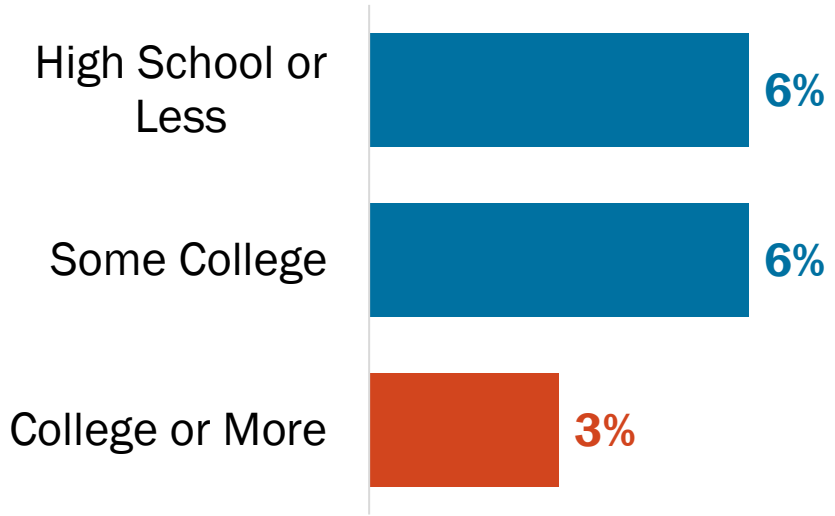
Source: VUHDDS, 2022
*Statistically significant.
Hospital visits include both ED visits and inpatient hospitalizations.

People with a college education have lower suicide morbidity and mortality.

People with a college education are less likely to die by suicide.*
Rate per 100,000 residents



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

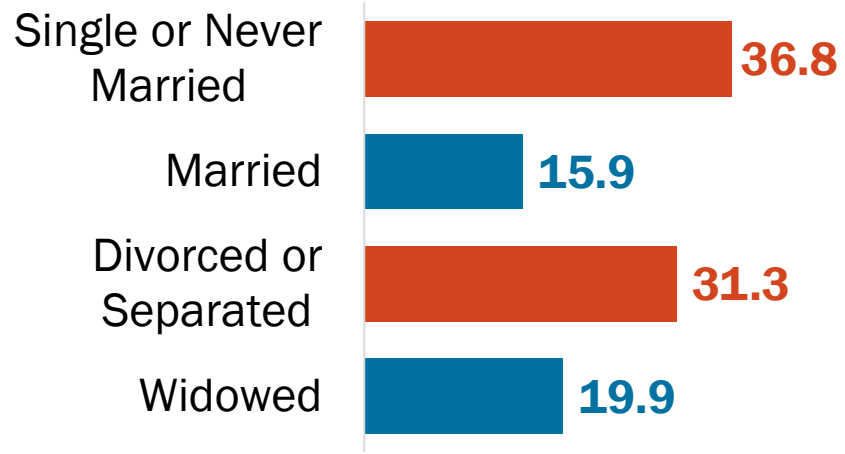


Source: Vermont Vital Statistics, 2025. 2025 Vital Statistics data are preliminary. | BRFSS, 2024
*Statistically significant.

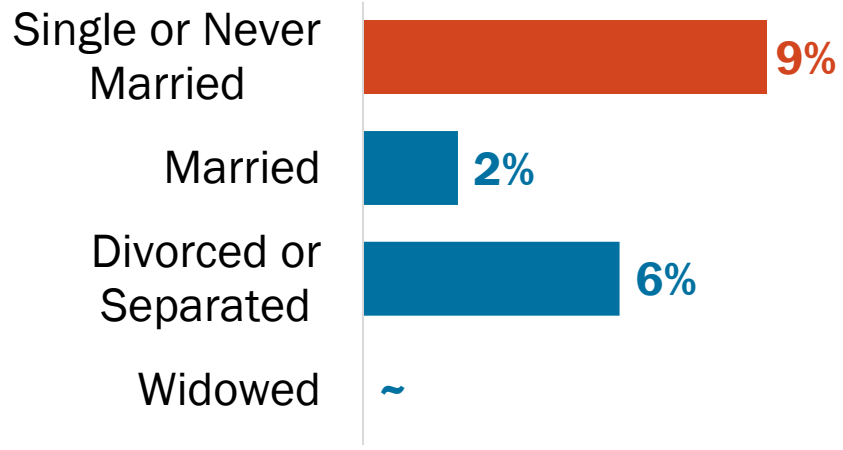
Divorced and single adults have higher rates of suicide mortality and suicidal ideation than married or widowed adults.

People who are single or never married and divorced or separated are more likely to die by suicide.*

Rate per 100,000 residents



Adults who are single or never married are more likely to have seriously considered suicide in the past 12 months.*

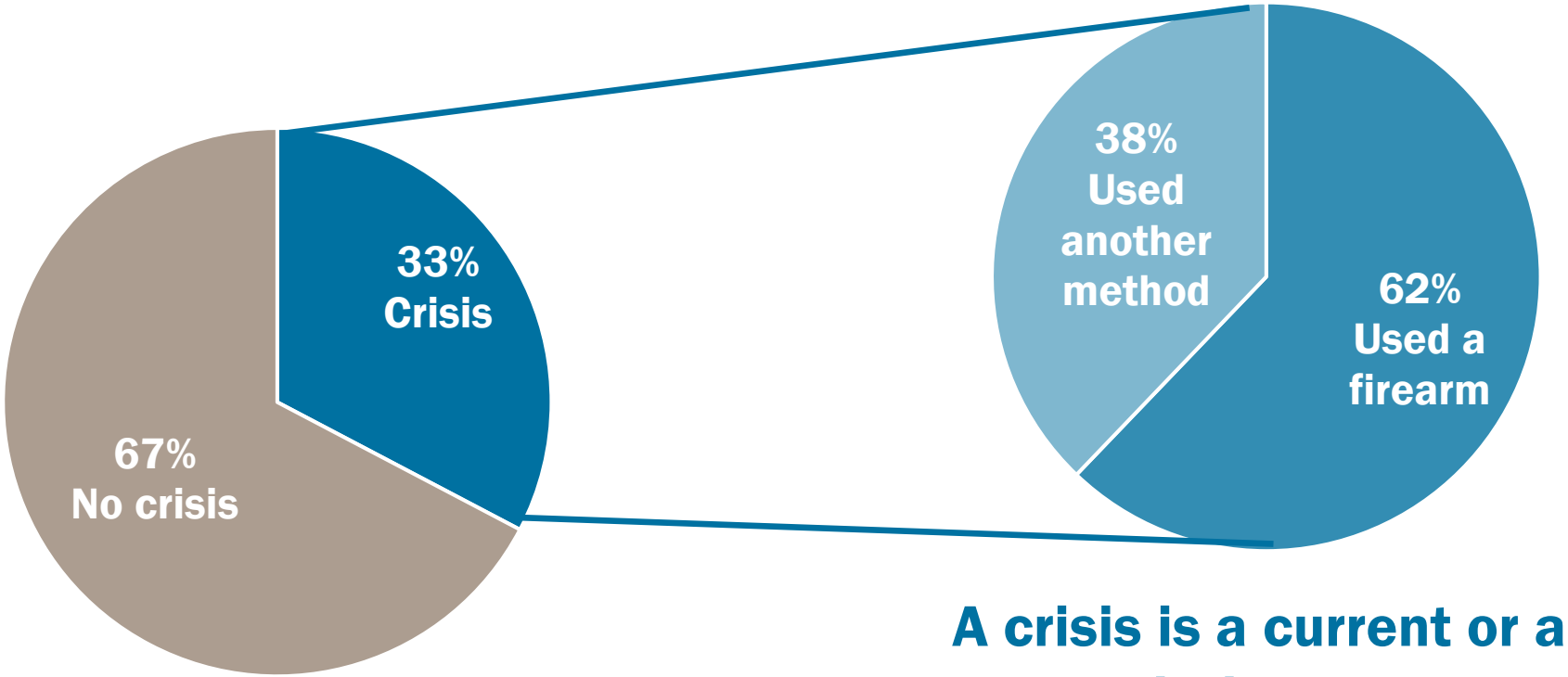


Source: Vermont Vital Statistics, 2025. 2025 Vital Statistics data are preliminary. | BRFSS, 2024

*Statistically significant.

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

One in three people who died by suicided experienced a crisis within two weeks of death. Among those, 62% used a firearm.



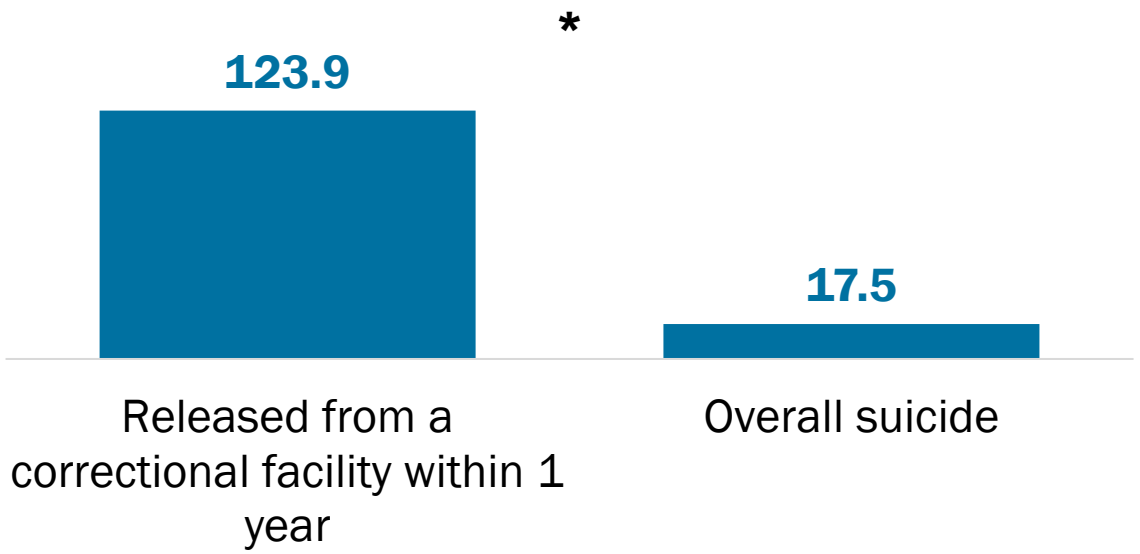
A crisis is a current or acute event within two weeks of death that contributed to the death.

Source: Vermont Violent Death Reporting System (VTVDRS), 2022-2023
*Statistically significant.

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

People recently released from a correctional facility were seven times more likely to die by suicide.

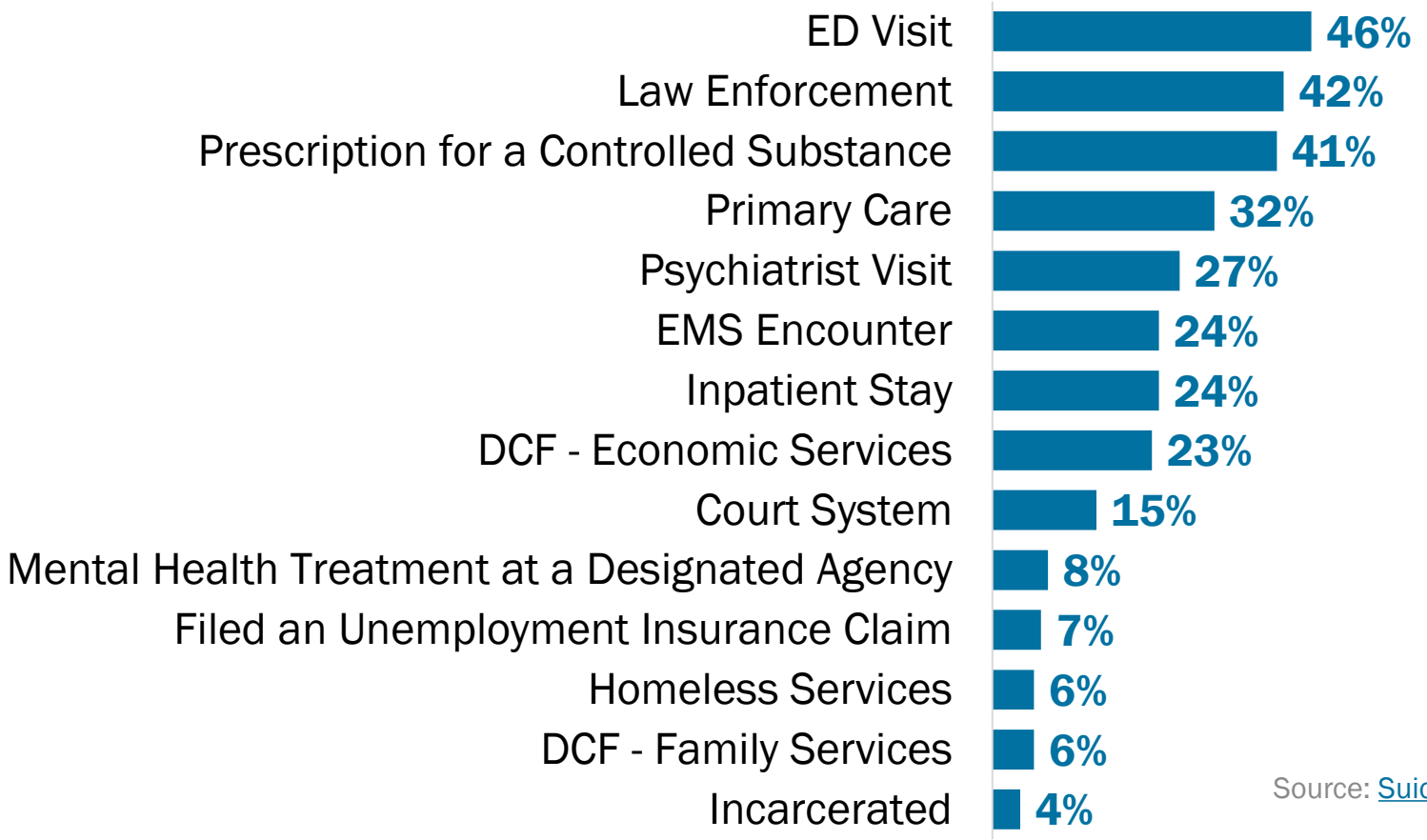
Rate per 100,000 residents



Source: Vermont Vital Statistics, 2022-2023 | Department of Corrections, 2021-2023
*Statistically significant.

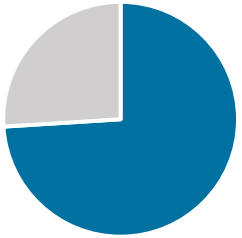
Nearly half of people who died by suicide had an emergency department visit within a year of death.

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

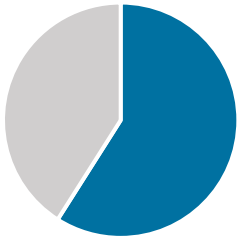


Source: Suicide Data Linkage Project: 2022-2023 Data Analysis

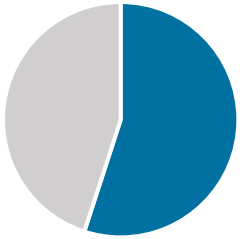
Risk factors are prevalent among Vermonters who have died by suicide.



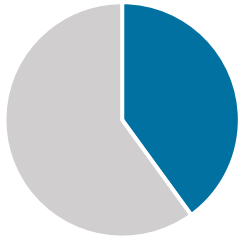
74% ever received a mental health diagnosis.



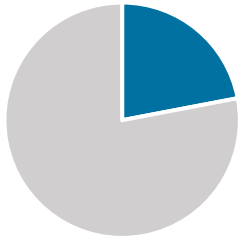
59% were not enrolled in mental health treatment at the time of death.



55% were ever diagnosed with depression.



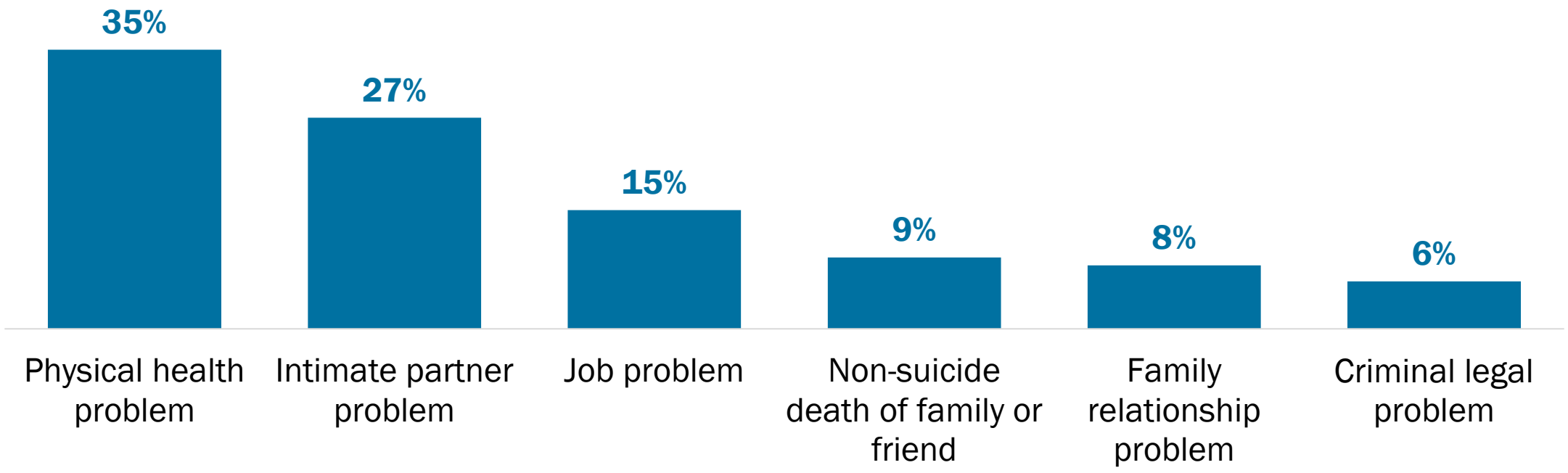
40% had a substance use problem.



22% had a previous suicide attempt.

Source: Vermont Violent Death Reporting System (VTVDRS), 2024

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



Source: Vermont Violent Death Reporting System (VTVDRS), 2024

Fifteen percent of Vermonters who died by suicide in 2022-2023 had a case with the court system within a year of death.

Among Vermont residents who died by suicide in 2022-2023, people with a case related to a mental health application for involuntary treatment had the highest rate of suicide.

Rate per 100,000 cases

Source: Vermont Judiciary, 2021-2023

Additional facts about Vermont suicide data in 2025

95%

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

100%

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

Key Takeaways

- There were 140 Vermont resident suicide deaths in 2025. This is a statistically significant increase compared to 2024.
- Suicide-related ED visits significantly increased in 2025 compared to 2024. Rates are highest among women 15-24 and men 25-44.
- Suicide is the 9th leading cause of death in Vermont, and the 2nd leading cause of death for Vermonters 44 years and younger.
- 46% of people who died by suicide in 2022-2023 visited an emergency department within a year of death.
- Firearms are the most common method used in suicide deaths, regardless of whether the person who died experienced a crisis or not.
- There are several populations with high suicide morbidity or mortality in Vermont. These are listed on the next slide.

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

- Males
- Youth
- Service members and veterans
- LGBTQ+
- Work in agriculture/forestry/fishing/hunting, construction, or manufacturing industries
- Less than a college education
- Divorced or single
- Disability
- Recently released from incarceration
- Recently involved with the court system

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
- **Trevor Lifeline - LGBTQ Crisis Lifeline:** 1-866-488-7368
- FacingSuicideVT.org