

Suicide-Related ED Visits Decreased in 2024

July 2025

In 2024, the rate of suicide-related emergency department (ED) visits decreased by 6%. This is a significant **decrease** compared to 2023. Suicide-related ED visit data provides timely suicidality trend information that can support more direct and targeted suicide prevention interventions. A suicide-related ED visit includes a range of different visits types, including suicidal ideation, self-harm, or suicide attempts.

This data brief analyses the trends over time for suicide-related ED visits in Vermont, particularly within demographic groups. For more information regarding the rate of suicide-related ED visits and comparison between groups, visit the [Suicide Surveillance Dashboard](#) or view the [2024 Annual Suicide Data Report](#).

Key Points

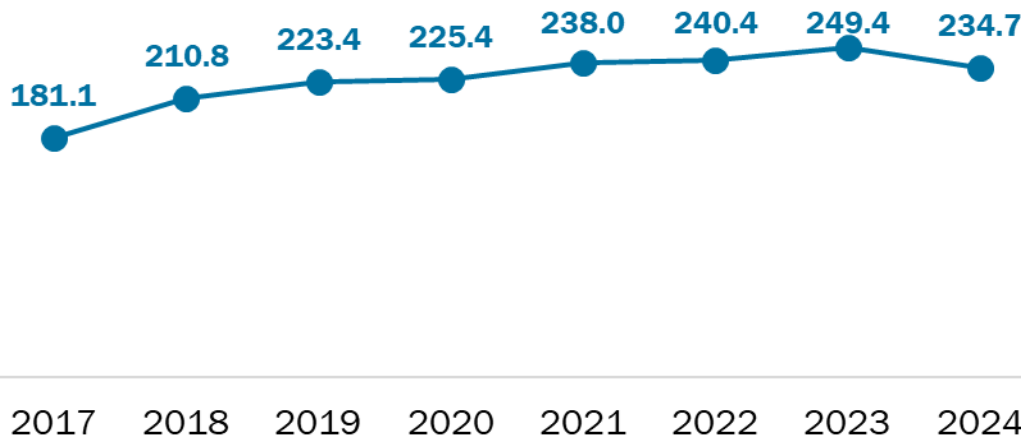
- **The rate of suicide-related ED visits decreased in 2024.**
- **This decrease was mainly seen in white non-Hispanic Vermonters and Vermonters aged 15–24.**

The rate of suicide-related ED visits decreased in 2024.

In 2024, there were 5,958 suicide-related emergency department visits. A rate of 234.7 per 10,000 emergency department visits in Vermont. 2024 was the first year that the rate of suicide-related ED visits decreased since 2017.

Suicide-related ED visits significantly decreased in 2024.

Rate per 10,000 ED Visits.



Source: Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE), 2017 – 2024



HealthVermont.gov
802-863-7200



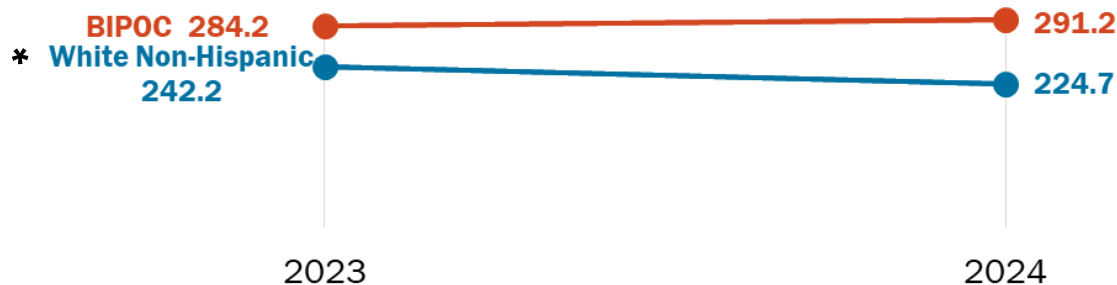
Demographic Trends: 2023 vs 2024

Race/Ethnicity

White non-Hispanic Vermonters saw a statistically significant decrease of suicide-related ED visits in 2024 compared to 2023. In contrast, the rate of suicide-related ED visits among Black, Indigenous and people of color (BIPOC) Vermonters slightly increased from 2023 to 2024, but the difference was not significant. BIPOC includes Black or African American; Native American, Indigenous or First Nation; Pacific Islander; Asian; two or more races; and Hispanic people.

Suicide-related ED visit rates among white Vermonters significantly decreased in 2024 compared to 2023.

Rate per 10,000 ED Visits.



Source: ESSENCE, 2023 – 2024

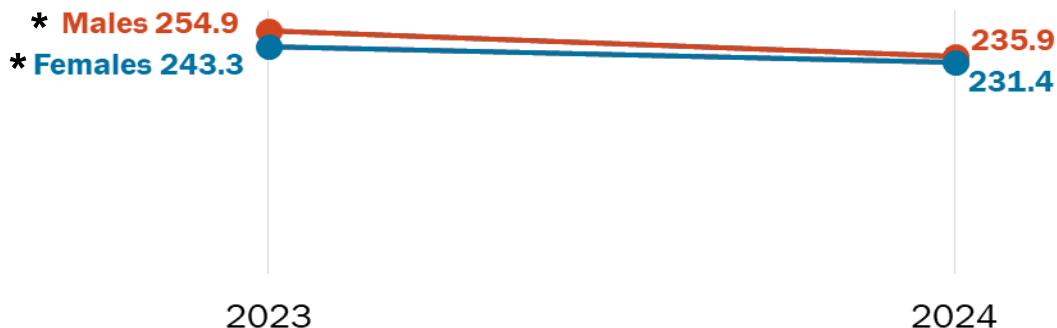
*Statistically significant decrease between 2023 and 2024

Sex

Both males and females experienced a significant decrease in suicide-related ED visits in 2024. Males have a higher, but not statistically significant, rate of suicide-related ED visits.

Suicide-related ED visit rates among both males and females significantly decreased in 2024 compared to 2023.

Rate per 10,000 ED Visits.



Source: ESSENCE, 2023 – 2024

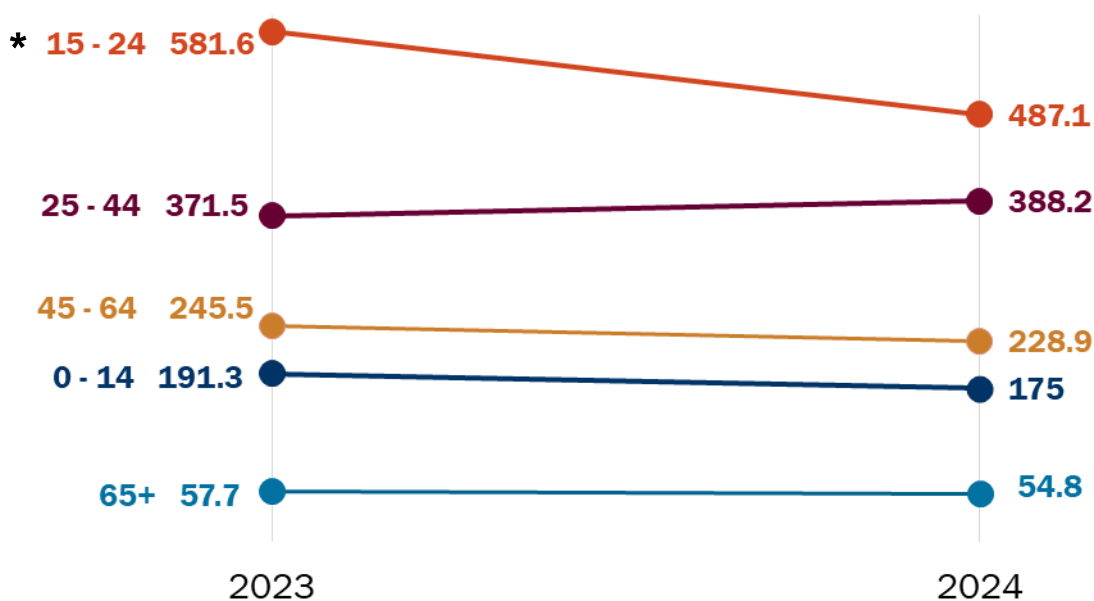
*Statistically significant decrease between 2023 and 2024

Age

Vermonters aged 15–24 consistently have the highest rate of suicide-related ED visits. This group experienced a significant decrease in suicide-related ED visits in 2024 compared to 2023. All other age groups saw a slight decrease, except Vermonters aged 25-44, who had a slight but not significant increase in suicide-related ED visits.

Suicide-related ED visit rates among Vermonters aged 15 - 24 significantly decreased in 2024 compared to 2023.

Rate per 10,000 ED Visits.



Source: ESSENCE, 2023 – 2024

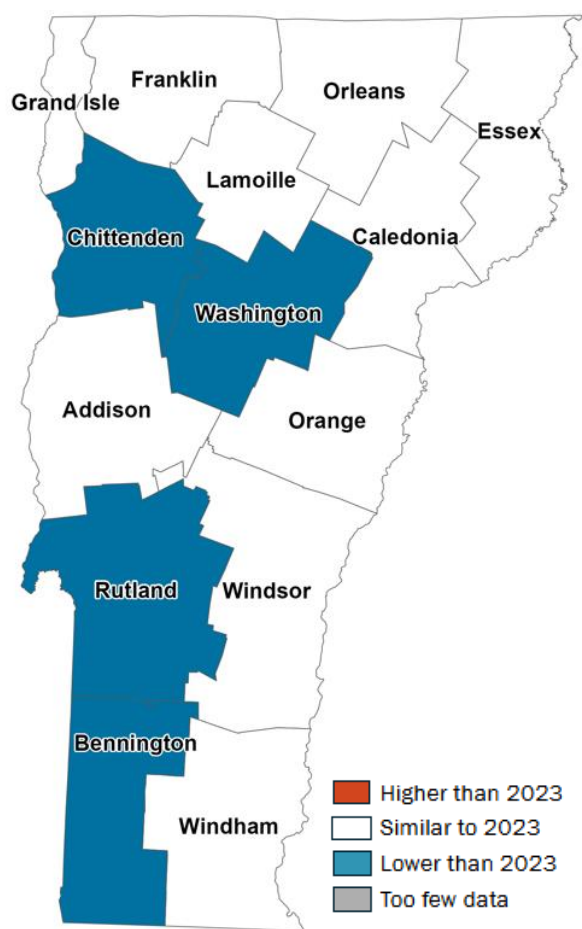
*Statistically significant decrease between 2023 and 2024

County

There was a significant decrease in the rate of suicide-related ED visits in Bennington, Chittenden, Rutland and Washington counties from 2023 to 2024. No counties saw a significant increase in suicide-related ED visits. Some counties may show large changes that are not statistically significant due to a small number of visits. Rates and percentages based on a small population are more variable.

Suicide-related ED visit rates among residents of Bennington, Chittenden, Rutland and Washington counties significantly decreased in 2024.

The map below displays which counties saw a significant change in the rate of suicide-related ED visits.



Source: ESSENCE, 2023 – 2024

Comparison of the Rate of Suicide-Related ED Visits between 2023 and 2024			
County	2023 Rate	2024 Rate	Relative Percent Change Between 2023 and 2024
Addison	125.9	133.3	6%
Bennington	306.0	262.0	-14%
Caledonia	231.8	254.3	10%
Chittenden	296.0	269.1	-9%
Essex	194.8	143.1	-27%
Franklin	166.5	166.1	0%
Grand Isle	140.9	166.4	18%
Lamoille	132.7	147	11%
Orange	171.2	206.1	20%
Orleans	178.7	185.5	4%
Rutland	357.9	311.0	-13%
Washington	214.8	182.5	-15%
Windham	368.2	353.2	-4%
Windsor	201.0	215.5	7%

Rates are per 10,000 ED visits.

Key Takeaways

- The rate of suicide-related ED visits in Vermont significantly decreased in 2024 compared to 2023.
- When broken down by demographics, this decrease was observed in Vermonters aged 15 – 24, white non-Hispanic Vermonters, and both males and females.
- Geographically, residents of Bennington, Chittenden, Rutland, and Washington Counties also saw a significant decrease in suicide-related ED visits.

Resources to Get Help

Vermont is working to improve care in emergency departments for individuals at risk of suicide. For more information, go to [Emergency Department Suicide Prevention Quality Improvement Initiative – Vermont Program for Quality in Health Care, Inc.](#)

If you or someone you know is thinking about suicide, there is help 24/7

- **Call, text or chat the [988 Suicide and Crisis Lifeline](#)**
- **For more information about getting support, helping others who may be at risk of suicide, and getting involved in suicide prevention efforts in Vermont, go to [FacingSuicideVT.com](#)**

Methods and Limitations

This analysis uses ED data that is reported through the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), a [syndromic surveillance](#) system that tracks real-time healthcare visit data. ESSENCE captures every ED visit from all medical hospitals in Vermont but does not include psychiatric hospitals, the Veteran Affairs hospital, or hospitals outside of Vermont, even if they are part of the UVM Health Network. This analysis uses electronic medical records (EMR), specifically a patient's chief complaint and discharge diagnosis fields. These fields are not always accurate and are sometimes missing. Please keep in mind suicide-related ED visit rates do not always correlate with suicide death rates. All analyses were done in R Studio 4.3.2.

If you need help accessing or understanding this information, contact ahs.vdhsuicidedata@vermont.gov.