

Annual Suicide Data Report

Data through 2024

June 2025



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Dedication

This report is dedicated to all the Vermonters who have been impacted by suicide. Each statistic in this report represents a person who has been impacted by suicide and serves as a reminder of the ongoing need for effective suicide prevention efforts and support for the many Vermonters who have lost someone to suicide. The Vermont Department of Health remains committed to addressing this critical public health problem by leading our efforts with empathy, understanding, and humanity. This report serves as a tool in our collective work to prevent future losses due to suicide and support those affected by suicide.

Introduction

Suicide is a critical public health issue in Vermont, with wide-reaching impacts on individuals, families, and communities. The Vermont Department of Health is committed to understanding and addressing the factors contributing to suicide in the state. This report provides a comprehensive overview of suicide mortality and morbidity data in Vermont, highlighting trends, risk factors, and the burden of suicide on healthcare systems and communities. This report does not describe the programmatic efforts of the State of Vermont or the work of communities to address suicide in Vermont. For more information regarding the State of Vermont's suicide prevention efforts, please visit: <https://www.healthvermont.gov/suicide-prevention>.

The purpose of this report is to inform public health efforts by providing data-driven insights into the prevalence and characteristics of suicide-related behaviors. By understanding the scope of the issue, as well as the populations most affected, Vermont can better allocate resources to support at-risk individuals and prevent suicide.

Key Findings:

- **Suicide Mortality:** In 2024, 104 Vermonters died by suicide, equating to a rate of 16.1 deaths per 100,000 residents. Of note, the suicide rate in Vermont is still higher than the US rate, as it has been for the past 15 years.¹
- **Emergency Department Visits:** Nearly 6,000 Vermonters visited an emergency department (ED) for a suicide-related reason in 2024, underscoring the significant impact of suicide on the healthcare system.
- **Trends Over Time:** The suicide death rate peaked in 2021 (22.0 per 100,000) and has decreased each year over the past three years, with 2024 being statistically lower than 2021 but statistically similar to 2023 (19.3 per 100,000). Suicide-related ED visits significantly increased between 2017 and 2023 but decreased in 2024 for the first time since data became available in 2017.
- **Youth Suicide:** The percent of high school students who attempted suicide in the past 12 months significantly increased between 2009 and 2023 (4% vs 7%). Rates are statistically higher among females; younger students; those living in rural areas; students who are Black, Indigenous, and People of Color (BIPOC); students who are LGBTQ+; and high schoolers who are living with a disability.

Resources to Get Help

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 for suicide, and getting more involved in suicide prevention in Vermont, go to FacingSuicideVT.com

Definitions

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, ranging from suicidal ideation to intentional self-harm to suicide attempts.

Morbidity: a diseased state, disability, or poor health due to any cause. The term may be used to refer to the existence of any form of disease, or to the degree that the health condition affects the person. Morbidity is measured by emergency department visits for suicide-related reasons and by self-reported survey data, including reports of suicide attempts, suicide planning, self-harm, and depression.

Mortality: referring to death. A mortality rate is a measure of the number of deaths in general or due to a specific cause per population per period of time. Mortality is measured by the number of people who have died by suicide.

Data Sources and Measures

This report includes data on suicide in Vermont covering a range of mortality and morbidity measures and time frames.

- **Mortality Measures:**

- Death by suicide from 2015-2024; Vermont Vital Records
- Risk factors for suicide death from the Vermont Violent Death Reporting System 2023.

- **Morbidity Measures:**

- Suicide-related emergency department (ED) visits to Vermont hospitals from 2017-2024 from the Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE). A suicide-related ED visit is an emergency department visit for any reason relating to suicide, ranging from suicidal ideation to suicide attempts. The rate of suicide-related ED visits is shown as the rate per 10,000 ED visits (as opposed to the more common per 100,000 residents). This is to account for the fluctuation in ED visits due to time on a population level.
- Adult survey data from the Behavioral Risk Factor Surveillance System (BRFSS) regarding self-report of seriously considering suicide in the past 12 months for 2018, 2021, and 2022.
- Youth survey data from the Youth Behavior Risk Survey (YRBS) in Vermont high schools regarding self-report of one or more suicide attempts in the past 12 months for odd-numbered years between 2009-2023.

In previous annual suicide data briefs, intentional self-harm data was the primary measure of suicide morbidity. While intentional self-harm data is still used, this report shifts the focus to suicide-related ED visits. This change better captures the range of suicidal behaviors, including suicidal ideation, and provides the most up-to-date data.

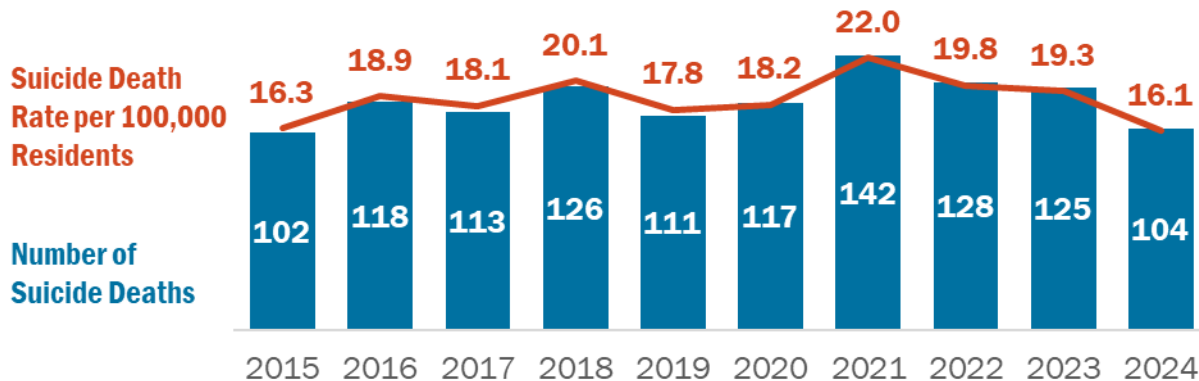
For information on the methodology, please see the [Methodology](#) section of this report.

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Data Trends: Death, Suicide-Related ED Visits, Suicide-Related Ideations and Behaviors

In 2024, 104 Vermonters died by suicide, a rate of 16.1 per 100,000 residents. The rate of suicide deaths has significantly decreased since 2021 (22.0 per 100,000). The rate of suicide in Vermont has consistently been higher than the rate of suicide in the United States.¹

The rate of suicide death has significantly decreased since 2021.



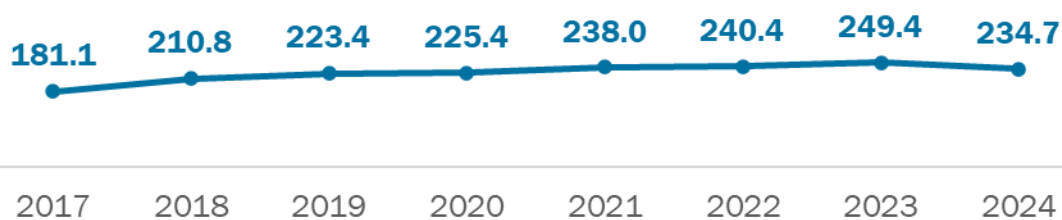
Source: Vermont Vital Statistics System

*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.

In 2024, there were 5,958 suicide-related emergency department visits, a rate of 234.7 per 10,000 emergency department visits in Vermont. The rate of suicide-related ED visits has significantly decreased in 2024, the first decrease since data became available in 2017. Compared to 2023, the decrease in 2024 was seen in white non-Hispanic Vermonters, people aged 15-24, and both females and males. Additionally, in 2024, the percent of patients returning to the ED for a suicide-related reason decreased compared to 2022.²

Suicide-Related ED visits have significantly decreased since 2023.

Rate per 10,000 ED Visits.

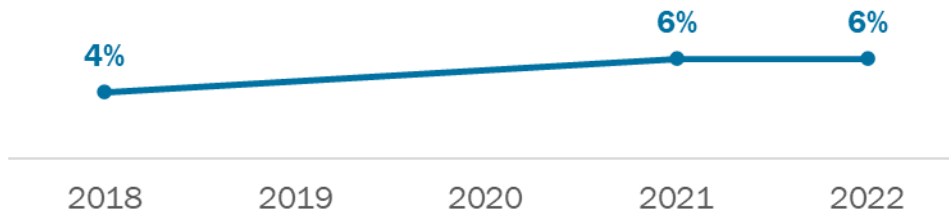


Source: Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE)

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In 2022, 6% of adults in Vermont seriously considered suicide in the past 12 months. The percent of Vermont adults seriously considering suicide has not statistically increased since 2018.

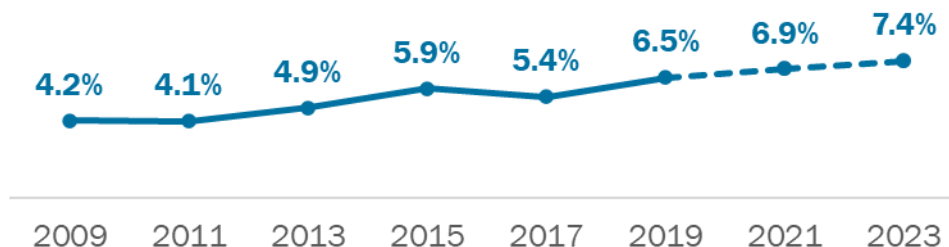
The percentage of adults seriously considering suicide in the past 12 months has not statistically changed since 2018.



Source: Vermont Behavioral Risk Factor Surveillance System (BRFSS)

In 2023, 7% of Vermont high school students attempted suicide one or more times in the past 12 months. This is a significant increase compared to 2019 and earlier but is similar to 2021.

The percentage of high school students who have attempted suicide in the past 12 months has significantly increased since 2009.



Source: Vermont Youth Risk Behavior Survey (YRBS)

^In 2021, administration of the YRBS was delayed by the COVID pandemic. As a result, caution should be used when comparing the 2021 results to other years. See the [Special Considerations for the 2021 YRBS Survey](#) document for more information.

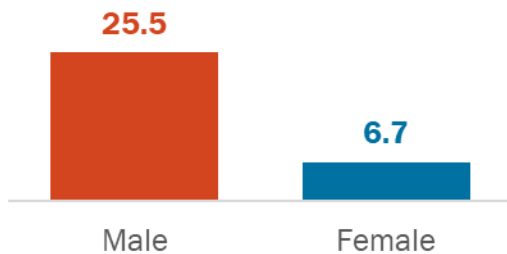
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Biological Sex or Gender^

In 2024, males were more likely to die by suicide than females. Females and males are equally likely to visit the ED for a suicide-related reason, though female high school students are nearly twice as likely to have attempted suicide in the past year as male high school students.

Males are almost 4x more likely to die by suicide than females.*

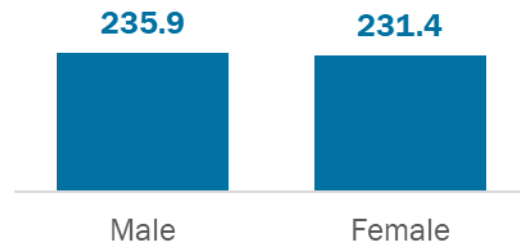
Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

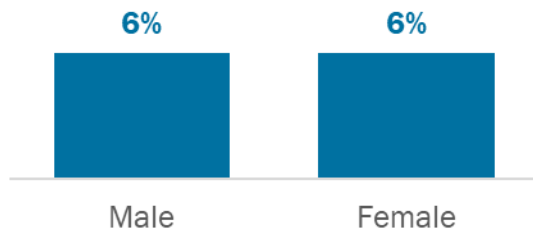
Males and females visit the ED for a suicide-related reason at similar rates.

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



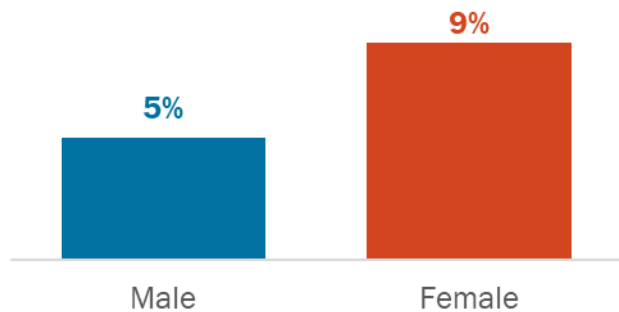
Source: ESSENCE, 2024

6% of Vermont males and females seriously considered suicide in the past year.



Source: BRFSS, 2022

Female high school students are almost twice as likely to have attempted suicide in the past year as males.*



Source: YRBS, 2023

^Please note sex at birth categories are reported in alignment with the data categories used in the individual data sources.

*Indicates statistical significance.

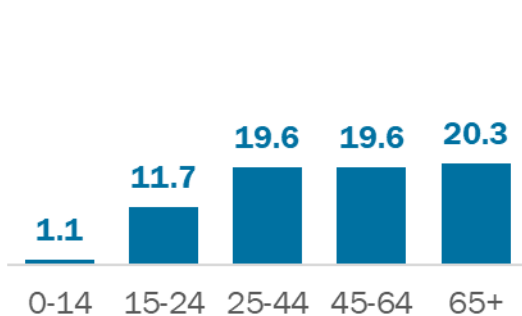
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Age

Suicide mortality rates are similar among people 15 and older in Vermont. Younger people, specifically 15–44-year-olds, have higher suicide morbidity.

Suicide mortality rates are similar among people 15 and older.

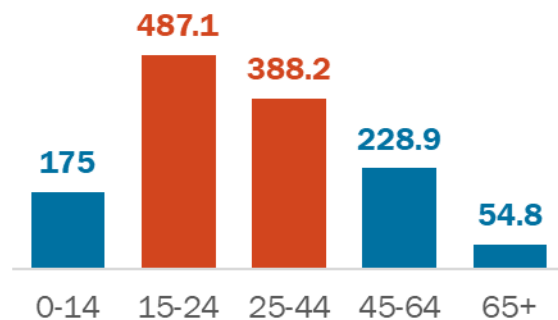
Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

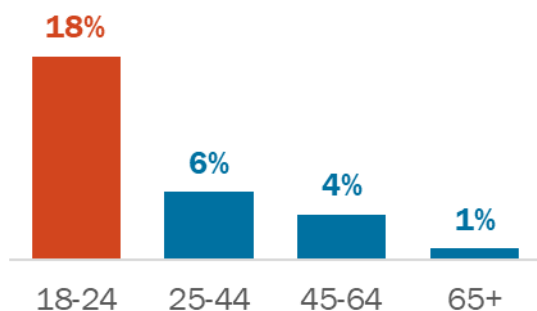
Vermonters aged 15-44 are more likely to visit the ED for a suicide-related reason compared to other age groups.*

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



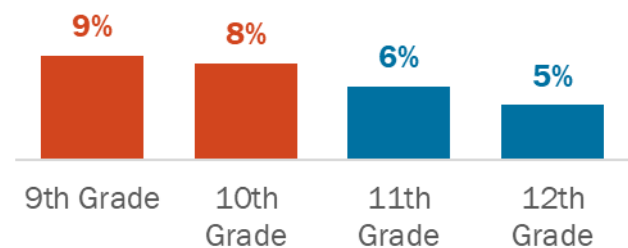
Source: ESSENCE, 2024

Adults aged 18-24 are more likely to have seriously considered suicide in the past year than other age groups.*



Source: BRFSS, 2022

Younger students are more likely to have attempted suicide in the past year than older high school students.*



Source: YRBS, 2023

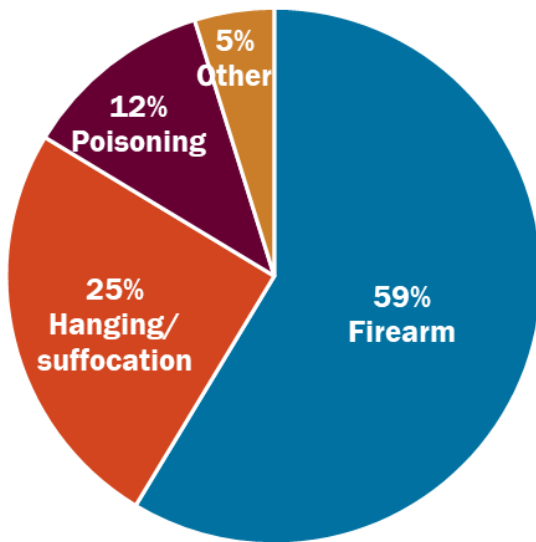
*Indicates statistical significance.

Method of Injury

Firearms account for more than half of suicide deaths in Vermont. Males are more likely than females to die by suicide using a firearm. Suicides involving hanging/suffocation account for 25% of deaths, poisoning for 12%, and 5% are due to other methods. The proportion of suicide deaths involving a firearm or hanging/suffocation has increased since 2023, while other methods decreased. The proportion of deaths involving poisoning has not changed.³

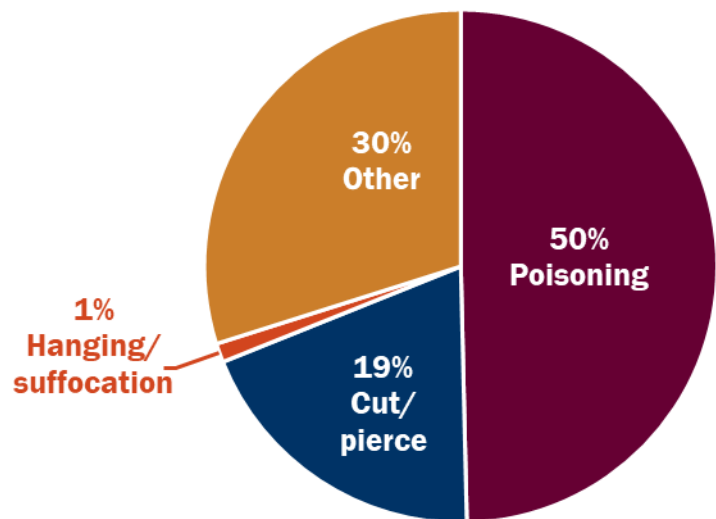
Poisonings account for half of intentional self-harm emergency department visits. Cutting accounts for almost one-fifth of intentional self-harm visits, and the remaining methods of intentional self-harm occur at much lower frequencies. Less than 10% of suicide-related ED visits are due to a suicide attempt. The remaining visits are due to suicidal ideation or self-harm (other than attempts).

More than half of suicide deaths involve a firearm.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

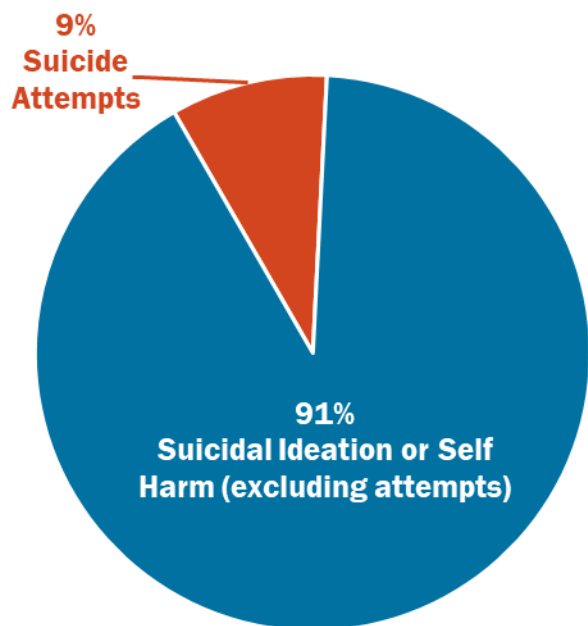
Half of emergency department visits for intentional self-harm are due to poisoning.



Source: ESSENCE, 2024

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Less than one in ten suicide-related ED visits are due to a suicide attempt.



Source: ESSENCE, 2024

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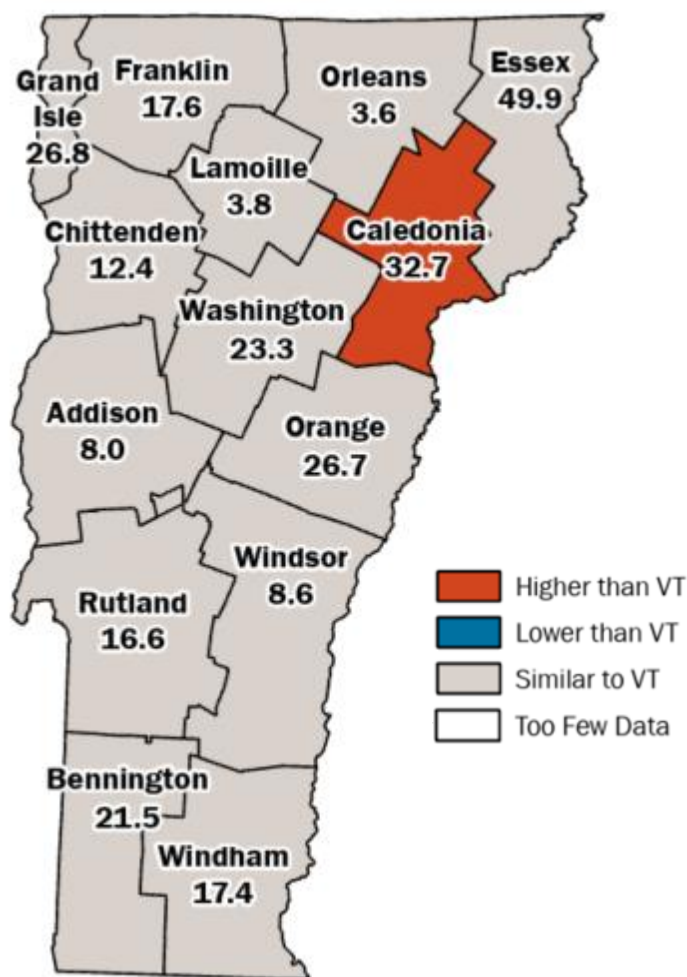
County of Residence

Vermonters living in Caledonia County experience higher suicide **mortality** while Vermonters living in Rutland and Windham Counties experience higher suicide **morbidity**. Rates and percentages based upon a small population are more variable. As a result, caution should be used in comparing these rates and percentages to Vermont as a whole.

Suicide Deaths

In 2024, Caledonia County had a higher rate of suicide death than Vermont overall. All other counties are statistically similar to Vermont overall (16.1 per 100,000 residents).

Suicide death rate per 100,000 residents.



For comparison, data in 2023 showed:

- Orleans and Windham Counties had statistically higher rates compared to Vermont overall.
- Chittenden County was statistically lower than Vermont overall.
- Caledonia County was statistically similar to Vermont.

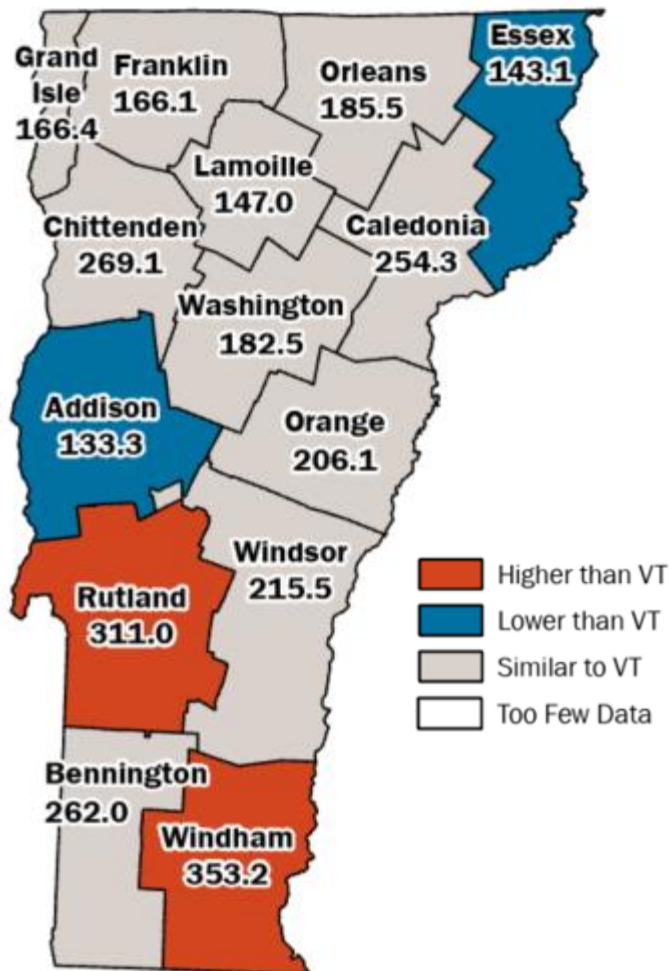
Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

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Suicide-Related ED Visits

In 2024, residents of Windham and Rutland Counties had a higher rate of suicide-related ED visits than Vermont overall. Residents of Essex and Addison Counties have a lower rate than Vermont overall (238.0 per 10,000 ED visits).

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



For comparison, data in 2023 showed:

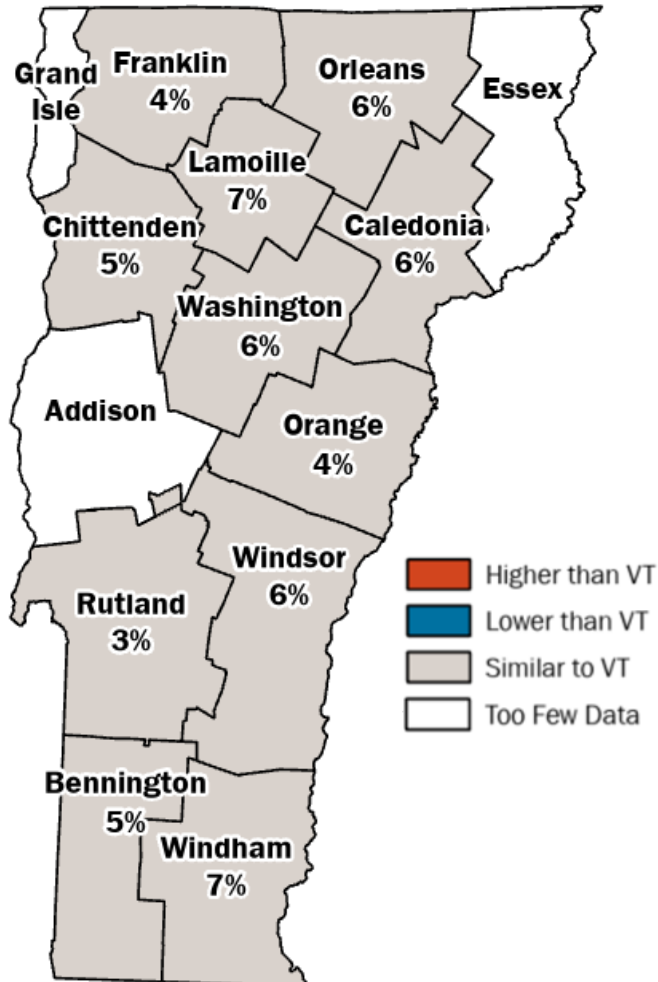
- Rutland, Bennington, and Windham Counties had statistically higher rates compared to Vermont overall.
- Addison, Lamoille, and Grand Isle Counties were statistically lower than Vermont overall.
- Essex County was statistically similar to Vermont.

Source: ESSENCE, 2024

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Adults Who Seriously Considered Suicide

No single county has a statistically different rate of adults who seriously considered suicide in the past 12 months, compared to Vermont overall (6%).[^]



The question asking adults if they have seriously considered suicide was first asked on the 2018 BRFSS. Therefore, no comparison to previous years is available.

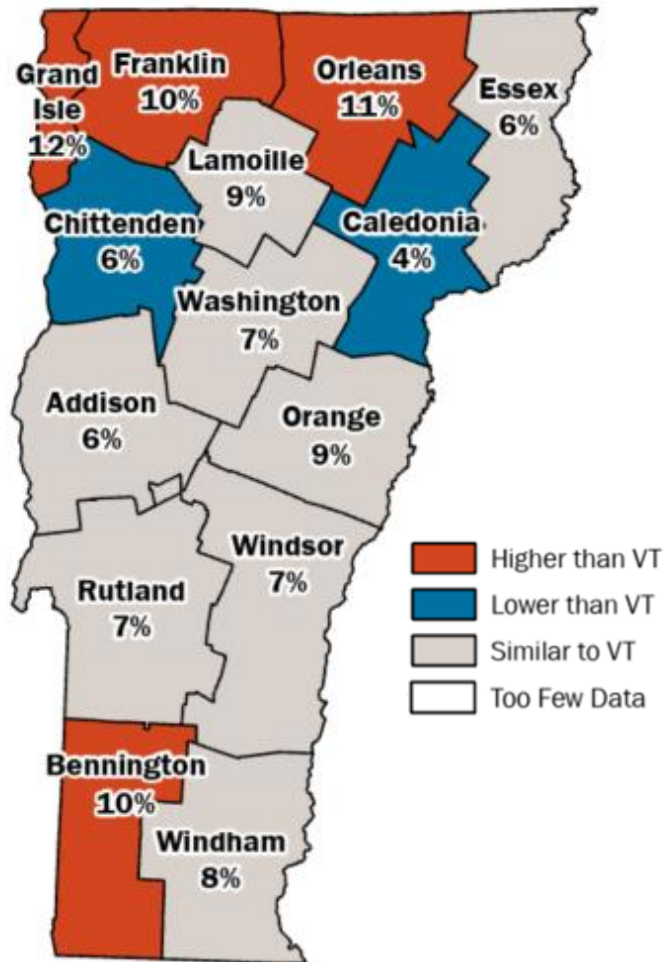
Source: BRFSS, 2018, 2021, 2022

[^]Data for Addison, Essex, and Grand Isle are suppressed for confidentiality or reliability. Counties are suppressed if the relative standard error is greater than 30% or the numerator is less than 5.

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Youth who Attempted Suicide

High school students in **Grand Isle, Orleans, Bennington, and Franklin Counties** are more likely to have attempted suicide in the past 12 months while students in **Caledonia and Chittenden** are less likely to have attempted suicide compared to Vermont overall (7%).



For comparison, data in 2021 showed:

- Rutland and Lamoille Counties had statistically higher rates compared to Vermont overall.
- Chittenden County was statistically lower than Vermont overall.
- Caledonia, Grand Isle, Franklin, Orleans, and Bennington Counties were statistically similar to Vermont.

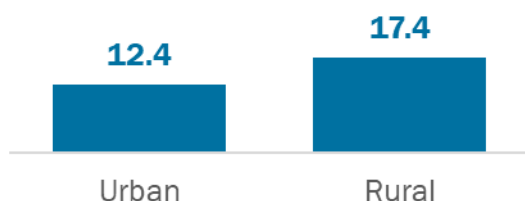
Source: YRBS, 2023

Rurality

For this analysis, rurality was determined using county of residence. Residents of Chittenden County are classified as urban. Residents of the remaining 13 counties are classified as rural. Suicide mortality is statistically similar in urban and rural counties – this is a change from 2023 when people living in rural areas were statistically more likely to die by suicide than urban areas.⁴ Vermonters living in urban areas have higher rates of suicide-related ED visits.

People living in rural areas are equally likely to die by suicide as people living in urban areas.

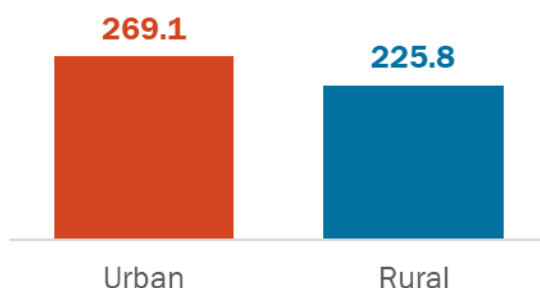
Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

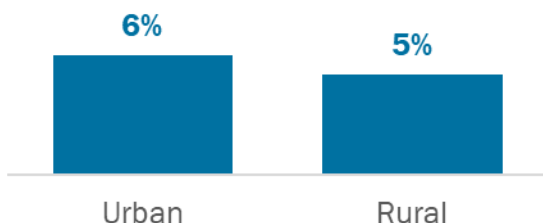
People living in urban areas are more likely to visit the ED for a suicide-related reason than people living in rural areas.*

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



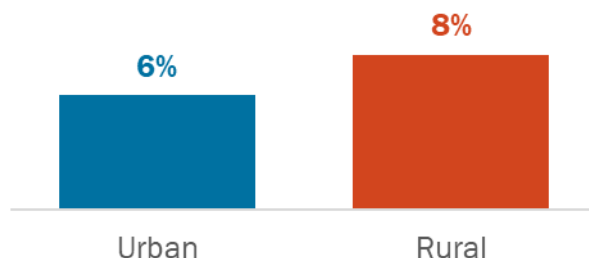
Source: ESSENCE, 2024

The percentage of adults who seriously considered suicide in the past year is similar between people living in urban and rural areas.



Source: BRFSS, 2022

The percentage of high school students who attempted suicide in the past year is higher in rural areas than urban areas.*



Source: YRBS, 2023

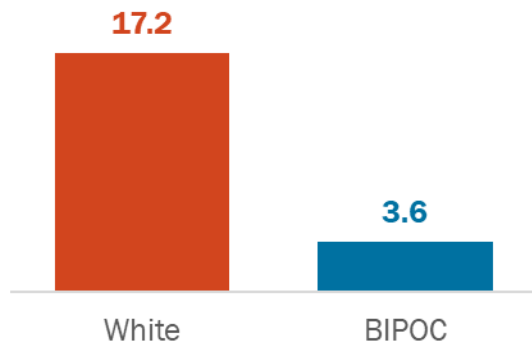
*Indicates statistical significance.

Race and Ethnicity

Black, Indigenous and people of color (BIPOC) includes Black or African American; Native American, Indigenous, or First Nation; Pacific Islander; Asian; two or more races; and Hispanic. White Vermonters are nearly six times more likely to die by suicide than BIPOC Vermonters, while BIPOC Vermonters are more likely to visit the ED for a suicide-related reason. Two percent of suicide deaths in Vermont are BIPOC individuals. BIPOC students are twice as likely to attempt suicide as white students.

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

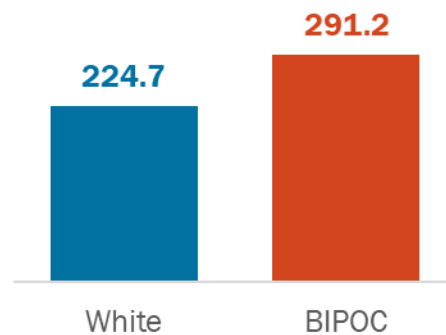
Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

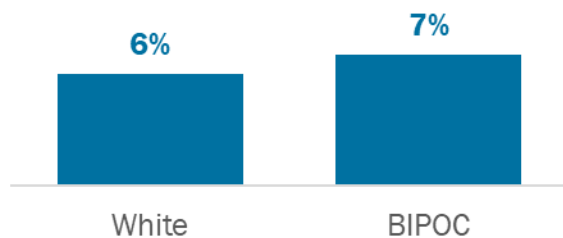
BIPOC Vermonters visit the ED for a suicide-related reason at a higher rate than white Vermonters.*

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



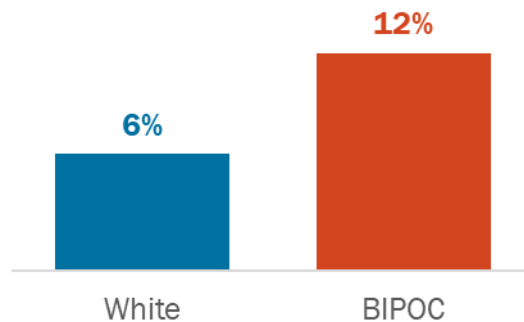
Source: ESSENCE, 2024

The percentage of adults who seriously considered suicide in the past year is similar in white and BIPOC Vermonters.



Source: BRFSS, 2022

BIPOC youth are twice as likely to have attempted suicide in the past year as white youth.



Source: YRBS, 2023

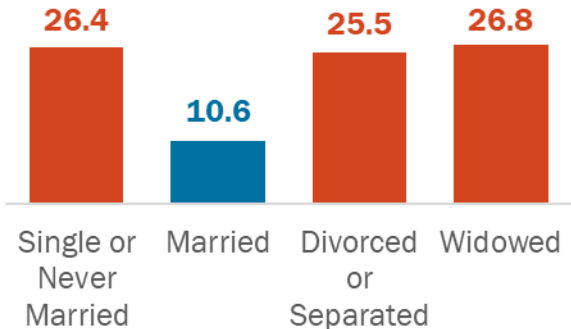
*Indicates statistical significance.

Marital Status

Single, divorced, and widowed Vermonters have higher rates of suicide mortality than married Vermonters. Single adults are also more likely to have seriously considered suicide in the past year.

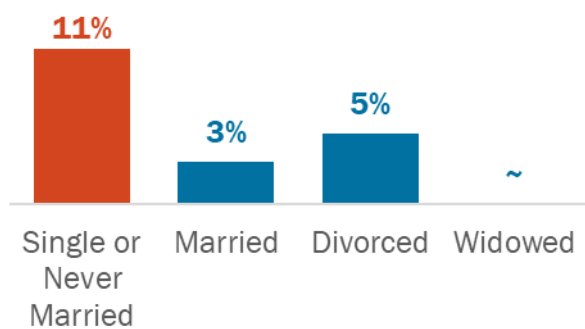
Married people are less likely to die by suicide.*

Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

Single adults are significantly more likely to have seriously considered suicide in the past year.*



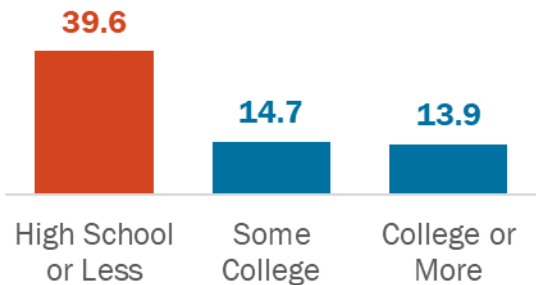
Source: BRFSS, 2022
~Suppressed due to confidentiality or reliability. Categories are suppressed if the relative standard error is greater than 30% or the numerator is less than 5.

Education Level

People with higher levels of education experience lower rates of suicide mortality and suicidal ideation.

People with a high school education or less are more likely to die by suicide.*

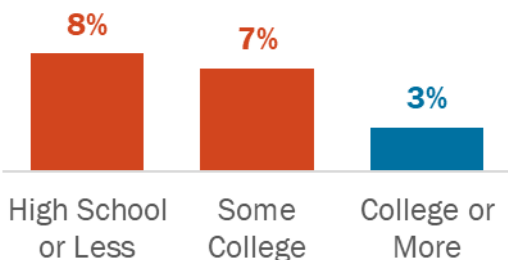
Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

*Indicates statistical significance.

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



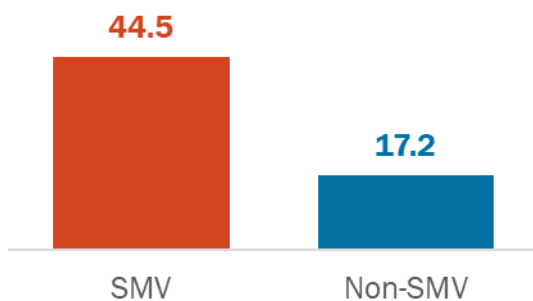
Source: BRFSS, 2022

Service Members and Veterans (SMVs)

SMVs are an at-risk population. In 2024, Vermont SMVs were more than twice as likely to die by suicide as non-SMV Vermonters who were 18 and older. SMVs made up 15% of suicide deaths among Vermont residents 18 and older in 2024. This is a change from 2023, when SMVs had a statistically similar risk of death compared to non-SMV and made up 7% of suicide deaths.³ Given Vermont's small population, statistical significance can fluctuate between years and may not indicate an overall change in populations disproportionately affected by suicide.

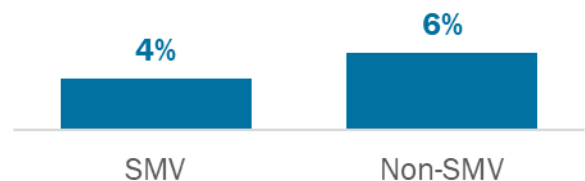
SMVs have a higher rate of suicide death than non-SMVs.*

Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2024
2024 data are preliminary.

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

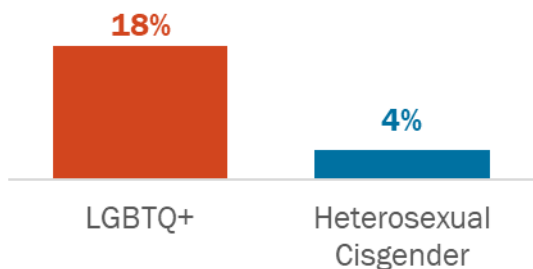


Source: BRFSS, 2022

Sexual Orientation and Gender Identity

Adults and youth who identify as LGBTQ+ are more likely to experience suicide morbidity.

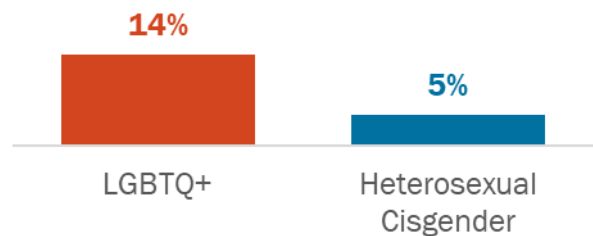
Adults who identify as LGBTQ+ are over 4 times more likely to have seriously considered suicide in the past year than heterosexual cisgender adults.*



Source: BRFSS, 2022

*Indicates statistical significance.

High school students who identify as LGBTQ+ are nearly 3 times more likely to have attempted suicide in the past year than heterosexual cisgender high school students.*



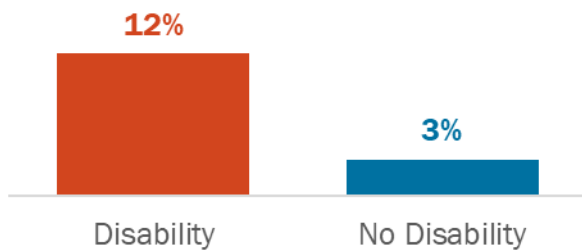
Source: YRBS, 2023

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People Living with a Disability

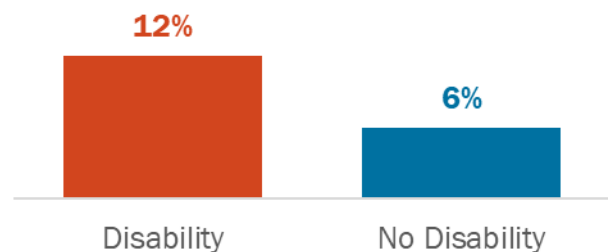
People living with a disability experience higher suicidal ideation and attempt suicide at higher rates than people living without a disability.

Adults with a disability are 4 times more likely to have seriously considered suicide in the past year than adults without a disability.*



Source: BRFSS, 2022

High school students with a disability are twice as likely to have attempted suicide in the past year compared to high school students without a disability.*^



Source: YRBS, 2023

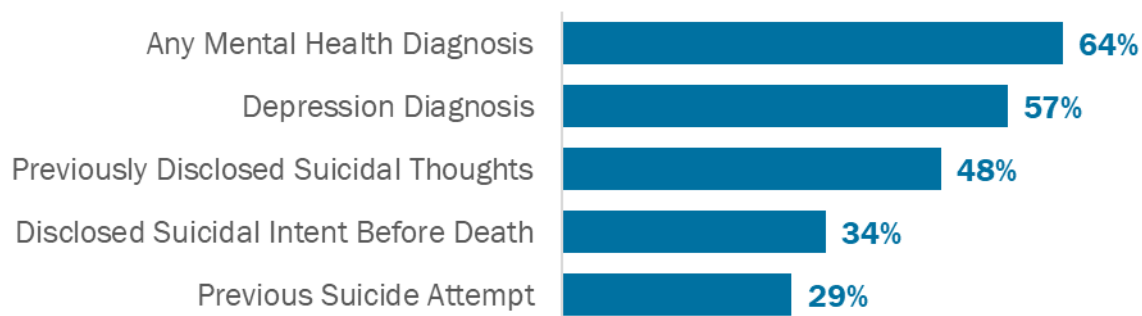
^Students with a disability include those with an Individualized Education Plan (IEP) or 504 plan.

*Indicates statistical significance.

Other Risk Factors: Mental and Physical Health, Crises, Death Circumstances

Research suggests there are several risk factors for suicide, including: experiencing a crisis, personal history of suicide attempts, a mental health diagnosis, feelings of hopelessness, isolation, history of alcohol and substance use, easy access to lethal means, and stigma around seeking mental health treatment.⁴ These risk factors are present in varying degrees among Vermonters who died by suicide. All data in this section are from the 2023 Vermont Violent Death Reporting System.

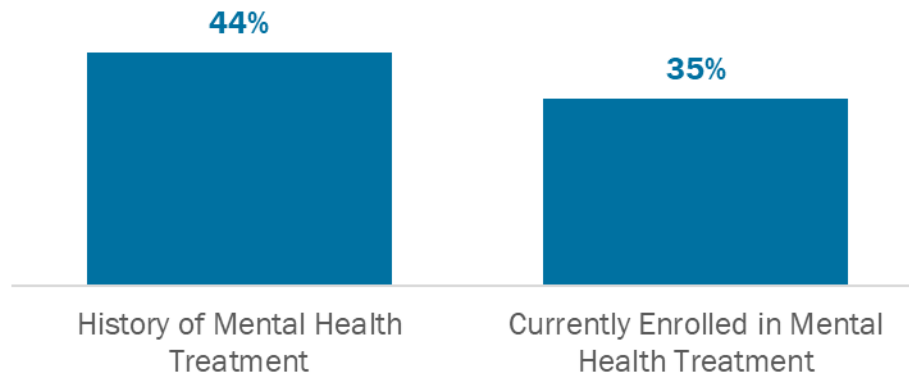
Most people who died by suicide had a previous mental health diagnosis.



Source: Vermont Violent Death Reporting System (VTVDRS), 2023

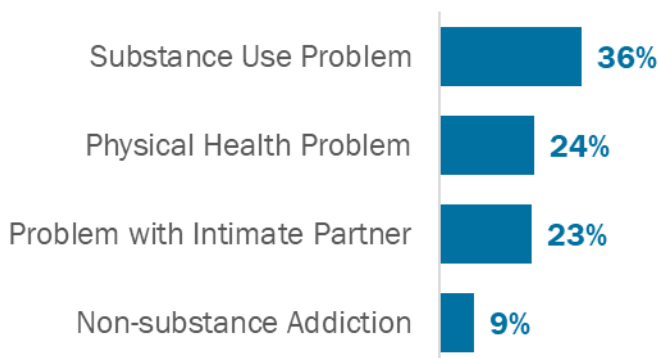
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Fewer than half of people who died by suicide had a history of mental health treatment, while one-third were currently enrolled in mental health treatment when they died.



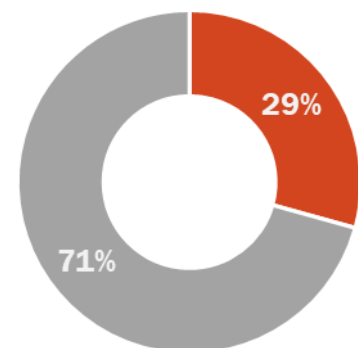
Source: VTVDRS, 2023

One-third of people who died by suicide had a substance use problem. Nearly a quarter had a physical health problem or a problem with an intimate partner.



Source: VTVDRS, 2023

Twenty-nine percent of people who died by suicide **experienced a crisis within two weeks of their death.**



Key Takeaways

Progress was made in 2024 regarding suicide prevention in Vermont. Suicide deaths decreased from 125 in 2023 to 104 in 2024. This is a 17% decrease. Suicide-related emergency department visits significantly decreased from 249.4 per 10,000 ED visits in 2023 to 234.7 in 2024 – a 6% decrease.

Vermonters experiencing a higher rate of **suicide mortality** include:

- Males
- People aged 15 and older
- Residents of Caledonia County
- White, non-Hispanic Vermonters
- Divorced, widowed, and single people
- People with a high school education or lower
- Service members and veterans

Vermonters experiencing higher rates of **suicide morbidity** include:

- Females
- People aged 15-44
- Residents of Rutland and Windham Counties
- BIPOC Vermonters
- Single people
- People with less than a college education
- Members of the LGBTQ+ community
- People living with a disability

Suicide mortality and morbidity are public health priorities for the State of Vermont. The [Vermont Department of Mental Health](#) and the [Vermont Department of Health](#) support multiple evidence-based suicide prevention programs to help increase public awareness, train providers, develop treatment networks with schools and communities, and increase prevention outreach. The first [State Strategic Plan for Suicide Prevention](#), released in July 2024, highlights multiple ways in the Executive Summary for people to get involved in suicide prevention efforts in their communities, workplaces, or individually. Through continued collaboration with our partners, we can work to reduce the burden of suicide mortality and morbidity within Vermont's communities.

References:

1. VDH Suicide Slide Deck: <https://www.healthvermont.gov/sites/default/files/document/hsi-injury-suicide-slide-deck-2025.pdf>
2. Repeat Visitors to the Emergency Department for Suicide-Related Reasons: <https://www.healthvermont.gov/sites/default/files/document/repeat-visitors-ed-suicide.pdf>
3. VDH Annual Suicide Morbidity and Mortality Report – Data through 2023: <https://www.healthvermont.gov/sites/default/files/document/hsi-injury-2023-suicide-report.pdf>

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4. Suicide risk factors from CDC: <https://www.cdc.gov/suicide/risk-factors/index.html>

For more information about the data: ahs.vdhsuicidedata@vermont.gov

For more information about suicide prevention programming: facingsuicidevt@vermont.gov

For more information on resources for suicide prevention, please visit:

<https://www.healthvermont.gov/suicide-prevention>

Methodology

Significant differences in data comparisons are noted with an asterisk. All analyses were done in R Studio 4.3.2 or SAS 9.4.

Vermont Vital Statistics: Suicide death data are analyzed using ICD-10 codes or the designated manner of death on death certificates and include all Vermont residents who died by suicide. This is a change from previous data analyses where suicide death data were analyzed primarily only with ICD-10 codes. As a result, there may be slight variations in the number of deaths per year compared to previous data products published. Additionally, Vermont's suicide death numbers may not exactly match the numbers reported by the CDC, as they only report based on ICD-10 codes. Death certificates capture demographics such as biological sex, age, county of residence, marital status, highest level of education, veteran status, and method of death. Sexual orientation and disability are not available from this data source. Please note that 2024 death data are preliminary, and at the time of publication the rate denominators reflect 2023 population estimates.

Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE):

Suicide-related emergency department (ED) visits are identified using the official syndrome definitions of "CDC Suicidal Ideation v1," "CDC Suicide Attempt v1," "CDC Suicide Attempt v2," and "SDC Suicide Related v1," based on the Chief Complaint and Discharge Diagnosis of the ED visit. 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. During the last quarter of 2023, technical issues temporarily prevented two hospitals from reporting data to ESSENCE. The impact of this interruption is mitigated by reporting the data as rates per 10,000 ED visits.

Vermont Behavioral Risk Factor Surveillance System (BRFSS): Data regarding the percent of Vermont adults who have seriously considered suicide in the past year are from BRFSS. BRFSS is a yearly survey of over 6,000 randomly selected Vermonters asked a set of uniform questions. Most recent data are from 2022.

Vermont Youth Risk Factor Survey (YRBS): Data regarding the percent of Vermont high school students who have attempted suicide one or more times in the past year are from YRBS. YRBS is a biannual school-based survey done in all public high schools and select independent schools in Vermont. The most recent data are from 2023.

Vermont Violent Death Reporting System (VTVDRS): VTVDRS collects information from the Office of the Chief Medical Examiner and Law Enforcement regarding the circumstances of violent deaths, including suicides.

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Appendix

Number of Vermont Resident Suicide Deaths 2015-2024										
Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
County of Residence										
Addison	3	5	1	6	8	2	13	9	5	3
Bennington	8	6	10	4	7	11	8	7	7	8
Caledonia	6	11	12	11	7	5	9	9	5	10
Chittenden	26	20	18	25	17	25	26	29	20	21
Essex	1	1	2	1	2	3	1	4	3	3
Franklin	4	4	14	9	14	8	10	11	7	9
Grand Isle	3	2	0	2	3	0	1	1	1	2
Lamoille	4	7	6	2	4	3	4	9	5	1
Orange	0	4	7	8	10	6	8	8	6	8
Orleans	6	2	7	5	3	8	9	4	11	1
Rutland	10	12	10	17	11	13	8	8	17	10
Washington	9	17	3	10	7	9	20	10	12	14
Windham	10	18	12	10	7	11	5	6	19	8
Windsor	12	9	11	16	11	13	19	12	7	5
Total	102	118	113	126	111	117	142^	128^	125	104^*
Manner										
Firearm	59	69	62	70	59	69	74	69	68	61
Poisoning	17	15	16	12	13	13	25	27	15	12
Suffocation	20	22	24	30	31	27	34	23	27	26
Age Group										
0-14	0	0	0	0	1	2	1	3	1	1
15-24	15	11	14	13	11	15	11	13	12	10
25-44	23	36	45	40	35	38	45	36	45	31
45-64	41	46	38	49	36	37	52	42	31	33
65+	20	25	16	24	28	25	33	34	36	29
Sex										
Male	86	93	82	102	86	95	114	96	99	82
Female	16	25	31	24	25	22	28	32	26	22

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Number of Vermont Resident Suicide Deaths 2015-2024 - Continued										
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Race/Ethnicity										
BIPOC	4	5	7	8	5	8	3	9	4	2
White non-Hispanic	98	113	106	118	106	109	139	119	121	102
Service Members and Veterans (18+)										
SMV	25	23	10	14	21	15	29	21	9	15
Non-SMV	73	93	97	109	85	95	109	102	112	86
Marital Status										
Single or Never Married	43	47	45	48	46	49	64	51	49	48
Married	29	30	29	34	34	31	30	39	31	28
Divorced	27	28	33	36	25	29	37	24	37	19
Widowed	2	12	4	6	5	6	8	11	7	8
Education Level										
High School or Less	59	70	65	76	64	63	92	73	81	60
Some College	14	15	17	14	8	16	12	23	19	11
College or More	29	33	27	36	38	37	38	31	25	33
Rurality										
Urban	26	20	18	25	17	25	26	29	20	21
Rural	76	98	95	101	94	92	116	99	105	83

^ 2021, 2022, and 2024 have one death with an unknown county.

*2024 deaths are preliminary.

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Number of Suicide-Related ED Visits in Vermont Hospitals 2017-2024								
Year	2017	2018	2019	2020	2021	2022	2023	2024
County of Residence								
Addison	192	203	260	223	236	167	167	182
Bennington	296	452	436	380	467	492	554	477
Caledonia	187	185	158	200	282	310	293	342
Chittenden	923	1,379	1,400	976	1,274	1,430	1,507	1,404
Essex	17	14	23	16	24	14	28	20
Franklin	340	331	416	308	356	382	398	402
Grand Isle	39	51	40	35	20	27	39	48
Lamoille	108	119	108	102	118	140	149	168
Orange	89	72	62	70	96	118	123	99
Orleans	19	34	35	86	124	91	275	304
Rutland	1,138	1,256	1,289	1,023	1,174	1,048	1,111	939
Washington	271	264	277	274	280	433	534	456
Windham	218	169	524	490	582	663	664	666
Windsor	273	321	340	266	314	371	338	355
Total^	4,117	4,853	5,370	4,450	5,349	5,688	6,182	5,958
Age Group								
0-14	310	336	356	330	506	496	506	463
15-24	1,123	1,262	1,431	1,108	1,491	1,416	1,553	1,276
25-44	1,432	1,725	1,960	1,696	1,920	2,048	2,246	2,351
45-64	1,059	1,259	1,316	1,023	1,113	1,378	1,440	1,345
65+	193	271	307	293	319	350	437	428
Sex								
Male	1,809	2,178	2,451	2,193	2,461	2,631	2,991	2,810
Female	2,308	2,675	2,919	2,256	2,880	3,040	3,174	3,019
Race/ Ethnicity								
BIPOC	257	343	352	247	371	386	427	467
White Non-Hispanic	3,274	3,931	4,511	3,779	4,484	4,506	5,016	4,704

^Some ED visits have unknown demographic variables, including county of residence, age, sex, and race/ethnicity.