

Annual Suicide Data Report

Data through 2025

June 2026



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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: 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. Additional data on the circumstances and risk factors associated with suicide deaths in Vermont can be found in the [2022-2023 Suicide Data Linkage Report](#).

Key Findings:

- **Suicide Mortality:** In 2025, 140 Vermonters died by suicide, equating to a rate of 21.6 deaths per 100,000 residents. Of note, the suicide rate in Vermont has been higher than the US rate for the past 15 years.¹
- **Emergency Department Visits:** There were nearly 6,400 emergency department (ED) visits for suicide-related reasons in 2025, 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 decreased through 2024 (16.2) before statistically increasing in 2025 (21.6). While suicide-related ED visits significantly decreased in 2024 for the first time since data became available in 2017, the rate statistically increased again in 2025.
- **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 (9th and 10th graders); 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 2016-2025; Vermont Vital Records
 - Risk factors for suicide death from the Vermont Violent Death Reporting System 2024.
- **Morbidity Measures:**
 - Suicide-related emergency department (ED) visits to Vermont hospitals from 2017-2025 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 fluctuations in ED visits over time at the 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, 2022, and 2024.
 - 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.

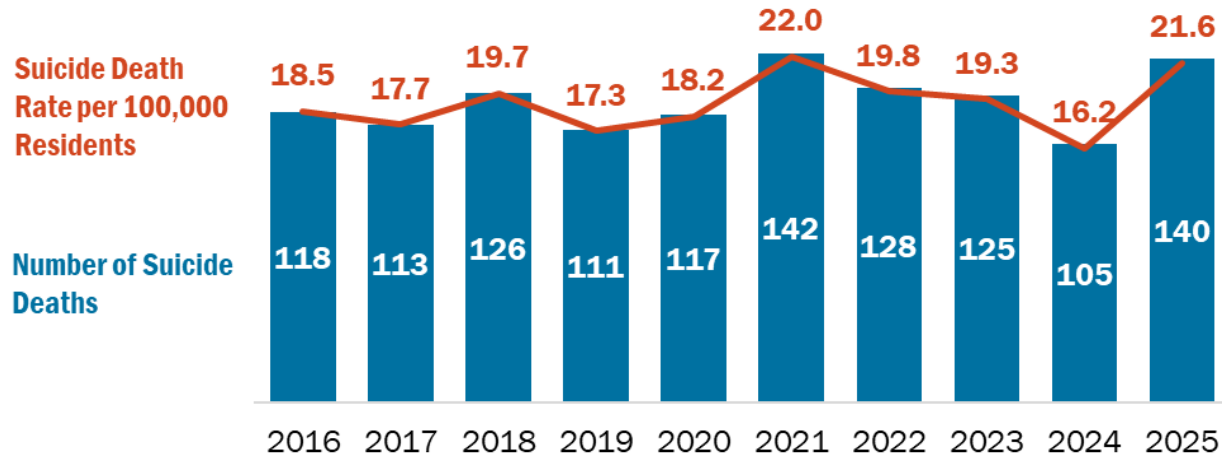
In previous annual suicide data briefs, intentional self-harm data was the primary measure of suicide morbidity. While intentional self-harm data is still used, this report shifts the focus to suicide-related ED visits. This change better captures the range of suicidal behaviors, including suicidal ideation,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

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

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

In 2025, 140 Vermonters died by suicide, a rate of 21.6 per 100,000 residents. The rate of suicide deaths is significantly higher than the rate in 2024 (16.2 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 significantly increased in 2025.



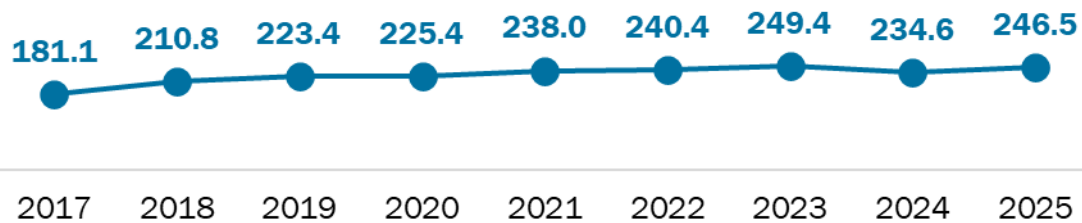
Source: Vermont Vital Statistics System

*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 2025, there were 6,369 suicide-related emergency department visits, a rate of 246.5 per 10,000 emergency department visits in Vermont. The rate of suicide-related ED visits significantly increased in 2025 after a significant decrease in 2024. The 2024 decrease was the first decrease since data became available in 2017. Compared to 2024, rates statistically increased in white non-Hispanic Vermonters, people aged 25-64, males, and residents of Windsor County.

Suicide-Related ED visits have significantly increased since 2024.

Rate per 10,000 ED Visits.

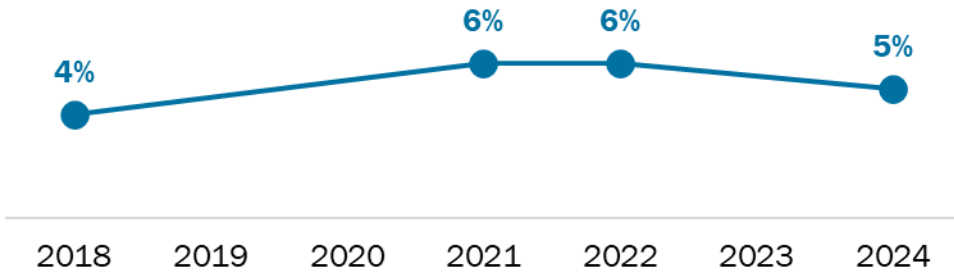


Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

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In 2024, 5% of adults in Vermont seriously considered suicide in the past 12 months. The percent of Vermont adults seriously considering suicide has not statistically changed since 2018.

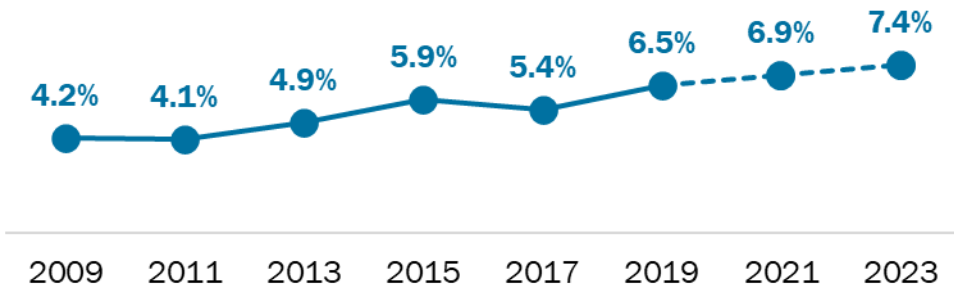
The percentage of adults seriously considering suicide in the past 12 months has not statistically changed since 2018.



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)

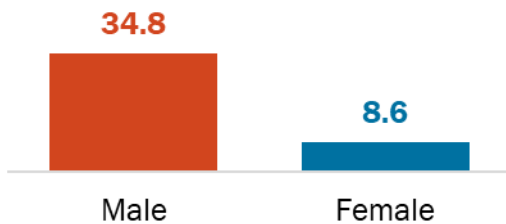
^In 2021, administration of the YRBS was delayed by the COVID pandemic. As a result, caution should be used when comparing the 2021 results to other years (indicated by the dashed line). See the [Special Considerations for the 2021 YRBS Survey](#) document for more information.

Biological Sex or Gender[^]

In 2025, males were more likely to die by suicide than females. Males and females visit the ED for a suicide-related reason at similar rates. Female high school students are nearly twice as likely to have attempted suicide in the past year as male high school students.

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

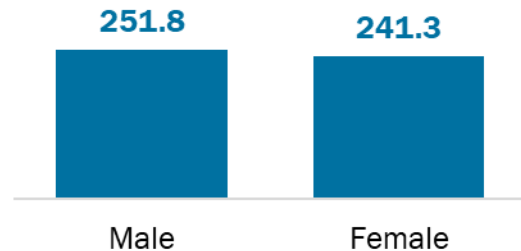
Suicide death rate per 100,000 residents.



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

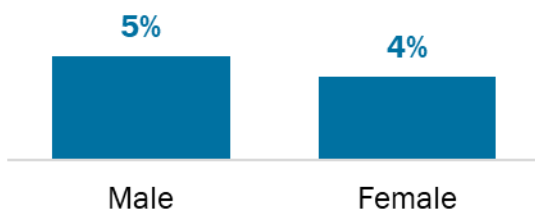
Males and females visit the ED for a suicide-related reason at similar rates.

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



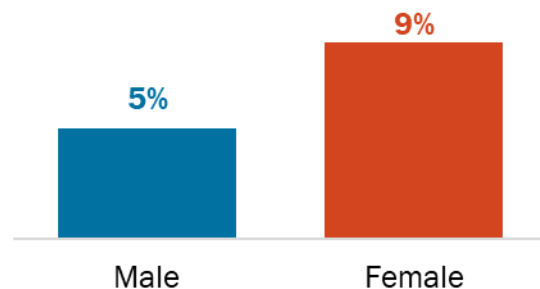
Source: ESSENCE, 2025

The percentage of adults who seriously considered suicide in the past year is similar between males and females.



Source: BRFSS, 2024

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



Source: YRBS, 2023

[^]Although the Vermont Department of Health recognizes genders beyond the binary, the data sources included in this report categorize sex as male or female. For this reason, all data throughout this section reference male or female only.

*Indicates statistical significance.

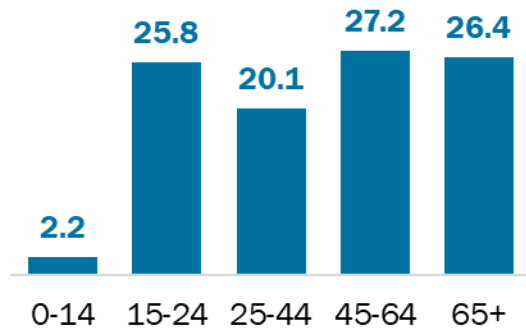
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Age

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.

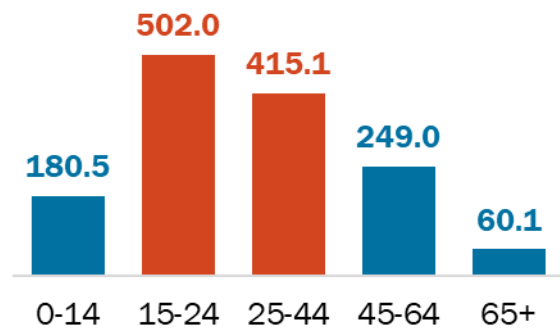
Suicide death rate per 100,000 residents.



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

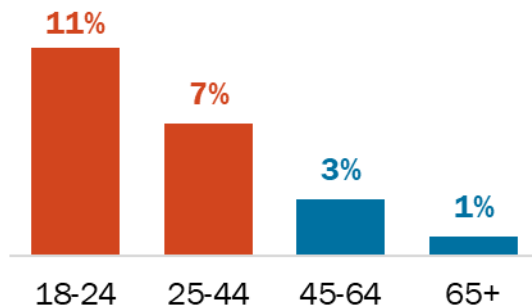
Vermonters aged 15-44 are more likely to visit the ED for a suicide-related reason compared to other age groups.*

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



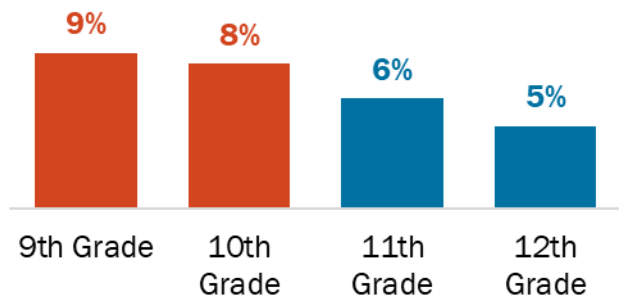
Source: ESSENCE, 2025

Adults aged 18-44 are more likely to have seriously considered suicide in the past year than other age groups.*



Source: BRFSS, 2024

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



Source: YRBS, 2023

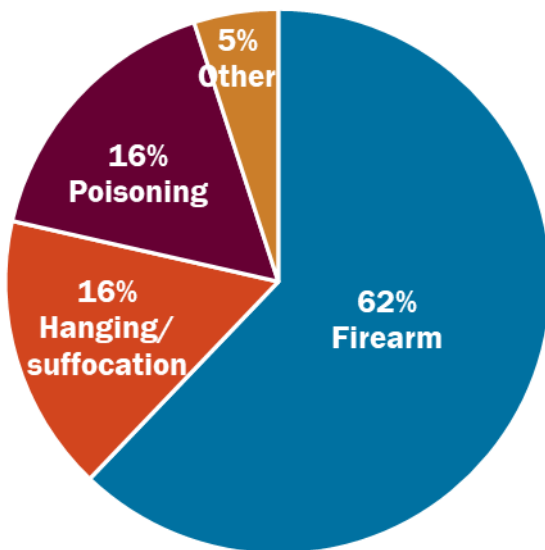
*Indicates statistical significance.

Method of Injury

Firearms account for nearly two-thirds of suicide deaths in Vermont (62%). Males are more likely than females to die by suicide using a firearm. Suicides involving hanging/suffocation account for 16% of deaths, poisoning for 16%, and 5% are due to other methods. The proportion of suicide deaths involving a firearm or poisoning have increased slightly since 2024, while deaths involving hanging/suffocation have decreased. The proportion of deaths involving other means has not changed.²

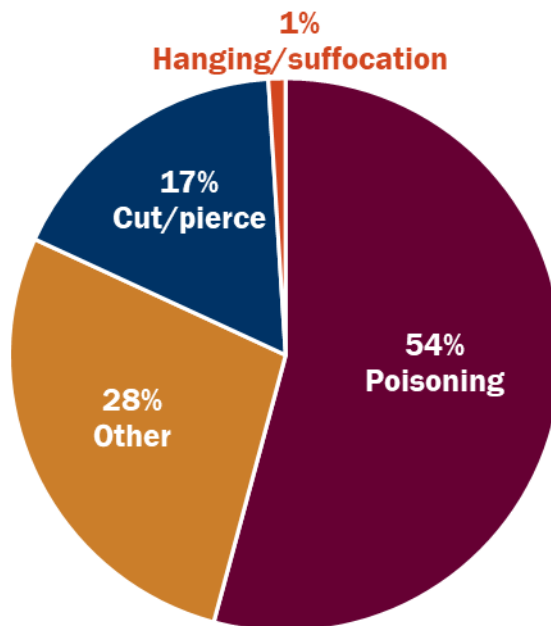
Poisonings account for more than half of intentional self-harm emergency department visits. Cutting accounts for almost one-fifth of intentional self-harm visits, and the remaining methods of intentional self-harm occur at much lower frequencies. Less than 10% of suicide-related ED visits are due to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

Nearly two-thirds of suicide deaths involve a firearm.



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

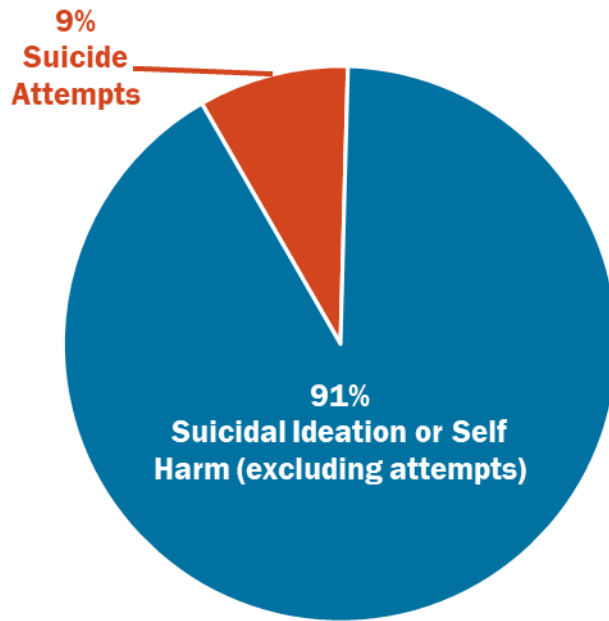
More than half of emergency department visits for intentional self-harm are due to poisoning.



Source: ESSENCE, 2025

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



Source: ESSENCE, 2025

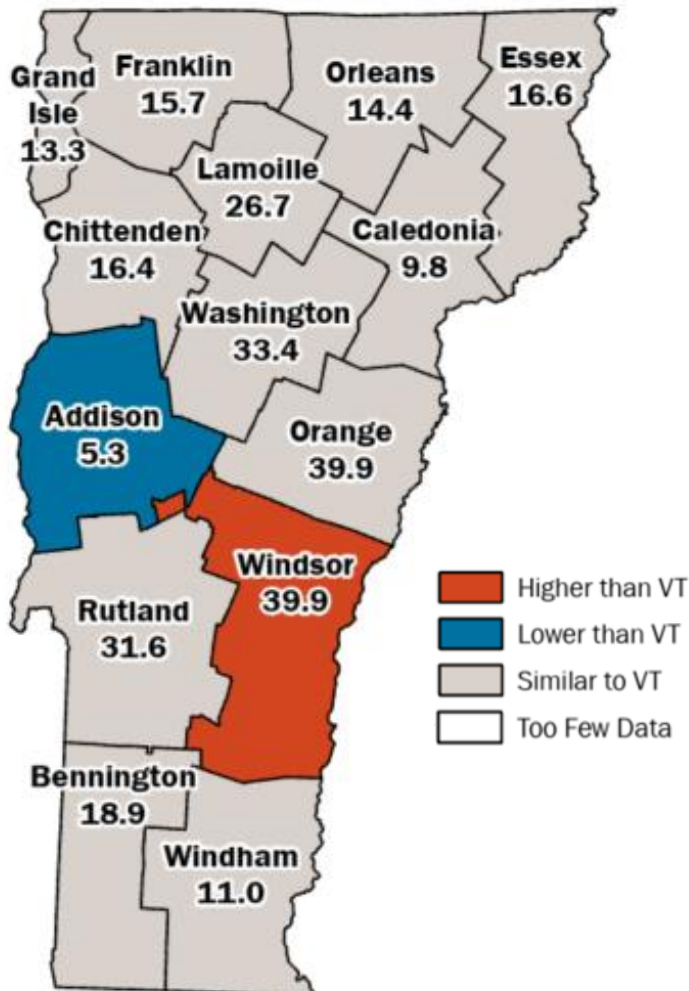
County of Residence

Vermonters living in Windsor County experience higher suicide **mortality**, while Vermonters living in Bennington, Chittenden, Rutland, and Windham Counties experience higher suicide **morbidity**. Rates and percentages based upon a small population are more likely to change over time than those based upon larger populations. As a result, caution should be used when comparing these rates and percentages to Vermont as a whole.

Suicide Deaths

Windsor County has a statistically higher rate of suicide death than Vermont overall, while Addison County has a lower rate. All other counties are statistically similar to Vermont overall (21.6 per 100,000 residents).

Suicide death rate per 100,000 residents.



For comparison, data in 2024 showed:

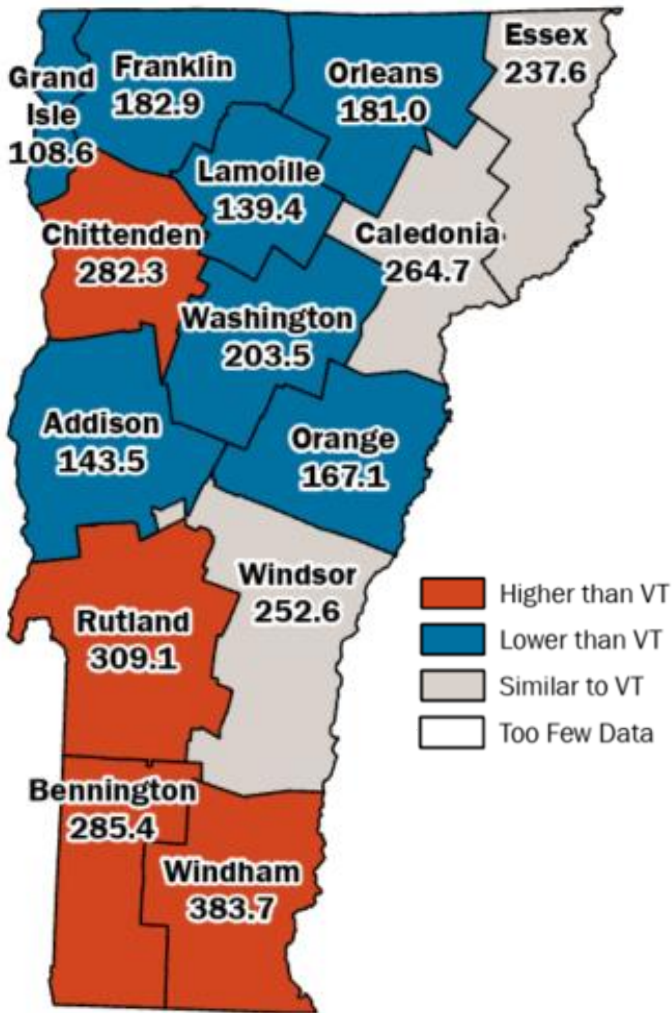
- Caledonia County had a statistically higher rate compared to Vermont overall.
- All other counties were statistically similar to Vermont.

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

Suicide-Related ED Visits

Bennington, Chittenden, Rutland, and Windham Counties have a higher rate of suicide-related ED visits than Vermont overall. Addison, Franklin, Grand Isle, Lamoille, Orange, Orleans, and Washington Counties have a lower rate than Vermont overall (246.5 per 10,000 ED visits).

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



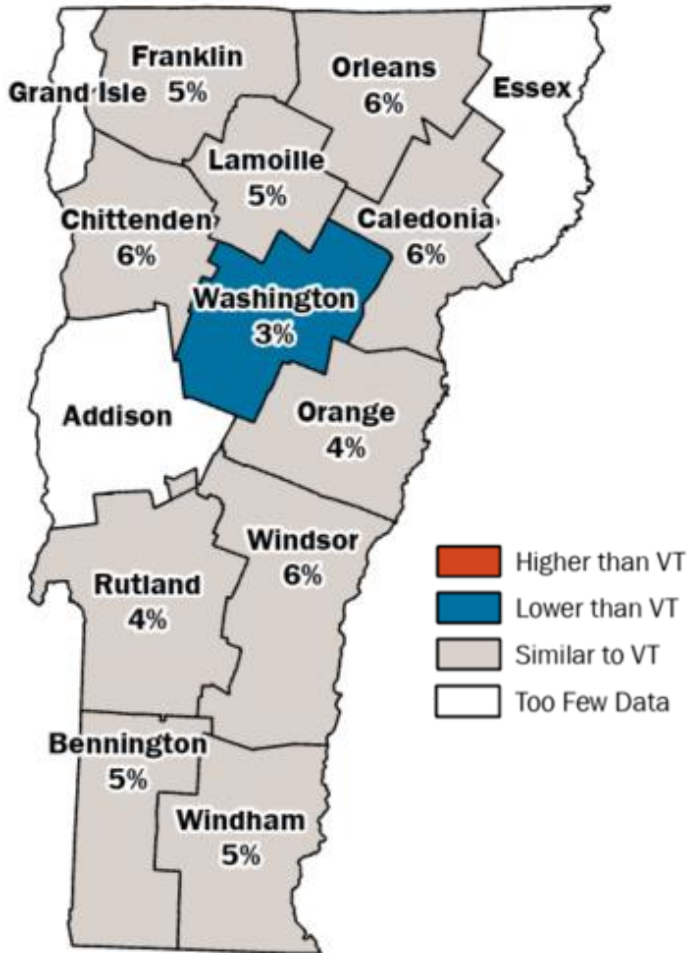
For comparison, data in 2024 showed:

- Rutland and Windham Counties had statistically higher rates compared to Vermont overall.
- Addison and Essex Counties were statistically lower than Vermont overall.
- All other counties were statistically similar to Vermont.

Source: ESSENCE, 2025

Adults Who Seriously Considered Suicide

Combined data for 2022 and 2024 show that adult residents of Washington County seriously considered suicide in the past 12 months at a statistically lower rate compared to Vermont overall (5%).[^]



For comparison, combined data for 2018, 2021, and 2022 showed:

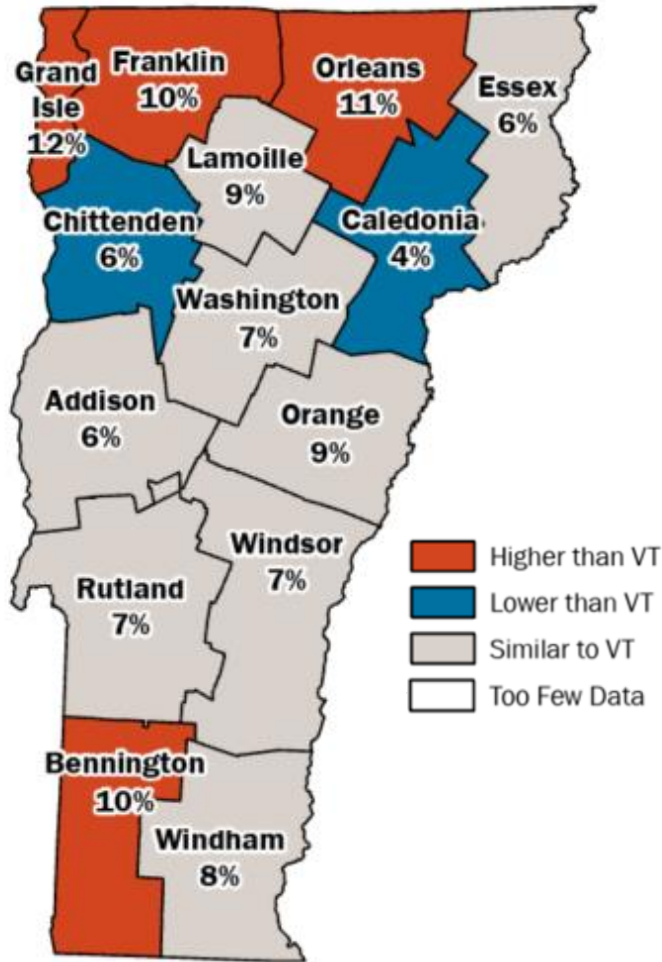
- All counties were statistically similar to Vermont.

Source: BRFSS, 2022, 2024

[^]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.

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.

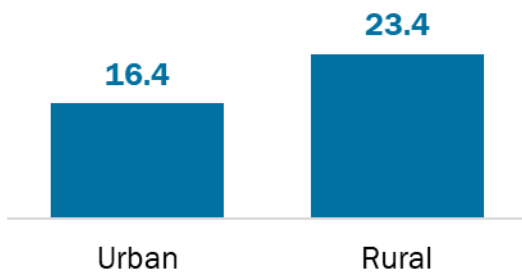
Source: YRBS, 2023

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, while Vermonters living in urban areas have statistically higher rates of suicide-related ED visits, including ideation and attempts. However, Vermonters living in rural areas have higher rates of ED visits involving self-harm.

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

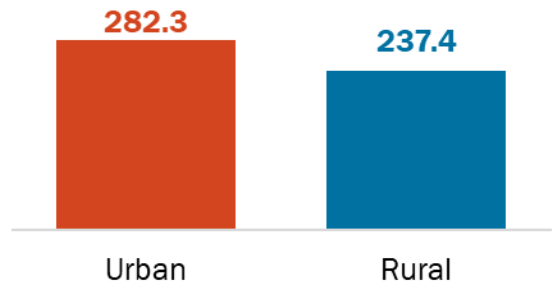
Suicide death rate per 100,000 residents.



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

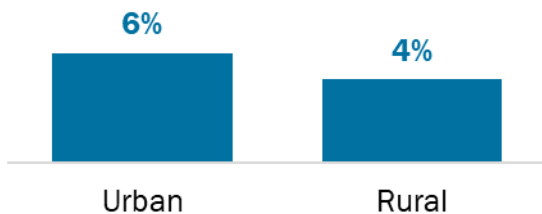
People living in urban areas are more likely to visit the ED for a suicide-related reason than people living in rural areas.*

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



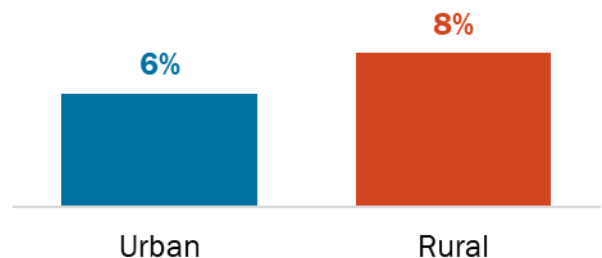
Source: ESSENCE, 2025

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



Source: BRFSS, 2024

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



Source: YRBS, 2023

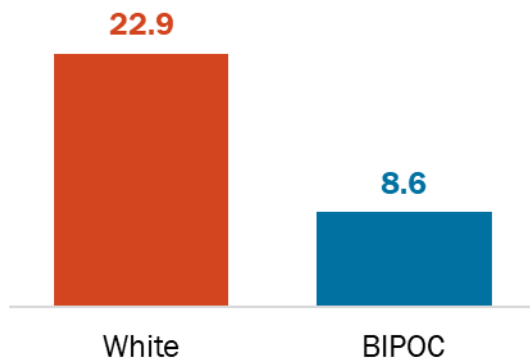
*Indicates statistical significance.

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 three 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, including suicidal ideation. Four 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 3 times higher for white Vermonters than for BIPOC Vermonters.*

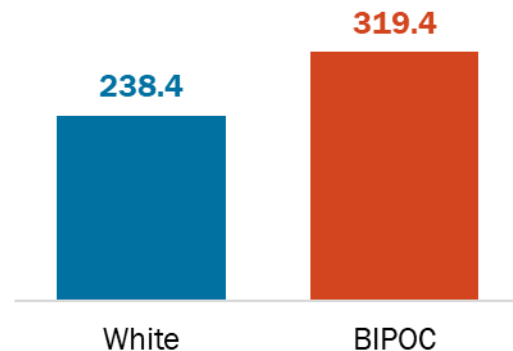
Suicide death rate per 100,000 residents.



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

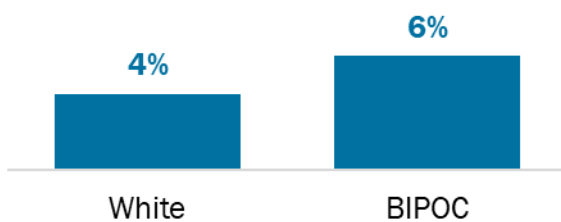
BIPOC Vermonters visit the ED for a suicide-related reason at a higher rate than white Vermonters.*

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



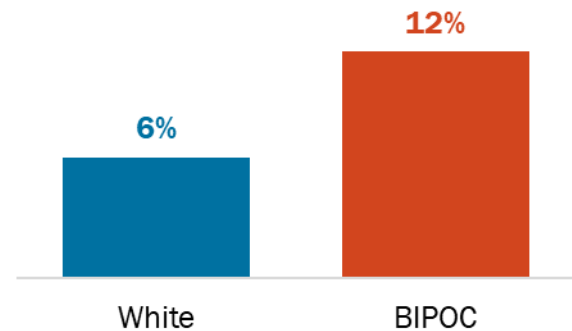
Source: ESSENCE, 2025

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



Source: BRFSS, 2024

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



Source: YRBS, 2023

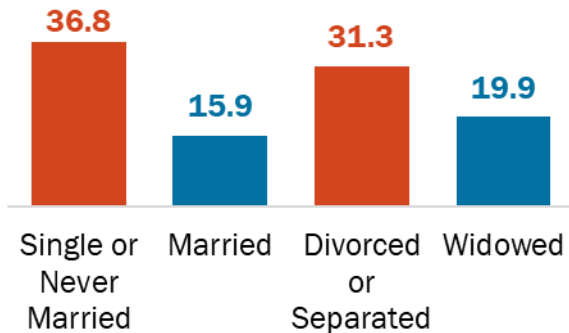
*Indicates statistical significance.

Marital Status

Single and divorced 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.

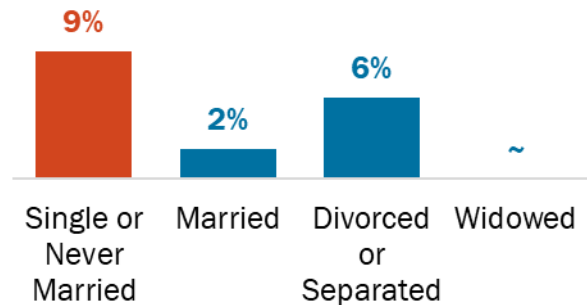
Married people are less likely to die by suicide.*

Suicide death rate per 100,000 residents.



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

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



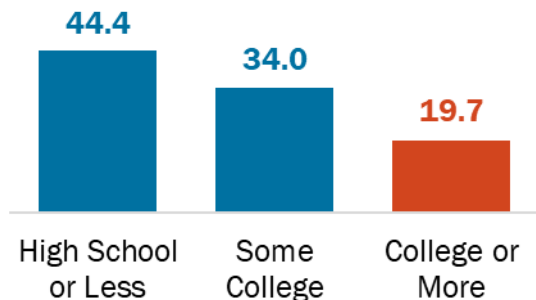
Source: BRFSS, 2024
~Suppressed due to confidentiality or reliability. Categories are suppressed if the relative standard error is greater than 30% or the numerator is less than 5.

Education Level

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

People with a college education are less likely to die by suicide.*

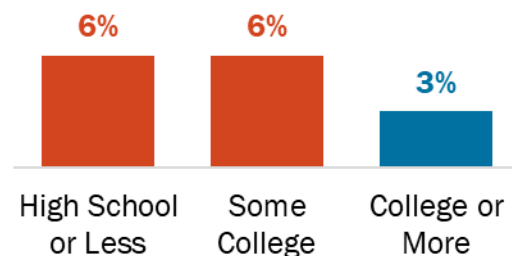
Suicide death rate per 100,000 residents.



Source: Vermont Vital Statistics, 2025
2025 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.*



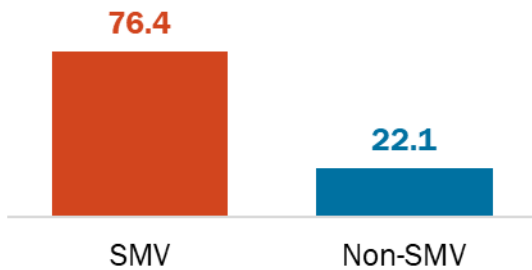
Source: BRFSS, 2024

Service Members and Veterans (SMVs)

SMVs are an at-risk population for suicide. In 2025, Vermont SMVs were nearly four times as likely to die by suicide as non-SMV Vermonters who were 18 and older. SMVs made up 19% of suicide deaths among Vermont residents 18 and older in 2025.

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

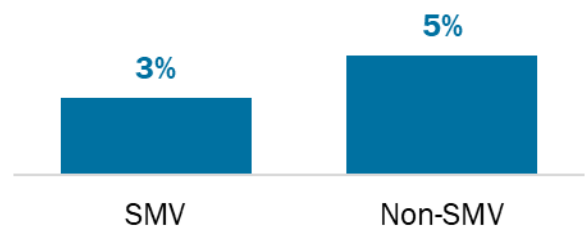
Suicide death rate per 100,000 residents.



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

^SMVs include anyone who ever served in the US Armed Forces.

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



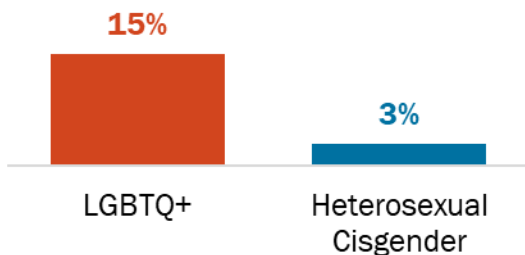
Source: BRFSS, 2024

^SMVs include anyone who ever served on active duty in the US Armed Forces.

Sexual Orientation and Gender Identity

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

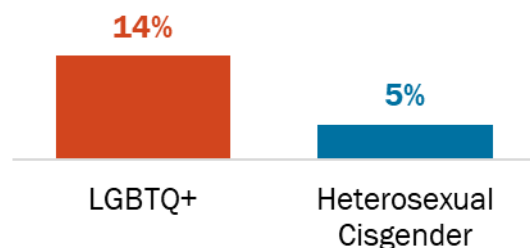
Adults who identify as LGBTQ+ are 5 times more likely to have seriously considered suicide in the past year than heterosexual cisgender adults.*



Source: BRFSS, 2024

*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.*

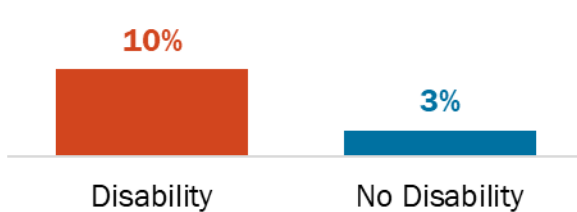


Source: YRBS, 2023

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 more than 3 times as likely to have seriously considered suicide in the past year than adults without a disability.*^

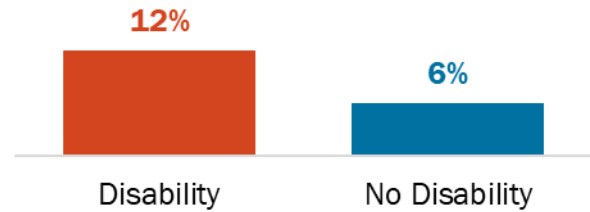


Source: BRFSS, 2024

^Includes physical, mental, and emotional conditions.

*Indicates statistical significance.

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.*^



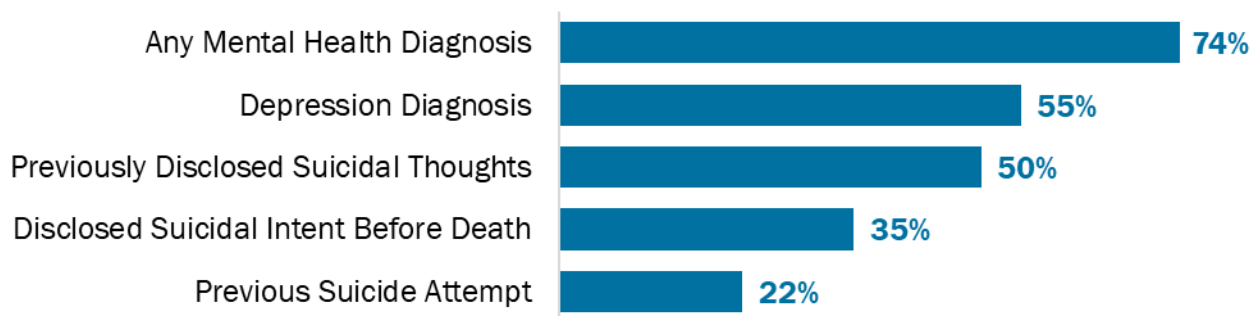
Source: YRBS, 2023

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

Other Risk Factors: Mental and Physical Health, Crises, and 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.³ These risk factors are present in varying degrees among Vermonters who died by suicide. All data in this section are from the 2024 Vermont Violent Death Reporting System.

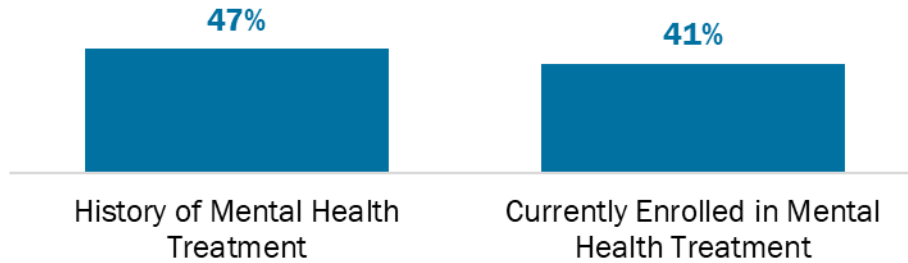
Most people who died by suicide had a previous mental health diagnosis.



Source: Vermont Violent Death Reporting System (VTVDRS), 2024
2024 data are preliminary.

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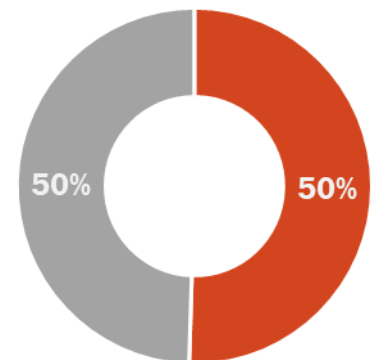
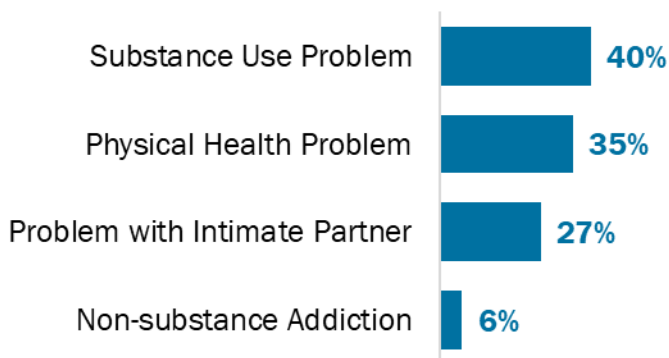
Nearly half of people who died by suicide had a history of mental health treatment, while 41% were currently enrolled in mental health treatment when they died.



Source: VTVDRS, 2024
2024 data are preliminary.

Forty percent of people who died by suicide had a substance use problem. More than one-third had a physical health problem.

Half of people who died by suicide **experienced a crisis** within two weeks of their death.



Source: VTVDRS, 2024
2024 data are preliminary.

Key Takeaways

Suicide deaths significantly increased from 105 in 2024 to 140 in 2025. This is a 33% increase and the first increase since 2021. Suicide-related emergency department visits significantly increased from 234.6 per 10,000 ED visits in 2024 to 246.5 in 2025. This is a 5% increase.

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

- Males
- People aged 15 and older
- Residents of Windsor County
- White, non-Hispanic Vermonters
- Divorced and single people
- People with less than a college education
- Service members and veterans

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

- Females
- People aged 15-44
- Residents of Chittenden, Bennington, 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. CDC WONDER: <https://wonder.cdc.gov/>
2. VDH Annual Suicide Data Report – Data through 2024: <https://www.healthvermont.gov/sites/default/files/document/hsi-injury-2024-suicide-report.pdf>
3. 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

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

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

For more data about suicide in Vermont, please visit: <https://www.healthvermont.gov/stats/data-reporting-topic/injury-data>

To sign up for the Facing Suicide VT newsletter: <https://lp.constantcontactpages.com/sl/ZgrdkKi>

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 2025 death data are preliminary, and at the time of publication the rate denominators reflect 2024 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. The most recent data are from 2024.

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 regarding the circumstances of violent deaths, including suicides, from a variety of data sources. These sources include the Office of the Chief Medical Examiner, law enforcement, death certificates, electronic medical records, EMS incident records, and prescription drug monitoring data. The most recent data are from 2024 and are preliminary. Not all of these data sources routinely collect the variables in VTVDRS; therefore, some data may be underestimated.

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Appendix

Number of Vermont Resident Suicide Deaths 2016-2025										
Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
County of Residence										
Addison	5	1	6	8	2	13	9	5	3	2
Bennington	6	10	4	7	11	8	7	7	8	7
Caledonia	11	12	11	7	5	9	9	5	10	3
Chittenden	20	18	25	17	25	26	29	20	22	28
Essex	1	2	1	2	3	1	4	3	3	1
Franklin	4	14	9	14	8	10	11	7	9	8
Grand Isle	2	0	2	3	0	1	1	1	2	1
Lamoille	7	6	2	4	3	4	9	5	1	7
Orange	4	7	8	10	6	8	8	6	8	12
Orleans	2	7	5	3	8	9	4	11	1	4
Rutland	12	10	17	11	13	8	8	17	10	19
Washington	17	3	10	7	9	20	10	12	14	20
Windham	18	12	10	7	11	5	6	19	8	5
Windsor	9	11	16	11	13	19	12	7	5	23
Total	118	113	126	111	117	142^	128^	125	104^	140*
Manner										
Firearm	69	62	70	59	69	74	69	68	61	87
Poisoning	15	16	12	13	13	25	27	15	12	23
Suffocation	22	24	30	31	27	34	23	27	27	23
Age Group										
0-14	0	0	0	1	2	1	3	1	1	2
15-24	11	14	13	11	15	11	13	12	10	22
25-44	36	45	40	35	38	45	36	45	31	32
45-64	46	38	49	36	37	52	42	31	34	45
65+	25	16	24	28	25	33	34	36	29	39
Sex										
Male	93	82	102	86	95	114	96	99	83	112
Female	25	31	24	25	22	28	32	26	22	28

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Number of Vermont Resident Suicide Deaths 2016-2025 - Continued										
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Race/Ethnicity										
BIPOC	5	7	8	5	8	3	9	4	2	5
White non-Hispanic	113	106	118	106	109	139	119	121	103	135
Service Members and Veterans (18+)										
SMV	23	10	14	21	15	29	21	9	15	25
Non-SMV	93	97	109	85	95	109	102	112	87	110
Marital Status										
Single or Never Married	47	45	48	46	49	64	51	49	49	68
Married	30	29	34	34	31	30	39	31	28	42
Divorced	28	33	38	26	30	39	25	38	19	23
Widowed	12	4	6	5	6	8	11	7	8	6
Education Level										
High School or Less	70	65	76	64	63	92	73	81	60	66
Some College	15	17	14	8	16	12	23	19	11	25
College or More	33	27	36	38	37	38	31	25	34	48
Rurality										
Urban	20	18	25	17	25	26	29	20	22	28
Rural	98	95	101	94	92	116	99	105	83	112

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

*2025 deaths are preliminary.

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Number of Suicide-Related ED Visits in Vermont Hospitals 2017-2025									
Year	2017	2018	2019	2020	2021	2022	2023	2024	2025
County of Residence									
Addison	192	203	260	223	236	167	167	182	206
Bennington	296	452	436	380	467	492	554	477	518
Caledonia	187	185	158	200	282	310	293	342	382
Chittenden	923	1,379	1,400	976	1,274	1,430	1,507	1,404	1,483
Essex	17	14	23	16	24	14	28	20	37
Franklin	340	331	416	308	356	382	398	402	430
Grand Isle	39	51	40	35	20	27	39	48	32
Lamoille	108	119	108	102	118	140	149	168	163
Orange	89	72	62	70	96	118	123	99	140
Orleans	19	34	35	86	124	91	275	304	298
Rutland	1,138	1,256	1,289	1,023	1,174	1,048	1,111	939	945
Washington	271	264	277	274	280	433	534	456	519
Windham	218	169	524	490	582	663	664	666	729
Windsor	273	321	340	266	314	371	338	355	486
Total^	4,117	4,853	5,370	4,450	5,349	5,688	6,182	5,958	6,369
Age Group									
0-14	310	336	356	330	506	496	506	463	476
15-24	1,123	1,262	1,431	1,108	1,491	1,416	1,553	1,276	1,354
25-44	1,432	1,725	1,960	1,696	1,920	2,048	2,246	2,351	2,538
45-64	1,059	1,259	1,316	1,023	1,113	1,378	1,440	1,345	1,492
65+	193	271	307	293	319	350	437	428	504
Sex									
Male	1,809	2,178	2,451	2,193	2,461	2,631	2,991	2,810	3,082
Female	2,308	2,675	2,919	2,256	2,880	3,040	3,174	3,019	3,278
Race/ Ethnicity									
BIPOC	257	343	352	247	371	386	427	467	517
White Non-Hispanic	3,274	3,931	4,511	3,779	4,484	4,506	5,016	4,704	4,805

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