Suicide Morbidity and Mortality by Rurality

September 2026

This data brief describes suicide morbidity (suicidal ideation, attempts, self-harm) by rurality using data from suicide-related emergency department (ED) visits (Electronic Surveillance System for the Early Notification of Community-based Epidemics, ESSENCE). Suicide mortality (death) is described using death certificate (Vermont Vital Statistics System) and suicide circumstance data (Vermont Violent Death Reporting System, VTVDRS).

In this data brief, we define rurality by county of residence. Residents of Chittenden County are classified as urban, while residents of the other 13 counties in Vermont are classified as rural.

Key Points

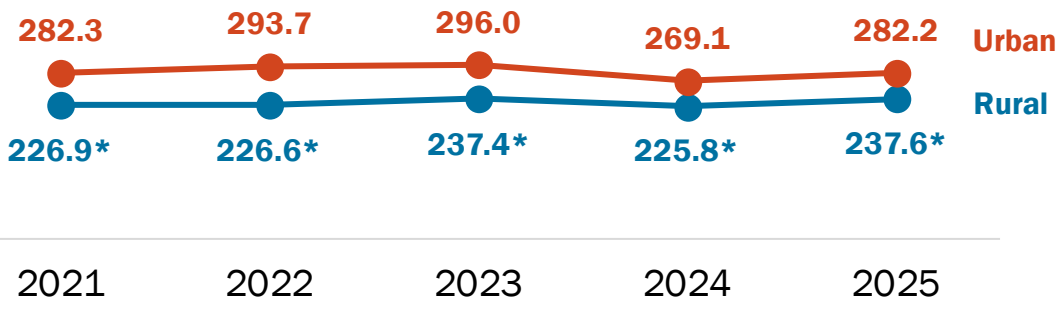
- **Rural Vermonters are less likely to visit the ED for suicide-related reasons compared to urban Vermonters.**
- **Rural Vermonters were statistically more likely to die by suicide in 2021 and 2023 compared to urban Vermonters.**
- **Substance use, mental health, and other risk factors are similar among rural and urban Vermonters.**

Suicide-Related Emergency Department (ED) Visits

Historically, the rate of suicide-related ED visits has been statistically lower among rural Vermonters than those living in urban counties. This trend continued in 2025 with the rate among rural Vermonters being 16% lower than the rate among urban residents (**237.6** vs. **282.2** per 10,000 visits).

The rate of suicide-related ED visits is statistically lower among rural Vermonters.

Rate per 10,000 ED Visits



Source: ESSENCE, 2025

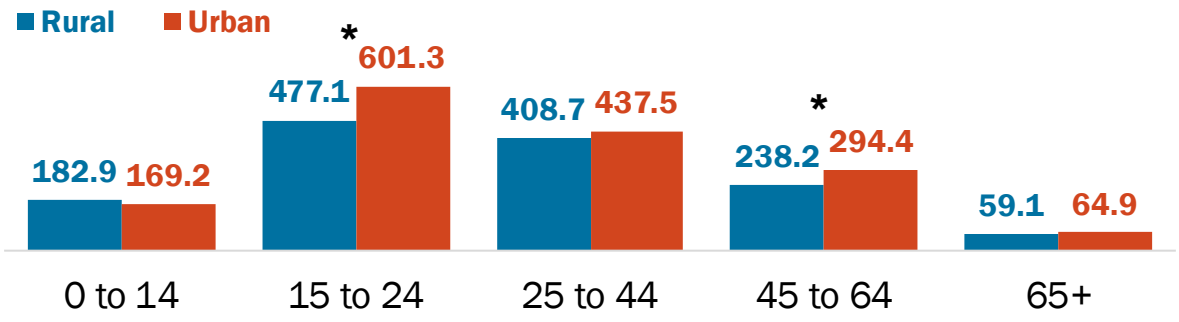
*Statistical difference.

The rate of suicide-related ED visits among rural and urban Vermonters in 2025 differs significantly by age, biological sex, and race/ethnicity. These differences are explained below:

- **Age**: The rate of suicide-related ED visits is statistically lower among rural Vermonters compared to urban Vermonters aged 15-24 (477.1 vs. 601.3 per 10,000) and those 45-64 (238.2 vs. 294.4 per 10,000). Among rural and urban Vermonters, rates for suicide-related ED visits are highest for residents aged 15-24 and 25-44.

The rate of suicide-related ED visits is statistically lower among Vermonters aged 15-24 and 45-64 living in rural areas.

Rate per 10,000 ED Visits

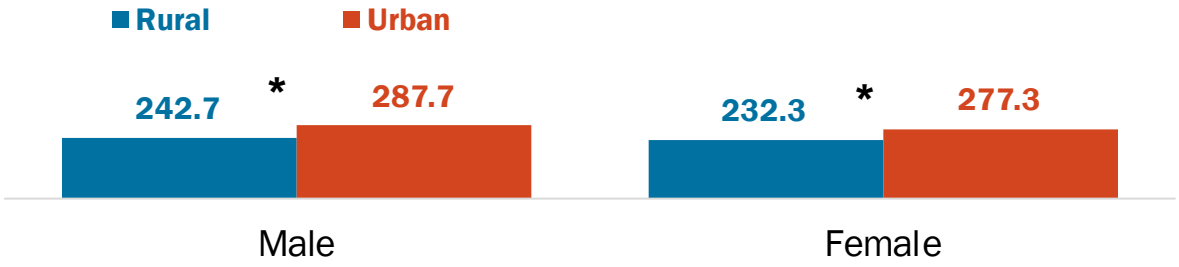


Source: ESSENCE, 2025
*Statistical difference.

- **Biological sex:** Men living in rural areas are statistically less likely to visit the ED for suicide-related reasons than men living in urban areas (242.7 vs. 287.7 per 10,000). Similarly, women living in rural areas are statistically less likely to visit the ED for suicide-related reasons than women living in urban areas (232.3 vs. 277.3 per 10,000).

Men and women living in rural areas are statistically less likely to visit the ED for a suicide-related reason than men and women living in urban areas.

Rate per 10,000 ED Visits



Source: ESSENCE, 2025
*Statistical difference.

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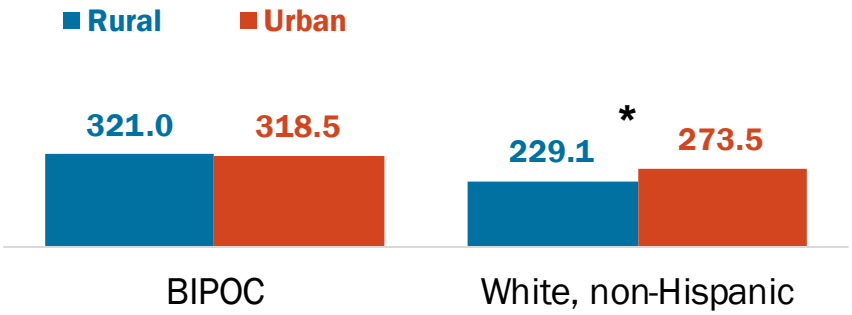
Race/ethnicity: White, non-Hispanic Vermonters living in rural areas have a statistically lower rate of suicide-related ED visits compared to white, non-Hispanic Vermonters living in urban areas (229.1 vs. 273.5). The rate of suicide-related ED visits is statistically similar between BIPOC Vermonters living in rural and urban areas.

White, non-Hispanic Vermonters living in rural areas are less likely to visit the ED for a suicide-related reason than white, non-Hispanic Vermonters living in urban areas.

Rate per 10,000 ED Visits

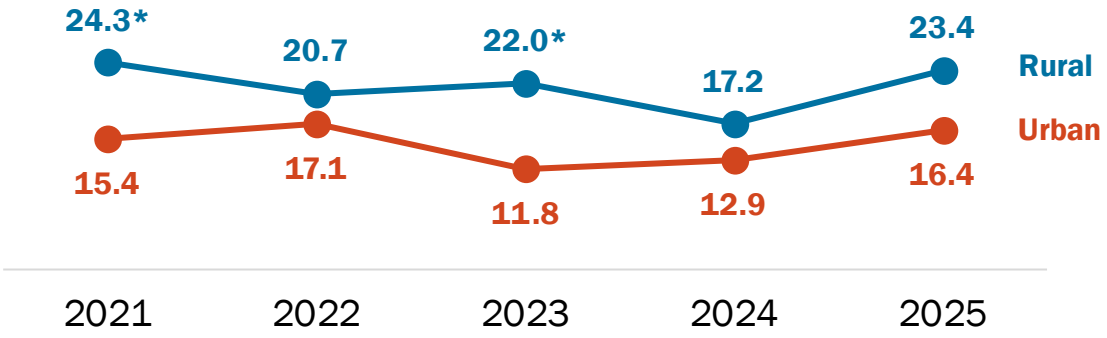


Source: ESSENCE, 2025
*Statistical difference.

Suicide Mortality

The rate of suicide deaths has consistently been higher among rural Vermonters between 2021 and 2025, and the rate was statistically higher among rural Vermonters in 2021 and 2023. In 2025, the rate among rural Vermonters is 43% higher than the rate among urban residents (**23.4** vs. **16.4** per 100,000).

The rate of suicide was statistically higher among rural Vermonters in 2021 and 2023.



Source: Vermont Vital Statistics System. Data is preliminary for 2025.
*Statistical difference.

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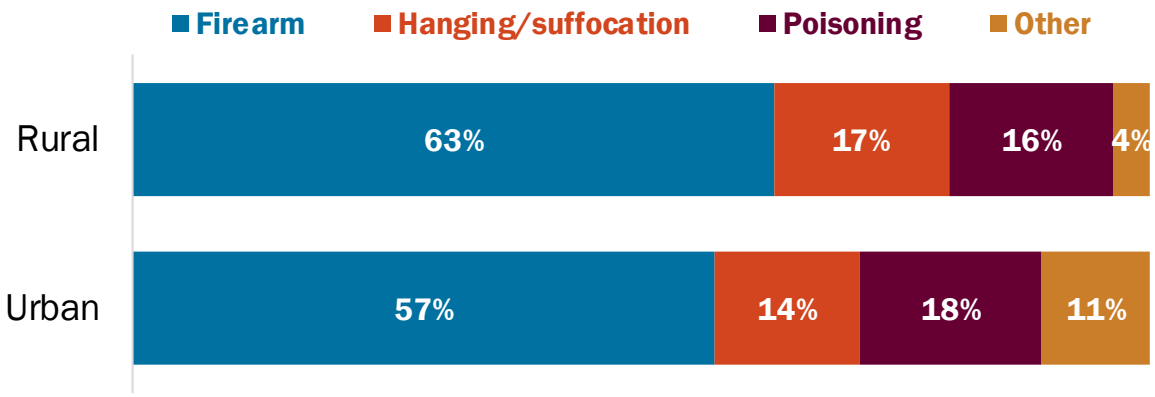
In 2025, all demographics are statistically similar between residents of rural and urban counties and reflect those described between Vermonters overall in the 2025 Annual Suicide Report. Demographics are described below:

- **Method of injury**: Residents of rural counties are slightly more likely to use a firearm (63% vs. 57% of urban Vermonters) or to die by hanging or suffocation (17% vs. 14%). Urban Vermonters are slightly more likely to die by poisoning (18% vs. 16% of rural Vermonters) or other methods (11% vs. 4%).

Methods of suicide are statistically similar among residents of urban and rural counties.



Source: Vermont Vital Statistics System. Data is preliminary for 2025.

- **Biological sex**: Most rural (80%) and urban (79%) Vermonters who die by suicide are men.
- **Education**: Nearly half of rural Vermonters who die by suicide (49%) have at least some college education compared to 64% of urban Vermonters.
- **Service members and veterans (SMVs)**: Twenty-one percent of rural Vermonters who died by suicide were SMVs, while 7% of urban Vermonters were SMVs.
- **Place of injury**: Most rural (79%) and urban (75%) Vermonters die by suicide in or around their home or that of a friend or relative.

Most people die in or around a home:

79% of rural Vermonters

75% of urban Vermonters

Source: Vermont Vital Statistics System
Data is preliminary for 2025.

- **Industry**: Among rural Vermonters, 16% worked in construction, 13% in manufacturing, and 10% in healthcare and social assistance. Among urban Vermonters, 25% worked in manufacturing, followed by 13% in construction; 13% in professional, scientific, and technical services; and 13% in accommodation and food services.

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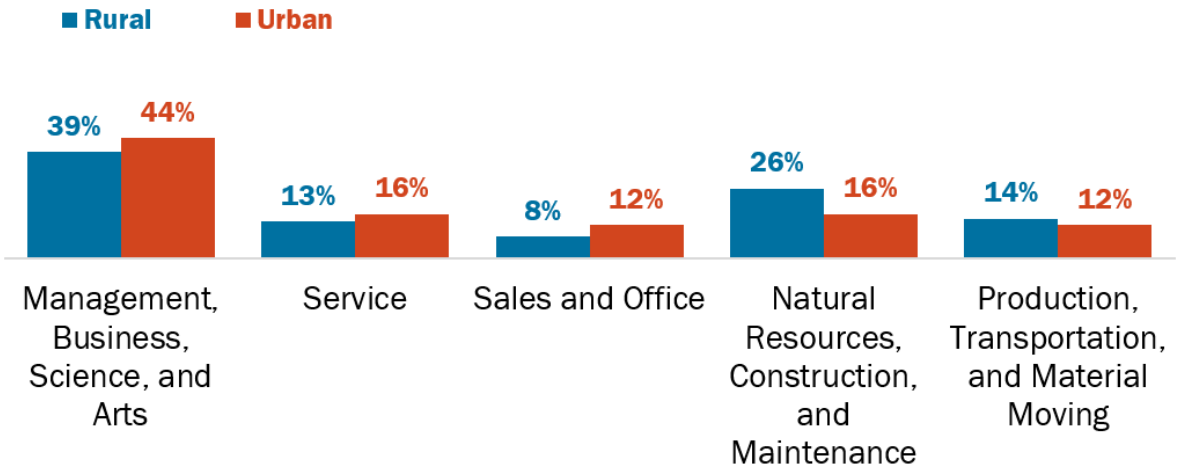
- **Occupation**: Vermonters who died by suicide were most likely to work in management, business, science, and arts occupations.

Rural and urban Vermonters who die by suicide worked in similar occupations before they died.



Source: Vermont Vital Statistics System. Data is preliminary for 2025.
*Statistical difference.

Factors Associated with Suicide Deaths

Many factors can contribute to death by suicide, like substance use, mental health, physical health, and other risk factors.

Substance Use

A statistically similar percentage of rural and urban Vermonters who died in 2023 and 2024 had a substance use problem that contributed to their death by suicide.

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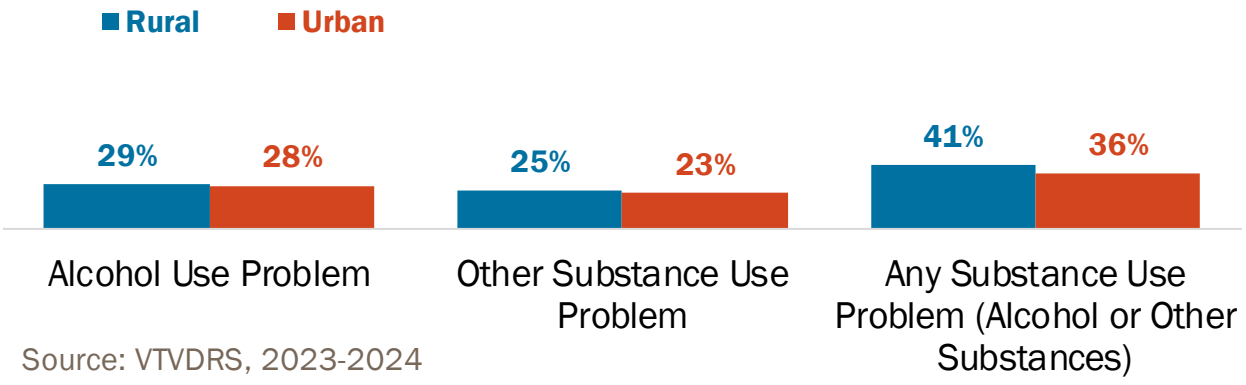

Source: VTVDRS, 2023-2024

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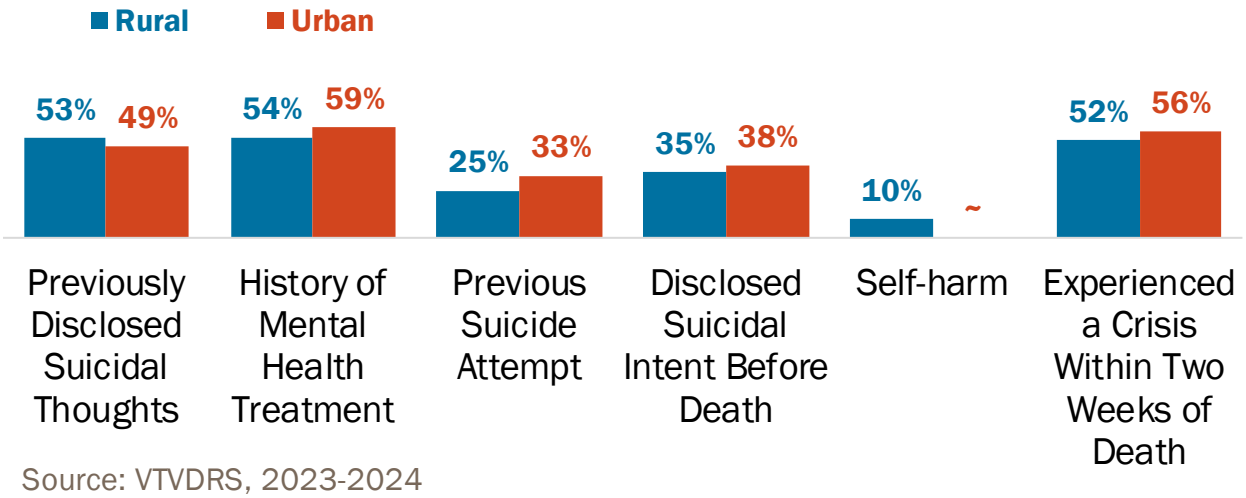
Mental Health

About half of rural and urban Vermonters who died by suicide had previously disclosed suicidal thoughts, a history of mental health treatment, or experienced a crisis within two weeks of their death.

A statistically similar percentage of rural and urban Vermonters experienced mental health circumstances prior to their death.

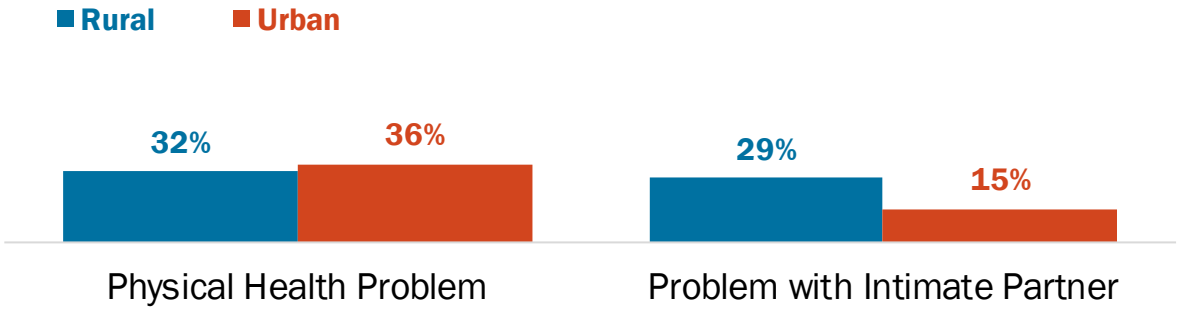


Source: VTVDRS, 2023-2024

Other Risk Factors

Approximately one in three rural and urban Vermonters have a physical health problem that contributes to their death by suicide. Although the percentages are statistically similar, rural Vermonters are twice as likely to have a problem with an intimate partner that contributes to their death by suicide compared to urban Vermonters (29% vs. 15%).

A statistically similar percentage of rural and urban Vermonters experienced a physical health or intimate partner problem that contributed to their death by suicide.



Source: VTVDRS, 2023-2024

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Key Takeaways

- Rural Vermonters are less likely to visit the ED for suicide-related reasons compared to urban Vermonters; particularly those 15-24; and 45-64 years old.
- The rate of suicide deaths and demographics among people who die by suicide are statistically similar between rural and urban Vermonters in 2025. However, the rate of suicide deaths among rural Vermonters was statistically higher in 2021 and 2023.
- Rural and urban Vermonters are as likely to have substance use, mental health, and other risk factors contribute to their death by suicide between 2023 and 2024.

Resources

- If you or someone you know is thinking about suicide, call or text the Suicide and Crisis Lifeline at 988, or chat at 988lifeline.org.
- For more information about getting support, helping others who may be struggling, and getting involved in suicide prevention in Vermont, go to FacingSuicideVT.com.
- The Vermont Network has a statewide hotline for domestic abuse that can be reached at 800-228-7395.
- For more information about secure storage, free gun locks, and options for temporary storage, go to GunSafeVT.org or https://www.healthvermont.gov/firearm-safety.

References and Notes

1. Annual Suicide Data Report – Data through 2025

The Health Department recognizes that many social, economic and environmental inequities made worse by structural oppression, marginalization and racism influence the data we collect and report. We continuously work to better collect and share data that reflect the lived experiences of all Vermonters. If you have questions or concerns, please check our Data Encyclopedia for more information, including who to contact to find out more.

Note about the data sources used in this report: different years are used for the data sources used in this report because the data were collected and finalized at different times.

If you need help accessing or understanding this information, contact: AHS.VDHSuicideData@vermont.gov.

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