



Suicide Morbidity and Mortality in Vermont

Vermont Department of Health

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Crisis text line data through 2020

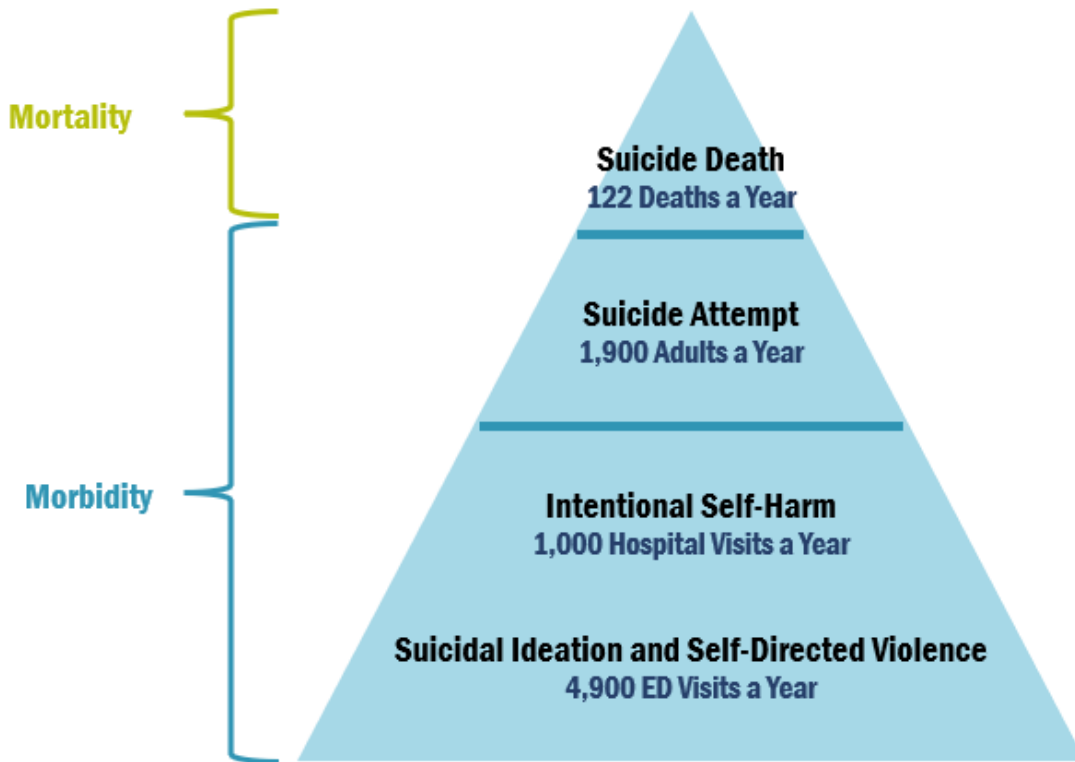
Self-harm data through 2020

Emergency Department surveillance data through 2021

YRBS and BRFSS data through 2018

Mortality statistics through 2021

Why focus on suicide morbidity and mortality?



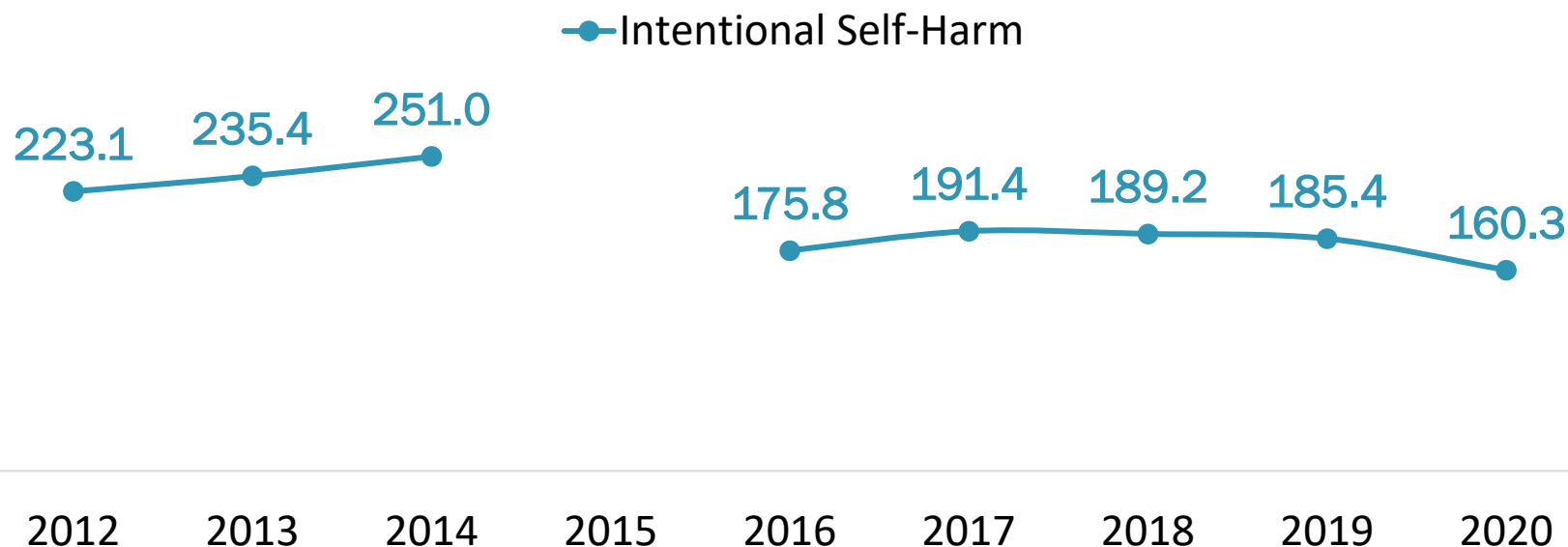
- Suicide is a preventable public health problem.
- For every suicide death, there are many people who visit the hospital for self-harm or suicidal ideation, endorse suicidal thoughts or plans, or attempt suicide. These thoughts and behaviors are sometimes risk factors for suicide.

Source: Vermont Vital Statistics, 2019-2021; Electronic Surveillance System for the Early Notification of Community-based Epidemics, 2021; Vermont Uniform Hospital Discharge Data System, 2020; Behavioral Risk Factor Surveillance System, 2018.

Vermont hospital visit rates for intentional self-harm are slowly decreasing.

Intentional Self-Harm Emergency Department Visits and Hospitalizations

Age adjusted rate per 100,000 residents

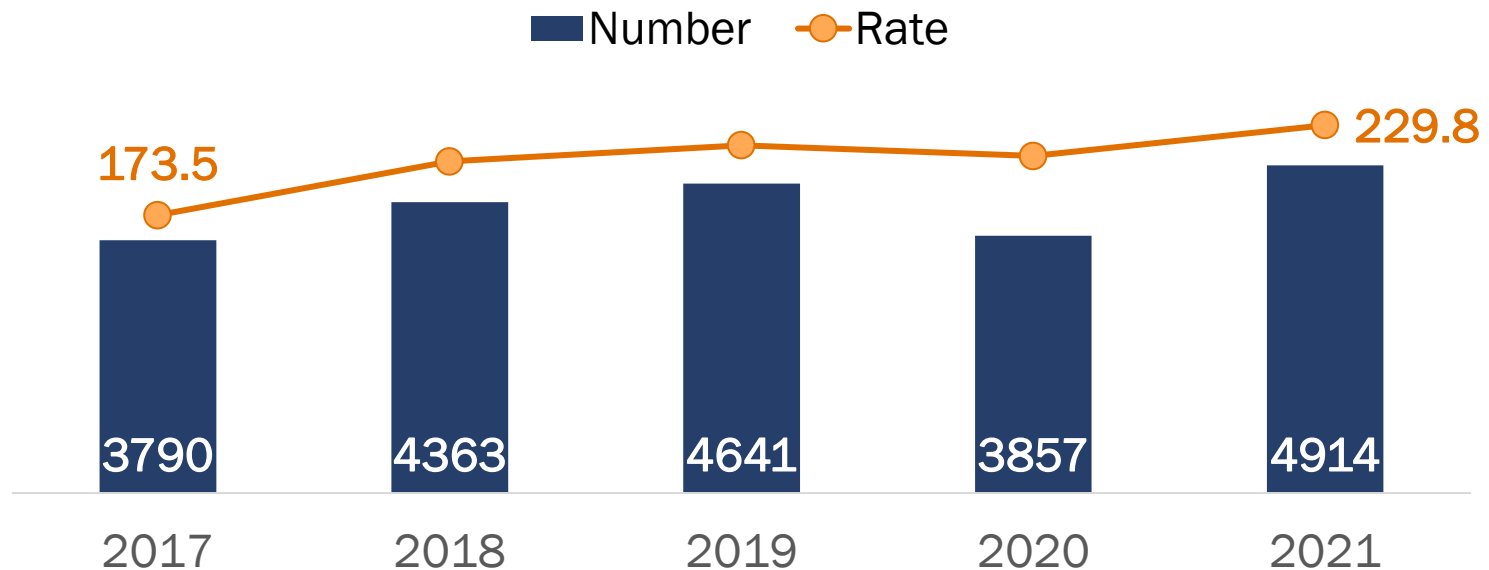


Source: Vermont Uniform Hospital Discharge Data System, 2009-2020.

Suicide-related Emergency Department visits in Vermont are increasing.*

Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits



*statistically significant.

Please note the number of suicide-related ED visits is influenced by the number of hospitals reporting in ESSENCE.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2017-2021.

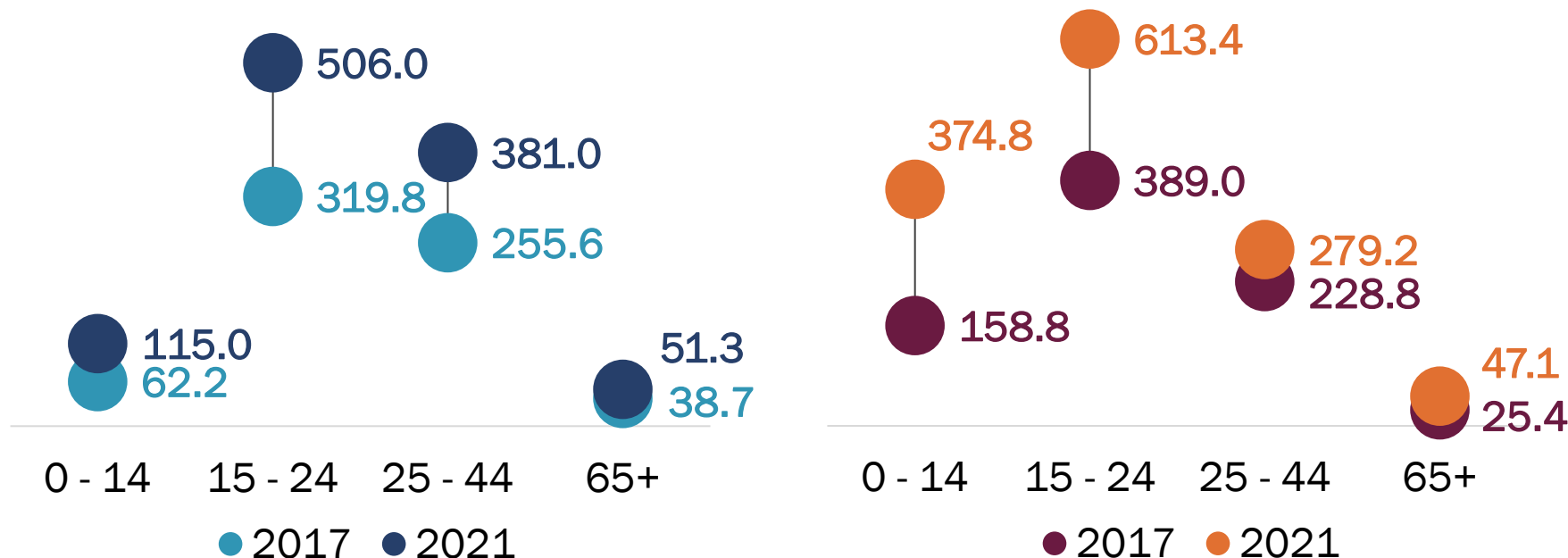
The increase in ED visits is specific to most age groups.*

Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits

Males

Females

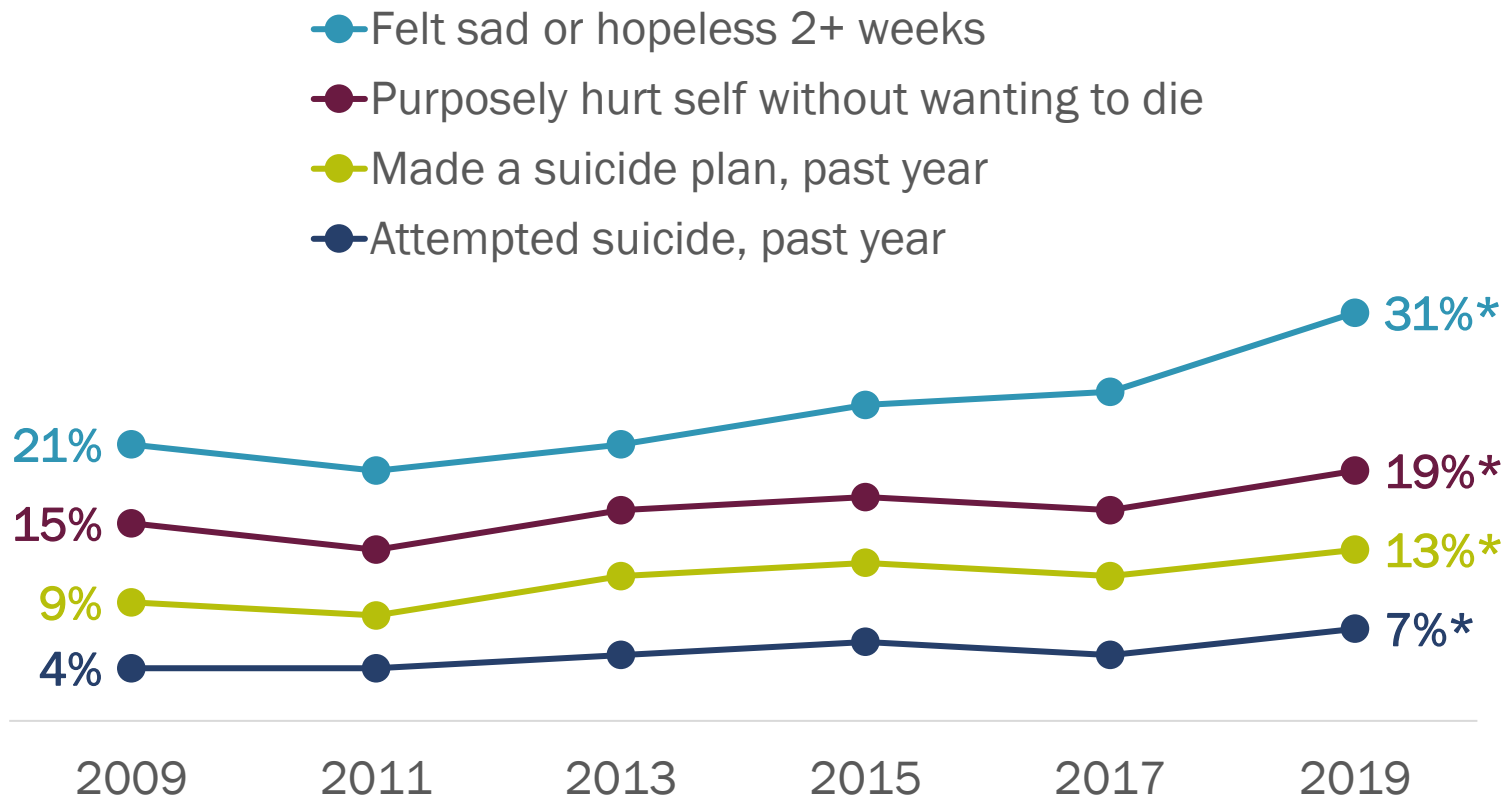


*Statistically significant.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2017-2021.

Vermont Department of Health

Suicide-related risk factors in youth are increasing.



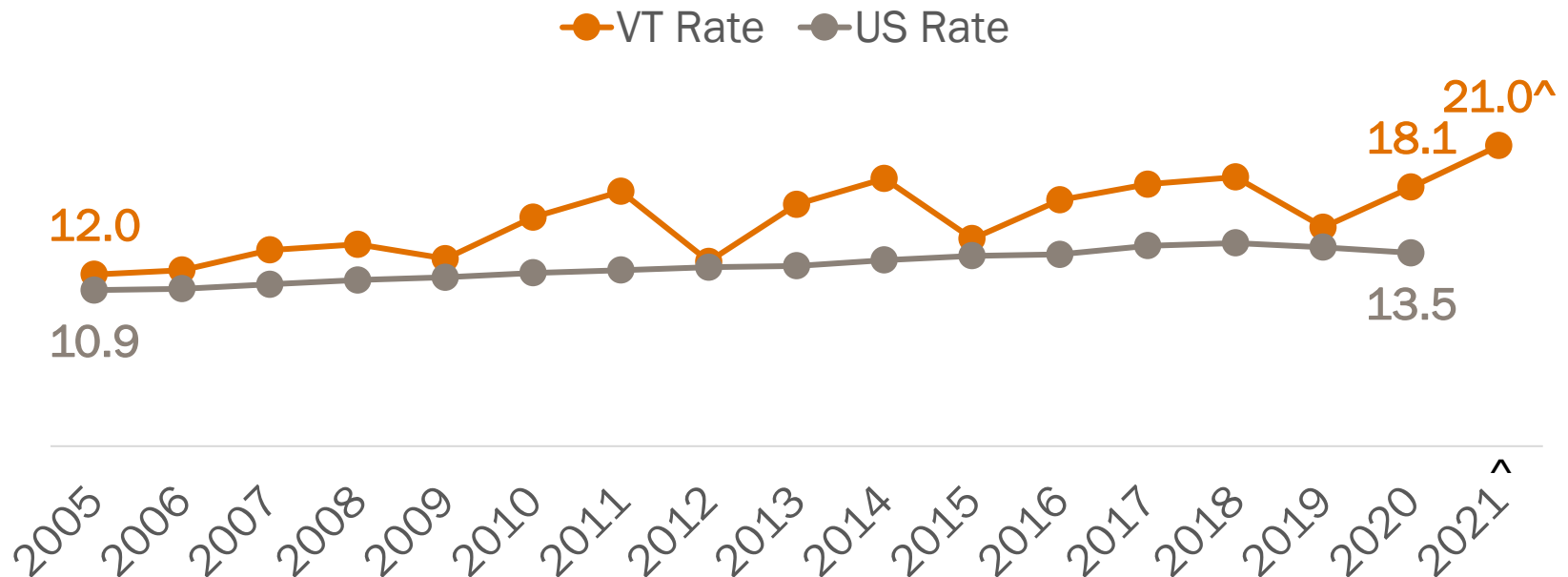
*Statistically significant.

Source: Youth risk behavior survey (YRBS), 2009- 2019.

Vermont's suicide rate is increasing and is higher than the U.S.*

Suicide Deaths

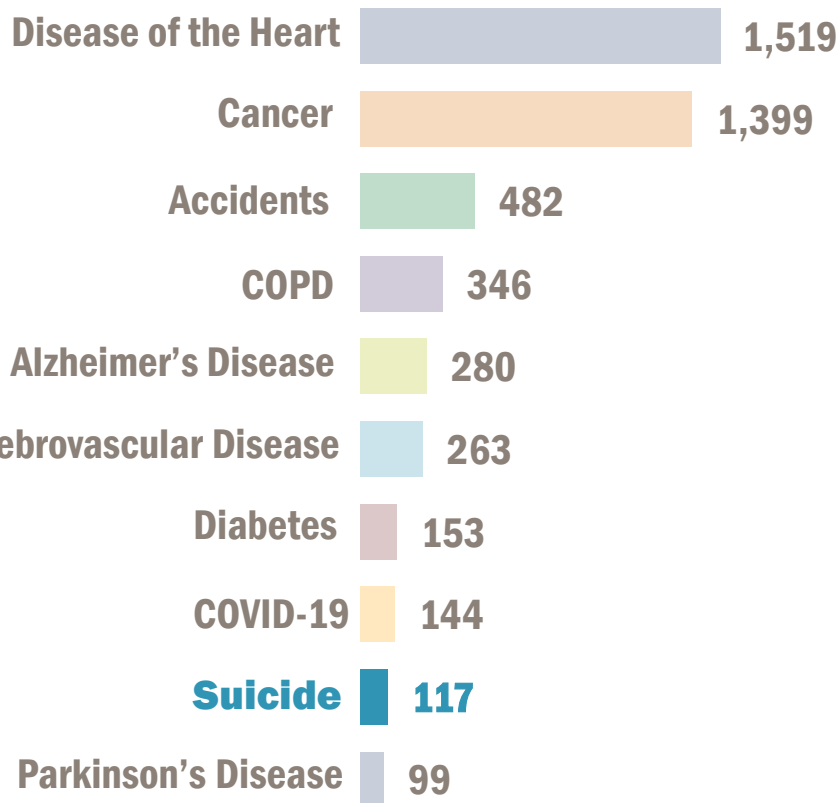
Age adjusted rate per 100,000 residents



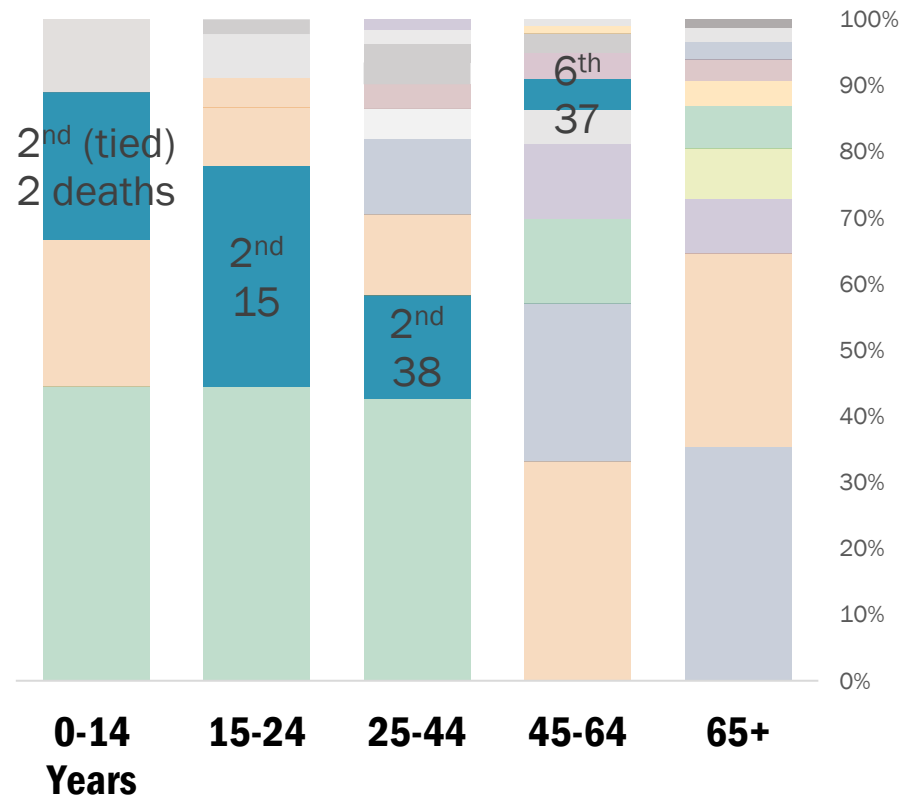
*Vermont's rate in 2021 is significantly higher than the US.
Source: Vermont Vital Statistics, 2005-2021. [^]2021 data are preliminary.

Suicide is the 9th leading cause of death in Vermont.

Top 10 Causes of Death



Top 10 Causes by Age Group



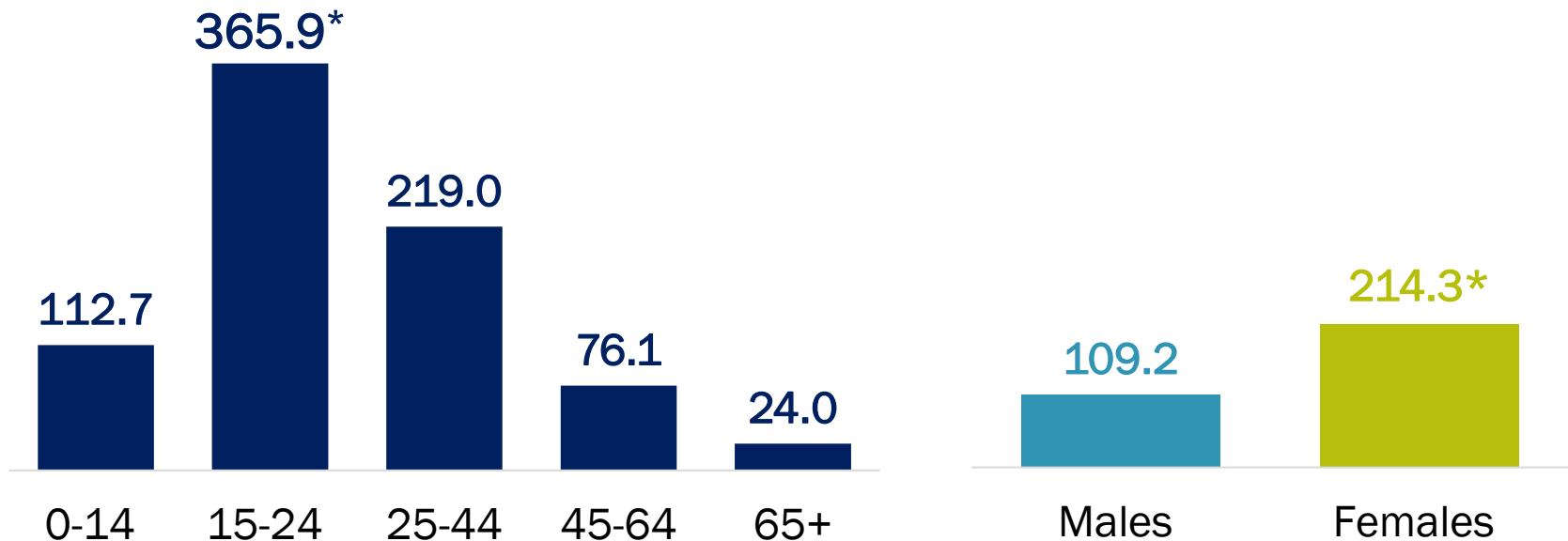
Suicide is the 15th leading cause of death in 65+ age group (25 deaths).

Source: Vermont Vital Statistics, 2020.

Intentional self-harm is significantly higher in 15 to 24-year olds. Females are two times more likely to visit a hospital for intentional self-harm.*

Hospital Visits for Intentional Self-Harm.

Rates by age and sex per 100,000 Vermont residents.



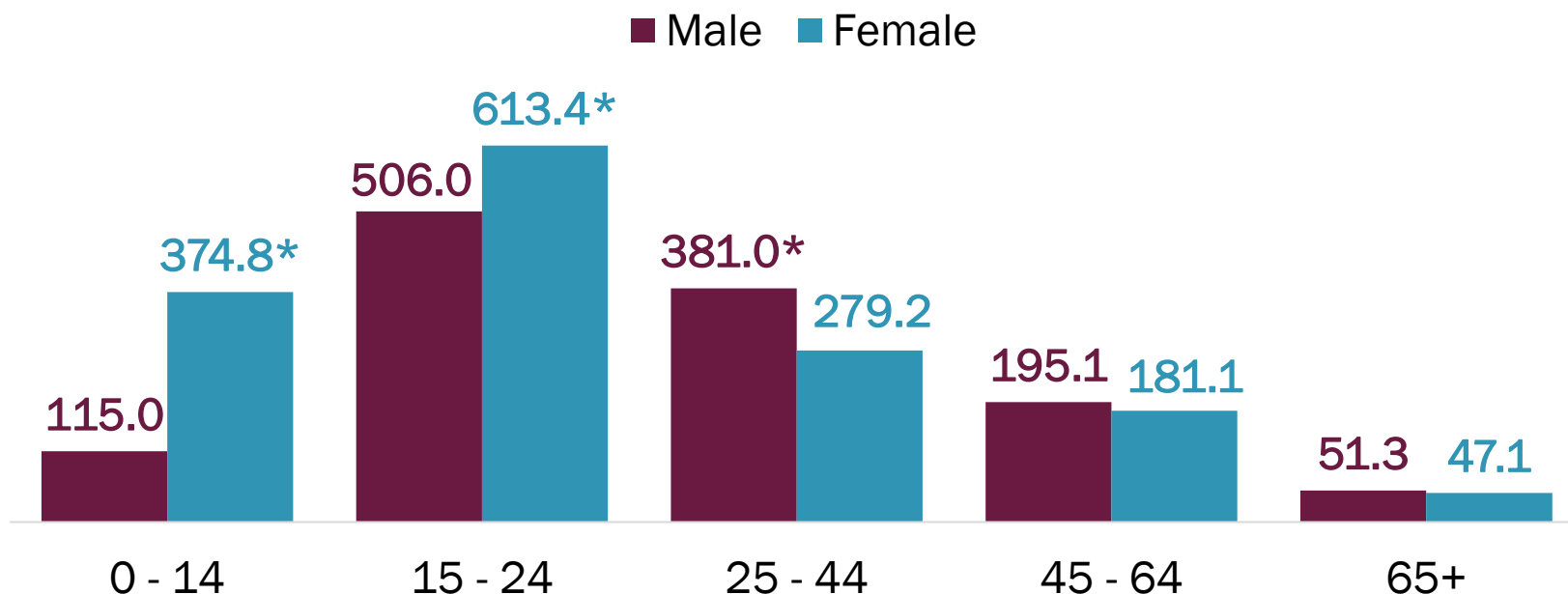
*Statistically significant.

Source: Vermont Uniform Hospital Discharge Data System, 2020.

Suicide-related ED visits are higher for young females. Visits for Vermonters 25 years and older are higher for males.

ED Visits for Suicidal Ideation and/or Self-Directed Violence.

Rates by age and sex per 10,000 ED visits.



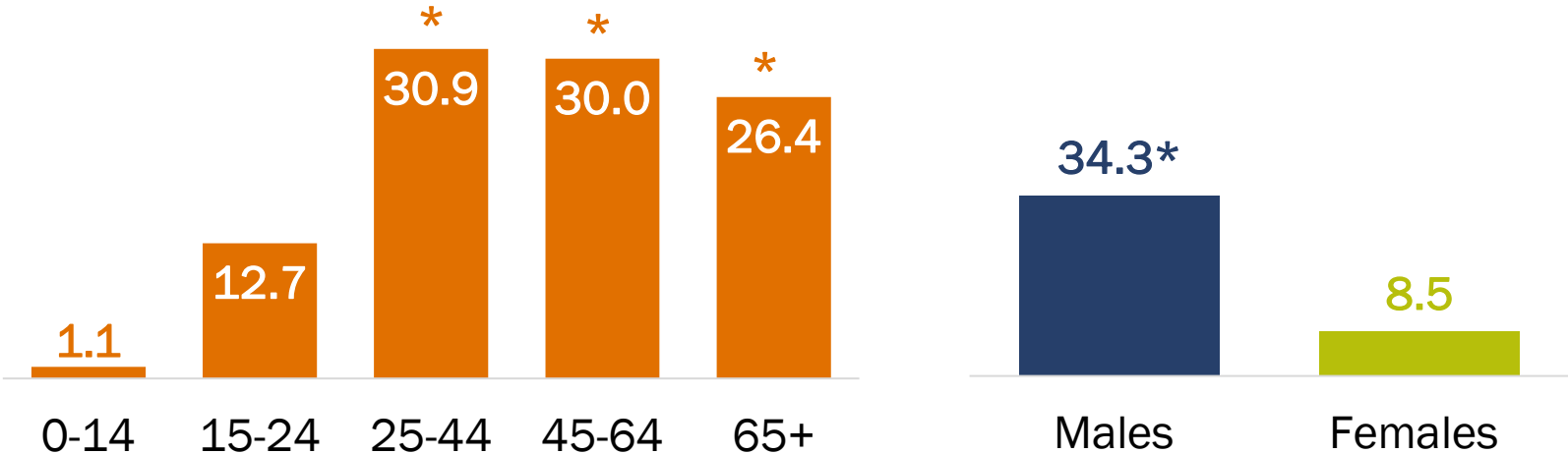
*Statistically significant.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2021.

Suicide death rates are higher for Vermonters over the age of 25. Males are over four times more likely to die by suicide.*

Death by Suicide.

Rates by age and sex per 100,000 Vermont residents.



*Vermonters 25 and older and Vermont males are statistically more likely to experience death by suicide. Source: Vermont Vital Statistics, 2021. 2021 data are preliminary.

Vermont populations at risk for intentional self-harm and suicide.

Black, Indigenous, and People of Color (BIPOC) Persons

- Students: more likely to feel sad or hopeless, have made a suicide plan or attempted suicide.
- Adults: more likely to have depression.
- More likely to visit the ED for a suicide-related reason compared to White non-Hispanic people.

LGBT Vermonters

- More likely to feel sad or hopeless or have depression.
- Students: More likely to have made a suicide plan or attempted suicide.
- Adults: More likely to have suicidal thoughts.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2017-2021; Youth Risk Behavior Survey, 2019; Behavioral Risk Factor Surveillance System, 2018.

Vermont populations at risk for intentional self-harm and suicide.

Adults with a disability

- More likely to have suicidal thoughts.

Veterans who served in the armed forces

- Represent 20% of suicide deaths.

Adults who experience social isolation

- Most common for adults over the age of 65.

Source: Behavioral Risk Factor Surveillance System, 2018; Vermont Vital Statistics, 2021. 2021 data are preliminary.

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

Mental Health



68% ever received a mental health diagnosis



48% were ever diagnosed with depression.



37% were enrolled in mental health treatment at the time of death.

Other Risk Factors



27% had a previous suicide attempt.



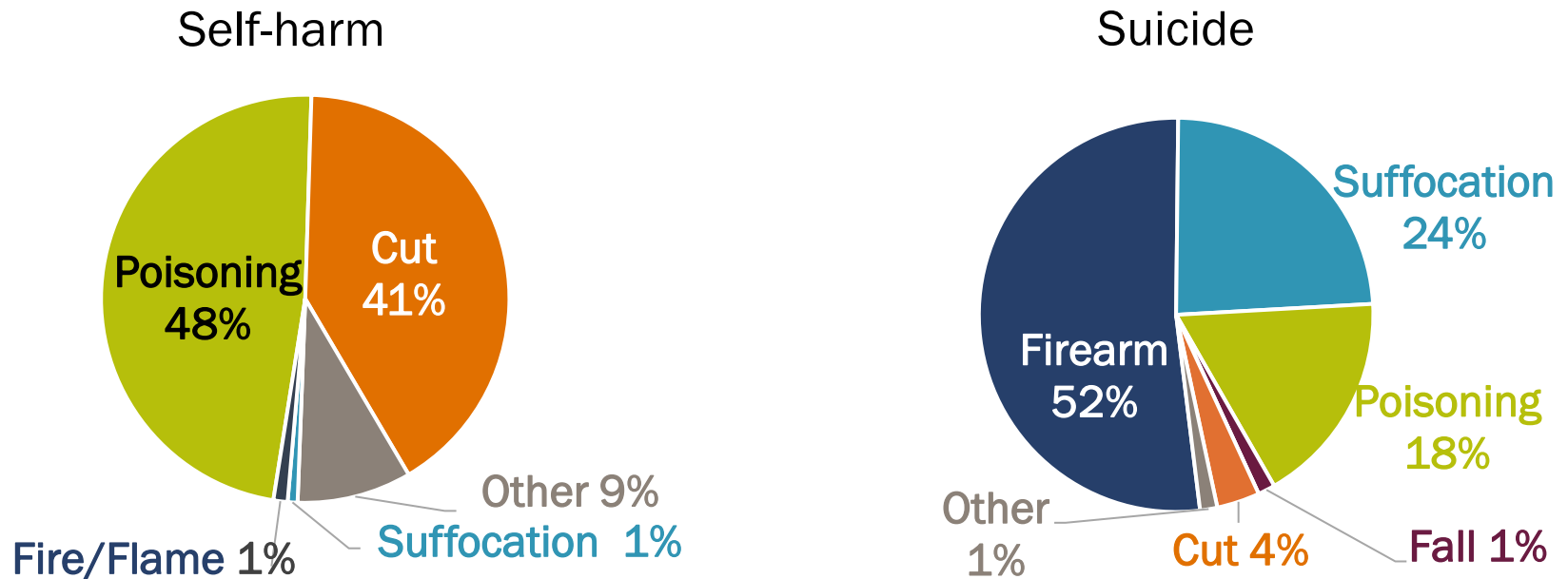
21% had a substance use issue.



20% had a physical health problem.

Over half of hospital visits are due to poisonings. Over half of suicide deaths are due to firearms.

The mechanism or cause of intentional self-harm and suicide.



Source: Vermont Vital Statistics, 2021; Vermont Uniform Hospital Discharge Data System, 2020.

Some other facts about Vermont suicide data

95%

Nearly all Vermonters who die by suicide pass away in Vermont.

96%

Nearly all Vermonters who visit the hospital for intentional self-harm visit a hospital in Vermont.

100%

All of Vermont's Emergency Departments are captured in our syndromic surveillance system (ESSENCE).

Key Takeaways

- There were 142 suicide deaths in 2021. This is a record number suicide deaths recorded in Vermont.
- Rates of suicide death and suicide-related ED visits have increased over recent years.
- The scope of populations affected are wide and differs for morbidity and mortality.
 - Morbidity: females
 - Mortality: males
- Those who are a sexual and gender minority, are socially isolated, are a veteran, are Black, Indigenous, or a Person of Color, or have a disability are at higher risk for suicide.
- These data may help inform which populations are currently underserved and are in need of culturally specific outreach efforts.

Sources

Data on suicide deaths

- Vermont Vital Statistics
 - ICD-10 codes X60-X84, Y87.0, U03
- Vermont resident deaths
- Vermont Violent Death Reporting System (VTVDRS)

Data on suicide risk factors

- Youth Risk Behavior Survey (YRBS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Vermont Uniform Hospitalization Discharge Data System (VUHDDS)
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

Resources to get help

If you or someone you know is thinking about or planning to take their own life, there is help 24/7:

- **Call the mental health lifeline 988**
- **Text the Crisis Text Line** – text “VT” to 741741 anywhere in the U.S. about any type of crisis
- **Trevor Lifeline - LGBTQ Crisis Lifeline: 1-866-488-7368**