

Intentional self-harm is anything a person does to purposefully cause injury to themselves, with or without suicide intent. Death by suicide is intentionally taking one's own life. Research suggests that self-injurious behaviors, which include suicide attempts, are risk factors for suicide.<sup>1</sup>

## Trend

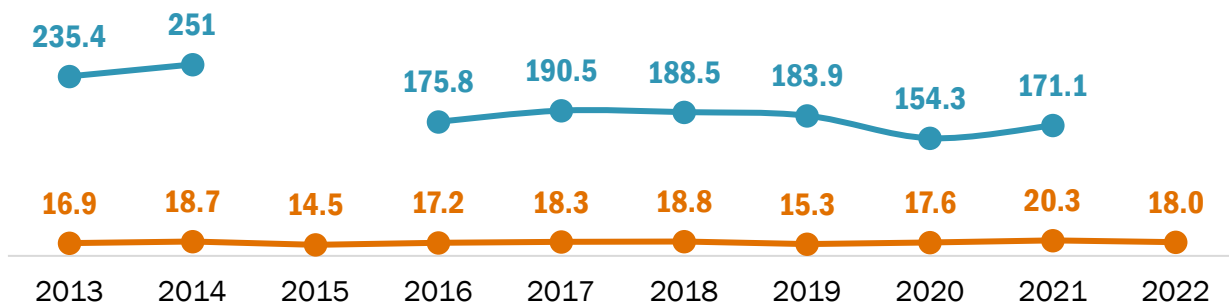
In 2021, there were 1,000 hospital visits for intentional self-harm, a rate of 171.1 visits per 100,000 residents. The rate of intentional self-harm has not significantly changed from 2020 or from 2016.

In 2022, 127 Vermonters died by suicide, a rate of 18.0 deaths per 100,000 residents. The rate of suicide death slightly decreased from 2021 and has fluctuated over the past ten years. The rate of suicide in Vermont has been consistently higher than the U.S. over the past ten years. In 2021 suicide was the 9<sup>th</sup> leading cause of death in Vermont.

## KEY POINTS

- Preliminary data does not show a statistical change in suicide deaths in 2022 from 2021.
- Males, people 25 years and older, and veterans had the highest rates of death in 2022.
- Females, people between 15 and 24 years of age, and residents of Rutland and Franklin Counties had the highest rates of intentional self-harm in 2021.

**Intentional self-harm and death by suicide rates have not significantly changed from the past year.**



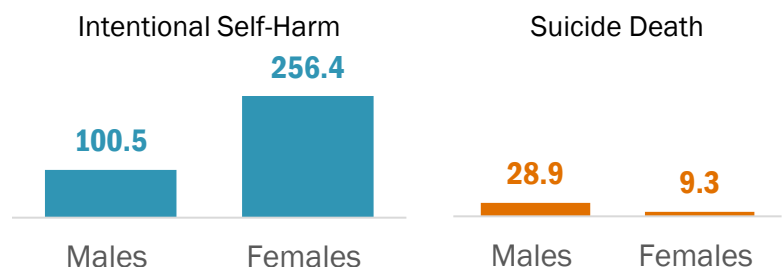
Source: Vermont Vital Statistics, 2013-2022. 2022 data is preliminary. Vermont Uniform Hospital Discharge Data Set (VUHDDS), 2013- 2021.

## Biological Sex

The rate of hospital visits for intentional self-harm is two and a half times greater for females compared to males, a significant difference. Males have suicide rate that is three times higher than females, also a significant difference.

**Intentional self-harm is higher for females, death by suicide is higher for males.**

Age-adjusted rates per 100,000 Vermonters



Source: Vermont Vital Statistics, 2022 data is preliminary. VUHDDS, 2021.

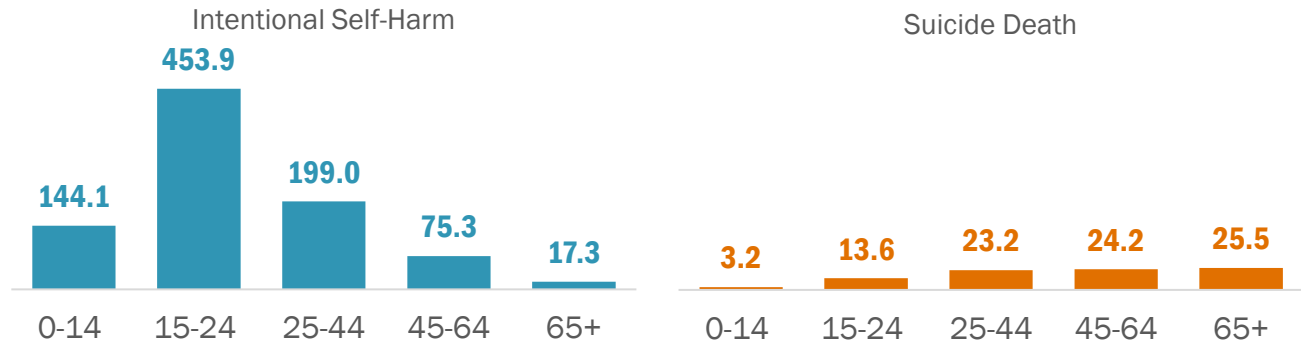
# Intentional Self-Harm and Death by Suicide

## Age

Younger people, specifically 15 to 24-year-olds, have intentional self-harm rates significantly higher than any other age group. Suicide rates are highest among Vermonters 25 and older.

**Intentional self-harm is highest for 15- to 24-year-olds, and death by suicide is highest for adults 25 years and older.**

Rates per 100,000 Vermonters

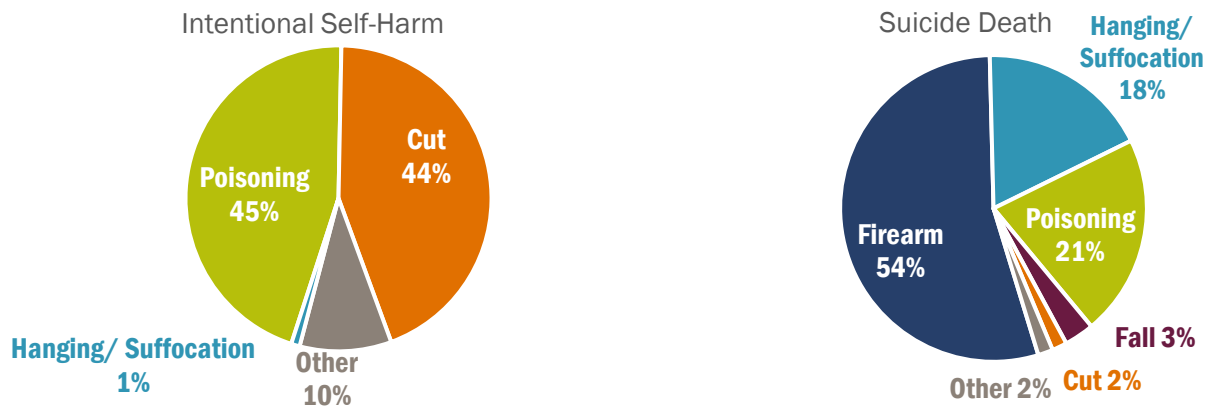


Source: Vermont Vital Statistics 2022 (preliminary), VUHDDS, 2021

## Method

Poisonings account for 45% of hospital visits for intentional self-harm. Following poisonings, the next leading method is cutting (44%). The remaining methods of intentional self-harm occur at much lower frequencies. Firearms account for 54% of suicide deaths. The proportion of suicides due to poisonings account for 21% of deaths, hanging or suffocation 18%, falls 3%, cutting and other methods account for 2% each. Males are more likely than females to die by suicide using a firearm.

**Most hospital visits for intentional self-harm are poisonings or cutting. More than half of suicide deaths use a firearm.**



Source: Vermont Vital Statistics 2022 (preliminary); VUHDDS, 2021

# Intentional Self-Harm and Death by Suicide

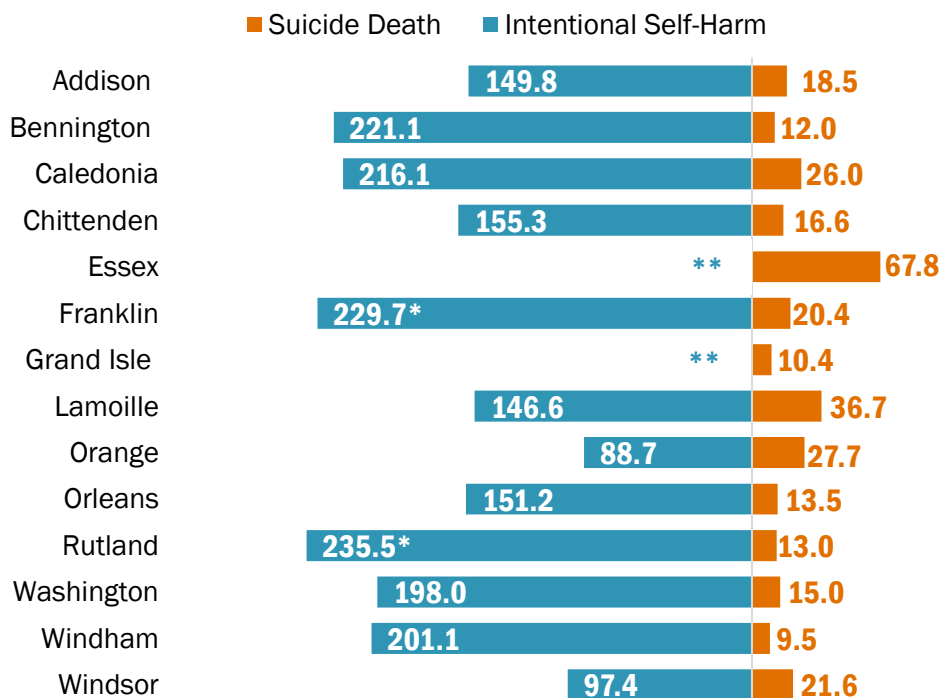
## County of Residence

Compared to the statewide rate of 171.1 per 100,000 residents, intentional self-harm is higher in Rutland and Franklin counties, and significantly lower in Orange and Windsor counties.

There are no statistical differences in the rate of suicide by county in 2022. Please see the [appendix](#) for the number of deaths by year by county and other demographics.

**Two counties have a significantly higher rate of hospital visits for intentional self-harm. No single county has a significantly higher rate of suicide death.**

Age-adjusted rates per 100,000 residents



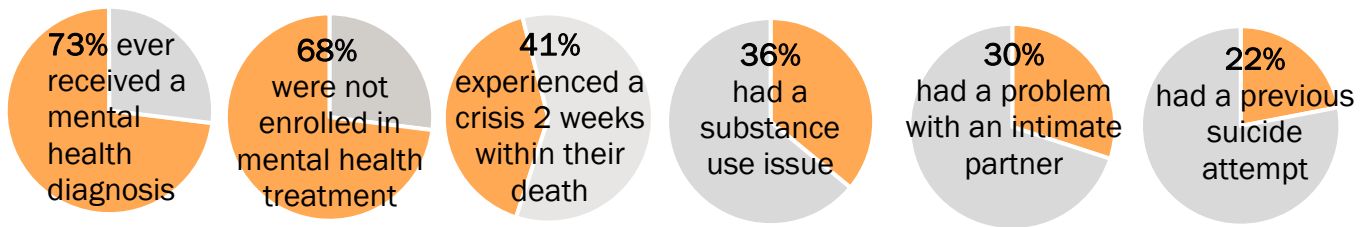
Source: Vermont Vital Statistics 2022 (preliminary), VUHDDS, 2021. \*= statistically higher, \*\*= suppressed

## Risk Factors

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.<sup>4</sup> These risk factors are present in varying degrees among Vermonters who have died by suicide.

# Intentional Self-Harm and Death by Suicide

## Most deaths by suicide had noted risk factors.



Source: Vermont Violent Death Reporting System (VTVDRS), 2021

## Populations at risk for intentional self-harm and suicide



LGBT students are more likely to experience risk factors for suicide compared to heterosexual cisgender students. They are more likely to feel sad or hopeless, had made a suicide plan or attempts (sad 52% vs. 21%, plan 29% vs. 8%, attempt 14% vs. 4%). LGBT adults are more likely to have suicidal thoughts (14% vs. 5%).



Veterans are at higher risk for suicide death. Veterans comprised 17% of suicide deaths in 2022. The rate of suicide among veterans is nearly 3 times higher than non-Veterans in 2022 (61.1 vs. 21.5 per 100,000, preliminary).



Adults living with a disability are three times more likely to seriously consider suicide compared to those without a disability (11% vs. 4%).



Black Indigenous and People of Color (BIPOC) are just as likely to visit the hospital for intentional self-harm compared to white non-Hispanic people (rate 136.9 vs. 130.7). BIPOC students are more likely to feel sad or hopeless, make a suicide plan, or attempt suicide (sad 34% vs. 29%, plan 17% vs. 13%, 11% vs. 6%).

Source: Vermont Behavioral Risk Factor Surveillance System 2021, Vermont Youth Risk Behavior Survey 2021, Vermont Vital Statistics, 2022 (preliminary)

## Key Takeaways

Males, persons aged between 25 and 64, veterans, people who experienced a crisis, live with a disability, and identify as BIPOC or LGBTQ+ all have disproportionately higher rates of suicide morbidity or mortality in Vermont. Suicide and intentional self-harm are preventable public health problems and are priorities of the Agency of Human Services departments. 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 within schools and communities, and increase prevention outreach. Through continued collaboration with our partners, we can work to reduce the burden of intentional self-harm and suicide within Vermont's communities.

# Intentional Self-Harm and Death by Suicide

## 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 or text 988, the Suicide and Crisis Lifeline if you or someone you know is experiencing a crisis.
- Text the Crisis Text Line – text “VT” to 741741 to access support while experiencing a crisis or supporting someone experiencing a crisis.
- Call or text the Trevor Project LGBTQ Crisis Lifeline at (866) 488-7368 to access support services for LGBTQ young people.

## References

1. Olfson, M., et al. (2017). Suicide following deliberate self-harm. *American Journal of Psychiatry*, 174(8), 765-774.
2. United States rates of intentional self-harm and suicide: <https://www.cdc.gov/injury/wisqars/facts.html>
3. Suicide risk factors from CDC: <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

## Methodology

Intentional self-harm is defined using hospital billing (ICD-10) codes from emergency department visits and hospitalizations. Only nonfatal intentional self-harm visits are included in this brief. Suicide is defined using the ICD-10 code for the underlying cause of death. The death statistics in this brief are among Vermont residents in 2022, intentional self-harm statistics are among Vermont residents treated at Vermont hospitals in 2021. Please note that 2022 death data are preliminary. At the time of publication, 2022 population estimates were not available, so all rate denominators use 2021 estimates.

**For more information about data:** Caitlin Quinn, [Caitlin.Quinn@vermont.gov](mailto:Caitlin.Quinn@vermont.gov)

The VDH recently released a report with more detailed information on suicide deaths, [visit our website](#) to learn more.

**For more information on how to recognize warning signs and help prevent suicide:** visit <https://FacingSuicideVT.com>

# Intentional Self-Harm and Death by Suicide

## Appendix

Number of Suicide Deaths Among Vermont Residents, 2018-2022					
County of Residence	2018	2019	2020	2021	2022*
Addison	6	8	2	13	9
Bennington	4	7	11	8	6
Caledonia	11	7	5	9	8
Chittenden	25	16	25	26	29
Essex	1	2	3	1	4
Franklin	9	13	8	10	11
Grand Isle	2	3	0	1	1
Lamoille	2	4	3	4	9
Orange	8	10	6	8	8
Orleans	5	3	7	9	4
Rutland	17	11	13	8	8
Washington	9	7	9	20	10
Windham	10	7	11	5	6
Windsor	16	11	13	19	12
<b>Total Suicide Deaths</b>	<b>125</b>	<b>109</b>	<b>116</b>	<b>142</b>	<b>127**</b>
Suicide / Firearm	70	59	68	74	69
Suicide / Poisoning	12	13	13	25	27
Suicide / Suffocation	30	31	27	34	23
Age Group	2018	2019	2020	2021	2022*
0-14 years	0	1	2	1	3
15-24 years	13	11	15	11	12
25-44 years	40	34	37	45	36
45-64 years	48	35	37	52	42
65+ years	24	28	25	33	34
Sex	2018	2019	2020	2021	2022*
Female	23	24	22	28	32
Male	102	85	94	114	95

\*2022 data are preliminary and subject to change

\*\*1 death was missing county of residence in 2022