



# **Suicide Morbidity and Mortality in Vermont**

**Vermont Department of Health**

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Crisis text line data through 2020

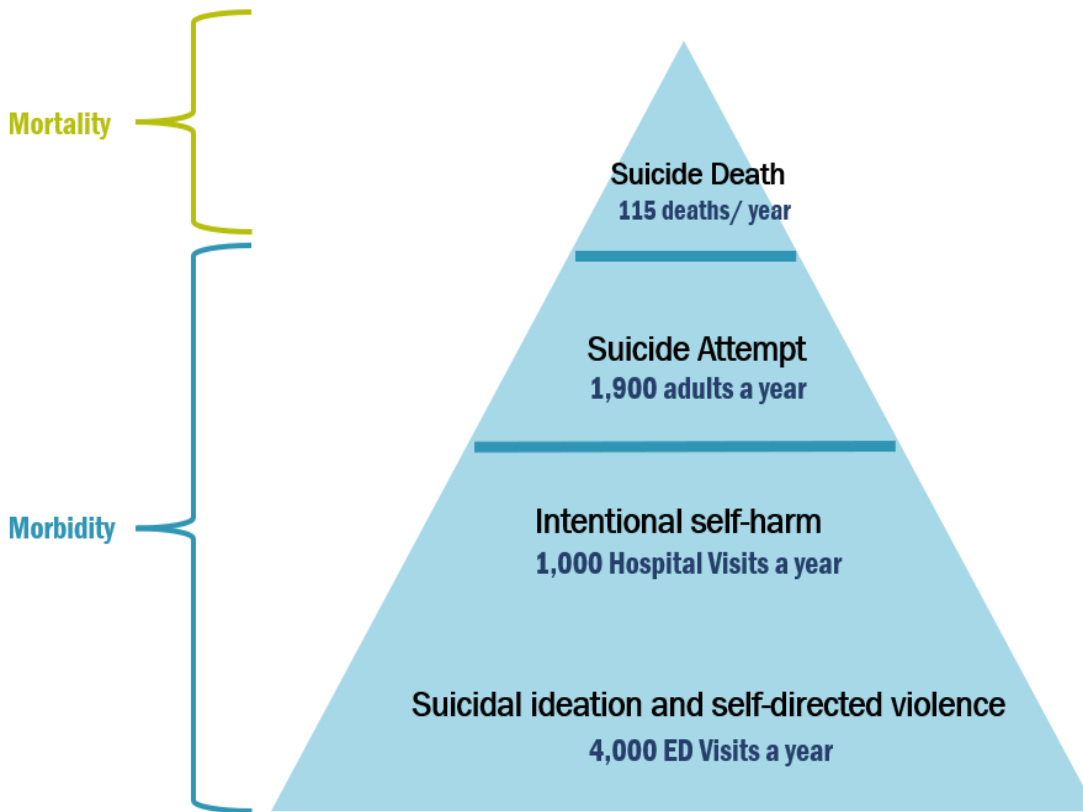
Self-harm data through 2019

Emergency Department surveillance Data through 2020

YRBS and BRFSS data through 2018

Mortality statistics through 2020

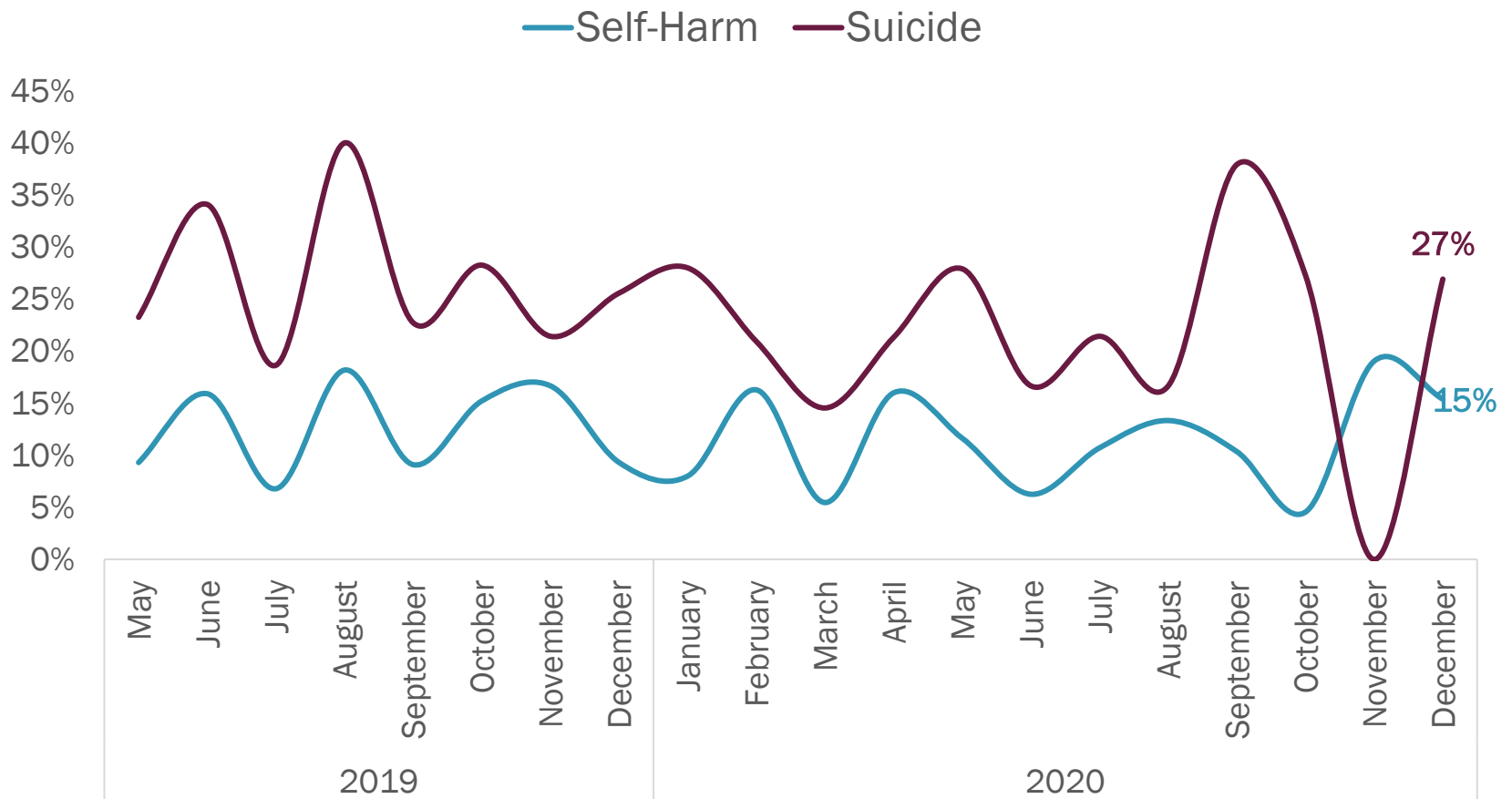
# Why focus on suicide morbidity and mortality?



- 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, 2018-2020; Electronic Surveillance System for the Early Notification of Community-based Epidemics, 2019; 2018 Behavioral Risk Factor Surveillance System.

# Vermont crisis text line: Percent of texters identifying suicide and self-harm as a current issue has changed over time.

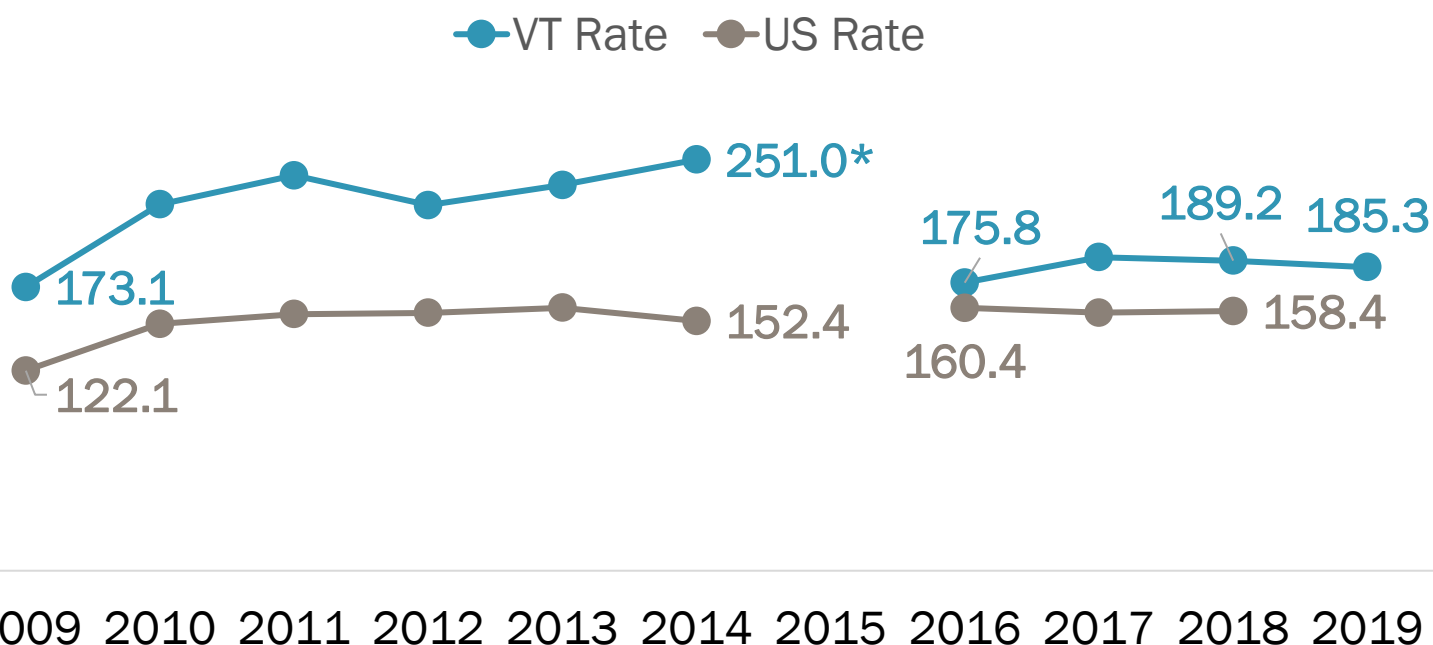


Source: Vermont Crises Text Line, 2019- 2020.

# Vermont hospital visit rates for intentional self-harm are higher than the U.S. rates

## Intentional Self-Harm Emergency Department Visits and Hospitalizations

Age adjusted rate per 100,000 residents



\* Statistically significant.

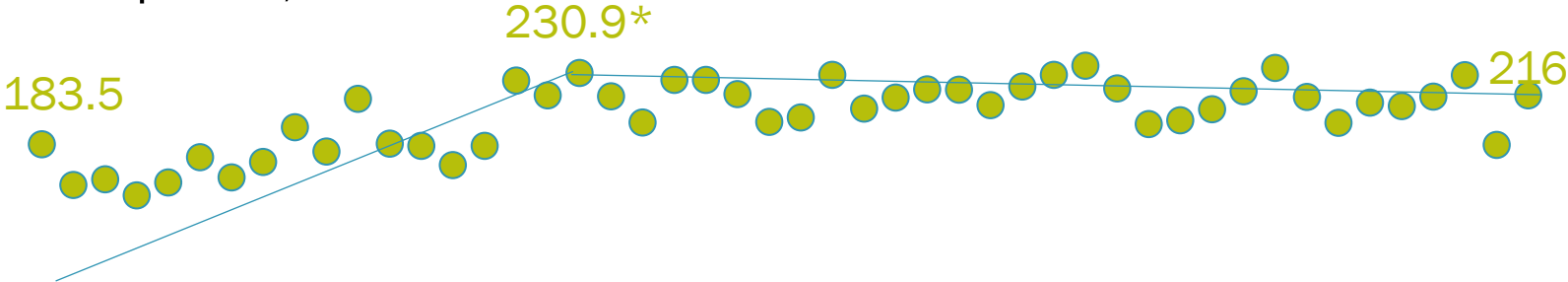
Source: Vermont Uniform Hospital Discharge Data System, 2009-2019.

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# Suicide-related ED visits significantly increased through mid- 2018 and have since not changed significantly.

## Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits



Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov
2017						2018						2019						2020					

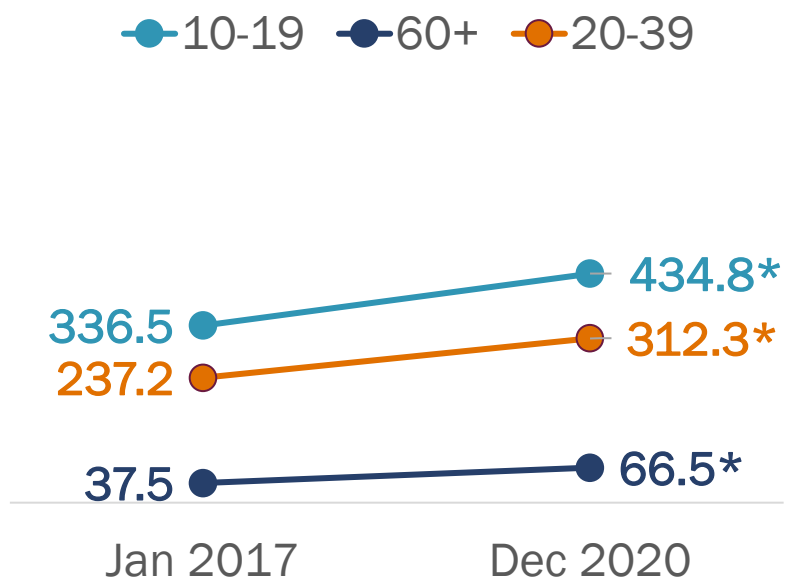
\*The rate significantly increased from January 2017 through June 2018. The increase from July 2018 to December 2020 is not statistically significant.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2017-2020.

# Suicide-related ED visits are increasing for specific age groups among both males and females.\*

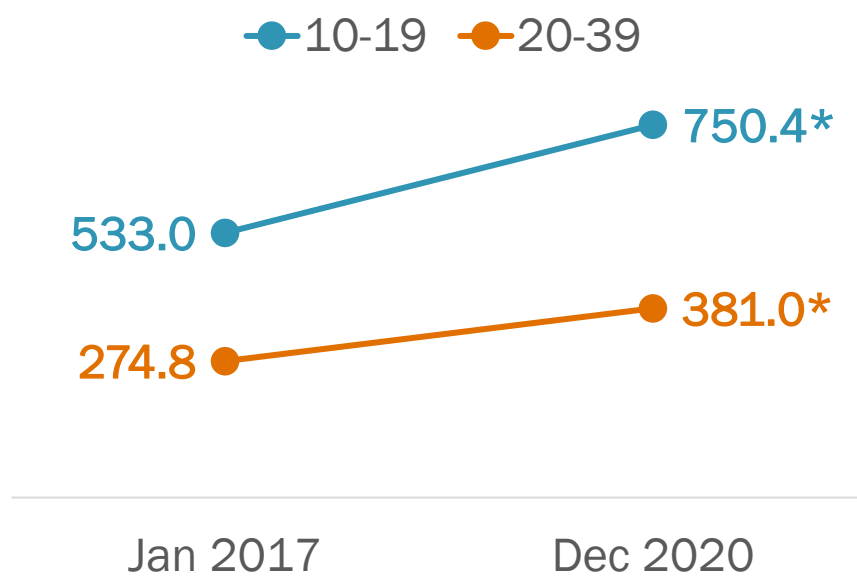
## Males

Rates per 10,000 male ED visits



## Females

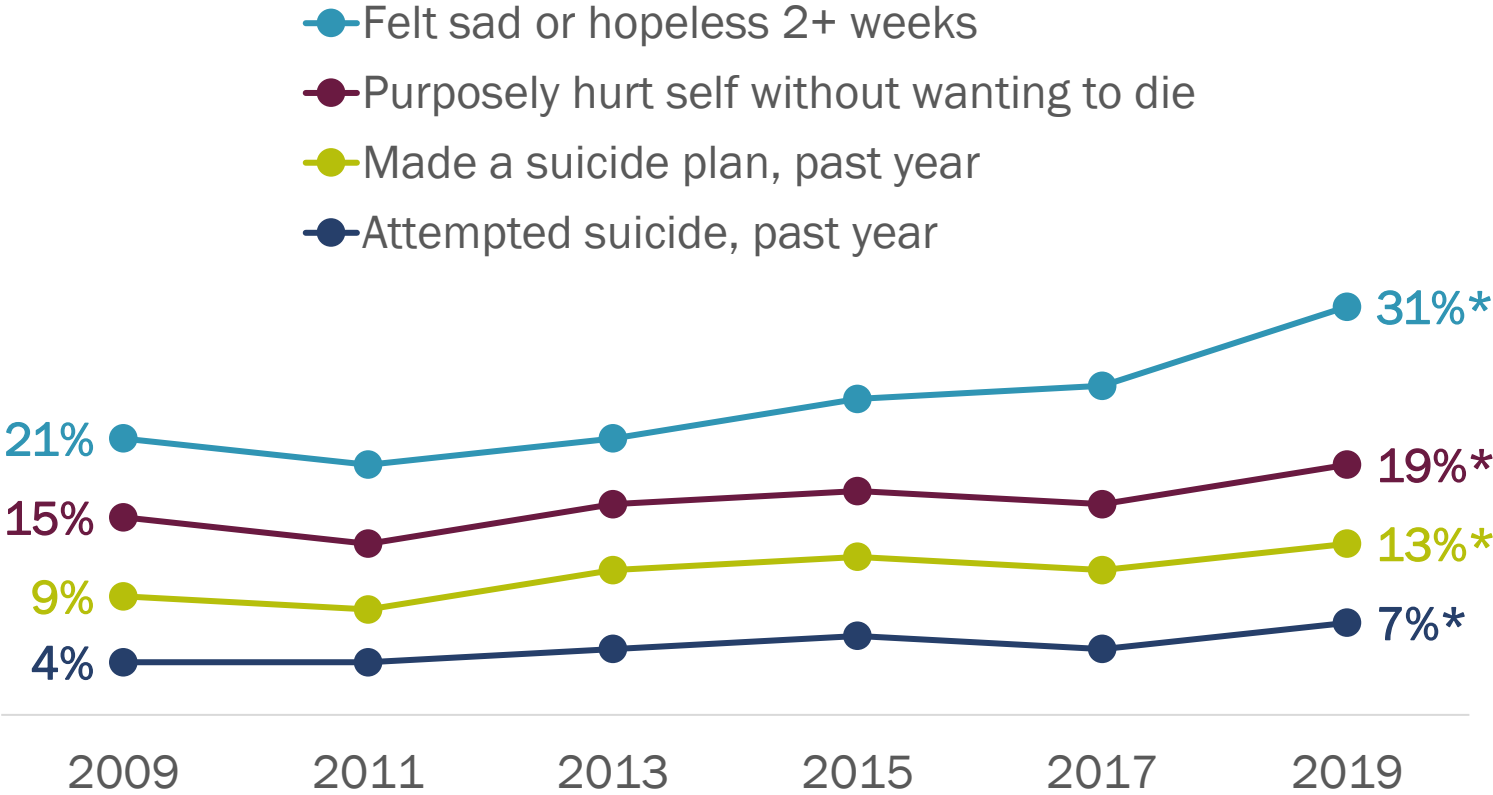
Rates per 10,000 female ED visits



\* Statistically significant.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2017-2020.

# Suicide-related risk factors have increased among high school aged students.

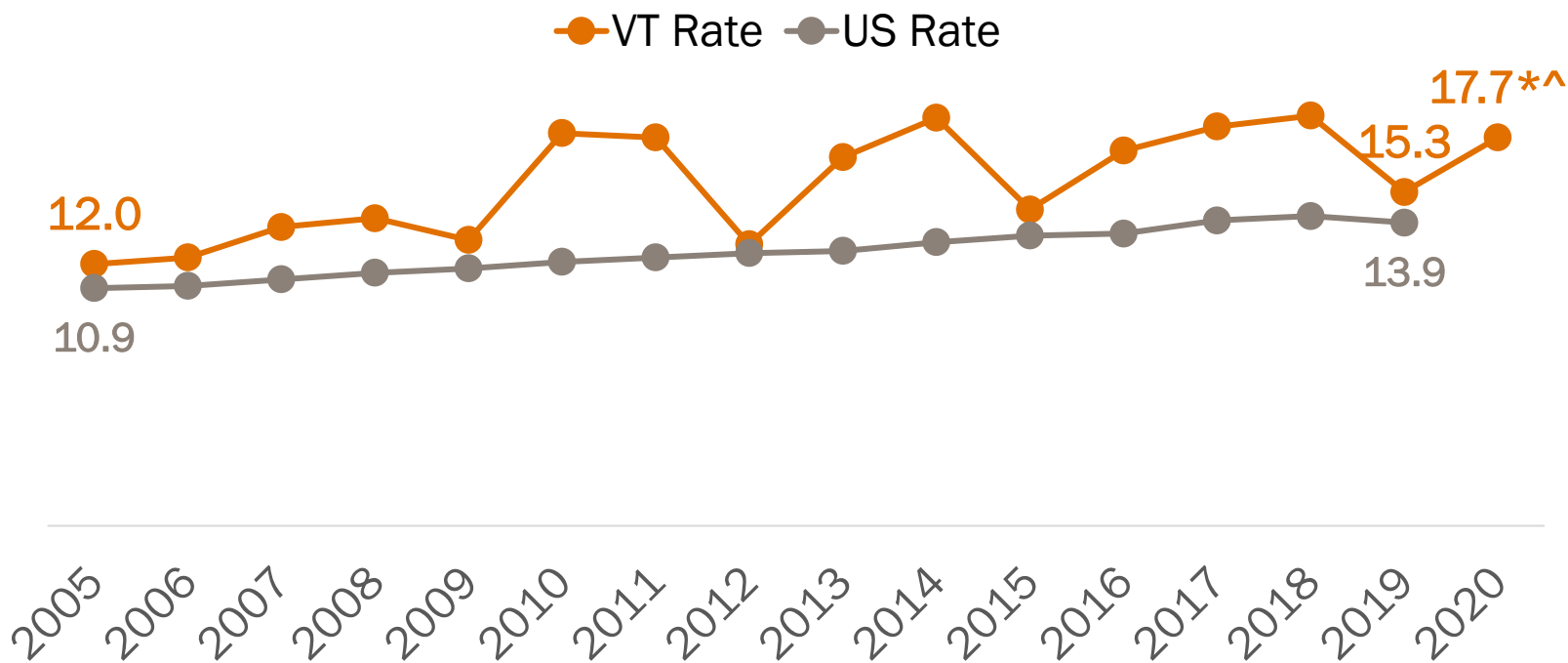


\* Statistically significant.  
Source: Youth risk behavior survey (YRBS), 2009- 2019.

# Vermont's suicide rate has significantly increased and is higher than the U.S.

## Suicide Deaths

Age adjusted rate per 100,000 residents



\* Statistically significant.

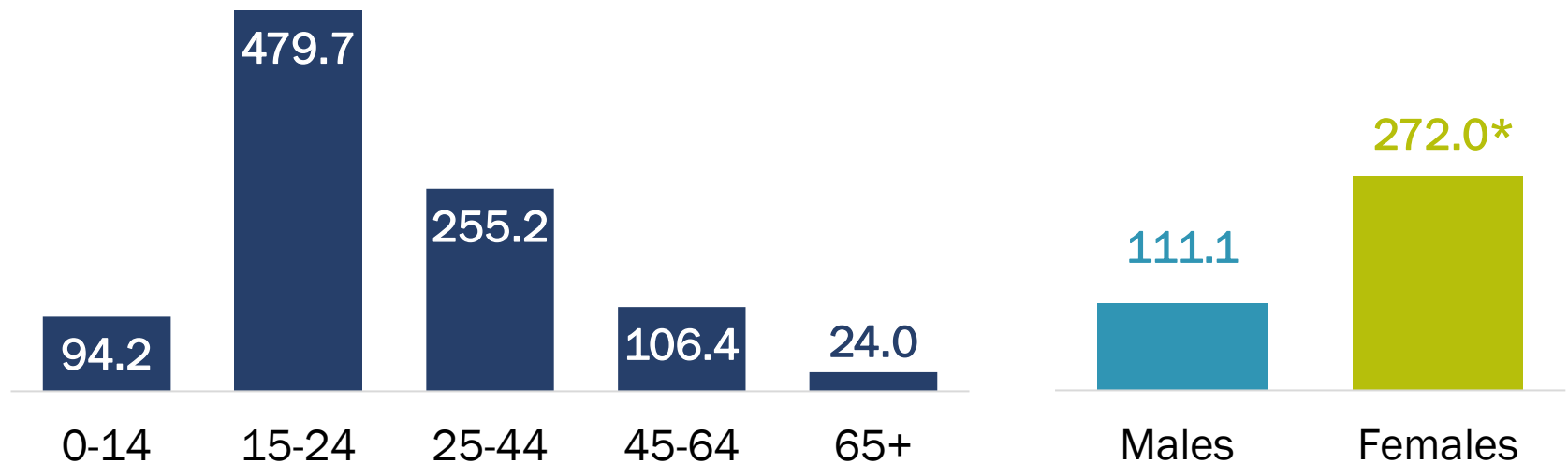
Source: Vermont Vital Statistics, 2005-2020. ^2020 data is preliminary as of July 2021.



# 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.



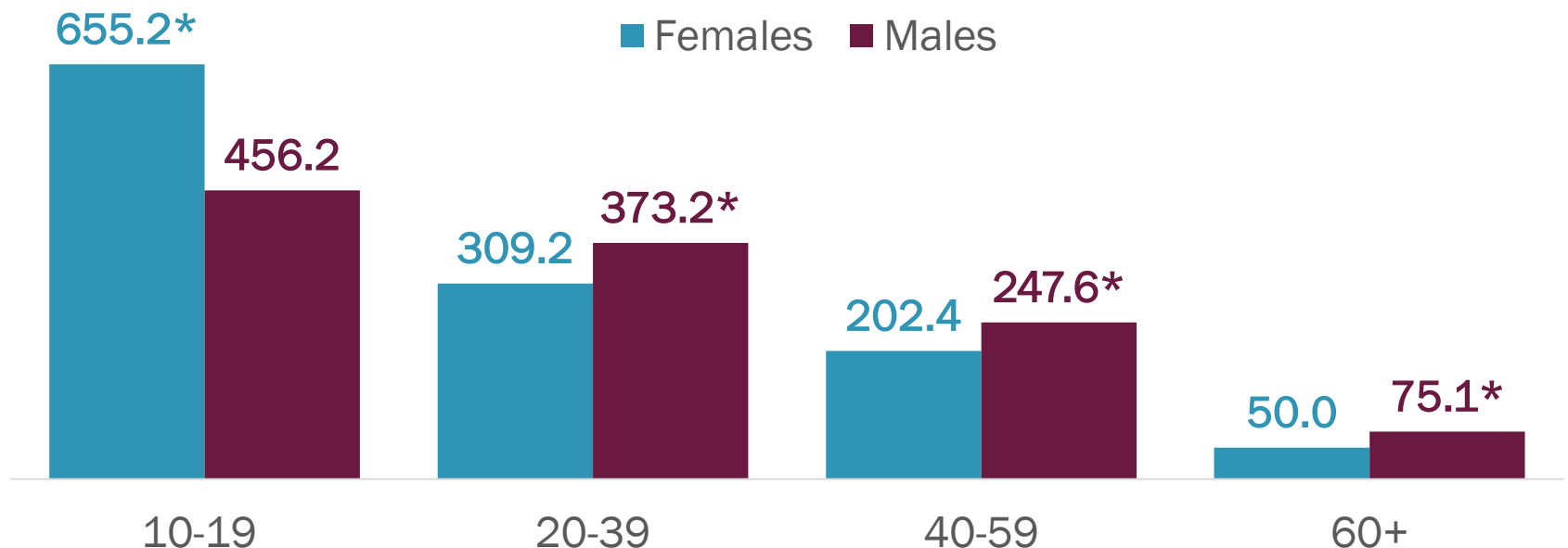
\* Statistically significant.

Source: Vermont Uniform Hospital Discharge Data System, 2017-2018.

# Suicide-related ED visits are higher for young females. Visits for Vermonters 20 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.



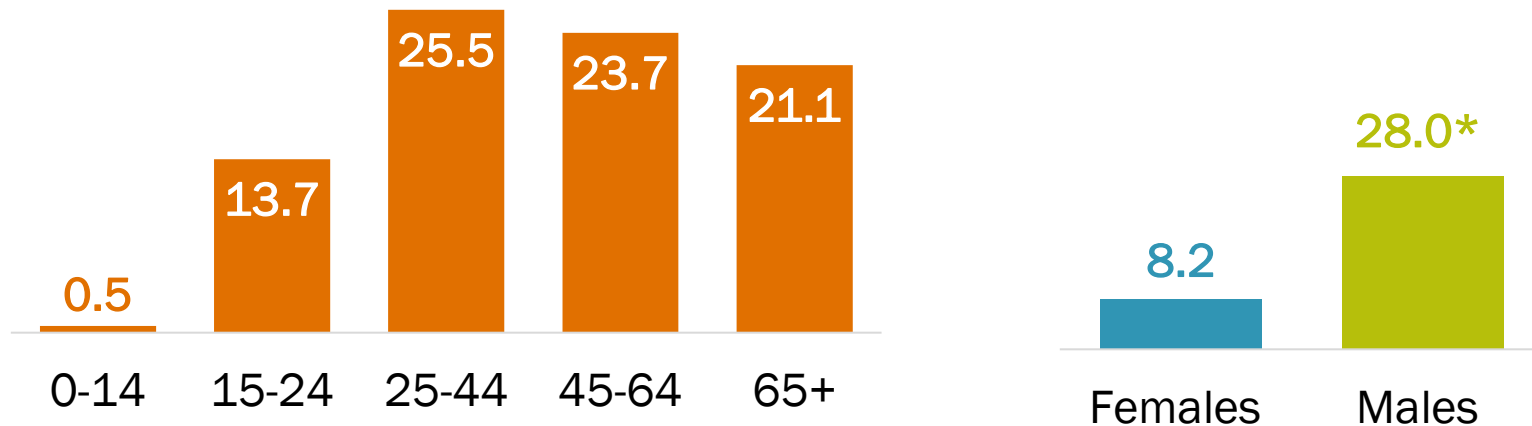
\* Statistically significant.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics, 2020.

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

## Death by Suicide.

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



\* Statistically significant.

Source: Vermont Vital Statistics, 2018-2019.

# 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.

## **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, 2017-2019; Youth Risk Behavior Survey, 2019; Behavioral Risk Factor Surveillance System, 2018; Vermont Vital Statistics, 2018- 2019.

# 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, 2018- 2019.

# 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.

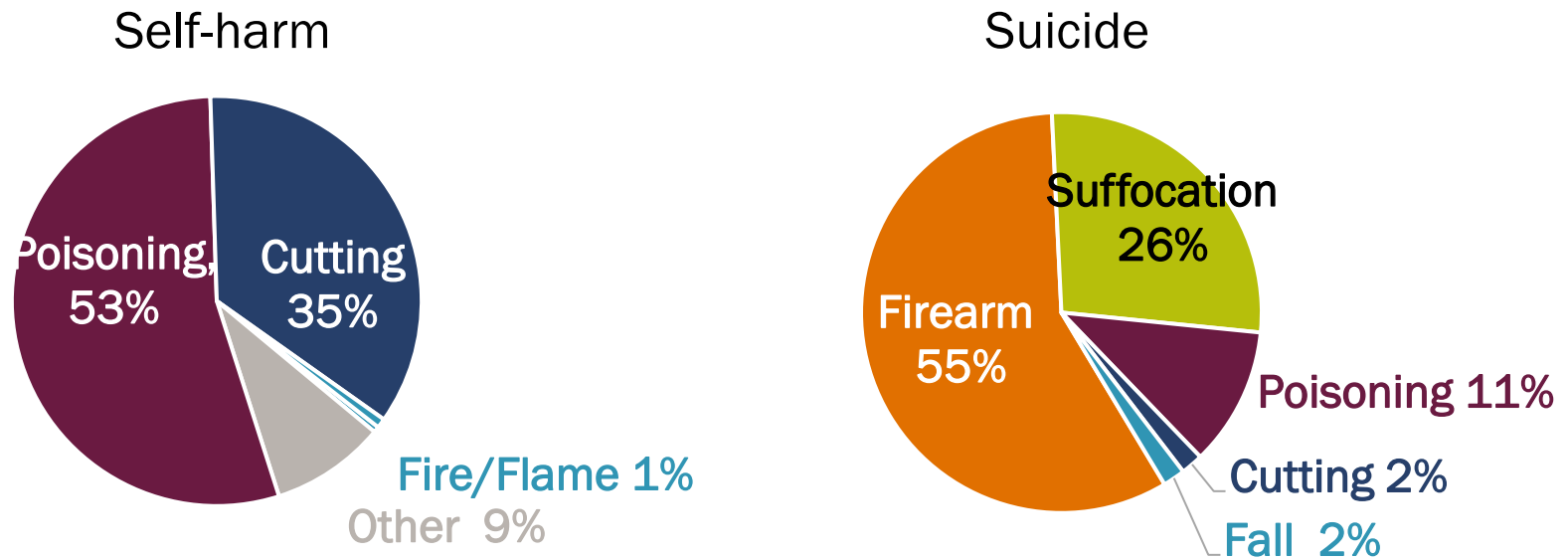


**20%** had a physical health problem.

Source: Vermont Violent Death Reporting System (NVDRS), 2017-2018

# 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, 2018-2019; Vermont Uniform Hospital Discharge Data System, 2017-2018.

# Key Takeaways

- Rates of suicide death, intentional self-harm, 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.



# Comprehensive Suicide Prevention (CSP) Grant: Overview

- 5-year Grant from Center for Disease Control and Prevention: September 2020 – August 2025
- Implement and Evaluate Comprehensive Public Health Approach to Suicide Prevention for Vermonters Ages 15 – 64
- Expand prevention to focus populations
  - Rural Vermonters
  - LGBTQ+
  - Working-Age Men
  - Individuals with Disabilities
- Support suicide prevention in hospitals (ED's), healthcare, and other non-DA community programs

# CSP Grant: Strategies and Activities

- Expand “Gatekeeper” trainings for social services agencies and community partners
- Reduce Access to Lethal Means
  - Counseling on Access to Lethal Means and Promoting Safe Storage in healthcare settings
  - Public Promotion of Safe Storage
- Expand Peer Supports for At-Risk populations (First Responders, Farmers, Suicide Loss Survivors)
- Improve Postvention Response to Suicide Loss
- Expand Zero Suicide to non-Designated Agency mental health providers
- Increase Access to Suicide Safe Mental Health Care via Telehealth
- Develop and Maintain Comprehensive Suicide Prevention Program Inventory

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# 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 National Suicide Prevention Hotline** at 800-273-8255. Veterans' crisis line: press 1 when prompted
- **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**

# Sources

## Data on suicide deaths

- Vermont Vital Statistics (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)



# Thank you!

## Let's stay in touch.

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