Select Mental Health Diagnoses Prevalence among Vermont Youth Aged 0-21 by County, 2023

VCHIP
VERMONT CHILD HEALTH IMPROVEMENT PROGRAM

June 2025

Data Brief

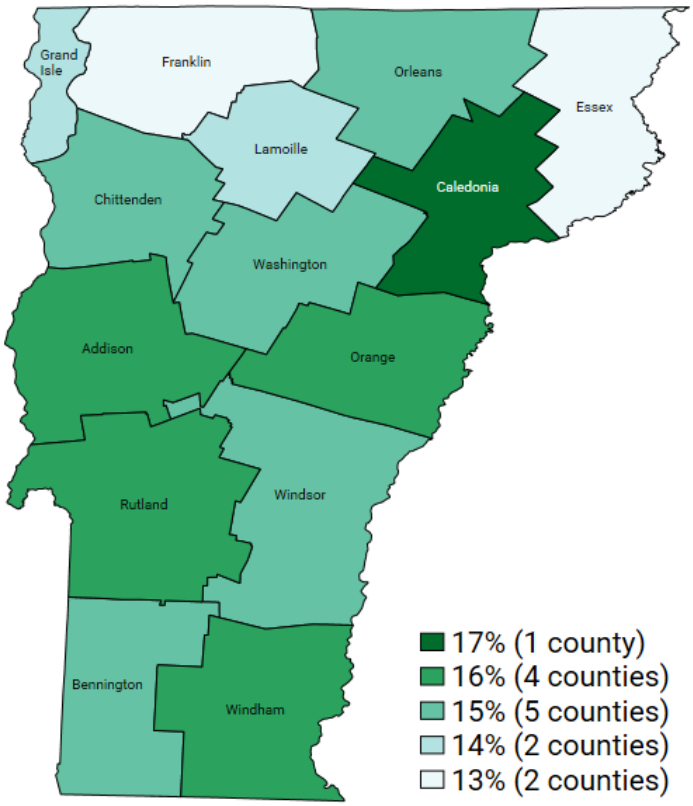
Background

Several government and professional agencies declared that America's youth are in the midst of a mental health crisis.[1,2] Youth self-report and parent-report data support this assertion.[3-5] In this data brief, we describe the prevalence of depressive disorder, anxiety/fear-related disorder, and suicidal behavior diagnoses among Vermont children, adolescents, and young adults by Vermont county. Mapping mental health prevalence at the county level provides insight into potential regional differences due to geographic, economic, mental health workforce, and/or resource differences between counties.[6-7]

Approach

Using the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES),[7-8] we identified 121,093 youth aged 0-21 years old with one or more months of medical insurance eligibility and at least one Vermont ZIP Code in 2023. We classified diagnoses using the Clinical Classifications Software Refined (version 2023.1) created by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality.[9] County prevalence was compared to state prevalence using proportion tests with a conservative significance level of p<.01.

Figure 1: Percent of Patients Aged 0-21 with Depressive Disorder, Anxiety/fear-Related Disorder, and/or Suicidal Behavior Diagnoses, 2023



Patient county determined by the first VT ZIP Code in the patient eligibility record in 2023.
Diagnoses classified using Clinical Classifications Software Redefined v2023.1,
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SOURCE: VHCURES Extract #3011

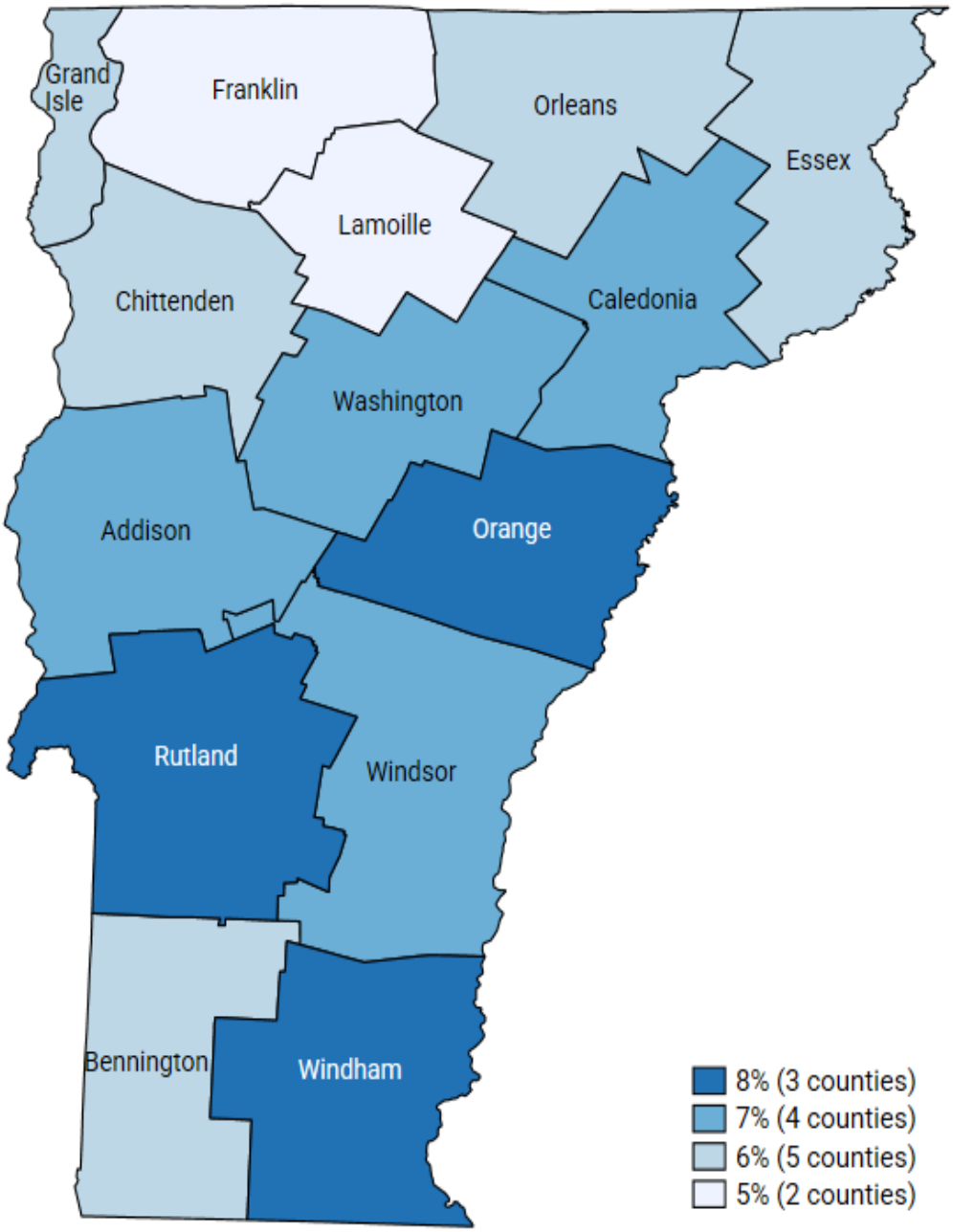
Key Findings

- 15% of Vermonters aged 0-21 had one or more diagnoses of depressive disorders, anxiety/fear-related disorders, and/or suicidal behaviors.
- The prevalence of these diagnoses in Caledonia (17%) and Rutland (16%) counties was slightly **higher** than the state average.
- The prevalence of these diagnoses in Essex (13%), Franklin (13%), and Lamoille (14%), counties was slightly **lower** than the state average.

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) data are under the stewardship of the Green Mountain Care Board (GMCB). The analyses, conclusions, and recommendations from the VHCURES data are solely those of the study authors and are not necessarily those of the GMCB. The GMCB had no input into the study design, implementation, or interpretation of the findings.

Depressive Disorder Prevalence by County

Figure 2: Percent of Patients Aged 0-21 with One or More Diagnoses Classified as Depressive Disorders, 2023



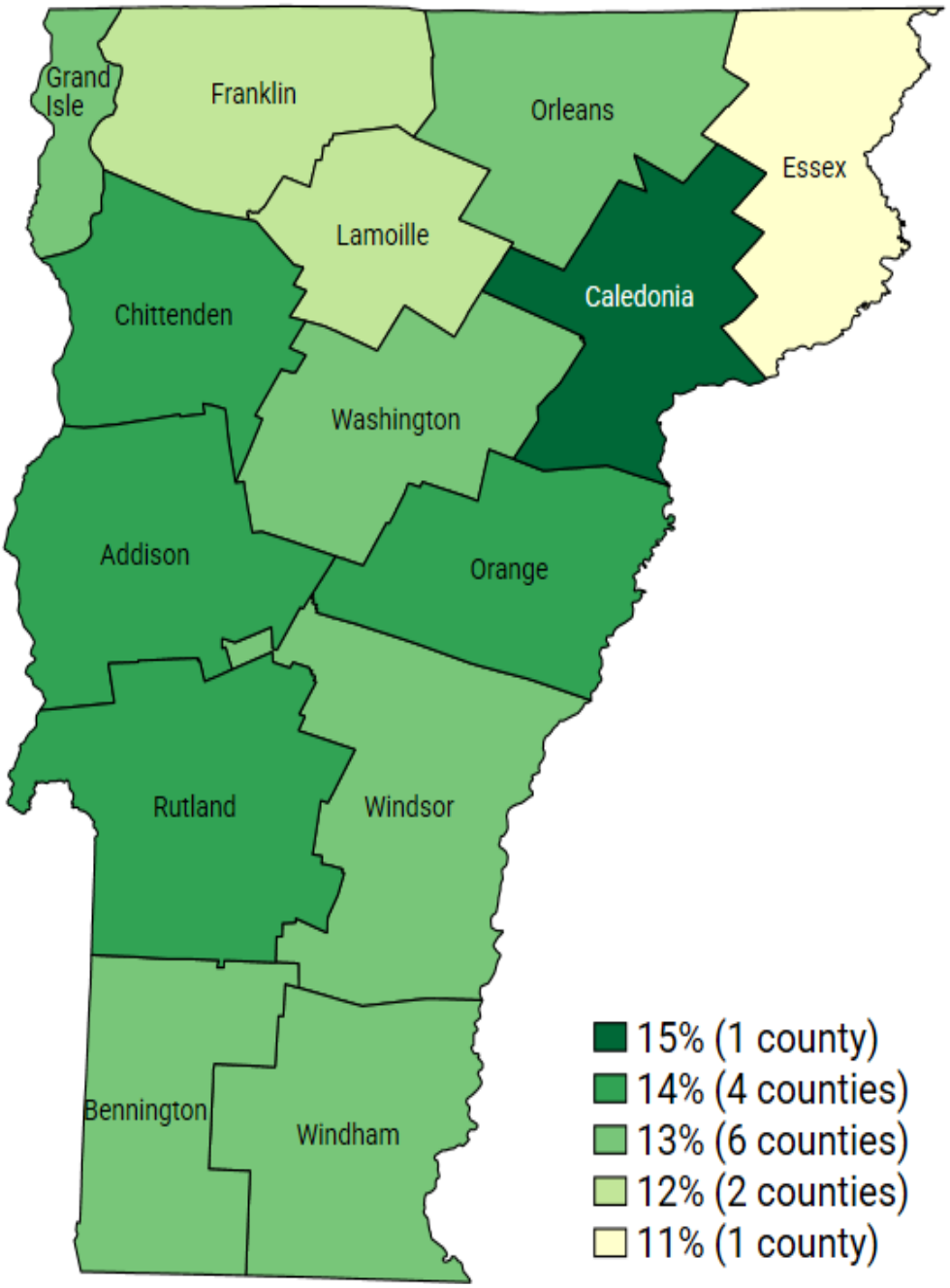
Key Findings

- 6% of Vermonters aged 0-21 had one or more depressive disorder diagnoses.
- Depressive disorder prevalence was slightly **higher** in Caledonia (7%), Orange (8%), Rutland (8%), and Windham (8%) counties compared to the state average.
- The prevalence was slightly **lower** in Franklin (5%) and Lamoille (5%) counties compared to the state average.

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Anxiety/Fear-Related Disorder Prevalence by County

Figure 3: Percent of Patients Aged 0-21 with One or More Diagnoses Classified as Anxiety/Fear-Related Disorders, 2023



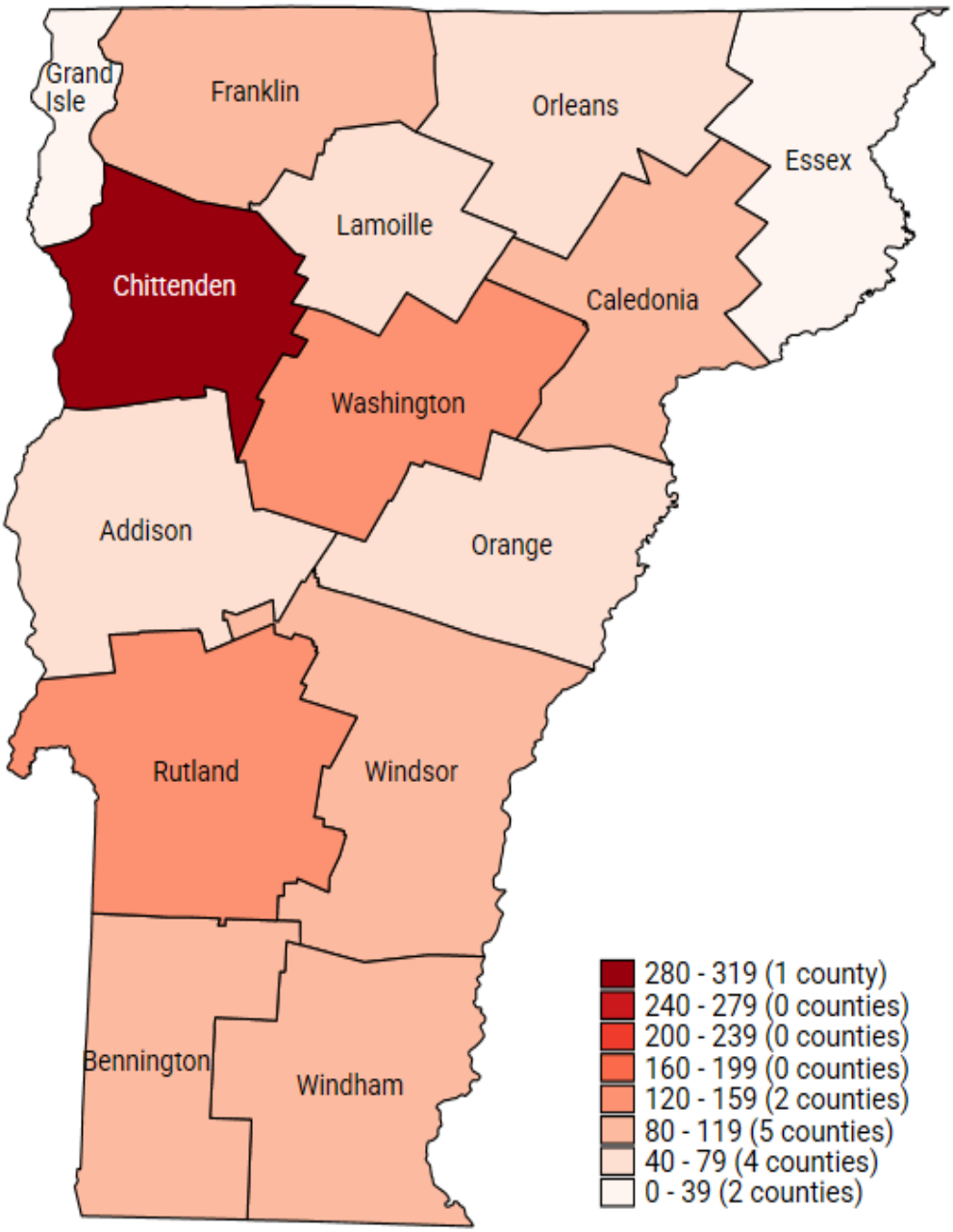
Key Findings

- 13% of Vermonters aged 0-21 had one or more anxiety/fear-related disorder diagnoses.
- Anxiety/fear-related disorder prevalence was slightly **higher** in Caledonia county (15%) compared to the state average.
- The prevalence was slightly **lower** in Essex (11%), Franklin (12%), and Lamoille (12%) counties compared to the state average.

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Suicidal Behavior Diagnoses by County

Figure 4: Percent of Patients Aged 0-21 with One or More Diagnoses Classified as Suicidal Behavior, 2023



Key Findings

- 1% of Vermonters aged 0-21 had one or more diagnoses of suicidal behavior.
- Chittenden county (n=290) had the highest number of Vermonters aged 0-21 with suicide/ self-harm diagnoses, but Caledonia county (n=107) had the highest prevalence at 2%.

Suicidal behaviors include suicidal ideation, attempts, and intentional self-harm diagnosis which may be initial diagnoses or subsequent diagnoses
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How is Vermont Addressing the Youth Mental Health Crisis?

- The Vermont State Health Improvement Plan includes investments to integrate mental health disorder prevention into primary care and to implement *Zero Suicide* in health care systems.
- The Vermont Department of Health in coordination with the Department of Mental Health has a 5-year Garrett Lee Smith Youth Suicide Prevention grant aimed at reducing suicide deaths among Vermont Youth aged 10-24 by expanding prevention efforts, reducing access to lethal means, improving social connectedness, and implement Umatter suicide prevention for schools.
- The Vermont Department of Health and Department of Mental Health are engaged in a new prevention effort called Facing Suicide VT to coordinate statewide prevention efforts, expand suicide prevention efforts including the Zero Suicide program, recovery and support groups, and to support suicide awareness and support training and suicide prevention programs.
- The Vermont Suicide Prevention Center, in collaboration with the Center for Health and Learning and with funding from the Department of Mental Health, created the Vermont Suicide Prevention Platform (3rd edition). This platform contains principles, goals, and resources on suicide prevention.
- Vermont's Area Health Education Centers work to train and retain healthcare workers and improve healthcare access in the state. Their recent Extension for Community Healthcare Outcomes (ECHO) session focused on pediatric mental health presentation and treatment in the primary care setting.
- The Department of Mental Health, Agency of Education, and the Center for Health and Learning developed a comprehensive model school protocol for suicide prevention and postvention. Vermont Model School Protocol for Suicide Prevention.pdf
- The Vermont Child Health Improvement Program is engaged in several efforts to improve child, adolescent, and young adult mental health.
    - Child Health Advances Measured in Practice Network works with practices to improve depression screening, treatment, and referrals among adolescents and young adults.
    - The Vermont Child Psychiatry Access Program connects primary healthcare providers with clinical social workers and psychiatrists for free consultations about mental health diagnosis and treatment plans.

These are a selection of Vermont's statewide initiatives.

Summary

Prevalence of depressive and anxiety/fear-related disorder diagnoses varied by county, with slightly lower prevalence in more northern rural counties. Further review of healthcare and public health resources available in counties with higher prevalence of depression and anxiety/fear-related disorders may be warranted. Prevalence of suicidal behavior diagnoses were low for all counties, as anticipated, with minor variation across counties.

Data Notes

- Age was based on insurance eligibility records, not age at any visit dates during the year. Children, adolescents, and young adults with multiple ages more than one year apart over the year were excluded.
- ZIP Code was based on the insurance eligibility records. Children, adolescents, and young adults were identified as Vermont patients if they have at least one Vermont ZIP Code in the year. Patients were assigned to counties based on their first Vermont ZIP Code in the year.
- Diagnoses used for inclusion were found on the H-CUP website. We reviewed inpatient and outpatient medical claims diagnoses in 2023. Patients with medical insurance eligibility but with no medical claims with diagnoses were coded as not having depressive disorder, anxiety/fear-related disorder, or suicide/self-harm diagnoses.

References

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Supplemental Table

Table. Percent and Number of Patients Aged 0-21 with One or More Diagnoses of Depressive Disorders, Anxiety/Fear-Related Disorders, and Suicidal Behaviors, 2023

County	Depressive (N)	Depressive (%)	Anxiety / Fear (N)	Anxiety / Fear (%)	Suicidal (N)	Suicidal (%)	Patients in County (N)
Addison	419	7%	860	14%	46	1%	6,280
Bennington	435	6%	974	13%	103	1%	7,400
Caledonia	494	7%	995	15%	107	2%	6,666
Chittenden	1,764	6%	3,890	14%	290	1%	28,780
Essex	88	6%	150	11%	18	1%	1,408
Franklin	460	5%	1,190	12%	88	1%	10,142
Grand Isle	74	6%	170	13%	19	1%	1,323
Lamoille	247	5%	652	12%	52	1%	5,459
Orange	426	8%	736	14%	74	1%	5,449
Orleans	361	6%	795	13%	70	1%	6,147
Rutland	894	8%	1,559	14%	148	1%	11,402
Washington	822	7%	1,582	13%	137	1%	12,406
Windham	647	8%	1,112	13%	115	1%	8,388
Windsor	642	7%	1,268	13%	107	1%	9,816
Total	7,773	7%	15,993	13%	1,374	1%	121,093

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Patients may have diagnoses in more than one category.
Suicidal behaviors include suicidal ideation, attempts, and intentional self-harm diagnosis which may be initial diagnoses or subsequent diagnoses
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