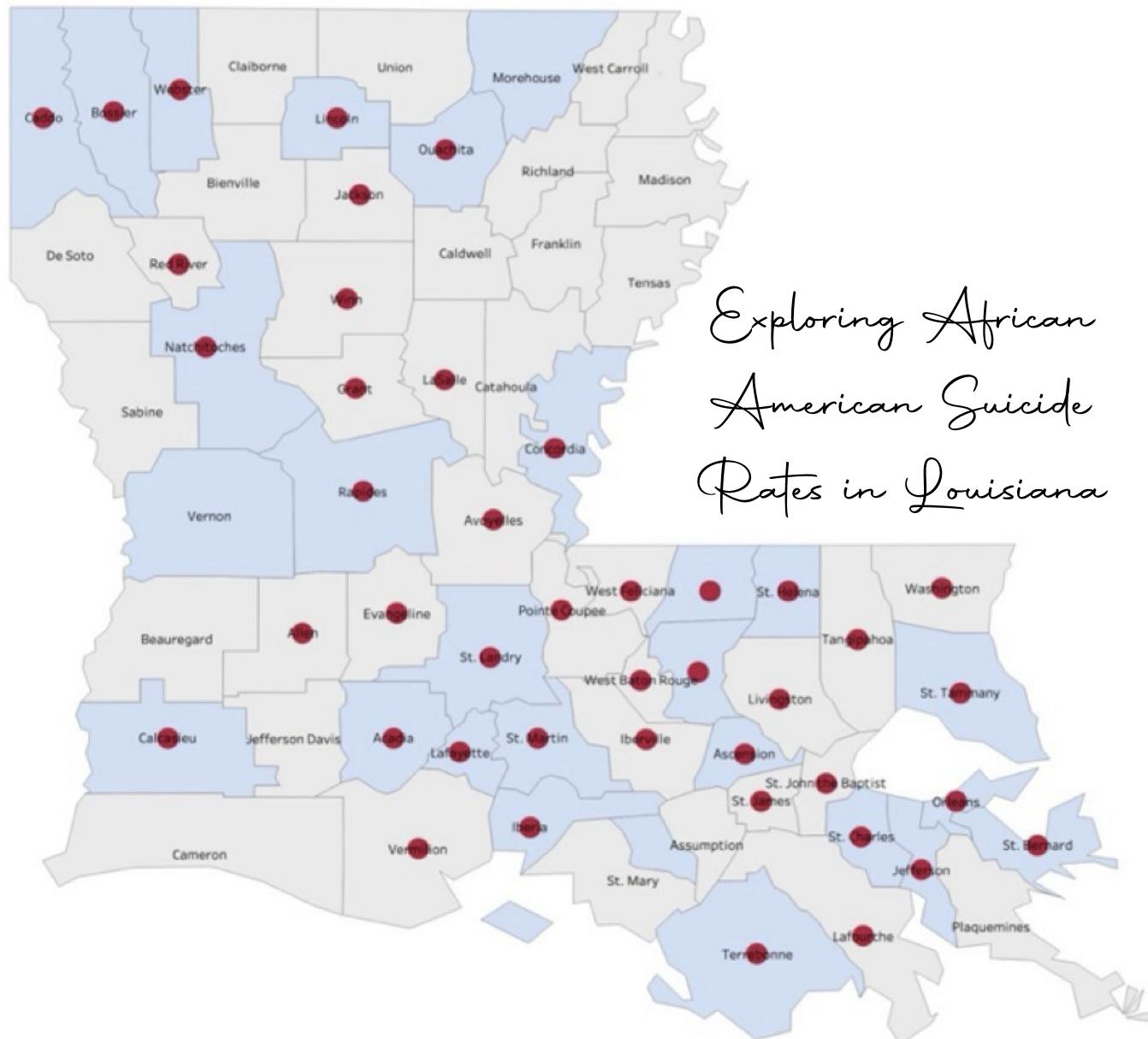




Nelson Mandela College of Government and Social Sciences
Limited Response to
House Concurrent Resolution Number 84





About Southern University and A&M College

Southern University and A&M College is a comprehensive Carnegie Mellon Research II designated four-year institution offering undergraduate, graduate, professional, and doctorate degree programs, fully accredited by the Southern Association of Colleges and Schools (SACS). The Baton Rouge land mass is the flag ship campus of the five campus system. It is the only historically black Land Grant university systems in the United States.

Mission

To provide a student-focused teaching and learning environment that creates global leadership opportunities for a diverse student population where teaching, research, service, scholarly and creative expectations for students and faculty are achieved through the bachelor's, master's, and doctoral programs offered at the institution via different instructional modalities and via public service

Vision

To provide access and opportunity to students and matriculate graduates who are equipped to excel in a 21st century, knowledge-based, global economy.

About the Nelson Mandela College of Government and Social Sciences

The Nelson Mandela College of Government and Social Sciences is the only College of Government in the State of Louisiana if not in the region. It is named after the late honorable President Emeritus Nelson Mandela, who led the anti-apartheid movement in South Africa. The mission of the college is to provide opportunities for a diverse student population to achieve a high-quality educational experience, to engage in scholarly research, creative activities and meaningful public service to the community, the state, the nation, and global environment.

The college offers the following degrees: Bachelor of Criminal Justice, Political Science, Psychology, Social Work, Sociology; Master of Criminal Justice, Public Administration, Arts in Social Science; Executive Master of Public Administration; and Doctor of Philosophy in Public Policy. The college's Dean is Dr. Damien D. Ejigiri he is guided by the principles of excellence, accountability, community engagement and ethical practices in its programming, keeping with the principles of Mr. Mandela whose philosophy is outlined in the following quote, *“Education is the most powerful weapon which you can use to change the world. The power of education extends beyond the development of skills we need for economic success. It can contribute to nation-building and reconciliation. We are steadily but surely introducing education that enables our children to exploit their similarities and common goals, while appreciating the strength in their diversity.”* Its master's degree program in public administration is accredited by the National Association of Schools of Public Affairs and Administration and its degree in social work by the Council on Social Work Education.

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HOUSE CONCURRENT RESOLUTION NO. 84
BY REPRESENTATIVE JORDAN

023 Regular Session

HOUSE CONCURRENT RESOLUTION NO. 84 BY

REPRESENTATIVE JORDAN

HEALTH: Creates the Task Force on African American Suicide Rates

1 A CONCURRENT RESOLUTION

2 To create a task force to study suicide rates among African Americans in Louisiana and
3 report its findings to the legislature no later than February 1, 2024.

4 WHEREAS, according to the Suicide Prevention Resource Center of the United

5 States Department of Health and Human Services, Substance Abuse and Mental Health

⁶ Services Administration, African American adults were at the highest risk for past-year

7 suicide attempts in 2019; and

8 WHEREAS the Suicide Prevention Resource Center of the United States has

9 reported a suicide rate peak during the adolescence and young adult life of African American

10 populations from the year 2010 to 2019; and

WHEREAS, among those suicide deaths in the African American population, the

12 suicide death rate for men has reached more than four times the rate of women; and

13 WHEREAS, the state of Louisiana has reported six and four-tenths African American

14 deaths from suicide to every ten thousand person population in comparison to the seven and

15 three-tenths rate reported for the United States; and

16 WHEREAS, WAFB, a Baton Rouge news station, reported in a 2021 broadcast that

17 African American boys between the ages of five and twelve were more likely to die by

18 suicide than any other age group; and

19 WHEREAS, WAFB also reported that suicides among African American children

20 under eighteen years of age have increased by seventy-one percent over the past decade; and

1 WHEREAS, Louisiana's Suicide Prevention Plan states that although suicide death
2 rates are significantly lower for African Americans in Louisiana in comparison to other
3 states, this group has a high rate of suicide attempts and serious thoughts of suicide; and

4 WHEREAS, African Americans in Louisiana are considered a high-risk population
5 for many negative health outcomes due to high-risk factors such as homelessness, exposure
6 to violence, psychological distress, family dysfunction, and exposure to racial inequality.

7 THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby
8 create and provide for the Task Force on African American Suicide Rates to study death by
9 suicide statistics for African Americans in this state and to propose any recommendations
10 regarding suicide prevention.

11 BE IT FURTHER RESOLVED that the task force shall consist of the following
12 members:

13 (1) The chairman of the House Committee on Judiciary, who shall serve as the
14 chairman of the task force, or his designee.

15 (2) The chairman of the Senate Committee on Judiciary B or his designee.

16 (3) The chairman of the House Committee on Health and Welfare or his designee.

17 (4) The chairman of the Senate Committee on Health and Welfare or his designee.

18 (5) The secretary of the Louisiana Department of Health or his designee.

19 (6) The president of the Louisiana Psychiatric Medical Association or his designee.

20 (7) The president of the Louisiana Academy of Medical Psychologists or his
21 designee.

22 (8) The chairman of the Louisiana State Board of Social Work Examiners or his
23 designee.

24 (9) The president of the New Orleans Association of Black Social Workers or his
25 designee.

26 (10) The president of the Louisiana Chapter of the National Association of Social
27 Workers or his designee.

28 (11) The executive director of Baton Rouge Crisis Intervention Center or his
29 designee.

1 (12) The president of the Louisiana Chapter of the National Association for the
2 Advancement of Colored People or his designee.

3 (13) The president of the YWCA Greater Baton Rouge area or his designee.

4 (14) The president of 100 Black Men of Baton Rouge or his designee.

5 (15) The president of the Urban League of Louisiana or his designee.

6 BE IT FURTHER RESOLVED that each designating authority shall submit the name
7 of its designee to the task force to the Louisiana Department of Health no later than July 15,
8 2023.

9 BE IT FURTHER RESOLVED that the Louisiana Department of Health shall
10 provide staff support as needed by the task force.

11 BE IT FURTHER RESOLVED that no later than August 1, 2023, the chairman of
12 The task force shall convene the first meeting of the task force. At the first meeting, the
13 members may elect a vice chairman and other officers as the task force deems appropriate.

14 BE IT FURTHER RESOLVED that a majority of the task force shall constitute a
15 quorum for the transaction of business. All official actions of the task force shall require the
16 affirmative vote of a majority of the members.

17 BE IT FURTHER RESOLVED that the members of the task force shall serve
18 without compensation, except per diem or expense reimbursement to which they may be
19 individually entitled as members of their constituent organizations.

20 BE IT FURTHER RESOLVED that the Task Force on African American Suicide
21 Rates shall submit its findings in the form of a written report to the legislature and the David
22 R. Poynter Legislative Research Library no later than February 1, 2024.

23 BE IT FURTHER RESOLVED that the task force shall terminate on the date of the

24 submission of its findings from the study called for in this Resolution in the form of a report
25 to the legislature or February 1, 2024, whichever occurs first.

26 BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the
27 secretary of the Louisiana Department of Health, the president of the Louisiana Psychiatric
28 Medical Association, the president of the Louisiana Academy of Medical Psychologists, the
29 chairman of the Louisiana State Board of Social Work Examiners, the president of the New
30 Orleans Association of Black Social Workers, the president of the Louisiana Chapter of the

- 1 National Association of Social Workers, the executive director of Baton Rouge Crisis
- 2 Intervention Center, the president of the Louisiana Chapter of the National Association for
- 3 the Advancement of Colored People, the president of the YWCA Greater Baton Rouge area,
- 4 the president of 100 Black Men of Baton Rouge, and the president of the Urban League of
- 5 of Louisiana.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keywords, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HCR 84 Engrossed

2023 Regular Session

Jordan

Creates a task force to study the African American suicide rates and potential means to promote suicide awareness and prevention and to report its findings to the legislature no later than Feb. 1, 2024.

THE RATIONALE FOR
AND
CHARGE OF
HOUSE CONCURRENT RESOLUTION NO. 84

The Rationale for HCR No. 84

1. According to the Suicide Prevention Resource Center of the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, African American adults were at the highest risk for past-year suicide attempts in 2019, and
2. The Suicide Prevention Resource Center of the United States has reported a suicide rate peak during the adolescence and young adult life of African American populations from the year 2010 to 2019; and
3. Among those suicide deaths in the African American population, the suicide death rate for men has reached more than four times the rate for women; and
4. The state of Louisiana has reported six and four-tenths African American deaths from suicide to every ten-thousand-person population in comparison to the seven and three-tenths rate reported for the United States; and
5. WAFB, a Baton Rouge news station, reported in a 2021 broadcast that African American boys between the ages of five and twelve were more likely to die by suicide than any other age group; and
6. WAFB also reported that suicides among African American children under eighteen years of age have increased by seventy-one percent over the past decade; and
7. Louisiana's Suicide Prevention Plan states that although suicide death rates are significantly lower for African Americans in Louisiana in comparison to

other states, this group has a high rate of suicide attempts and serious thoughts of suicide; and

8. African Americans in Louisiana are considered a high-risk population for many negative health outcomes due to high-risk factors such as homelessness, exposure to violence, psychological distress, family dysfunction, and exposure to racial inequality.

The Charge of HCR No. 84

- The Legislature of Louisiana does hereby create and provide for the Task Force on African American Suicide Rates to study death-by-suicide statistics for African Americans in this state and to propose any recommendations regarding suicide prevention.
- Report its findings to the legislature no later than February 1, 2024
- The Task Force on African American Suicide Rates shall submit its findings in the form of a written report to the legislature and the David R. Poynter Legislative Research Library no later than February 1, 2024.

A SNAPSHOT OF SUICIDES IN THE UNITED STATES AND LOUISIANA

Overview of the Problem

This section provides a broad overview of suicides in the U.S. Additionally, it focuses on the South and specifically on the state of Louisiana.

Background

Suicide is a pressing public health concern in the U.S., with its prevalence and causes varying across regions and demographics.

National Overview

In 2022, suicide was the 10th leading cause of death in the U.S., with an average of 130 suicides per day.

Factors contributing to suicides nationwide include mental health disorders, substance use disorders, access to lethal means, isolation, lack of mental health services, stigma associated with seeking help, history of trauma or abuse, chronic illnesses, and previous suicide attempts.

African Americans in the U.S. Suicide Data, 2021-2022

According to the CDC, the number of deaths by suicide increased 2.6% from 2021 to 2022. Nationally, the number of Black or African American deaths increased from 3,692 in 2021 to 3,825 in 2022. This was a 3.54% increase.

Leading Causes of Death Report in the United States

- Unintentional Injury suicides, age 10-14, ranked 1st, 598
- Unintentional injury suicides, age 15-24, ranked 2nd, 6,528.
- Unintentional injury suicides, age 25-34, ranked 1st, 8,862.
- Unintentional injury suicides, age 35-44, ranked 4th, 7,862.
- Covid-19 suicides, age 45-54, ranked 7th, 7,401.
- Malignant Neoplasms suicides, age 55-64, ranked 9th, 7,267.

The South and Louisiana in Context

The South, historically, had lower suicide rates than the Western U.S., but in recent years, these numbers have been on the rise. Louisiana's suicide rate has been consistently higher than the national average. In 2019, Louisiana had a rate of 15.7 suicides per 100,000 individuals, compared to the national average of 14.5. Factors specific to Louisiana and some parts of the South that might contribute to higher suicide rates include higher rates of poverty, lack of access to healthcare, lack of access to mental health services, and cultural stigmas associated with seeking help for mental health issues.

Demographics and Disparities

Across the U.S., middle-aged white men have the highest suicide rates. However, as previously discussed, there's been a concerning rise in suicide rates among young Black males.

In Louisiana, disparities exist based on race, gender, age, and urban vs. rural settings. Rural areas, which are common in the South, often experience higher suicide rates, potentially due to limited access to mental health services, social isolation, and economic challenges.

Methods and Means

Firearms are a significant method of suicide in the U.S. In Louisiana, firearms account for the majority of suicide deaths, highlighting the importance of discussions around safe storage and access to lethal means.

Prevention and Support

Efforts to prevent suicide in Louisiana include crisis helplines, community-based programs, and state-led initiatives aimed at mental health awareness and education. However, a need persists for more comprehensive interventions, increased accessibility to mental health services, and more substantial community and state support. Understanding the background and specifics of suicide in regions like Louisiana is crucial for tailored intervention efforts, providing support to at-risk individuals, and fostering communities where mental health is openly discussed and prioritized.

THE REPORT

Abstract

This research report addresses the critical issue of suicide, which continues to be a pressing concern in Louisiana, particularly among college-aged African American youths aged 17-25. Despite focused efforts and awareness campaigns, suicide rates in the state persist at alarming levels, warranting urgent attention. This comprehensive study delves into the factors contributing to suicide among this demographic and offers policy recommendations to understand and prevent these tragic occurrences.

The report sheds light on the stark realities of suicide in Louisiana and the United States, highlighting demographic disparities and the impact of social, environmental, and mental health factors. The research emphasizes the unique challenges faced by African American college students and the need for tailored interventions and support systems.

Key findings reveal a troubling increase in suicidal thoughts and behaviors among African American youths, emphasizing the urgency of addressing this issue. Furthermore, the report uncovers disparities in suicide rates by gender, age, and race, emphasizing the need for targeted strategies.

The study underscores the limitations of current data collection and analysis processes, advocating for improved data-sharing protocols and enhanced data collection at counseling centers. It proposes the establishment of

a centralized suicide data hub and the implementation of mandatory reporting of suicide data across various agencies and institutions.

This report serves as a critical tool for suicide prevention efforts in Louisiana. By providing a deep understanding of the challenges faced by African American college students and offering evidence-based policy recommendations, it aims to save lives and create a supportive environment for this vulnerable population during their formative college years. The research underscores the importance of collaboration among stakeholders and data-driven approaches to address this pressing public health issue effectively.

Introduction

Suicide is one of the leading public causes of mortality across the United States. Laser-focused attention and efforts addressing suicide prevention have been and continue to be a priority of state legislators, community leaders, and the academy. Despite this focus, suicide continues to plague Louisiana communities at record and unfortunately growing numbers. Given the broad scope of the study and the time frame allotted to address the problem, the Southern University Research Team carved out a niche to begin the work. Based on this premise, this research report aims to illuminate the suicide rate in college-age individuals aged 17-25 in the state of Louisiana as well as explore suicide causes and offer policy recommendations to understand and prevent suicide.

The alarming rates of suicide among college-aged African Americans have increasingly become a subject of grave concern, necessitating a thorough and

urgent examination of recent years. Statistics have shown a distressing trend in the rates of suicide among African American youth, a trend that not only calls for immediate attention but also a deeper understanding of its underlying causes and potential interventions.

A significant aspect of this study is the analysis of the disparity in suicide rates between men and women within this age group. Historically, suicide rates have varied significantly based on gender, and this pattern persists in the African American college-aged population. Understanding these differences is crucial in developing targeted strategies for prevention and support.

The importance of this research cannot be overstated. It aims to uncover the reasons behind these tragic deaths, which range from mental health issues, and socio-economic factors, to cultural stigmas associated with seeking help. By shedding light on these factors, this study not only contributes to the academic understanding of this issue but, more importantly, serves as a critical tool in the development of effective prevention and intervention measures and programs.

Our goal is to provide a comprehensive overview that not only presents the hard facts and figures but also humanizes them, offering insight into the lives impacted by this crisis. This report is a step toward addressing a critical public health issue, with the ultimate aim of saving lives and fostering a supportive environment for African American youths during their formative college years.

The Problem

Empirical evidence supports the fact that suicide rates are continuing to rise in disenfranchised and marginalized communities within the United States. Several factors have been attributed to be a driver of this alarming increase. Social media's unlimited access has undeniably had a significant impact on how one views the lives of others, specifically online. The pressure of living a life to "fit in" or a life that is perceived to be "less than" the lives displayed in real-time or on social media continues to cause suicide attempts or at most times the unfortunate act (Hoskin, 2022).

African American communities are highly exposed to violence and continue to experience unjust discriminatory treatment which leads to depression and trauma (Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention, August 23, 2023 <https://publichealth.jhu.edu/2023/still-ringing-the-alarm-an-enduring-call-to-action-for-black-youth-suicide-prevention>). Notably, African Americans believe that structural racism impedes public policies, education, and the judicial system that governs federal, state and local government. As a result, occurrences like George Floyd, Trayvon Martin, Eric Gardner, Michael Brown, and Breonna Taylor continue to impact people's mental health making suicidal problems worse.

Suicide rose to a central element in the United States during the 20th century. The issue was raised to mobilize attention and seek policy to address suicide prevention throughout the nation. Grassroots campaigns and works

encouraged developing strategies to address this national ill. These actions resulted in Congressional Resolutions illuminating suicide as an objective problem and as a national priority. These working groups established partnerships both private and public to promote suicide prevention in the United States (United Nations. Department for Policy Coordination and Sustainable Development, et al., 1996).

Informed by the findings that African Americans were at a higher risk for suicide, the Louisiana House of Representatives created a task force to study suicide rates among African Americans in Louisiana to report findings to the legislature during the Winter of 2024 to continue future planning and set priorities. The Louisiana House of Representatives requested policy analysts and researchers from Southern University and A&M College, Baton Rouge, LA to study Louisiana's suicide rates and to offer policy recommendations that would inform Louisianans on how to reduce the suicide rate across the state.

Review of the Related Literature

The related literature review served two purposes:

- (1) It identified and summarized studies related to suicides.
- (2) It also reviewed data & sources of suicide.

The research on suicidal thoughts and behaviors in youth is extensive and continues to evolve, addressing various aspects including prevalence, risk factors, intervention strategies, and the impact of societal changes.

The following points summarize some of the salient themes –increasing prevalence, mental health disorders, risk factors, preventive interventions, cultural and demographic differences, access to firearms, the impact of social media and technology, early identification and support, and effects of the COVID-19 pandemic. In the trailing paragraphs, the relationship of each of these factors to suicide is provided.

Increasing Prevalence

There has been a notable increase in reported cases of suicidal thoughts and behaviors among youth in recent years. This trend is particularly alarming and has been linked to a variety of factors, including mental health disorders, bullying, and exposure to social media.

Mental Health Disorders

Conditions such as depression, anxiety, and bipolar disorder are strongly associated with suicidal thoughts and behaviors in young people. Research continues to explore the relationship between these mental health conditions and suicide, with a focus on early detection and intervention.

Impact of Social Media and Technology

The role of social media and technology in the lives of young people is a significant area of research. Studies are examining how cyberbullying, online harassment, and the pressures of social media can contribute to suicidal behaviors in youth.

Risk Factors

Research has identified various risk factors for youth suicide, including a family history of mental illness or suicide, substance abuse, a history of trauma or abuse, and feelings of isolation or lack of support.

Suicidal thoughts are a significant predictor of suicide attempts and have a strong correlation with completed suicides (Minci et al., 2016; Large et al., 2020). It is noteworthy that suicidal thoughts are prevalent among African American youth (CDC, 2019b), making it crucial to focus on thoughts as a critical area for intervention and prevention. Research has demonstrated that hopelessness and depressive symptoms are significant predictors of suicidal thoughts, with previous studies suggesting a strong association between hopelessness and suicidal behavior in Black and African American individuals (Durant et al., 2006; Lamis & Lester, 2012).

Exploring the risk of suicide in European American and African American college women reveals that while certain risk factors may differ between these groups, there are also similarities in suicide risk factors that have been reported (Abe et al., 2008; Garlow et al., 2007; Walker & Bishop, 2005; Walker et al., 2008). However, there is a lack of specificity and research in this area, which highlights the need for further investigation into ethnic differences in suicidal behaviors among college students. Additionally, traditional measures for identifying at-risk African American adolescents may need to be supplemented with assessments of psychosocial risk factors, such as poverty, violence exposure, discrimination,

and marginalization, as these factors are pivotal in identifying individuals at risk for suicide (Hillbrand, 2001).

The incorporation of risk profiles, which encompass a variety of elements, including a history of suicidal thoughts or actions, co-occurring disorders, and social and environmental stressors, may aid in the development of tailored interventions for individuals who are at risk (Pisani, Murrie, & Silverman). Moreover, there should be a greater focus on engaging families and communities in efforts to promote mental wellness and prevent suicide, as this is necessary to address the multifaceted nature of suicide risk.

The literature highlights the significance of identifying a history of suicide attempts and psychiatric comorbidities as critical risk factors for completed suicide (Hawton et al., 2013; Crump et al., 2014; Dumais et al., 2005). Recognizing these risk factors is essential to inform targeted interventions and prevention strategies aimed at reducing suicide risk in African American adolescents. There is an urgency to address suicidal behaviors in this population, and the need for ongoing research is critical.

Preventive Interventions

There is an increasing focus on developing and evaluating preventive interventions. These include school-based programs, community outreach initiatives, and mental health education aimed at identifying at-risk youth and providing timely intervention.

Cultural and Demographic Differences

Studies are increasingly recognizing the importance of cultural, socioeconomic, and demographic factors in understanding suicidal behaviors among youth. This includes examining disparities among different racial and ethnic groups, gender differences, and the impact of socio-economic status.

Access to Firearms

In regions where firearms are more accessible, such as in certain parts of the United States, there is a particular focus on the correlation between firearm availability and youth suicide rates.

Previous research has indicated that while firearm access restrictions are associated with a decrease in firearm-related suicides, there may be a trade-off in increased suicides by other means, leading to no overall reduction in suicide rates (Cheung & Dews, 2005; Rich et al., 1990; Sloan et al., 1990). However, recent studies have provided evidence supporting the effectiveness of restricting firearm access in reducing both firearm-related suicides and overall suicide rates (Ozanne-Smith et al., 2004; Webster et al., 2004). Lubin et al. found a 40% decline in the number of suicides annually after implementing a policy to limit access to firearms during weekends, further supporting the impact of restricted firearm access on suicide rates (Lubin et al., cited in publication).

Research indicates that possessing firearms is associated with an increased likelihood of death by suicide, particularly when proper storage practices are not followed (Anestis & Capron, 2017; Brent, 2001; Khazem et al., 2016). Furthermore,

studies have shown that individuals who have attempted suicide in the past are less likely to reside in households with firearms, which suggests that firearm access may not be indicative of an unmeasured variable that heightens suicide risk (Ilgen et al., 2008; Miller et al., 2009).

While the relationship between firearm access and overall suicide rates remains inconclusive, healthcare providers need to counsel at-risk patients on limiting their access to firearms. Patients with suicidal thoughts or a history of suicide threats are at a higher risk of death if they have access to firearms (unnamed referenced sources). Adolescents who die by firearm suicide are disproportionately likely to live in homes with firearms, which increases the risk of suicide by more than threefold.

Effects of the COVID-19 Pandemic

Recent research has started to assess the impact of the COVID-19 pandemic on the mental health of young people, including increases in isolation, disruption to routine, and stress, all of which may contribute to suicidal thoughts and behaviors.

International and U.S. experts have expressed concerns about the potential impact of the COVID-19 pandemic on suicide risk, citing its effects on well-established risk factors for suicide (Druss, 2020). The social and economic consequences of the pandemic, such as isolation, grief, and financial difficulties, have the potential to exacerbate or give rise to suicidal thoughts and behaviors. In addition, the closure of in-person behavioral health services and social

distancing measures may limit access to intervention, potentially increasing the risk of suicide attempts and completed suicides (Druss, 2020).

Moreover, research suggests that the COVID-19 virus may have neurological effects, raising concerns about its potential long-term impact as a risk factor for mental illness and suicide (Holmes et al., 2020; Rogers et al., 2020; Wu et al., 2020). Previous experiences with SARS, MERS, and H1N1 infections have indicated a high incidence of psychosis, a significant risk factor for suicide, among affected individuals (Rogers et al., 2020). Therefore, the potential for COVID-19 to affect mental health and contribute to suicidal behavior warrants careful consideration.

It is crucial to investigate the potential influence of the COVID-19 pandemic on any instances of suicide or suicide attempts that may have occurred during or after its occurrence. While some cases may have a direct link to the pandemic, it is essential to examine out-of-character suicidal events and assess their possible connection to the pandemic. Research has revealed that the COVID-19 pandemic has had a profound impact on mental health, causing increased distress, anxiety, fear of contagion, depression, and insomnia in both the general population and healthcare professionals. These psychiatric conditions, which are associated with mood disorders and substance abuse, can also increase the risk of suicidal behavior (Druss, 2020).

Given this, it is imperative to take the necessary measures to mitigate the potential consequences of the pandemic on suicidal thoughts and behaviors.

These measures include ensuring access to mental health services, addressing societal stressors, and promoting mental wellness during and after the pandemic. The multifaceted impact of the COVID-19 pandemic on mental health and suicide risk underscores the importance of these measures to prevent and reduce suicidal behavior.

Early Identification and Support

There is a growing emphasis on the importance of early identification of at-risk individuals and the provision of support services. This includes the training of educators, parents, and peers in recognizing warning signs and ensuring that appropriate mental health resources are accessible.

Use of Technology in Intervention

Innovative approaches such as telepsychiatry, mobile apps for mental health, and online counseling services are being explored as tools to reach and support young people at risk of suicide.

The field of research on youth suicide is dynamic and continually responding to emerging trends and challenges. The goal of this project is not only to understand the scope and nature of the problem but also to develop effective strategies to prevent suicide among young people and to provide support for those at risk.

Key points from the literature:

- Suicide is a leading cause of death among youth around the world.
- Suicidal thoughts and behaviors are prevalent, and high-risk groups are characterized by several demographic factors including sex, age, race/ethnicity, as well as sexual orientation and gender identity.
- There are notable environmental risk factors (e.g. history of maltreatment, bullying, peer/media influence), psychological risk factors (e.g. affective, cognitive, social processes), and biological correlates (e.g. neurobiological, molecular, genetic factors) that are associated with suicidal thoughts and behaviors among youth.
- Future research is encouraged to: (1) improve conceptualization and definitions of suicidal thoughts and behaviors; (2) focus on individual, malleable mechanisms; (3) integrate mechanisms across multiple units of analyses into short-term prediction models; (4) practice sensitivity to developmental norms; (5) make greater efforts to account for diverse populations.

Improving what, how, and who we study will improve etiological understanding, and inform treatment and prevention of youth suicide in the future.

Limited Findings

The policy research team from Southern University aggregated and analyzed secondary data to introduce standards to research as well as develop

(through informed decisions) comprehensive implications that aim to achieve suicide prevention.

The Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports (2020) concluded several important factors:

- (1) suicide was the twelfth leading cause of death overall in the United States, claiming the lives of over 45,900 people;
- (2) suicide was the second leading cause of death among individuals between the ages of 10-14 and 25-34, the third leading cause of death among individuals between the ages of 15-24, and the fourth leading cause of death among individuals between the ages of 35-44 as shown below in Table 1; and
- (3) there were nearly two times as many suicides (45,979) in the United States as there were homicides (24,576).

Table 1*Leading Cause of Death by Age Group*

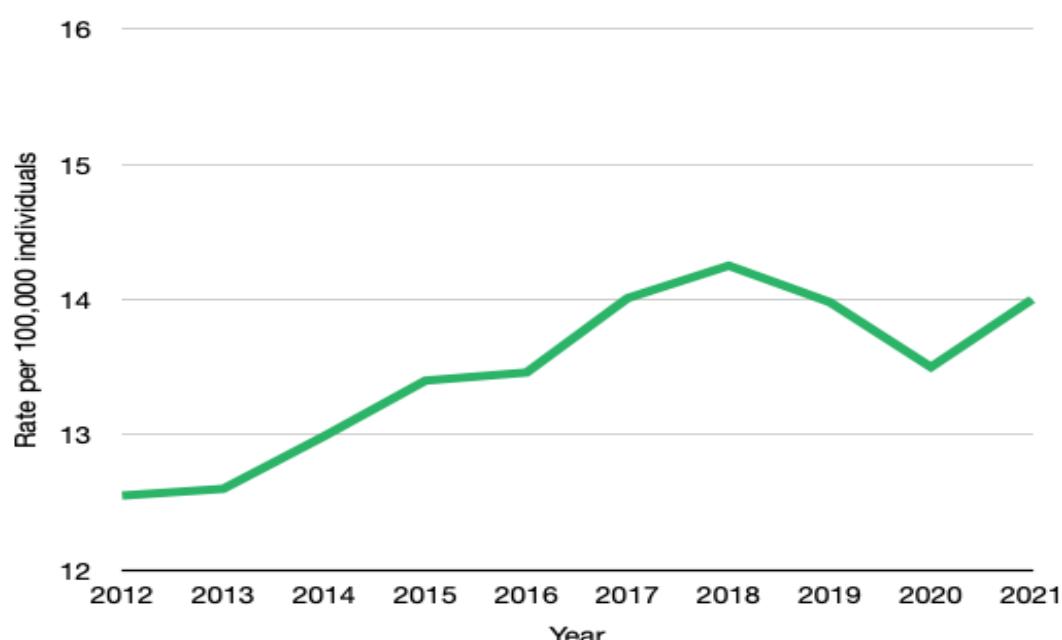
Rank	5-9	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 685	Unintentional Injury 881	Unintentional Injury 15,117	Unintentional Injury 31,315	Unintentional Injury 31,057	Malignant Neoplasms 34,589	Malignant Neoplasms 110,243	Heart Disease 696,962
2	Malignant Neoplasms 382	Suicide 581	Homicide 6,466	Suicide 8,454	Heart Disease 12,177	Heart Disease 34,169	Heart Disease 88,551	Malignant Neoplasms 602,350
3	Congenital Anomalies 171	Malignant Neoplasms 410	Suicide 6,062	Homicide 7,125	Malignant Neoplasms 10,730	Unintentional Injury 27,819	COVID-19 42,090	COVID-19 350,831
4	Homicide 169	Homicide 285	Malignant Neoplasms 1,306	Heart Disease 3,984	Suicide 7,314	COVID-19 16,964	Unintentional Injury 28,915	Unintentional Injury 200,955
5	Heart Disease 56	Congenital Anomalies 150	Heart Disease 870	Malignant Neoplasms 3,573	COVID-19 6,079	Liver Disease 9,503	CLRD 18,816	Cerebro-vascular 160,264
6	Influenza & Pneumonia 55	Heart Disease 111	COVID-19 501	COVID-19 2,254	Liver Disease 4,938	Diabetes Mellitus 7,546	Diabetes Mellitus 18,002	CLRD 152,657
7	CLRD 54	CLRD 93	Congenital Anomalies 384	Liver Disease 1,631	Homicide 4,482	Suicide 7,249	Liver Disease 16,151	Alzheimer's Disease 134,242
8	Cerebro-vascular 32	Diabetes Mellitus 50	Diabetes Mellitus 312	Diabetes Mellitus 1,168	Diabetes Mellitus 2,904	Cerebro-vascular 5,686	Cerebro-vascular 14,153	Diabetes Mellitus 102,188
9	Benign Neoplasms 28	Influenza & Pneumonia 50	CLRD 220	Cerebro-vascular 600	Cerebro-vascular 2,008	CLRD 3,538	Suicide 7,160	Influenza & Pneumonia 53,544
10	Suicide 20*	Cerebro-vascular 44	Complicated Pregnancy 191	Complicated Pregnancy 594	Influenza & Pneumonia 1,148	Homicide 2,542	Influenza & Pneumonia 6,295	Nephritis 52,547
11	Septicemia 18*	COVID-19 32	Cerebrovascular 188	Influenza & Pneumonia 578	Septicemia 979	Influenza & Pneumonia 2,511	Septicemia 6,242	Liver Disease 51,642
12	COVID-19 17*	Benign Neoplasms 27	Influenza & Pneumonia 185	HIV 468	Nephritis 859	Septicemia 2,510	Nephritis 6,213	Suicide 45,979

Note: Data reproduced from the Centers for Disease Control and Prevention

The increased rates of deaths by suicide in the United States present a pressing and pervasive societal challenge. Over the period from 2012 to 2018, the national suicide rate displayed a persistent upward trend, culminating in its highest point in 2018. However, in the subsequent two years, the rate witnessed a decline, only to experience another increase in 2021, as illustrated in Figure 1.

Figure 1

Suicide Rates in the United States (2012-2021)



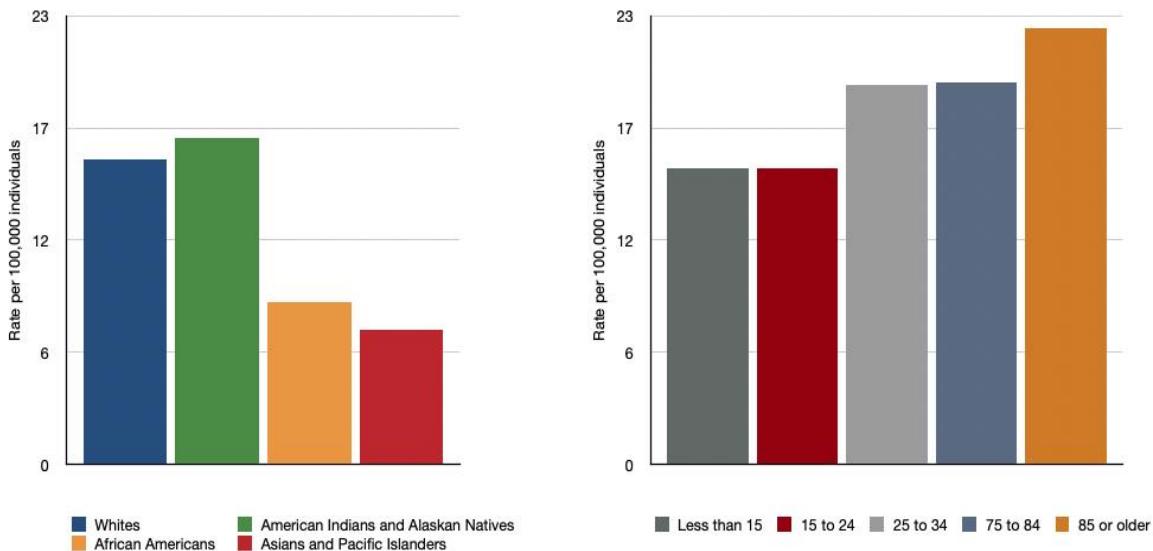
Note: Data reproduced from the Centers for Disease Control and Prevention

Furthermore, it is a serious issue that affects people from all demographics, as seen in Figure 2. According to the CDC (2023), the highest rates of suicide were observed among adults aged 85 years or older (22.39 per 100,000 individuals), followed by those aged 75 to 84 years (19.56 per 100,000) and 25 to 34 years (19.48 per 100,000) in 2021. In contrast, younger age groups generally had lower suicide

rates during this same time frame. According to the data, the suicide rate among adolescents and young adults aged 15 to 24 was 15.15 per 100,000 individuals. The age-adjusted suicide rate in 2021 was highest among White individuals (15.65 per 100,000 individuals), followed by American Indians and Alaskan Natives (16.74 per 100,000 individuals). Much lower rates were observed among Black or African Americans (8.34 per 100,000) and Asians and Pacific Islanders (6.86 per 100,000 individuals).

Figure 2

Suicide Rates by Demographics: 2021



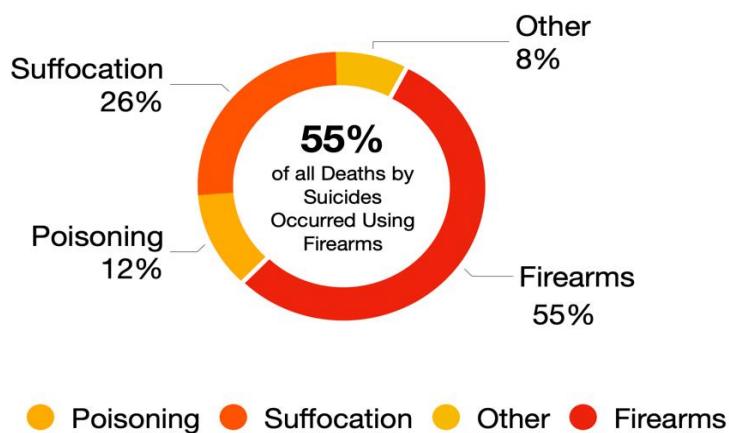
Note: Data reproduced from the Centers for Disease Control and Prevention

Additional data from **2021** indicate firearms surpassed all other methods as the most commonly used mechanism for suicide, accounting for 54.64% of all such deaths. Suffocation, which includes hangings, was the second most used

mechanism, accounting for 25.80% of suicide fatalities, while poisoning, which includes drug overdose, comprised 11.56% of the total.

Figure 3

Suicides by Mechanism in the United States: 2021



Note: Data reproduced from the Centers for Disease Control and Prevention

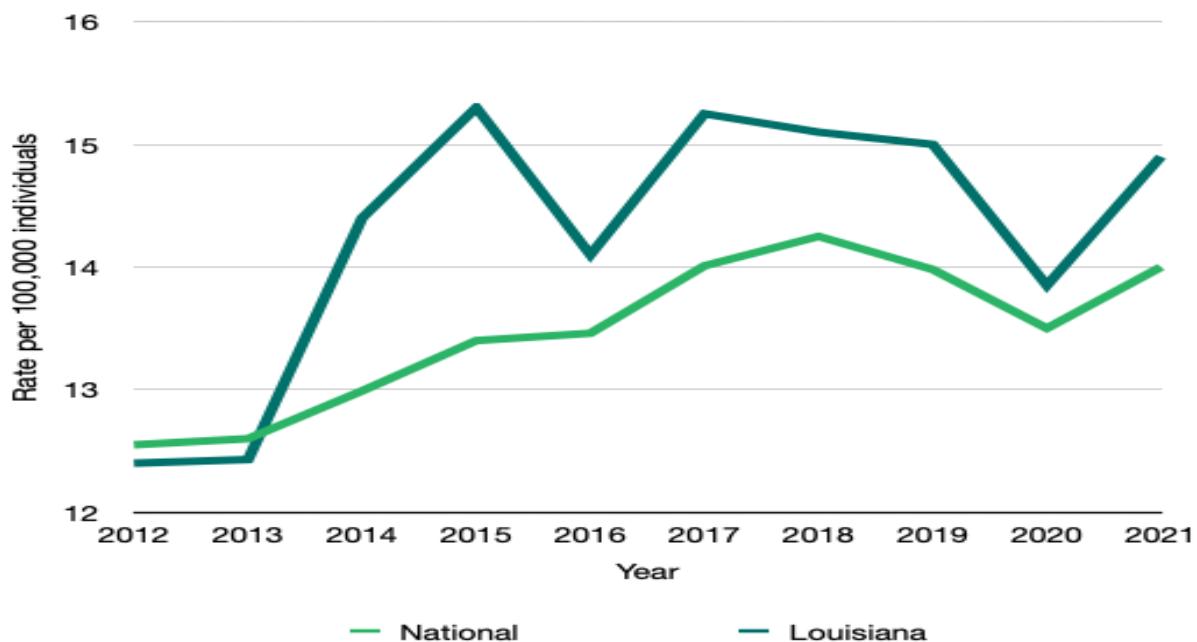
In contrast to national trends, Louisiana experienced fluctuating suicide rates during the same period. After a decline in 2013, the state witnessed a significant upsurge in individuals dying from suicide between 2013 and 2015. Following this spike, the suicide rate in Louisiana decreased in 2016 but resurged in 2017 to levels almost equal to those seen in 2015. Subsequently, the state observed a slight decline from 2017 to 2019. Notably, Louisiana experienced a marked decline in 2020, only to see these gains erased by an increase in 2021.

Louisiana's suicide rate has been a matter of concern due to its persistent surpassing of the national rate. In 2013, the state's suicide rate exceeded the national average, and by 2015, it had reached a level several times higher than the national rate **as seen in Figure 4**. Moreover, the state's rates have consistently

remained above the national average, suggesting a persistent and alarming trend when compared to the broader national context.

Figure 4

Suicide Rates between the United States and Louisiana (2012-2021)



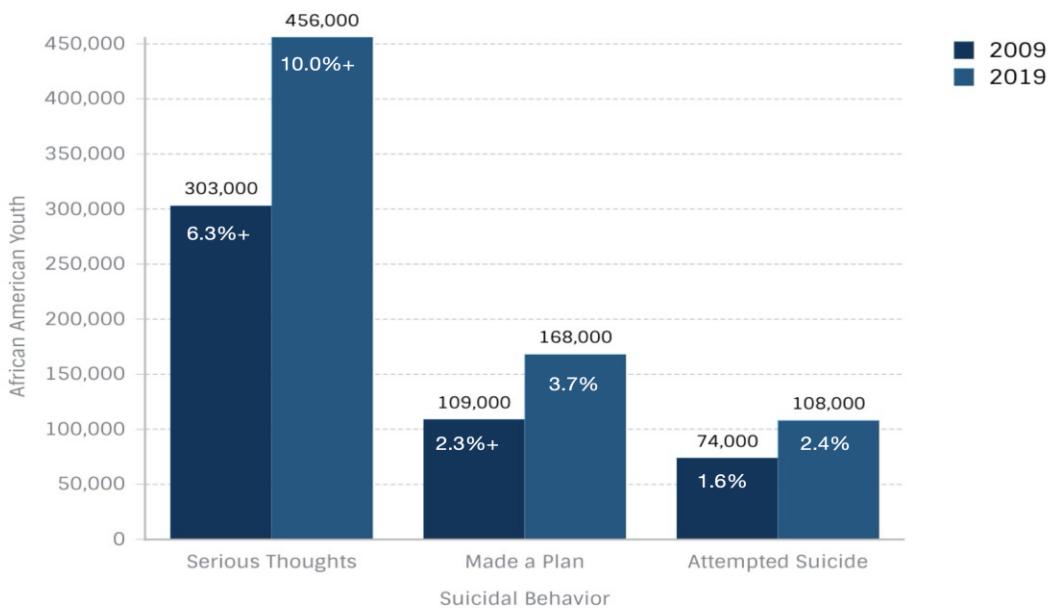
Note: Data taken from the Centers for Disease Control and Prevention

The mental health of African American adults aged 18-25 in the United States is in a state of distress, as indicated by a report from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2021. As seen in **Figure 5**, the data shows a significant increase in the number of individuals experiencing serious thoughts of suicide from 303,000 in 2009 to 456,000 in 2019, an increase of 51%. This statistic is alarming, as suicidal thoughts can worsen to the point where individuals formulate a plan that includes specific methods and timelines for carrying out self-harm to end their lives. Additionally, the data revealed a

substantial increase in the number of young adults reporting a suicide plan from 109,000 in 2009 to 168,000 in 2019, representing a 54% increase in suicide planning within this demographic. As individuals progress from planning to action, their likelihood of self-harm increases, underscoring the need for prompt intervention and support to avoid tragic consequences. Notably, the same dataset indicated a substantial increase of 46% in attempted suicides, surging from 74,000 suicides in 2009 to 108,000 suicides in 2019.

Figure 5

African American Youth Adults (17-25-year-old): Suicidal Behavioral



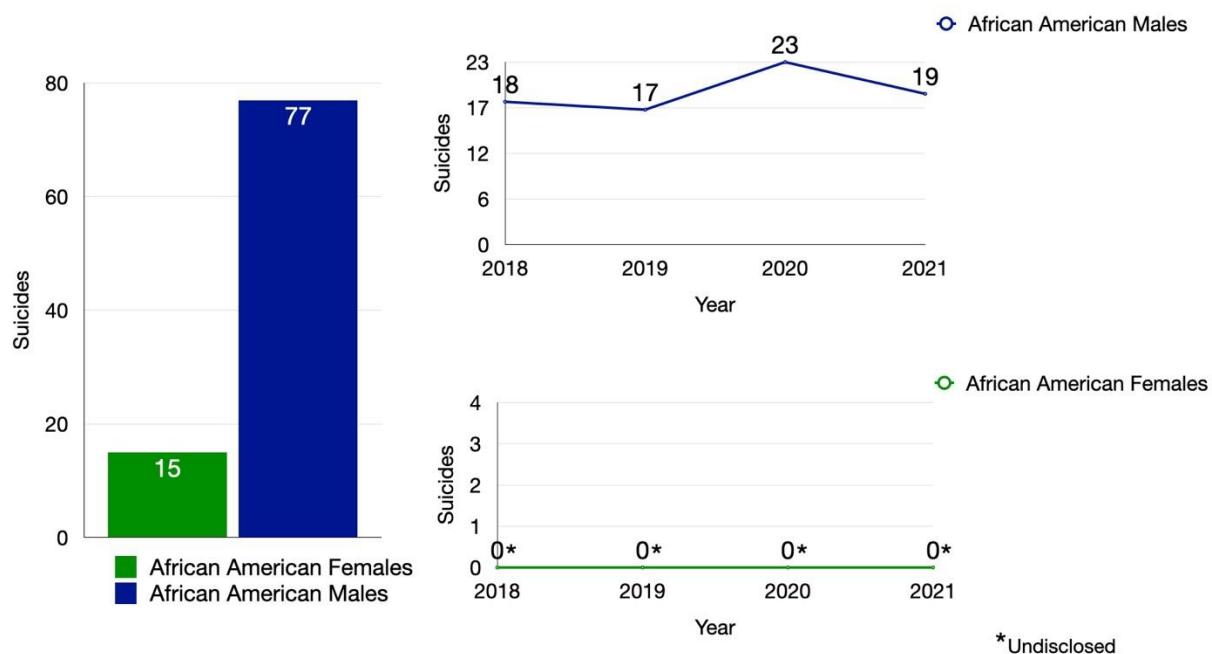
Note: Data reproduced from the Substance Abuse and Mental Health Administration

Between 2018 and 2021, 92 African American individuals aged 17-25 lost their lives to suicide in Louisiana, with 15 being female, as depicted in **Figure 6**. Unfortunately, specific data regarding the annual count of African American

females who died by suicide was not disclosed due to low numbers. During the same period, 77 African American males died by suicide reported in this age bracket. The number of African American males who lost their lives to suicide during this period was relatively even, except for a 35% increase in death by suicide for this population in 2020. Notably, the peak in 2020 coincided with the height of the COVID-19 pandemic, which underscores the potential influence of external stressors on mental health within this demographic during this time.

Figure 6

African American Youth Deaths by Suicide (17-25 years old) by Gender: 2018-2021



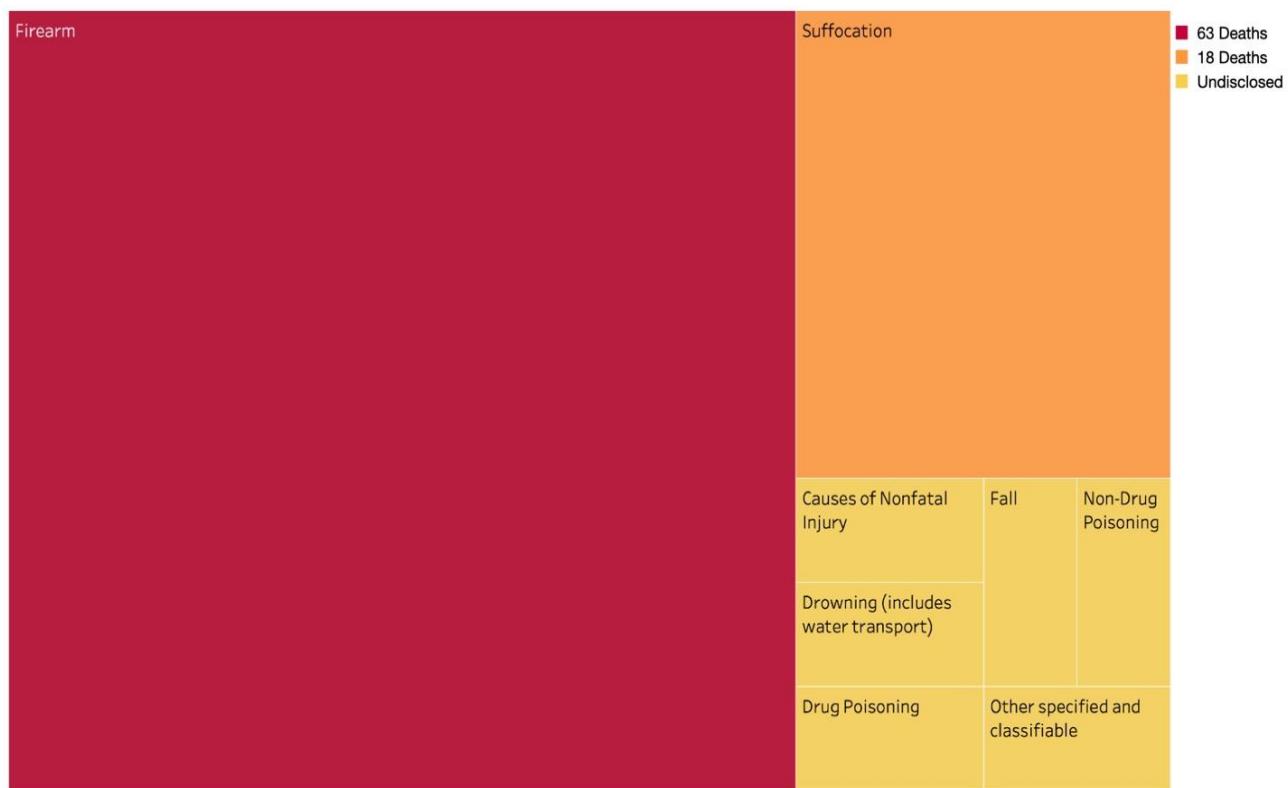
Note: Data reproduced from the Centers for Disease Control and Prevention

During the period 2018-2020, data **as shown in Figure 7** indicated that 63 African Americans lost their lives to suicide by firearms, while 18 other African American youths died due to suffocation. The remaining 11 individuals

experienced a diverse range of methods, including non-fatal injuries, drowning, drug poisoning, falls, and other mechanisms. The disproportionately extensive use of firearms among individuals aged 17-25, as seen in **Figure 7**, results in a significant disparity of 111% in reported deaths by suicide compared with the subsequent highest category of suffocation.

Figure 7

African American Youth Deaths by Suicide (17-25 years old) by Mechanism: 2018-2021



Note: Data reproduced from the Centers for Disease Control and Prevention

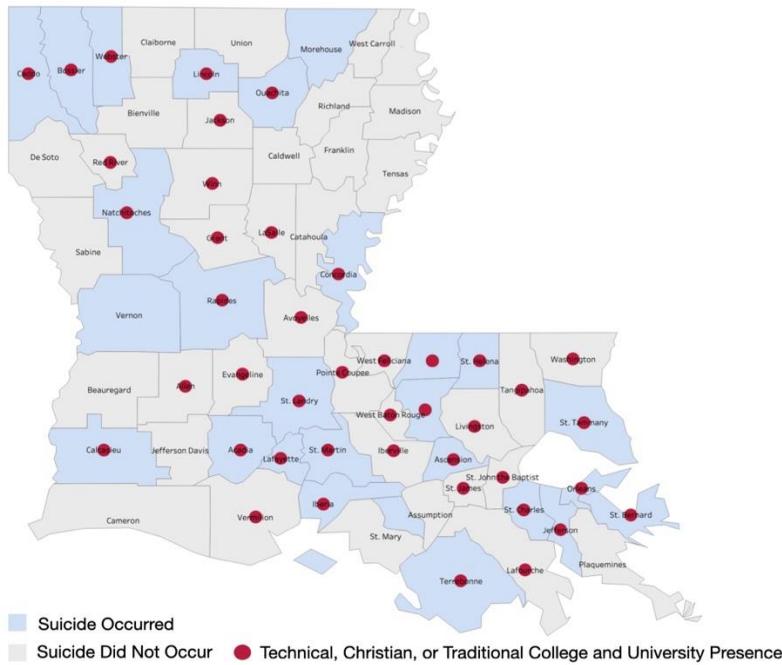
African American men aged 20 to 24 years have the highest rates of death by suicide among African Americans of all ages, both male and female. Furthermore, African American teenagers exhibit a higher likelihood of attempting suicide than White teenagers (Therapy for Black Men, 2023). Suicide

rates among people aged 10–24 years increased significantly during 2018–2021 among Black people (from 8.2 to 11.2; a 36.6% increase). The only group that exhibited a decrease in age-adjusted rates from 2018 was Non-Hispanic White individuals, with a decline from 18.1 to 17.4, a 3.9% decrease (Stone et al, 2023). The findings from these studies reveal noticeable differences in the incidence of suicide between demographic groups, including race, ethnicity, and age, despite overall suicide rates coming close to reaching their 2018 high point after experiencing a decline for two consecutive years. Significant increases in suicide attempts among young Black people aged 10–24 have raised concerns.

During the period spanning from 2018 to 2021, a total of 25 parishes in Louisiana were affected by the tragic loss of at least one African American youth aged 17-25 losing their lives to suicide, as seen below in Figure 5. **While many of these incidents have occurred in urban settings, they have also occurred in college towns.** Louisiana is home to **58** colleges and universities, including the Louisiana State University System, Southern University System, University of Louisiana System, Louisiana Community, Technical College System, and several private institutions. These facilities offer a variety of mental health and counseling services aimed at suicide prevention, including face-to-face appointments, text and telehealth services, and peer-to-peer support programs. These services reflect a concerted effort to promote the well-being of students.

Figure 8

Mapping of African American Youth Suicides (17–25-year-old) and Colleges and Universities by Parish: 2018-2021



Note: Data reproduced from the Centers for Disease Control and Prevention

Suicide and suicidal behaviors are major concerns for colleges and universities. According to the National Institute of Mental Health (2020), suicide is a leading cause of death among college and university students in the United States. The majority of the biggest public universities in the United States do not keep data on the number of students who die by suicide. This was discovered in a study conducted by Associated Press in 2018. The Associated Press (2018) surveyed the 100 largest U.S. public universities for their annual suicide statistics. The results revealed 46 tracked suicides, including 27 that have consistently done so since 2007. Among the 54 remaining institutions, 43 reported that they did not

keep records of suicides. Additionally, nine of these institutions could only offer limited information and declined to answer questions about the consistency of their tracking processes for suicides. Lastly, two institutions failed to provide any data on this matter. The findings also revealed that the U.S. The Department of Education asks colleges to collect data on student deaths but not suicides.

According to research on African American college students and suicidal behaviors, several factors have been identified as contributing to thoughts and actions related to suicide (Lamis and Lester, 2012; Zvolensky et. al, 2016; Bridges et. al 2017; Floyd, 2023). According to this research, the following factors can influence whether or not attempts are made:

Psychological and Emotional Issues	Life Circumstances and Environmental Stressors
Mental health problems	Life stressors
Relationship problems	Parental divorces
Interpersonal trauma	Hospitalizations and deaths
Prior suicidal thoughts	Poverty (highly concentrated)
Hopelessness and depression	Parents who abused drugs
Psychological trauma	Parents parenting styles
Social anxiety	

Additionally, several studies have noted that the following factors insulate African American college students from suicidal behaviors (Harris and Molock, 2000; Morrison and Hopkins, 2018; Hollingsworth and Polanco-Roman, 2022).

Support Systems	Personal Resilience and Fulfillment
Family	Purpose in life
Popularity	High self-esteem
Dense School Networks	Emotional well-being
Social Support	Reasons for living
Religion	School climate

The data provided in this report underscores the crucial need to better understand and address the mental health challenges faced by Louisiana's African American youth aged 17 – 25, especially those in a colligate environment. The complex interplay between psychological and emotional issues and life circumstances underscores the urgency of delving deeper into the unique experiences of college students and how these experiences may contribute to sundial behaviors in this population. By dedicating additional time and resources to researching the mental health needs of this population, stakeholders can understand the factors that contribute to both the vulnerability and resilience of African American college youths, ultimately leading to more targeted and effective interventions and support systems.

Limitations of Data Collection and Analysis Process

1. There was a very short time to collect and/or retrieve data from the 39 state colleges. Collecting and/or retrieving data from each of the 39 state colleges will take longer than 60 days. The counseling centers for each college

are required to receive institutional review board (IRB) approval at their institution to contribute anonymous, de-identified data, and Southern University Public Policy is required to receive IRB approval from their institution to collect and/or retrieve data from each college's counseling center. Also, a Memorandum of Understanding (MOU) is required for data collection and/or retrieval.

2. Another limitation was the amount of data being reported for use. We discovered that there is no mandate, policy, or legislation that requires institutions to report suicides or related incidents. For example, we reached out to research centers that have a practice-research network of colleges and university counseling centers to capture the secondary data they collected. One of the largest is Penn State's Center for Collegiate Mental Health (CCMH). It is a multidisciplinary, member-driven, Practice-Research-Network (PRN) that provides accurate and current information on the mental health of college students today. CCMH has built the nation's largest database on college student mental health, with over 800 college and university counseling centers and supportive organizations however, we were unable to utilize their database or any similar because the free number of cases (number of school participants/memberships) is easily identifiable. In Louisiana, specifically, there were only seven colleges that were members and participated in the reporting.

3. Databases such as the National Center for Health Statistics, National Institute of Mental Health (NIMH), Centers for Disease Control (CDC), Suicide Prevention Research, WONDER, Web-based Injury Statistics Query and Reporting

Systems (WISQARS), and Substance Abuse and Mental Health Service Administration (SAMHSA) had major drawbacks. They included, data not aggregated by college students, data not aggregated by region, and racial group was not always an identifier.

Summary of Recommendations Based on Analysis of Results

1. Develop Data Sharing Protocols

Recognize the significance of collaboration and data sharing among various stakeholders, including academic institutions, counseling centers, community organizations, and public health agencies. Establishing protocols for sharing data related to mental health, suicidal behaviors, and supportive resources can facilitate a more comprehensive approach to addressing the mental health needs of African American college students. By promoting data sharing, stakeholders can work together to identify trends, develop targeted interventions, and enhance support services for this population.

2. Enhance Data Collection at Counseling Centers

Encourage public institution counseling centers to systematically gather and analyze data about suicidal behaviors and mental health challenges faced by African American college students. Given that a substantial amount of data on suicidal behaviors is collected within counseling centers, it is crucial to enhance data collection efforts in these settings. By systematically documenting and analyzing relevant data, institutions can gain insight into the prevalence of suicidal behaviors, the effectiveness of interventions, and the impact of support

services. This data-driven approach can inform evidence-based practices and guide the development of tailored mental health initiatives.

3. Establish a Centralized Suicide Data Hub

Create a centralized hub at the Louisiana Department of Health, equipped with a comprehensive database system specifically dedicated to collecting, analyzing, and managing all suicide-related data for the state of Louisiana. This centralized approach would provide a more thorough understanding of suicide trends, risk factors, and demographics, including the experiences of African American college students, enabling more effective tracking of suicide-related statistics, facilitating timely interventions, and supporting evidence-based policymaking. Furthermore, it would enhance collaboration among stakeholders, enabling the development and implementation of targeted suicide prevention strategies tailored to the unique needs of Louisiana's diverse population.

4. Mandate Reporting of Suicide Data

Implement a mandatory reporting framework that requires state and community agencies, clinic and hospital systems, healthcare providers, public safety and emergency response agencies, and educational institutions to report all suicide-related data to the Louisiana Department of Health. Standardized reporting protocols would ensure the consistent collection of comprehensive data, including demographic information and behavioral factors, to enhance the state's understanding of suicide prevalence and associated risk factors. By mandating reporting across diverse entities, the state can build a more robust and

inclusive database, enabling a more thorough analysis of suicide trends and the development of targeted preventive measures. This collaborative approach would foster a more cohesive and informed response to suicide prevention efforts across Louisiana.

5. Undertake Qualitative Research

Consider employing qualitative research techniques, such as focus groups, to gain an in-depth understanding of the factors contributing to suicidal behavior in African American college students and the protective factors that prevent such behaviors. Through open discussions and the collection of qualitative data, researchers can gain a more nuanced perspective on the experiences and stressors faced by this population, which may not be fully captured through quantitative data alone. This approach would provide a more comprehensive and in-depth examination of the unique challenges and supportive needs of African American college students.

Conclusion

This research further highlights the critical need for continued research into this problem in the state of Louisiana. African Americans in the college-age demographic have been consistent with an increasing trend in suicides. This research highlighted several factors that contribute to the uptick. Continued research will allow researchers the opportunity to collect and analyze information from the state's colleges, explore other age groups in the African American community, and the opportunity to learn more about the causes, signs, and how

to prevent any further upticks in this population. The research has shown there is a need for improved data-sharing protocols, enhanced data collection, and legislation to enforce the collection efforts.

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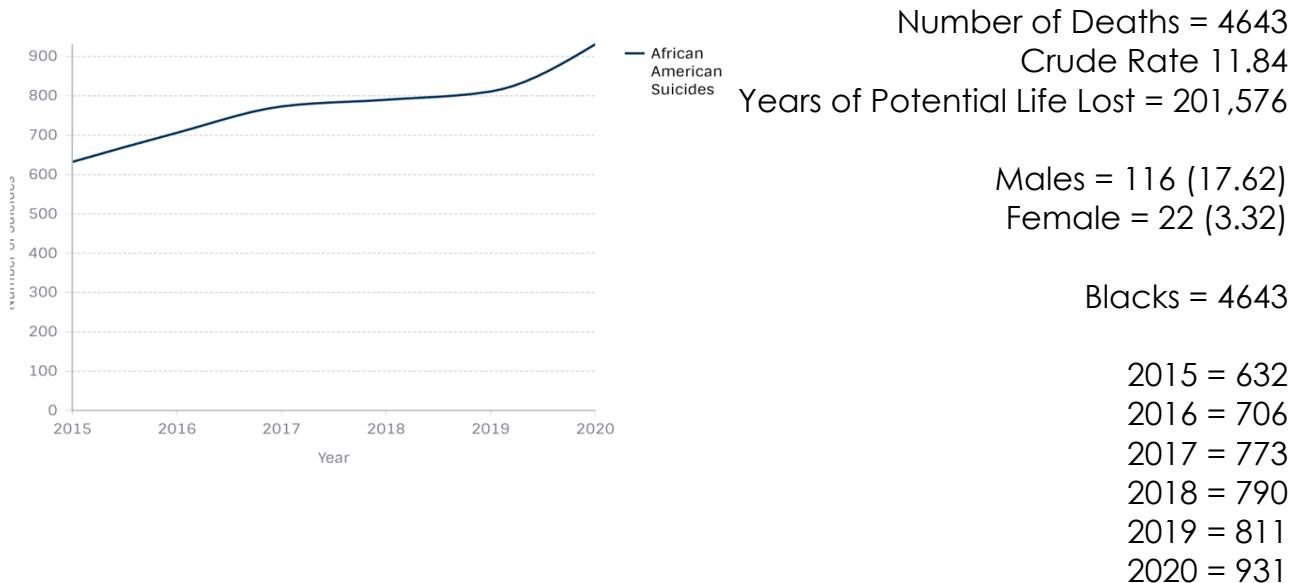
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Appendix

African American Suicides in the United States of America from 2015-2020

African American Suicide Deaths in the US, 2015 - 2020



From 2015 to 2020, a total of 4,643 suicide deaths were recorded among African Americans in the United States. The crude suicide rate for this population was 11.84 per 100,000, with a median age of death at 22 years old. The years of potential life lost due to these suicides amounted to 201,576 years.

Upon examining the data by gender, 116 males and 22 females committed suicide in the US, indicating a higher suicide rate among African American males at 17.62 per 100,000 population, compared to 3.32 per 100,000 among African American females.

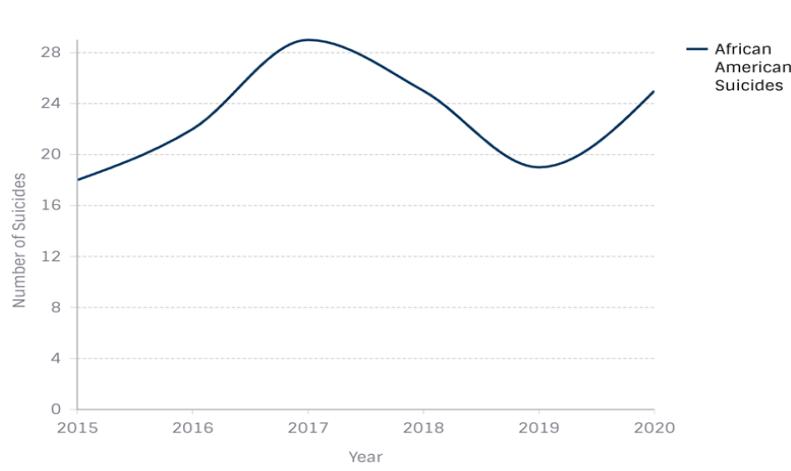
The data from 2015 to 2020 provides valuable insights into the trends and patterns of African American suicides over this period.

The data indicates a consistent rise in the number of suicides among African

Americans. In 2015, there were 632 recorded suicides, which increased to 706 in 2016, representing a notable growth. The following year, 2017, witnessed a further rise to 773 suicides, signaling a concerning augmentation. This trend of increasing suicides persisted in 2018, with 790 recorded suicides among African Americans, indicating a persistent issue that requires immediate attention and intervention. In 2019, the number of suicides rose further to 811, demonstrating a significant increase compared to previous years. Regrettably, the data for 2020 reveals a continuation of this distressing pattern. In that year, there were 931 suicides among African Americans, marking a substantial increase compared to previous years.

African American Suicides in Louisiana from 2015-2020

African American Suicide Deaths in Louisiana, 2015 - 2020



Number of Deaths = 138
Crude Rate 10.44
Median Age = 22.00
Years of Potential Life Lost = 5,946

Males = 116 (17.62)
Female = 22 (3.32)

Blacks = 138

2015 = 18
2016 = 22
2017 = 29
2018 = 25
2019 = 25

From 2015 to 2020, a total of 138 suicides were recorded among African Americans residing in Louisiana. The crude suicide rate for this group was 10.44 per 100,000 population, with the median age at the time of death being 22 years old. The potential years of life lost due to these suicides amounted to 5,946 years. Analyzing the data by gender, 116 males and 22 females were affected. Consequently, the suicide rate among African American males was higher, standing at 17.62 per 100,000 population, compared to 3.32 per 100,000 population among African American females.

The data accumulated from 2015 to 2019 exhibits patterns and trends for African American suicides in Louisiana during this time frame. In 2015, there were 18 recorded suicides among African Americans. This number increased to 22 in 2016, indicating a rise in the incidence of suicides within this community. The

following year, 2017, witnessed an additional rise, with 29 suicides reported. This suggests a significant and disturbing growth in the number of suicides among African Americans in Louisiana. However, the data for 2018 and 2019 indicate a slight decrease in the number of suicides. In both years, there were 25 recorded suicides, which, while still a cause for concern, indicates a stabilization or slight improvement compared to the peak in 2017. It is important to note that without data beyond 2019, it is impossible to determine whether this downward trend continued or if there were any further changes in subsequent years.