Addressing Louisiana's African American Suicide Crisis Using HCR 86

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Table of Contents

HCR 86……..……..……....4

Executive Summary.……..…..……5

Introduction…….…..…….……..7

Survey Results…….……8

Recommendations…….……...……...…..….15

Conclusion…….……...……...……...……...17

HCR 86

In response to the trends and the limitations of the initial findings in HCR 84, the Louisiana Legislature continued the Task Force on African American Suicide Rates to study death by suicide statistics for African Americans in Louisiana and to propose any recommendations regarding suicide prevention and report the findings no later than February 1, 2026. Southern University and Agricultural and Mechanical College's Research Team from the Nelson Mandela in is investigating African American death by suicide statewide statistics and trends. The research scope under the new extended resolution will include an analysis of suicide deaths by parish, determinants of suicide, and the impact that accessibility to firearms has statewide on suicide deaths.

Addressing Louisiana's African American Suicide Crisis Using HCR 86

Executive Summary

House Concurrent Resolution No. 84 (HCR 84) initiated Louisiana's formal examination of suicide among African Americans, focusing on African American male college students as an early-risk population entering the most vulnerable age range for suicide. That focus was not incidental: college-aged individuals fall squarely within the 20–29 age groups now shown to experience the highest numbers of suicide deaths statewide. While HCR 84 was constrained by time and data availability, it correctly identified higher education as a critical point for early distress detection and prevention. Colleges function as an early warning system, capturing psychological, financial, and social strain before suicide risk escalates into fatal outcomes.

House Concurrent Resolution No. 86 (HCR 86) expanded this work by examining suicide trends across the broader African American population in Louisiana, revealing that elevated risk persists beyond college and intensifies into the early thirties. Findings under HCR 86 show that individuals ages 20–24 and 25–29 consistently experienced the highest suicide deaths, with risk continuing to rise among those ages 30–34, confirming that the vulnerabilities observed in college populations do not dissipate after graduation. Instead, unaddressed distress compounds over time, shaped by economic instability, structural inequities, access to lethal means, and limited culturally competent mental health care. The post-pandemic increases observed across multiple age groups further reinforce that suicide risk is cumulative, not episodic.

Together, HCR 84 and HCR 86 establish a continuum of risk and opportunity, positioning colleges as a strategic upstream intervention point within a broader statewide prevention framework. This paper leverages statewide findings to propose solutions to the African American suicide dilemma while deliberately returning to the college population to demonstrate how risk

trajectories begin, accelerate, and can be interrupted early. Addressing suicide prevention at the college level is not a narrowing of scope—it is a prevention strategy with statewide implications. Effective intervention during this formative period offers Louisiana its best chance to reduce long-term suicide mortality among African Americans before distress becomes irreversible.

Introduction

Suicide among African Americans in Louisiana has reached a critical inflection point, mirroring and in some cases intensifying alarming national trends. Between 2015 and 2023, suicide deaths among Black residents in Louisiana increased sharply, with the highest counts occurring in the most recent years and projections indicating continued escalation absent intervention. Young Black men, particularly those ages 20–29, experience the greatest risk. However, there are emerging risk increases among adults in their early thirties and middle-aged Black women signal that suicide vulnerability persists across the life course. Firearms remain the dominant method of suicide, underscoring the urgent need for lethal means safety as a core prevention strategy.

The passage of HCR 84 marked Louisiana's first focused legislative response, initially examining African American male college students as an early-risk population entering the state's highest-risk age groups. Findings from that work prompted the Legislature to expand the mandate through HCR 86, broadening the analysis statewide to include suicide deaths by age, gender, parish, determinants of suicide, and firearm accessibility. Together, HCR 84 and HCR 86 establish a continuum of evidence showing that suicide risk often emerges during young adulthood, compounds over time, and is deeply shaped by structural inequities including economic instability, racism, limited access to culturally competent care, and gaps in data infrastructure. Louisiana's outdated prevention framework, lack of mandated reporting, and failure to integrate economic and firearm safety policy leave the state ill-equipped to respond to a crisis already in motion.

This report synthesizes statewide mortality data, demographic patterns, risk determinants, and national best practices to present a comprehensive, equity-centered roadmap for action. The recommendations—mandating suicide data reporting, modernizing the state prevention plan, funding a permanent Office of Suicide Prevention, integrating economic policy, and implementing

age-specific interventions—are grounded in evidence and aligned with the 2024 National Strategy for Suicide Prevention. Louisiana now stands at a decision point: continue fragmented, reactive approaches, or implement coordinated, upstream strategies capable of saving lives. The cost of delay is measurable, predictable, and unacceptable.

While mortality data and statewide trends identify *where* and *among whom* suicide risk is highest, they cannot fully explain *how* distress develops or *when* intervention opportunities are missed. To address this gap, this study incorporates a targeted survey of college-affiliated individuals, building on the original focus of HCR 84 and situating higher education as a critical upstream prevention setting. Colleges capture individuals squarely within the highest-risk age ranges identified under HCR 86 and provide a structured environment for early detection of psychological distress, financial strain, academic pressure, and help-seeking behaviors. The survey was designed to assess mental health coping, access to support, stigma, and stressors, offering insight into how suicide risk trajectories may begin—and how timely intervention at the college level can disrupt patterns that otherwise persist into later adulthood.

Survey Results

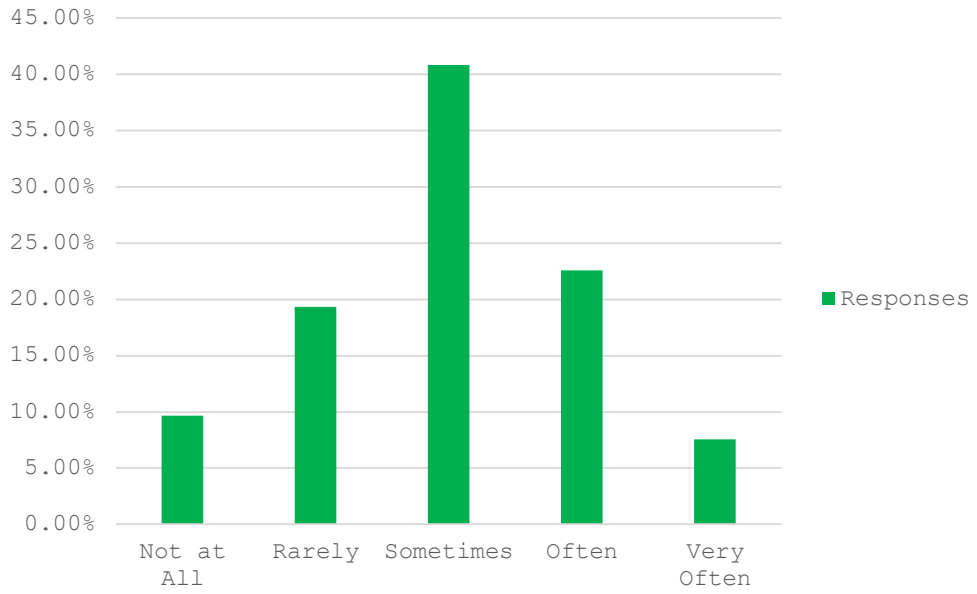
A 10-item well-being survey was administered to assess students' emotional, physical, and overall functioning. The survey yielded 94 completed responses from students across academic classifications, including freshmen (14.89%, n = 14), sophomores (21.28%, n = 20), juniors (26.60%, n = 25), seniors (25.53%, n = 24), and graduate students (11.70%, n = 11). The sample was demographically concentrated, with 97.87% (n = 92) of respondents identifying as Black or African American, while representation from other racial and ethnic groups was minimal. Although the findings are not generalizable to all African American college students in Louisiana, they provide focused insight into the well-being experiences of a population that remains

underrepresented in suicide and mental health research, despite growing evidence of elevated psychological distress and suicide-related risk. The survey was not designed as a diagnostic or suicide risk assessment instrument; however, items addressing emotional overload, withdrawal, hopelessness, coping capacity, and help-seeking attitudes offer important contextual information for understanding potential vulnerability and protective factors within this population.

Responses to items assessing emotional strain, withdrawal, and future outlook indicate that distress is present for a substantial subset of students, though its intensity varies across domains. Regarding emotional overwhelm, a majority of respondents reported experiencing this at least intermittently in the past 30 days, with 40.86% (n = 38) reporting feeling overwhelmed *sometimes* and 30.11% (n = 28) reporting feeling overwhelmed *often* or *very often*, as seen in Figure 1. Only 29.03% (n = 27) indicated feeling emotionally overwhelmed *rarely* or *not at all*. Withdrawal-related thoughts were less prevalent but still notable: 26.60% (n = 25) reported sometimes wanting to withdraw from everything around them, while 19.14% (n = 18) reported experiencing these thoughts *often* or *very often*. Slightly more than half of respondents (54.25%, n = 51) indicated such thoughts *rarely* or *not at all*. Feelings of hopelessness about the future were comparatively less frequent. While 21.28% (n = 20) reported feeling hopeless *sometimes* and 11.70% (n = 11) reported feeling hopeless *often* or *very often*, a majority of students (67.02%, n = 63) indicated feeling hopeless *rarely* or *not at all*. Collectively, these findings suggest that emotional overwhelm is the most commonly reported stress indicator, followed by intermittent withdrawal ideation, while persistent hopelessness is less widespread but present for a meaningful minority of students.

Figure 1

Distribution of student responses regarding thoughts of wanting to withdraw from everything in the past 30 days.

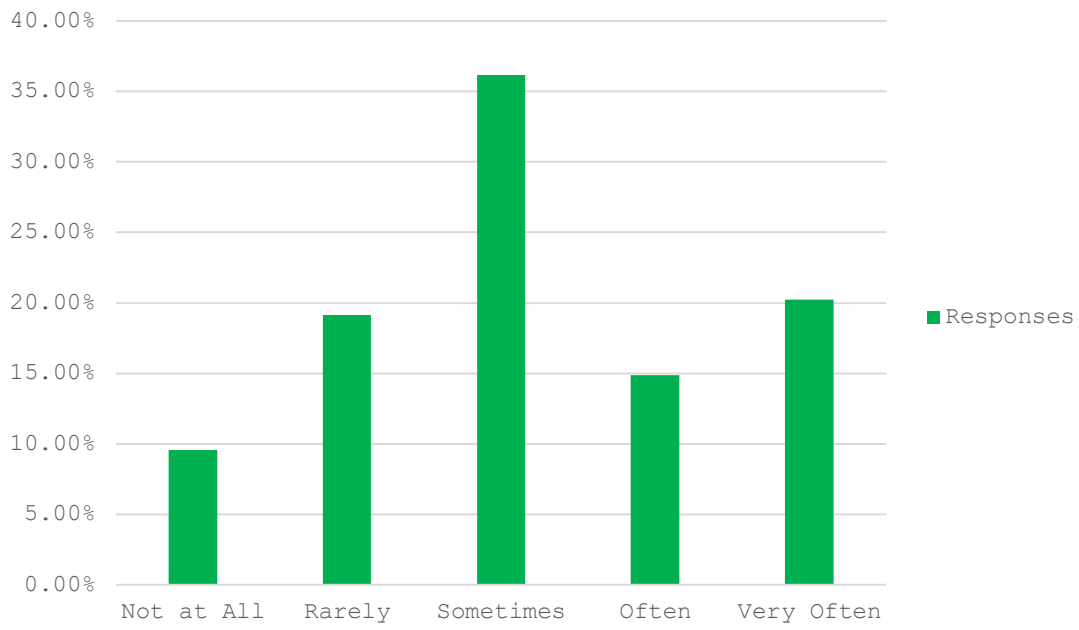


Responses related to coping capacity, emotional regulation, and interpersonal support seeking indicate generally strong internal resilience among students, alongside identifiable gaps. With respect to stress coping, 36.17% (n = 34) of respondents reported *sometimes* having effective ways to cope when stress becomes overwhelming, while 35.10% (n = 33) reported coping *often* or *very often*. However, 28.72% (n = 27) indicated that they *rarely* or *not at all* have effective coping strategies during periods of high stress, as seen in Figure 2. Emotional regulation capacity was notably stronger. A large majority of respondents reported being able to regulate their emotions without harming themselves, with 24.47% (n = 23) reporting this *often* and 60.64% (n = 57) reporting this *very often*. Only 6.39% (n = 6) indicated being *rarely* or *not at all* able to regulate their emotions during distress. Comfort with discussing emotional or mental health concerns with trusted individuals was more variable. While 45.74% (n = 43) reported feeling *often* or *very often*

comfortable doing so, 34.04% (n = 32) reported feeling comfortable only *sometimes*, and 20.21% (n = 19) reported being *rarely* or *not at all* comfortable engaging in such discussions. Together, these findings suggest strong emotional regulation capacity at the individual level, paired with more uneven stress coping skills and interpersonal help-seeking comfort that may influence how students manage ongoing emotional strain.

Figure 2

Distribution of student responses regarding effective coping strategies during periods of high stress.

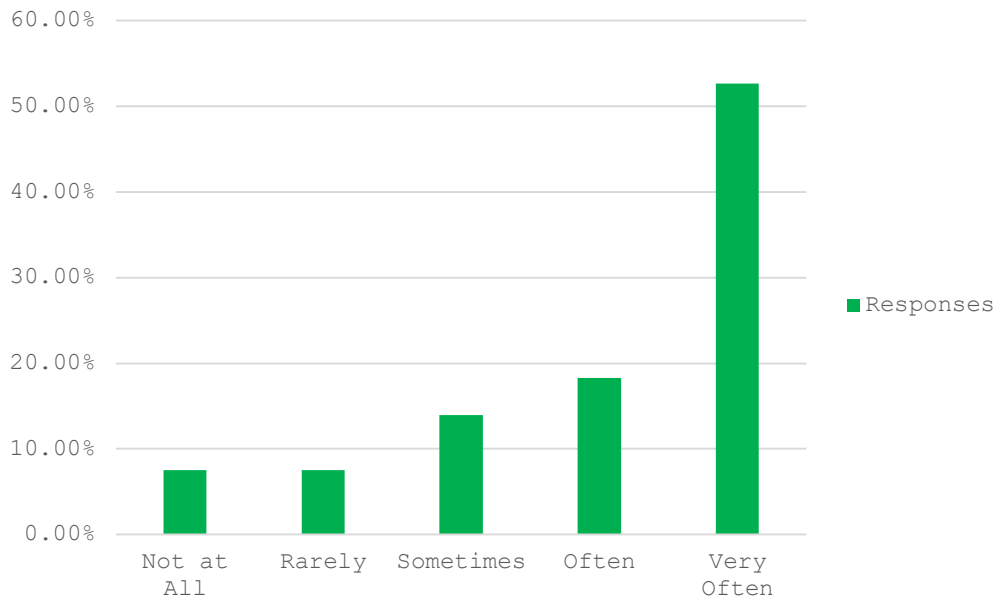


Attitudes toward help-seeking and perceived access to supportive resources were generally positive among respondents. A strong majority of students endorsed help-seeking as a sign of strength, with 52.69% (n = 49) reporting this belief *very often* and an additional 18.28% (n = 17) reporting it *often*, as seen in Figure 3. Smaller proportions reported endorsing this belief *sometimes* (13.98%, n = 13), *rarely* (7.53%, n = 7), or *not at all* (7.53%, n = 7). Perceived knowledge of where to obtain respectful and understanding support was also relatively high. Nearly half of

respondents (44.09%, n = 41) reported *very often* knowing where to go for support if needed, and 16.13% (n = 15) reported this *often*. However, 29.03% (n = 27) reported knowing where to seek support only *sometimes*, and 10.75% (n = 10) indicated that they *rarely* or *not at all* knew where to go. Overall, these findings suggest that while normative attitudes toward help-seeking are largely favorable, variability remains in students' confidence in navigating available support resources.

Figure 3

Distribution of student responses regarding the belief that seeking help for mental or emotional health concerns is a sign of strength

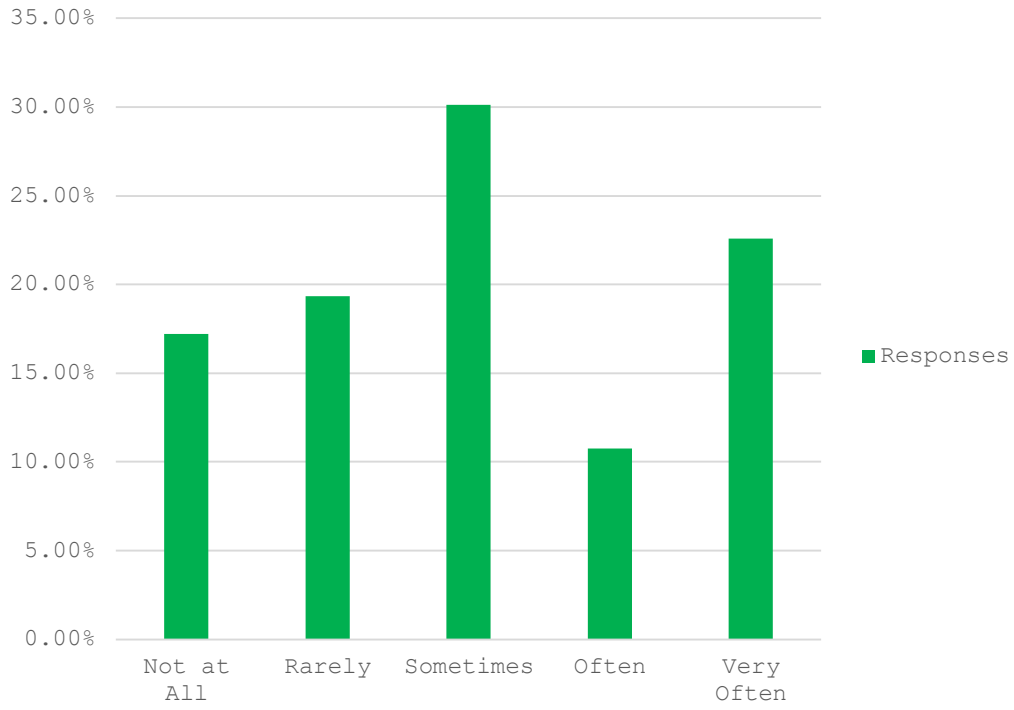


Responses related to financial strain and employment-related stress indicate that economic factors play a substantial role in students' emotional well-being. Regarding financial responsibilities or lack of financial resources, 29.79% (n = 28) of respondents reported that these factors negatively affected their emotional well-being *sometimes*, while 39.36% (n = 37) reported experiencing this impact *often* or *very often*. In contrast, 30.85% (n = 29) indicated that financial

strain affected their emotional well-being *rarely* or *not at all*. Stress related to employment, job searching, or future career stability showed a similar pattern. A total of 30.11% (n = 28) reported experiencing employment-related stress *sometimes*, and 33.33% (n = 31) reported experiencing it *often* or *very often*. Approximately 36.55% (n = 34) reported that such stress contributed to their emotional distress *rarely* or *not at all*. Taken together, these findings suggest that financial and employment-related stressors are persistent contributors to emotional distress for a sizable proportion of students, though their impact is not uniform across the sample.

Figure 4

Distribution of student responses indicating whether stress related to employment, job searching, or future career stability contributed to emotional distress



In summary, while many students reported generally positive well-being, emotional regulation, and favorable attitudes toward help-seeking, a substantial minority exhibited patterns

of emotional distress that align closely with the age-specific suicide trends identified under HCR 86. Emotional overwhelm emerged as the most prevalent stress indicator, with 30.11% of respondents reporting feeling emotionally overwhelmed *often* or *very often* in the past 30 days, and an additional 40.86% reporting this experience *sometimes*. At the same time, more than one-quarter of students (28.72%) reported that they *rarely* or *not at all* had effective ways to cope when stress became overwhelming—an important vulnerability given the established link between sustained stress, diminished coping capacity, and suicide risk. Withdrawal-related thoughts were also present, with 19.14% reporting these thoughts *often* or *very often* and 26.60% reporting them *sometimes*. Although persistent hopelessness was less widespread, 32.97% of respondents reported feeling hopeless about their future at least *sometimes*, indicating that future-oriented distress is present for a meaningful subset of students.

Importantly, these emotional stressors appear within a broader context of structural strain. Nearly 40% of students reported that financial responsibilities or lack of financial resources negatively affected their emotional well-being *often* or *very often*, and one-third reported experiencing employment- or career-related stress at similar levels. While most students demonstrated strong emotional regulation capacity and endorsed help-seeking as a sign of strength, gaps remain in stress coping consistency, comfort discussing mental health concerns, and confidence navigating support systems. Approximately 20% of respondents reported being *rarely* or *not at all* comfortable discussing mental health concerns with trusted individuals, reinforcing the presence of interpersonal barriers that may delay intervention.

Taken together, these findings position college-aged students not as an isolated at-risk group, but as a critical upstream population within Louisiana's suicide trajectory. The age range represented in this sample largely overlaps with the 18–29 cohort and directly precedes the state's

highest suicide mortality groups among adults aged 20–34, as documented in HCR 86. The convergence of emotional overwhelm, financial and employment-related stress, intermittent withdrawal, and uneven coping capacity suggests that distress identified during the college years is unlikely to resolve organically with age and may instead compound as students transition into early adulthood. These results underscore the need for longitudinal, age-expanded research to track the progression of psychological distress beyond college and for early, culturally responsive interventions that address both emotional and structural stressors before projected increases in suicide mortality materialize.

Recommendations

1. Louisiana should enact a Louisiana Suicide Prevention Data Act that mandates confidential, de-identified reporting of suicide deaths, suicide attempts, and high-risk suicidal ideation across healthcare systems, K–12 schools, colleges and universities, public safety agencies, and crisis response entities. The absence of mandatory reporting remains the most significant weakness in the state's suicide prevention infrastructure and limits the ability to identify emerging trends, allocate resources equitably, and evaluate the effectiveness of interventions. A comprehensive reporting mandate is essential to establishing a timely, data-driven public health response.
2. The state should establish a centralized suicide data hub within the Louisiana Department of Health to securely receive, store, and analyze all reported suicide-related data. This hub should support near–real-time surveillance, quarterly analytic reporting, and a public-facing dashboard to ensure transparency and accountability. Centralizing suicide data will allow Louisiana to move from reactive responses to proactive, preventive action while

aligning with best practices recommended by the CDC and the Suicide Prevention Resource Center.

3. Louisiana should implement an incentive-based suicide data collection program for colleges and universities, particularly Historically Black Colleges and Universities, through a Prevention Partner grant model. Participating institutions would collect standardized, de-identified indicators from counseling centers related to suicidal ideation, attempts, and service utilization. College-aged individuals fall squarely within Louisiana's highest suicide-risk age groups, and survey findings demonstrate that emotional distress often emerges during this period. Strengthening data collection at the campus level allows the state to identify early warning signals and intervene before suicide risk escalates into the early thirties, where mortality increases sharply.

4. The Legislature should modernize the Louisiana Suicide Prevention Act of 2018 (HB 148) to align with the 2024 National Strategy for Suicide Prevention by explicitly incorporating health equity, age-specific risk targeting, and cross-sector prevention responsibilities. While HB 148 established a healthcare based Zero Suicide framework, it does not address disparities by race, gender, age, or geography and remains limited to individuals already engaged in care. Updating the statute will ensure that Louisiana's suicide prevention policy reflects current evidence and the disproportionate impact of suicide on African American communities.

5. Suicide prevention policy in Louisiana should formally integrate economic security and lethal means safety as core prevention strategies. This includes recognizing the protective

mental health effects of economic policies such as minimum wage increases and the Earned Income Tax Credit, as well as commissioning studies to assess their impact on suicide risk. In parallel, the state should implement a culturally responsive, statewide campaign promoting safe firearm and medication storage, particularly in communities and age groups at highest risk. Firearms remain the leading method of suicide in Louisiana, making lethal means safety an essential component of prevention.

6. Finally, Louisiana should expand longitudinal and qualitative research focused on African American young adults, tracking individuals from college age through early adulthood. Survey data reveal patterns of distress that precede the mortality spikes documented among adults in their twenties and early thirties under HCR 86 findings. Longitudinal and qualitative research will improve the state's ability to project future service needs, tailor interventions, and disrupt suicide risk trajectories before they result in loss of life.

Conclusion

This report shows that suicide among African Americans in Louisiana is not a series of isolated incidents, but a growing and predictable public health challenge influenced by economic stress, access to care, and long-standing structural gaps. Findings from HCR 84 and the expanded analysis under HCR 86 indicate that suicide risk often begins early, increases during young adulthood, and can continue into the thirties, highlighting the importance of early, preventive, and equity-focused strategies. Louisiana has already taken meaningful steps through prior legislation, demonstrating a commitment to addressing this issue. However, the data suggest that additional coordination, investment, and modernization are needed to fully meet the scope and complexity of the problem. The recommendations outlined in this report offer a practical, evidence-based

roadmap to strengthen the state's suicide prevention efforts, improve accountability, and ensure resources are directed where they can be most effective. With timely legislative leadership, Louisiana has an opportunity to build on existing efforts and better protect the health and well-being of African American communities across the state.