Exploring Suicide Statistics of African Americans in Louisiana
Using Data to Inform Recommendations

Nelson Mandela College
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Transition to
House Concurrent Resolution Number 86

Exploring Suicide Statistics of African Americans in Louisiana Using Data to Inform Recommendations

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Rationale and Charge of HCR 84

Rationale for HCR 84

The passage of House Concurrent Resolution No. 84 (HCR 84) was driven by urgent data showing a disproportionate rise in suicide risk among African Americans, particularly youth and young adults. National figures from the U.S. Department of Health and Human Services' Suicide Prevention Resource Center reveal that in 2019, African American adults had the highest rates of past-year suicide attempts. Alarmingly, suicide rates among Black adolescents and young adults spiked between 2010 and 2019, with young Black males particularly affected. Media outlets such as WAFB reported that Black boys between the ages of 5 and 12 were more likely to die by suicide than their peers, and that suicide among Black children under 18 rose by 71% over the past decade. While Louisiana's suicide death rate for African Americans is lower than the national average (6.4 per 100,000 compared to 7.3 nationally), the state ranks high in suicide attempts and serious thoughts of suicide among this population. These mental health crises are compounded by structural factors—homelessness, racial inequality, exposure to violence, and inadequate access to culturally appropriate mental health care—all of which create a high-risk environment for suicide in Black communities. Collectively, these conditions highlight a systemic public health failure and underscore the need for targeted policy interventions.

Charge of HCR 84

In response to growing concern over rising suicide rates among African Americans in Louisiana, HCR 84 authorized the formation of the Task Force on African American Suicide Rates to study suicide trends and recommend prevention strategies tailored to Louisiana's African

American population. The task force was explicitly charged with examining suicide rates among African Americans in the state. The resolution required the task force to deliver a comprehensive written report of its findings to both the Louisiana Legislature and the David R. Poynter Legislative Research Library by February 1, 2024.

In the initial HCR 84 report, the scope was limited to African American male college students in Louisiana. This focus was chosen due to time constraints and the availability of relevant data during the reporting period. In keeping with the full intent of HCR 84, the current report expands the scope to examine the African American population across the entire state. This broader analysis provides a more comprehensive assessment of the conditions, challenges, and opportunities affecting African Americans in Louisiana, aligning with the resolution's original mandate.

The initial HCR 84 report, which was limited to African American male college students due to time constraints, has now been expanded to include the broader African American population across Louisiana, as mandated by the original resolution.

Overview of the Problem

Suicide remains a growing and deeply troubling public health crisis within African American communities, especially among youth and young adults. Data from the U.S. Department of Health and Human Services and other federal sources show a sharp increase in both suicide attempts and deaths among African American adolescents over the past ten years (Centers for Disease Control and Prevention [CDC], 2024). The rise is particularly concerning among young Black males, including children as young as five (American Foundation for Suicide Prevention [AFSP], 2024). Although Louisiana's overall suicide death rate for African Americans is slightly

below the national average, the state still reports disproportionately high rates of suicide attempts and serious thoughts of self-harm—signs of a hidden, underreported, and often ignored crisis (Kaiser Family Foundation [KFF], 2024; Louisiana Department of Health [LDH], 2024; Suicide Prevention Resource Center [SPRC], 2021).

Entrenched structural inequities shape this crisis. African American residents in Louisiana face overlapping vulnerabilities, such as poverty, exposure to violence, unstable housing, chronic psychological distress, and systemic racism. These issues increase the risk of suicide while also creating obstacles to seeking or receiving help. Colleges and universities mainly serving African American students—especially in under-resourced areas—struggle to offer consistent mental health services or maintain centralized suicide data systems. Consequently, statewide suicide trends among Black youth often go unrecorded until fatal outcomes make them apparent.

HCR 84 was introduced as a direct response to this complex and escalating issue. It established a legislative mandate to examine suicide among African Americans in Louisiana. The resolution mobilized a multidisciplinary task force to collect data, analyze patterns, and recommend targeted prevention strategies. While the original HCR 84 report represented a significant step forward, new data collected since its publication indicate that the problem is much larger than the preliminary report indicated. The review of African American college-aged males 17-25 highlighted the need to expand the research. While suicide by firearm remains the number one method, the data indicates that death by suicide has worsened and changed—both geographically and in its methods.

Transition to HCR 86

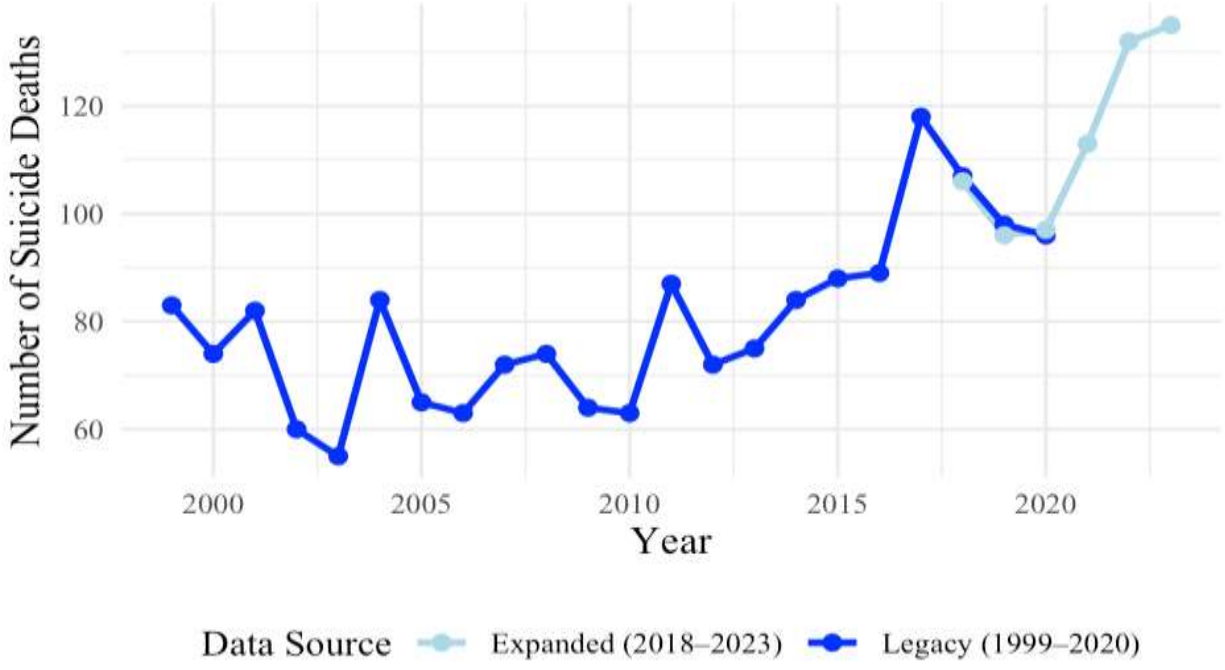
In response to these evolving trends and the limitations of the initial findings, the Louisiana Legislature continued the Task Force on African American Suicide Rates to study death by suicide statistics for African Americans in Louisiana and to propose any recommendations regarding suicide prevention 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.

Current Death by Suicide Statistics

To establish a foundational understanding of current trends**,** Figure 1 illustrates the progression of suicide deaths in Louisiana from 1999 to 2023, comparing data from two sources in the CDC WONDER database: the Legacy dataset (1999–2020) and the Expanded dataset (2018–2023). The Legacy data (dark blue line) shows a relatively stable pattern with modest fluctuations until 2015, followed by a sharp increase in suicide deaths peaking around 2017. The Expanded data (light blue line), which overlaps and extends the Legacy data, reveals a continued rise in suicide deaths through 2023, with the highest recorded values in the entire 25-year period. This suggests a significant and growing public health crisis in recent years, underscoring the need for targeted suicide prevention strategies, particularly in vulnerable populations like African Americans who have been identified as high-risk in Louisiana. The increasing trend post-2020 may also reflect pandemic-related stressors, systemic disparities, and limited access to mental health services.

Figure 1

Louisiana Death by Suicide for African Americans, 1999-2023



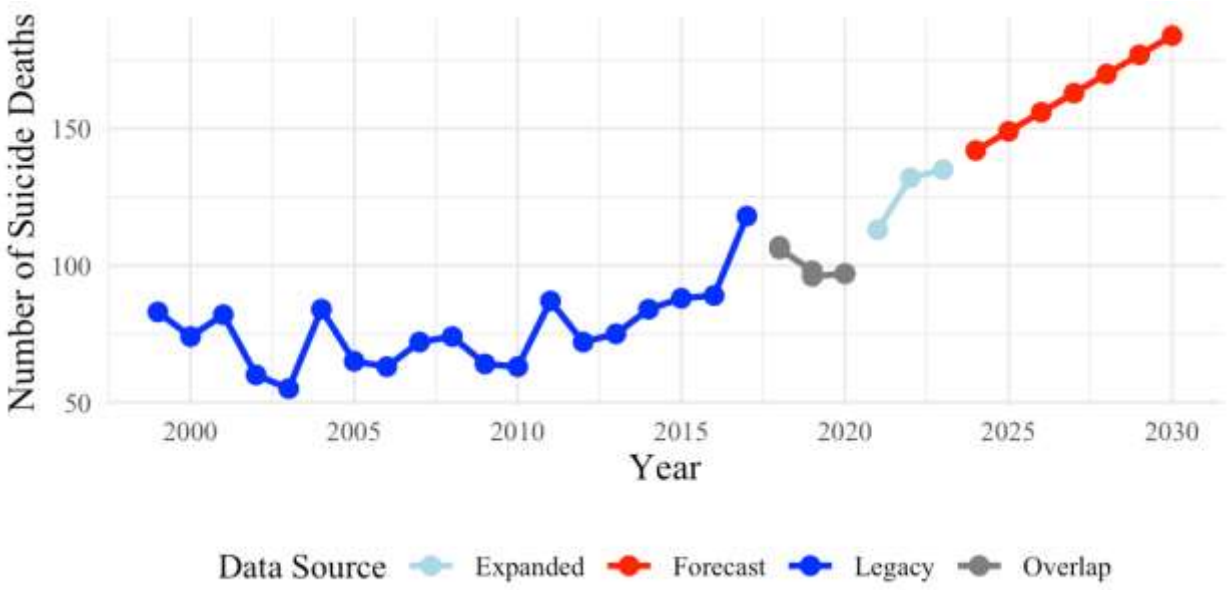
Source: CDC WONDER (Centers for Disease Control and Prevention, 2024).

Building upon the expanded data, a statistical forecast using Holt's exponential smoothing projects that suicide deaths in Louisiana will continue to rise through 2028. If current trends persist, the annual number of deaths could increase by approximately 8–10 deaths per year, reaching an estimated 173 by 2028. This projection indicates that the upward trajectory observed in recent years is not merely a short-term fluctuation but a potentially sustained and worsening public health issue. The forecast underscores the urgent need for evidence-based intervention strategies and more effective resource allocation. It also stresses the importance of improved surveillance,

culturally appropriate mental health services, and the creation of preventive infrastructure that addresses the unique needs of at-risk communities, especially African Americans, who seem to be disproportionately impacted by the increasing rate of suicide mortality.

Figure 2

Louisiana Death by Suicide for African Americans Projection, 2024-2030



Source: Author-generated projection using data from CDC WONDER (1999–2023). Centers for Disease Control and Prevention. *Underlying Cause of Death, 1999–2023*. National Center for Health Statistics. https://wonder.cdc.gov/

Sex and Age Specific Suicide Patterns

While males consistently exhibit higher suicide mortality across all age groups, a more nuanced pattern emerges when disaggregated by age. For males, the highest number of suicide deaths occurs between the ages of 20 and 34, with a sharp peak in the 25–29 age group (98 deaths), followed closely by high counts in adjacent brackets (84 deaths for ages 30–34 and 85 for ages 20–24). These years — commonly considered prime for working and social development — appear to be a critical window of vulnerability for males, potentially tied to socioeconomic pressures, identity development, or reduced help-seeking behavior. As shown in Figure 3, the

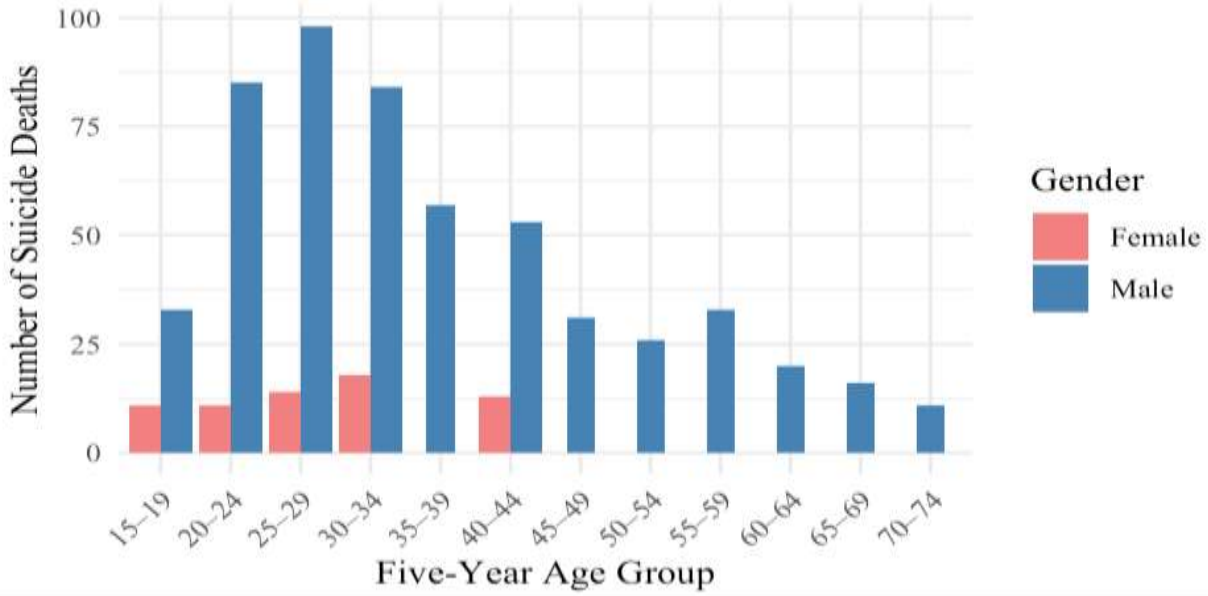
visual disparity between male and female suicide rates during these years further reinforces the urgent need for targeted, gender-sensitive interventions.

In contrast, while overall female suicide counts remain lower, a notable uptick in female suicide deaths begins to appear in the 30–34 age group and becomes more prominent in the 40–44 range. For example, female deaths rise from 14 (25–29) to 18 (30–34) and increase again to 13 by ages 40–44, despite likely underreporting due to data suppression beyond this point. This delayed increase may reflect different life-course risk factors for women, including chronic stress, caregiving strain, hormonal transitions, or delayed impacts of trauma and mental health conditions.

These intersecting patterns suggest that suicide prevention efforts should be tailored to specific ages and genders, with particular emphasis on young adult men (20-34) and middle-aged women (around age 40). The differences in timing and risk levels underscore the need to tailor outreach, mental health services, and intervention timing to each group's specific level.

Figure 3

Death by Suicide by Age Groups and Gender



Source: Data retrieved from CDC WONDER, National Center for Health Statistics, *Multiple Cause of Death Files* (1999–2023). Centers for Disease Control and Prevention. https://wonder.cdc.gov/mcd.html

To further understand age-specific trends in suicide mortality among African American males in Louisiana, the heatmap in Figure 4 visualizes suicide deaths among African American males in Louisiana from 2018 to 2023, disaggregated by five-year age groups. Each cell represents the total number of suicide deaths for a specific age group in a given year, with the intensity of the color corresponding to the magnitude of the value—darker shades indicate higher numbers of deaths. It reveals clear age-specific trends, with the highest concentrations of deaths consistently occurring among individuals aged 25–29 and 20–24. The year 2023 stands out sharply, with a significant spike in suicide deaths among the 25–29 age group, reaching 32 deaths—the highest value recorded across all groups and years in this dataset. In contrast, suicide deaths among older age groups, such as 35–39 and 40–44, are relatively stable but still concerning. Notably, the early adult years (ages 20–34) appear to be a particularly vulnerable period for African American males,

highlighting the urgent need for targeted prevention efforts, early intervention strategies, and culturally responsive mental health services tailored to this demographic.

Due to federal data suppression rules designed to protect individual privacy in small population groups, suicide death data for African American females could not be reported. These limitations hinder the ability to assess suicide trends across genders comprehensively, emphasizing the need for more transparent but still confidential data collection and reporting systems.

Figure 4

Heatmap of Suicide Deaths Among African American Males (2018–2023)

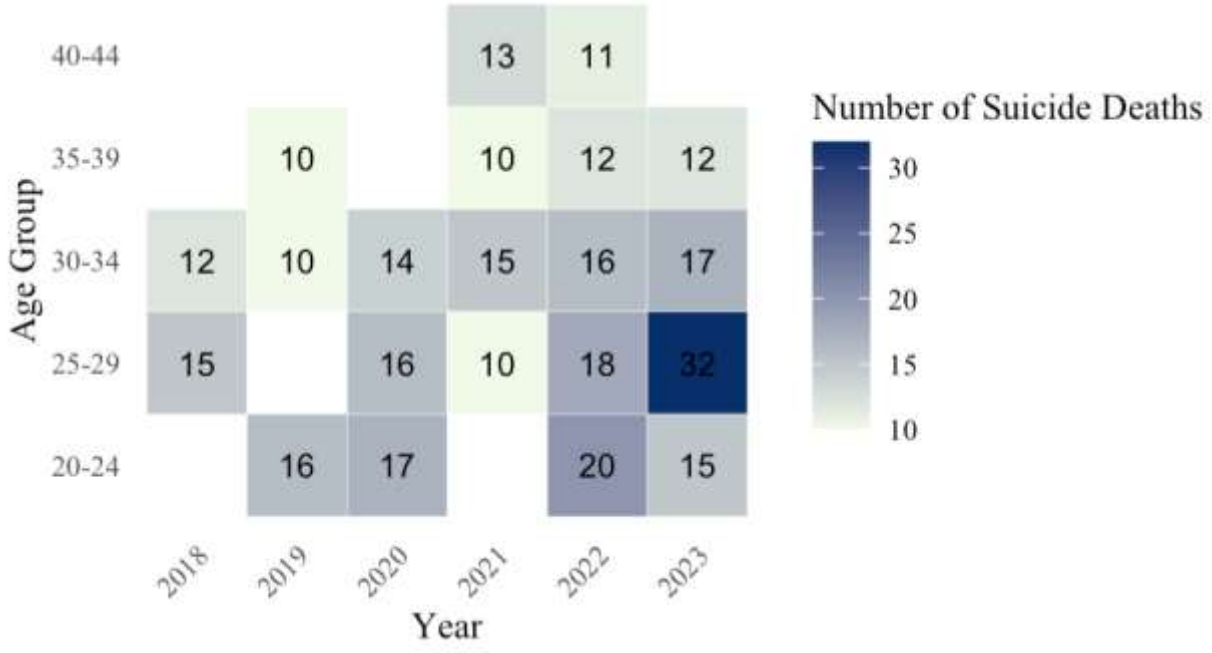


Figure Note: Data represent suicide deaths among African American males in Louisiana, grouped by age cohort and year. Data were retrieved from the Centers for Disease Control and Prevention's WONDER database (CDC WONDER, 2024).

Key Observations:

- **Young adults (ages 25–29 and 20–24)** consistently experienced higher numbers of suicide deaths compared to older groups. Notably, the **25–29 age group recorded a peak of 32 deaths in 2023**, the highest value across all age groups and years.
- The **30–34 age group** also showed a steady increase over time, rising from 12 deaths in 2018 to **17 deaths in 2023**, suggesting a troubling upward trend in this cohort.
- The **35–39 and 40–44 age groups** remained comparatively lower in suicide deaths throughout the years, with minor fluctuations and no dramatic spikes.
- **2022 and 2023** appear to be pivotal years where several age groups reported increases in suicide deaths, aligning with broader trends linked to post-pandemic mental health challenges and socioeconomic stressors.

Summary of Louisiana Suicide Prevention Recommendations by Age

Age Group	Top Risks	Best Interventions
Children and Teens (10–17)	Bullying, trauma, silence, academic pressure and performance stress, social isolation, access to lethal means, access to lethal means	School-based prevention with screening and skills; media awareness campaigns; targeted supports post-crisis; lethal-means safety at home; peer gatekeepers and staff training
Young Adults (18–24)	Dating violence, substance use, relationship and breakup stress, academic and early career stress, mental health conditions, substance misuse, and financial strain	Campus and first-job transition screening; mobile mental health apps; staff/faculty training; substance use risk integration; means safety with roommates/households.
Adults (25–44)	Financial/job stress, isolation, relationship breakdowns, mental health disorders, substance use disorders, chronic physical illness or disability, history of trauma or adverse childhood experiences, access to lethal means	Primary care detection and fast access; behavioral health integration in primary care; workplace suicide prevention training; firearm and medication safety counseling
Middle-Aged Adults (45-64)	Relationship breakdowns, financial/job-related stress, chronic physical illness or disability, mental health conditions, alcohol and drug misuse, and access to lethal means	Intensive follow-up after crises; workplace suicide prevention training; behavioral health integration in primary care
Older Adults (65+)	Depression, health decline, social isolation and loneliness, cognitive decline, and financial strain	Proactive outreach for isolation/bereavement; geriatric depression screening; primary care–anchored prevention; safe medication/firearm storage education

Recommendations for Suicide Prevention

Children and Teens (≈10–17)

- School-based prevention programs with screening and skills: Implement universal screening (e.g., brief depression/suicide screens) and evidence-based social-emotional learning (SEL) programs, along with connectedness programs; pair these with rapid referral protocols and parent notification scripts.
- Media awareness campaigns on youth knowledge of suicide resources.
- Targeted supports for high-risk students: Stand up post-crisis follow-up within 48–72 hours; ensure caregivers co-sign safety plans; add transportation help to first therapy visit.
- Lethal-means safety at home: Offer free lockboxes/cable locks and coaching for firearm and medication storage at school events, pediatric visits, and athletic sign-ups; emphasize "store locked, unloaded, separate ammo."
- Peer gatekeepers and staff training: Train students (peer leaders), teachers, and coaches in gatekeeper programs (recognize–ask–connect) and rehearse "warm handoffs" to school counselors and the 988 service.

Young Adults (18–24)

- Campus and first-job transitions: Embed routine screening in student health and primary care; integrate 988 signage into IDs/syllabi and workplace onboarding.
- Mobile mental health apps linked to crisis services.
- Training for college staff and faculty.
- Substance use and suicide risk integration: Co-locate brief interventions with counseling; coordinate with local crisis teams for after-hours coverage.
- Means safety with roommates/households: Normalize lock storage in off-campus housing and apprenticeship worksites; distribute lock devices via campus police and employers.

Adults (25–44)

- Primary care detection and fast access: Make depression/PTSD screening routine; set same- or next-day access pathways from ED/primary care to therapy. Behavioral health integration in primary care.
- Workplace suicide prevention training: Supervisor and HCR gatekeeper training; post-attempt return-to-work plans; promote EAPs and 988.

- Firearm and medication safety counseling: Offer free locks through clinics, pharmacies, and parish health units.

Middle-Aged Adults (45–64)

- Intensive follow-up after crises: Use "caring contacts" (texts/calls) for 90 days after ED visits, job loss, divorce, or legal/financial stressors; schedule lethal-means counseling check-ins.

- Workplace suicide prevention training: Supervisor and HCR gatekeeper training; post-attempt return-to-work plans; promote EAPs and 988.

- Behavioral health integration in primary care.

Older Adults (65+)

- Proactive outreach for isolation, loneliness, and bereavement: Build parish-level "friendly caller/visitor" programs, home visits, social clubs, transportation to primary care, and grief groups.

- Geriatric depression screening in Medicare visits.

- Primary care–anchored prevention: Annual depression/cognitive screening, medication reviews (limit sedative quantities), and on-site lethal-means counseling with family present.

- Safe medication and firearm storage education.

Statewide Suicide Prevention Strategies for Louisiana

- Use 988 everywhere: Include 988 Lifeline on parish websites, school IDs, clinic after-visit summaries, and church bulletins.

- Zero Suicide in health systems: Enroll parish hospital systems and FQHCs in the state's Zero Suicide framework to standardize screening, safety planning, and follow-up.

- Real-time surveillance and targeted outreach: Utilize Louisiana's syndromic/ED data to identify spikes in ideation/attempts (e.g., by parish, sex, or season) and surge outreach where necessary.

- Focus on firearms: Given Louisiana's high firearm-suicide burden, prioritize free lock distribution, clinician counseling, and public campaigns on safe storage; partner with sheriffs/hunters' groups for credibility.

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