

Louisiana Suicide Prevention Plan

Revised Statute 28:811

HB 148

Prepared by:

Louisiana Department of Health

Office of Behavioral Health

Author: Robyn Thomas

Version Number: 3

December 2021



Scope of the Problem

Suicide is a serious public health concern. The impact of suicide and suicide behavior on individuals, families, communities, and society makes suicide a serious public health problem worldwide. This complex health issue requires coordination and collaboration among multiple sectors. There is no single cause of suicide and there is no single approach to address suicide. Suicide prevention efforts must be comprehensive and integrated because a single approach cannot address the complex nature of suicide.

Suicide is preventable and everyone can play a role in preventing suicide. There are several measures that can be taken to prevent suicide and suicide attempts. Some of these measures include:

- Reducing access to the means of suicide
- Reporting by media in a responsible way
- School-based interventions
- Introducing alcohol policies to reduce the harmful use of alcohol
- Early identification, engagement, treatment and care of people with mental and substance use disorders, chronic pain, and acute emotional distress
- Training of non-specialized health works in the screening, assessment, and management of suicidal behavior
- Follow-up care

Over the past two decades, suicide rates have increased in every state across the country (<https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>).

- 800,000 people die by suicide each year worldwide.³¹
- Suicide ranks as the 10th leading cause of death in the U.S.⁷
- Over 48,000 people died by suicide in the U.S. in 2018.⁷
- An average of 1 person every 11 minutes killed themselves (1 male every 13.9 minutes, 1 female every 49.7 minutes).⁷
- In 2018, 10.7 million American adults seriously thought about suicide.²⁶
- In 2018, 3.3 million American adults made a suicide plan.²⁶
- In 2018, 1.4 million American adults attempted suicide.²⁶
- In 2018, more than 2.2 million people called the Suicide Lifeline.²⁶
- Women are 3 times more likely to attempt suicide, while men are 2 to 4 times more likely to die by suicide.³⁰
- In 2018, Louisiana ranked 30th for all suicide (crude rate 15.5; 720 suicides).⁸

In 2018, Louisiana ranked 22nd for firearm-related suicide deaths (467 deaths).⁸

Suicide is a problem throughout the life span.

- Suicide is the second leading cause of death for people 10 to 34 years of age.⁷
- Suicide is the fourth leading cause of death among people ages 35 to 54.⁷
- Suicide is the eighth leading cause of death for ages 55 to 64.⁷

- Suicide is the second leading cause of death for adolescents and young adults ages 15 to 24 in the United States.²¹
- Suicide attempts are significantly higher among youth compared to adults^{4,13}

Some groups have higher suicide rates of suicide than others. Suicide rates vary by race/ethnicity, age and other population characteristics. Non-Hispanic American Indian/Alaska Native and non-Hispanic White populations have the highest rates across the life span.²⁸ Other Americans disproportionately impacted by suicide include veterans and other military personnel.^{24,28} Also, workers in certain occupational groups such as construction and the arts, design entertainment, sports, and media are disproportionately impacted by suicide.^{24,27} Sexual minority youth experience increased suicidal ideation and behavior compared to their non-sexual minority peers.²⁸

Louisiana Data

The Louisiana Zero Suicide Initiative is data driven and will be implemented to address the statewide need. Louisiana ranked 22nd among states in its rate of suicides for ages 25 and older during 2018.⁶ The state's age-adjusted rate of suicides per 100,000 population (19.7) was 5.91% higher than the national rate (18.6). Louisiana rates over the last few years have steadily increased. From 2016 to 2018, Louisiana's rate increased by 6.9% (from 18.5 in 2016 to 19.7 in 2018).⁶

For the years 2016-2018 combined, many parishes with the highest age-adjusted suicide death rate for ages 25 and older were located in the catchment area of the selected Local Governing Entities (LGEs). These include Evangeline (40.7), St. Landry (37.1), and Vermilion parishes (26.7), Acadiana Area Human Services District (AAHSD); Lafourche (23.6), and Terrebonne (20.9), South Central Louisiana Human Services Authority (SCLHSA); and St. Tammany (22.7) and Tangipahoa (22.2), Florida Parishes Human Services Authority (FPHSA).⁵ These far exceed the state rate of 19.5 and national rate of 18.2 for the same period.

In 2018 alone, the age-adjusted suicide death rate for Ouachita Parish (28.8), under Northeast Delta Human Services Authority (NEDHSA), was the highest in the state with a rate 46% higher than the state rate of 19.7. In addition, Ouachita had the largest increase in the number of deaths between 2016 and 2018 (11 and 29, respectively), an increase of 164% in only two years.

Similar to death rates, parishes in the catchment areas of the selected health systems have demonstrated high numbers of hospital inpatient encounters for patients ages 25 years and older with a principal diagnosis/injury code related to suicide or self-inflicted injury. The number of inpatient encounters in Livingston Parish in FPHSA increased by 47% between 2017 and 2018 (34 and 50 encounters, respectively).¹⁸ The number in St. John the Baptist Parish (SCLHSA) increased 44.4% during the same years (9 and 13 encounters, respectively).

According to Medicaid data, there were 2,732 unduplicated persons ages 25 years and older with a primary or secondary diagnosis of suicide attempt or self-harm.¹⁹ This number is 40.5% higher than the 2016 number of 1,944. Between 2016 and 2018, parishes in the catchment areas of NEDHSA and SCLHSA saw some of the largest increases in the number of unduplicated persons ages 25 years and older with suicide-related Medicaid claims. Richland Parish in NEDHSA saw an increase of 150% in this two-year span from 6 to 15 people, while St. Charles and Assumption

Parishes in SCLHSA experienced increases of 142.8% (7 to 17) and 133.3% (9 to 21), respectively. As these are mostly rural parishes, such a large increase in numbers is notable.

How will this plan be used?

The State Suicide Prevention Plan was prepared by the Louisiana Department of Health's Office of Behavioral Health (OBH) in response to the requirements of HB 148, Louisiana Suicide Prevention Plan RS 28:811.¹ HB 148 provides for the implementation of the zero suicide initiative and a state suicide prevention plan. The State Suicide Prevention Plan is meant to guide the suicide prevention efforts in Louisiana with the goal of reducing suicide. This plan outlines some of the current efforts surrounding suicide prevention across the state.

Stakeholders in suicide prevention will be engaged during implementation of this plan to identify gaps, areas of need, and align strategies and resources to meet the needs of the state. This plan should be viewed as a foundation that can be used by suicide prevention stakeholders statewide to direct efforts in suicide care. OBH will collaborate and partner with stakeholders to expand the efforts outlined in this plan and increase its sustainability.

Background

Garrett Lee Smith Youth Suicide Prevention Grant

From 2006 to 2013, OBH implemented the Louisiana Partnership for Youth Suicide Prevention (LPYSP) through funds awarded by SAMHSA through two Garrett Lee Smith Youth Suicide Prevention Grants. LPYSP targeted approximately 15,000 youth and young adults ages 10-24 and the professionals that work with them. Through LPYSP, OBH was able to promote awareness that youth suicide is a public health problem, create local leadership and sustainability through the development of local coalitions, increase high quality peer support programs, expand gatekeeper trainings, and expand Applied Suicide Intervention Skills Training (ASIST).

OBH has been able to sustain these efforts and has provided and/or supported suicide prevention and early intervention trainings for thousands of individuals statewide. This includes the two-day ASIST training, the suicide alertness program safeTALK, and suicide intervention trainings that focus on suicide safety planning and reduction of lethal means.

- The safeTALK program is designed to help participants ages 15 and older break down the stigma around suicide, teaches the participants to recognize when others are struggling, and lead them to further help.
- The ASIST program is designed to help participants age 16s and older recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety.

¹ <https://legis.la.gov/Legis/law.aspx?d=1108346>

Participation in these trainings include professional clinicians, school personnel, clergy, military personnel, and other individuals who work with vulnerable populations as well as lay audiences from a variety of backgrounds. OBH continuously analyzes and monitors geographical gaps in the trainer network that provides ASIST and safeTALK training and offers trainings of trainers in areas of the state to expand capacity to provide suicide intervention training statewide.

Since the Garrett Lee Smith Youth Suicide Prevention Grant ended in September 2013, OBH has been utilizing a portion of the Mental Health Block Grant toward suicide prevention activities across lifespan including gatekeeper trainings and funding the management of crisis lines. Trainings were disrupted this fiscal year due to COVID-19, which impacted the delivery of suicide prevention and intervention trainings. Following CDC guidelines, the size of the trainings was to maintain safe distancing for the trainers and participants. Some in-person trainings have been limited due to COVID-19, which has caused a shift to virtual platforms in many instances to comply with the CDC guidelines. Some suicide prevention curriculums are not offered virtually, which has reduced the ability to offer certain trainings this fiscal year.

OBH continues to address suicide prevention across the lifespan, In State Fiscal Year 2020, OBH staff provided and/or supported suicide prevention and early intervention trainings for 711 individuals. OBH and other individuals trained 711 people in suicide prevention and intervention, including individuals trained in Applied Suicide Intervention Skills Training (ASIST) and/or safeTALK suicide alertness, as well as a training in suicide2hope, suicide safety planning, a Regional Suicide Prevention Trainers Conference, and Mental Health First Aid. There have been 11 ASIST trainings with 263 individuals trained to provide suicide first aid, and 10 safeTALK trainings with 273 individuals trained to be alert to signs of suicide and assist the individual to obtain help.

Of the 711 individuals trained, OBH partnered with Central Louisiana State Hospital (CLSH) to train 239 of its staff. OBH partnered with the Louisiana Public Health Institute to offer a Mental Health First Aid Train-the-Trainer in which 16 individuals were trained as Mental Health First Aid Instructors. The new instructors have conducted five trainings with 55 individuals.

A Youth Mental Health Train-the-Trainer was conducted in December 2020 through the Project AWARE (Advancing Wellness and Resilience in Education) collaborative with the Department of Education. Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or substance use challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people.

Participants in these trainings include professional clinicians, care managers, social workers, school personnel, clergy, military personnel, school counselors and social workers, healthcare workers, hospital staff, outreach staff, firefighters, and other individuals who work with vulnerable populations as well as lay audiences from a variety of backgrounds.

In the spring of 2017, OBH funded training for 23 individuals to teach ASIST and 11 to teach safeTALK. The State Suicide Prevention Coordinator worked closely with the new trainers to help

them become certified to teach trainings independently. This involved helping trainees learn new material, mentoring and coaching new trainers, co-training with them, helping them find and connect with experienced trainers in their area when they existed, and assistance organizing their trainings and obtaining continuing education units. These new trainers around the state and OBH staff and community partners enabled Louisiana to reach the individuals mentioned above.

In addition to these trainings, OBH responds to calls and emails from the public regarding suicide prevention activities and resources. In efforts to promote behavioral health connections and establish relationships, individuals making these inquiries are also referred to the appropriate LGE responsible for providing behavioral health and disability services in their area as well as nationally vetted suicide prevention resources. OBH also provides technical assistance around issues related to suicide prevention/intervention as requested.

OBH maintains a list of individuals from around the state interested in attending suicide prevention trainings. As trainings are scheduled in interested individuals' areas, OBH notifies them of upcoming trainings, which helps to increase participation. The OBH Suicide Prevention Coordinator maintains a state-level list of those who can distribute training information to regional levels. This includes contacts at the Department of Education (DOE), Department of Children and Family Services (DCFS), Office of Public Health (OPH), Child Death Review Panel, law enforcement and firefighters, 4-H, American Foundation for Suicide Prevention (AFSP)-Louisiana chapter and National Alliance for the Mentally Ill (NAMI), among others.

OBH has been working to coordinate efforts among different entities working to prevent suicide and to increase communication and collaboration at the local level. Eastern Louisiana Mental Health System (ELMHS) has been training clinical personnel in ASIST and direct staff in safeTALK suicide alertness skills. ELMHS and CLSH, which are the state hospitals in OBH's inpatient psychiatric system, and the LGEs of Acadiana, Florida Parishes, Northeast Delta, and South Central are working to implement the Zero Suicide initiative at their facilities.

OBH Suicide Prevention Grants

OBH was awarded two suicide prevention grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) that will guide the implementation of the State Suicide Prevention Plan: the COVID-19 Emergency Response for Suicide Prevention (COVID-19 ERSP) Grant (7/31/2020 – 5/31/2022) and the Zero Suicide Grant (08/31/2020 – 8/30/2025).

The **COVID-19 ERSP Grant** is to support the state and communities during the COVID-19 pandemic in advancing efforts to prevent suicide and suicide attempts for ages 25 and older and for an overall reduction in suicide rates. In addition, the grant will fund statewide training opportunities. OBH is partnering with the Mental Health Association for Greater Baton Rouge (MHA) and other statewide and regional agencies to implement this initiative.

OBH will implement the COVID-19 ERSP project in the parishes of St. Tammany, St. Helena, Tangipahoa, Washington, East Feliciana, West Feliciana, Ascension, East Baton Rouge, Iberville, West Baton Rouge, Livingston, Pointe Coupee, St. John, and St. James. This area of the state was

chosen due to its high COVID-19 infection rates and deaths at the time of the application combined with rates of domestic violence incidents. More recently, the service area of this grant has expanded to include statewide referrals to the case management program.

The intent of the Zero Suicide Project, through the **Zero Suicide Grant**, is to improve care and outcomes for adults who are at risk for suicide by implementing the Zero Suicide model within the identified state behavioral healthcare systems. The overall goal is to decrease suicide deaths and suicide attempts of adults ages 25 or older within behavioral healthcare systems. The trainings and case management program provided through the COVID-19 ERSP Grant will enhance the efforts of the Zero Suicide initiative and ensure that we provide the needed suicide prevention, intervention, and postvention trainings statewide.

OBH is implementing the Zero Suicide initiative in six health systems based on the prevalence of suicide deaths: the LGEs of Acadiana, Florida Parishes, Northeast Delta, and South Central, and at ELMHS and CLSH.

Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide.

- Effective behavioral healthcare
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

Risk Factors

Risk factors are characteristics of a person or his/her environment that increases the likelihood that he/she will die by suicide.

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral healthcare

Warning Signs

Warning signs are behaviors that indicate that someone may be at immediate risk for suicide.

The following signs may mean someone is at risk for suicide:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or unbearable
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Suicide risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. Suicide is preventable and everyone can play a role in preventing suicide. Knowing the warning signs for suicide and how to get someone help can save lives. If you notice any of these warning signs, talk to the person about your concern and/or contact a mental health provider or the National Suicide Prevention Lifeline (1-800-273-TALK (8255) or text HOME, FRONTLINE, OR REACHOUT to 741741. Veterans can call 1-800-273 TALK (8255) and press 1, or text to 838255.

The Lifeline provides free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals, 24 hours a day, 7 days a week, 365 days a year. For more information on the National Suicide Prevention Lifeline and how to help yourself or someone else, see <http://suicidepreventionlifeline.org/>

VIA LINK

VIA LINK offers free and confidential support 24/7 by delivering prevention and crisis resources to Louisianans statewide. Louisiana has two crisis centers that are members of the Lifeline: VIA LINK is located in New Orleans and the Louisiana Association on Compulsive Gambling (LACG) is located in Shreveport. OBH contracts with VIA LINK to provide coverage of South Louisiana, and LACG previously provided coverage of North Louisiana. While LACG is not providing these services at this time, OBH is in initial discussions with them to again serve north Louisiana.

VIA LINK provides support of the National Suicide Prevention Lifeline (NSPL) for South Louisiana. NSPL is a nationwide network of over 160 certified crisis call centers in the United States that is accessed using one number (1-800-273-8255) advertised throughout all states. VIA LINK also operates a teen crisis text line for the New Orleans and Baton Rouge areas that is not funded by OBH.

VIA LINK provides coverage of calls to the Louisiana Spirit crisis counseling services line (1-866-310-7977) during non-disaster periods. This crisis line number has been in use for disasters since 2005. Call volume to this line increases significantly during periods of federally declared disasters when it becomes the access point for crisis counseling services. Call volume to this line

significantly increased during the COVID-19 pandemic, during which time several hurricanes resulted in severe damage to some communities and displaced residents.

A dedicated in-state line staffed with trained Crisis Intervention Specialists (CIS) to provide crisis intervention services during disaster is needed to mitigate some of the emotional, mental, and physical distress related to COVID-19. CIS staff actively engage in problem solving with callers to assess immediate needs, any potential for self-harm or harm to others, and referral needs of the caller, as appropriate. Supportive crisis intervention and resolution at this level can help alleviate distress that often helps to prevent higher levels of care such as hospitalization. In March of 2020, the Louisiana Spirit line was activated to the Keep Calm through COVID line.

In 2018, LDH developed the Coordinated Crisis System (CCS) plan to develop a statewide model for crisis response comprised of the following services:

- **Statewide 1-800 Crisis System Access Line:** A 24/7 toll-free crisis response center to assist and triage callers in crisis by resolving the crisis, dispatching mobile crisis services, immediately transferring to a licensed mental health professional, or taking other necessary actions to assure safety, such as dispatching an ambulance or calling 911
- **Mobile Crisis Intervention (MCI):** A mobile crisis response service that is available as an initial intervention for individuals in a self-identified crisis
- **Behavioral Health Urgent Care (BHUC) Centers:** 24/7 walk-in facilities providing short-term behavioral health crisis intervention
- **Crisis Stabilization (CS):** Short-term bed-based crisis treatment and support services for individuals who have received a lower level of crisis services and are at risk of hospitalization or institutionalization
- **Community Brief Crisis Support (CBCS):** Ongoing crisis intervention response for individuals subsequent to receipt of MCI, BHUC, or CS.

OBH also oversees COVID-19 specific hotlines that are funded through the SAMHSA Crisis Counseling Program such as the Keep Calm through COVID hotline at 1-866-310-7977. This line was initially funded by the MHBG for 7 months and was then funded by the SAMHSA Crisis Counseling Program. The Keep Calm through COVID hotline has since been rebranded to the Keep Calm Line and is for counseling only. This confidential line is available at any time, 24 hours a day, 7 days a week. Louisianans in need of substance use treatment services can dial the Office of Behavioral Health Helpline at 1-877-664-2248 for assistance to help find treatment options for themselves and their loved one(s). This line provides a warm call to licensed professionals that provide brief screenings, triage, brief interventions and referrals to treatment services in their area.

Designation of 988

The National Suicide Hotline Designation Action was recently signed into law. The Federal Communications Commission (FCC) designated that 988 will become the new three-digit number for the National Suicide Prevention Lifeline. The implementation plan approved by the FCC establishes a two-year timeline to make 988 operational nationwide by July 16, 2022, with calls routing through the National Suicide Prevention Lifeline. The Suicide Prevention Resource Center (SPRC) is encouraging states to plan for the implementation of 988 in their State Suicide Prevention plans.

SPRC is encouraging states to consider the following:

1. Call volume could increase 2 to 3 times more with the implementation of 988
2. Boosting call center capacity to meet the need
3. Having discussions with local call centers to plan for implementation
4. Central call centers vs. regional call centers to meet the need

SAMHSA Funding:

Zero Suicide Framework

In August 2020, Louisiana received a five-year grant from SAMHSA to support implementation of the Zero Suicide Framework, a key concept within the 2012 National Strategy for Suicide Prevention (NSSP) and a priority of the National Action Alliance for Suicide Prevention.

The purpose of the Louisiana Zero Suicide Initiative is to improve care and outcomes for individuals ages 25 years and older who are at risk for suicide within state behavioral healthcare systems by implementing the Zero Suicide Framework.

7 Components of the Zero Suicide Framework

1. Lead: Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care.
2. Train: Develop a competent, confident, and caring workforce.
3. Identify: Systematically identify and assess suicide risk among people receiving care.
4. Engage: Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
5. Treat: Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors.
6. Transition: Provide continuous contact and support post-discharge.
7. Improve: Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

OBH will implement the Zero Suicide Initiative in the Acadiana, Florida Parishes, Northeast Delta, and South Central LGEs, as well as ELMHS and CLSH. Through this partnership, OBH would like to decrease suicide deaths and suicide attempts in Louisiana.

The key strategies in Zero Suicide initiative include:

- Adopting and implementing the seven core elements of the Zero Suicide Framework and supporting health systems statewide with monthly Learning Collaborative;
- Conducting a 2-Day Zero Suicide Academy to onboard health systems statewide to the full framework and help them develop an Organizational Plan of Study to guide implementation in their systems of care;
- Supporting health systems in implementing universal screening protocols and embedding them into electronic health records;
- Training clinical staff in the Collaborative Assessment and Management of Suicidality training and treatment framework;
- Encouraging behavioral health providers to take the Counseling on Access to Lethal Means);
- Encouraging behavioral health systems to use collaborative patient-centered approach to safety planning with clients who may be at risk for suicide;
- Identifying and training all non-clinical staff to recognize and respond to suicide risk through evidence-based gatekeeper trainings such as safeTALK and ASIST; and
- Incorporating the use of Peer Support Specialists into the crisis management team to provide care transitions, follow-up, caring contacts, and warm hand-offs.

COVID-19 Emergency Response for Suicide Prevention

Utilizing the COVID-19 ERSP Grant, OBH will partner with the Mental Health Association for Greater Baton Rouge to implement a comprehensive suicide prevention plan for adults 25 and older who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities. The grant will also provide services for victims of domestic violence and their dependents including a safe place to stay in the event that individuals are unable to remain safely in the home setting.

The key strategies in COVID-19 ERSP initiative include:

- Develop and implement a plan for rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities. This must include directly linking up with selected emergency departments and inpatient psychiatric facilities to ensure care transition and care coordination services.
- Establish follow-up and care transition protocols to help ensure patient safety, especially among high-risk adults in health or behavioral healthcare settings who have attempted suicide or experienced a suicidal crisis, including those with serious mental illnesses and/or substance use disorder(s).
- Provide or assure provision of suicide prevention training to community and clinical service providers and systems serving at-risk adults. Such clinical training should include

assessment of suicide risk and protective factors, use of best practice interventions to ensure safety (including lethal means safety), treatment of suicide risk, and follow-up to ensure continuity of care. Competence/confidence of participants is measured after each training.

- Work across state and/or community departments and systems in order to implement comprehensive suicide prevention. Relevant state agencies should include agencies responsible for Medicaid; health, mental health, and substance abuse; children, youth, and families; justice; corrections; labor; housing, Veterans Affairs; and the National Guard.
- Provide suicide screening and assessment, and required appropriate clinical treatment services resulting from the assessment. This includes outpatient services, intensive outpatient services, residential care, group therapy, and family services.
- Provide community recovery supports to assist individuals who have attempted or are at risk for attempting suicide, including supports for impacted household members.
- Service provision must include telehealth options given the current pandemic situation. These services must be available both by telephone only and by audio-visual service provision.
- Provide enhanced services for victims of domestic violence and their dependents including a safe place to stay in the event that individuals are unable to remain safely in the home setting.
- Incorporating the use of Peer Support Specialists into the crisis management team to provide care transitions, follow-up, caring contacts, and warm hand-offs.

Contributors to the COVID-19 ERSP Grant Initiative

Dr. Frank Campbell and **Dr. Raymond Tucker** are experts in the field of suicidology.

Dr. Campbell is the Executive Director Emeritus of the Baton Rouge Crisis Intervention Center, where he serves as Volunteer Chair of the National Suicidology Training Center, and is a volunteer assistant coroner in East Baton Rouge Parish. Dr. Campbell is also a senior consultant for Campbell and Associates Consulting where he works with communities on active postvention efforts and forensic suicidology cases. He has more than 30 years of working with those bereaved by suicide. Dr. Campbell introduced his Active Postvention Model (APM) in 1997 and it is most known as the LOSS Team (Local Outreach to Suicide Survivors). A veteran, Dr. Campbell has been a consultant and contributor to the TAPS program for military family members who attend survivor seminars and national programs. He is the past president of the American Association of Suicidology and a recipient of national and international awards for his contributions.

Dr. Tucker is an LSU assistant professor of psychology who founded the LSU Mitigation of Suicidal Behavior research laboratory. He is a clinical assistant professor of psychiatry at LSU Health Sciences Center/Our Lady of the Lake (LOL), and trains medical staff/students in suicide-specific assessment and intervention protocols. Dr. Tucker is the Co-Director of the National Suicidology Training Center (NSTC) where he provides training on suicide specific interventions including suicide safety planning, postvention programming, and motivational interviewing for suicide prevention. In addition to the work done by NSTC, the Baton Rouge Crisis Intervention Center continues to provide a survivor support group and consultation for children's bereavement.

Dr. Campbell and Dr. Tucker assisted MHA with the development of the suicide case management program, protocols, and procedures, and developed the training for the case management team which included MHAGBR staff, Southeastern Louisiana University/Discovery Renew staff, and the Peer Support Specialists providing case management to the program. Dr. Campbell and Dr. Tucker will provide trainings on suicide prevention and postvention strategies for first responders and providers across the state.

Dr. Sonia Blauvelt is a licensed clinical psychologist and directs the suicide prevention program case management team for the COVID-19 ERSP initiative. Dr. Blauvelt is working closely with Dr. Tucker on this initiative.

MHA is partnering with the **American Foundation for Suicide Prevention (AFSP)-Louisiana Chapter** to provide suicide prevention trainings. **Ken Brown** with AFSP is coordinating ASIST, safeTALK, and Talk Saves Lives trainings statewide to various populations (including Louisiana National Guard and other military units) for the COVID-19 ERSP grant program. Talk Saves Lives is AFSP’s standardized 45-to-60-minute education program that provides participants with the common risk factors and warning signs associated with suicide, and how to keep themselves and others safe. In addition to the trainings, AFSP is committed to connecting families to the Healing Conversations postvention program, which matches families based upon the specifics of their shared experiences with suicide. These peer-to-peer conversations form a foundation for healing and information about resources

Through the COVID-19 ERSP initiative, MHA also is partnering with **Southeastern Louisiana University, Discovery/Renew Family Resource Projects** to provide suicide prevention outreach to domestic violence victims. establish an advocative role for domestic violence victims and establish a relationship with shelters and other domestic violence coalitions and resources to address trauma. The initiative will provide case management, support groups and empowerment counseling.

Overarching State Plan Goals

State Plan Goal #1

Decrease suicide deaths and suicide attempts in Louisiana.

Objective: Promote suicide prevention training, screening, intervention, treatment, care transitions, and quality improvement as core components of health and behavioral healthcare services with evidenced-based strategies and treatment.
Strategy 1: Increase the number of organizations using Zero Suicide statewide.
Strategy 2: Implement universal screenings and protocols to identify individuals at risk for suicide in health and behavioral healthcare systems.
Strategy 3: Use effective evidenced-based care, safety planning, lethal means restriction and follow up care for individuals experiencing a suicide crisis or suicide attempt.
Strategy 4: Integrate Peer Support Specialists in the care management of individuals after a suicide crisis or suicide attempt.

Strategy 5: Implement care transitions protocols to increase continuity of care after discharge from an emergency department or inpatient psychiatric facility for individuals after a suicide attempt or suicidal crisis.
Strategy 6: Use suicide prevention workforce surveys among providers to identify suicide prevention training needs.
Strategy 7: Promote timely access to assessment, intervention, and effective care for individuals at risk for suicide.
Strategy 8: Promote collaboration with the Veteran Affairs facility and Service Members, Veterans and their Families (SMVF) coalition for the Zero Suicide initiative and related suicide prevention initiatives.
Strategy 9: Support and promote the delivery of effective, suicide-safer clinical care.

State Plan Goal #2

Decrease the rates of suicide and suicide attempts in areas with high infection rates of COVID-19 and domestic violence

Objective: Use a case management intervention model utilizing Peer Support Specialists (PSS) as the case managers to implement comprehensive screening and assessment, care management planning and providing care transitions.
Strategy 1: Provide case management for individuals discharged from an emergency department or inpatient facility after a suicide attempt or suicide crisis.
Strategy 2: Provide screening, assessment, safety planning and means restriction, discharge planning, transition care, and warm hand-offs to treatment or community organizations.
Strategy 3: Provide trainings on suicide prevention and postvention strategies for first responders and providers across the state.
Strategy 4: Provide suicide prevention training to the community.
Strategy 5: Establish relationships with shelters, law enforcement, domestic violence coalitions, and governmental agencies to address trauma in domestic violence victims.

Strategy 6: Provide case management, support groups, and empowerment counseling to domestic violence victims.

State Plan Goal #3

Build a sustainable and integrated infrastructure in Louisiana for mental health promotion, suicide prevention, intervention, and postvention.

Objective: Implement and spread evidence-based gatekeeper training for health and behavioral healthcare providers; behavioral health professionals; universities; first responders/frontline workers; Peer Support Specialists; students, counselors and school personnel; and faith-based organizations.
Strategy 1: Ensure communities and individuals are aware of and engaged in suicide prevention efforts.
Strategy 2: Coordinate with other state agency partners and community organizations to implement suicide prevention, intervention, and postvention efforts statewide.
Strategy 3: Encourage community-based settings to implement effective programs and provide education that promotes wellness and prevent suicide and related behaviors.
Strategy 4: Provide train-the-trainer gatekeeper trainings/workshops and mental health awareness trainings in order to increase the expansion and sustainability of the training network.
Strategy 5: Encourage suicide training curriculum within school districts to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression.
Strategy 6: Integrate suicide prevention into trainings for individuals who work with domestic violence victims.
Strategy 7: Research costs of providing mental health promotion and suicide prevention activities.
Strategy 8: Develop a budget that addresses mental health promotion and suicide prevention State goals.
Strategy 9: Increase access to screening for risk of suicide across the lifespan.
Strategy 10: Ensure insurance coverage for prevention services, including screening across the lifespan.

State Plan Goal #4

Initiate efforts to build healthy and empowered individuals, families, and communities.

Objective: Develop a cadre of trainers in suicide prevention by partnering with various public/private organizations, non-profit organizations, universities, state agencies, and faith-based organizations.
Strategy 1: Provide training to community members and professionals on mental health, stigma, how to recognize suicide-related behaviors, and how to connect someone to services.
Strategy 2: Educate family members and significant others about their role in providing help and support to people who may be experiencing a mental health or substance use challenge or crisis.
Strategy 3: Increase awareness of youth mental health, mental health stigma, and community resources through community engagement activities.
Strategy 4: Increase suicide prevention outreach to domestic violence victims to include case management, support groups, and empowerment counseling.
Strategy 5: Establish relationships with shelters, domestic violence coalitions, law enforcement, and other agencies/organizations to address trauma in victims of domestic violence.
Strategy 6: Increase linkages and collaboration to integrate primary care, mental health and substance use services, and enhance efforts to detect early warning signs.

Strategy 7: Provide care and support to individuals affected by suicide deaths and attempts and include these individuals in suicide prevention efforts.

Strategy 8: Develop partnerships with agencies to provide suicide prevention to address the elderly population.

State Plan Goal #5

Promote efforts to reduce access to lethal means among people at risk of suicide

Objective: Train health and behavioral healthcare professionals regarding how to talk to patients, clients, and their families about the risk of lethal means and possible approaches that minimize risk.

Strategy 1: Encourage health and behavioral health professionals and any other providers who work with suicidal individuals to routinely assess and ask about the presence of lethal means (including firearms, drugs, and poisons) in the home.

Strategy 2: Include the family in the care plan as a component of safety planning to reduce access to lethal means.

Strategy 3: Promote the safe storage of medication, poisons, and firearms.

Strategy 4: Collaborate with other agencies to promote safe storage of firearms.

State Plan Goal #6

Strengthen relationships between entities working toward suicide prevention to ensure the reductions of suicide and attempts and promote wellness.

Objective: Identify entities working towards suicide prevention statewide and establish collaborations to work together to prevent suicide.

Strategy 1: Request and review suicide prevention efforts from members of suicide prevention coalitions.

Strategy 2: Coordinate with suicide prevention coalitions to stay abreast of community prevention activities and to coordinate suicide prevention, intervention, and postvention resources for individuals across the lifespan and vulnerable populations.

Strategy 3: Increase statewide coordination with appropriate entities to address barriers that prevent services from being rendered to individuals at risk for suicide.

Strategy 4: Establish a Louisiana Suicide Prevention Network Advisory Council to coordinate the statewide planning process by stakeholder groups.

State Plan Goal #7

Collect and analyze suicide data to guide prevention efforts and to improve quality of care.

Objective: Establish parameters for evaluation to determine if initiatives have been effective in reducing the suicide rate in Louisiana. This information should be used to update and revise the plan on a regular basis once particular goals are met.

Strategy 1: Examine and coordinate the use of existing data regarding at-risk persons and monitor the progress of the Zero Suicide initiative.

Strategy 2: Identify key clinical care outcomes that indicate if systems-level and clinical practice changes are having an impact and to establish systems to collect these data regularly to monitor areas for changes and continuous improvement.
Strategy 3: Utilize the Louisiana Violent Death Reporting System, syndromic surveillance systems, and Medicaid claims data to identify high-risk areas for suicide.
Strategy 4: Analyze data to improve care transitions and improve the continuum of care for individuals at risk for suicide.

OBH will monitor data maintained by the data evaluator for both the Zero Suicide grant and the COVID-19 ERSP grant. Preliminary suicide death data reported by OPH does not show increases in deaths by suicide when comparing the first 10 months of 2020 with the same periods in 2018 and 2019. Suicides are trending lower for the first 10 months of 2020 than the previous two years. It is possible that preliminary data will slightly increase when the reports are updated. The non-fatal suicide-related outcomes data indicate the same findings as the preliminary suicide death data. The percentage of suicide-related emergency department visits does not currently show a significant increase. The Office of Public Health and the Office of Behavioral Health will continue to monitor this data.

State Plan Goal #8

Reduce suicidal and emotional distress in individuals needing assistance through telephonic counseling services, including information and referral services for people in crisis.

Objective: Provide 24-hour-a-day, seven-day-a-week (24/7) crisis line coverage for suicide prevention, crisis intervention, and information and referral services for the citizens of Louisiana.
Strategy 1: Continue the support of early intervention resources and crisis resources such as the National Suicide Prevention Lifeline.
Strategy 2: Collect data on the use of the lifeline crisis center including number of calls answered, response time, call disposition, and dropped/missed calls.
Strategy 3: Collect data on calls answered by local crisis centers and the number of calls being answered by other crisis centers.
Strategy 4: Monitor and measure the quality of assistance provided to callers to the crisis line.
Strategy 5: Participate in workgroups with the Suicide Prevention Resource Center (SPRC) and local call centers to plan for implementation of 988.
Strategy 5: Promote multi-stakeholder input through a 988 implementation coalition.

OBH will use federal grant funding and Mental Health Block Grant (MHBG) funds to implement suicide prevention efforts statewide including trainings, the management of crisis lines, and the hiring of staff to manage mental health promotion and suicide prevention efforts throughout the state. OBH will use a portion of the MHBG to fund the Zero Suicide Workshop, 2-Day Zero Suicide Academy and Community of Practice for providers participating in the Louisiana Zero Suicide initiative. OBH will also use a portion of MHBG funds to provide train-the-trainers and training workshops in ASIST, safeTALK, START, QPR (Question, Persuade, and Refer) and Signs of Suicide (SOS). START is a 90-minute online program developed by LivingWorks which

prepares trainees to recognize when someone has thoughts of suicide, engage them, and connect them to further help. The START course features interactive elements and simulations designed to help support learning and provides ongoing access to refreshers and practice afterward. QPR is a gatekeeper training for suicide prevention designed to teach lay and professional gatekeepers the warning signs of a suicide crisis and how to respond. Gatekeepers can include anyone who is strategically positioned to recognize and refer someone at risk of suicide (i.e. parents, friends, neighbors, teachers, coaches, caseworkers, police officers, etc.).

SOS is a universal, school based prevention program designed for middle school (ages 11-13) and high schools (ages 13-17) students. The goal of SOS is to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression. OBH is partnering with the Louisiana Center for Prevention Resources (LCPR) to coordinate the aforementioned mental health promotion and suicide prevention trainings. OBH also partnered with the Louisiana Public Health Institute (LPHI) to train 16 individuals statewide as instructors in Adult Mental Health First Aid (MHFA). MHFA teaches individuals to identify, understand, and respond to signs of someone who is experiencing a mental health challenge, substance use problem, or crisis.

OBH has hired staff to manage the various mental health promotion and suicide prevention initiatives. One program manager (job appointment) was hired to assist the Suicide Prevention Coordinator in managing the Zero Suicide initiative and implementation of the State Suicide Prevention Plan. A program manager for technical assistance and support (WAE) was hired to assist the Suicide Prevention Coordinator in managing the COVID-19 ERSP grant. A program manager (WAE) was also hired as the co-director of Project AWARE (Advancing Wellness and Resiliency in Education) which is an Interagency Transfer (IAT)/collaborative with the Louisiana Department of Education to address mental health with school-age youth.

Sustainability of Suicide Prevention

Louisiana Medicaid offers health coverage to nearly 1.7 million citizens. The benefits include a wide range of community based, residential, and inpatient behavioral health services. Specialized behavioral health services including assertive community treatment, multi-systemic therapy, mental health rehabilitation, therapeutic group homes, and residential and intensive outpatient substance use disorder treatments are available to individuals at risk for suicide. In June 2016 Louisiana Medicaid began enrolling eligible individuals through Medicaid expansion. Currently, Medicaid has over 500,000 citizens enrolled in the expansion group and nearly 230,000 individuals have received a behavioral health service. Expanding Medicaid has made specialized behavioral health services available to a significant number of individuals who would otherwise be uninsured.

<https://ldh.la.gov/healthyladashboard/>

It is expected that grantees of the Zero Suicide Initiative consult with their State Medicaid office regarding the sustainability of Zero Suicide activities, particularly care transition services.

Sustainability activities:

- Identify potential sources of funding for suicide prevention strategies on an ongoing basis and over the long term.
- Actively expand stakeholder's participation in suicide prevention advocacy efforts.
- Annually assess current suicide prevention mandates and develop recommendations for enhancements as needed.
- Annually assess funding for Suicide prevention lifelines, conferences, training materials, marketing materials, and an increase in staff to facilitate the needs of the State requires funding.

Vulnerable Populations

According to the Department of Veterans Affairs (VA) 2019 National Veteran Suicide Prevention Service Members, Veterans and their Families (SMVF)

Annual Report, 45,390 American adults died by suicide in 2017 including 6,139 U.S. Veterans.¹⁹ The results of the annual report highlight the importance of the use of evidenced-based clinical interventions, the need to expand community prevention strategies to offer assistance to the Veteran population and the importance of lethal means restriction to prevent suicide.

- The number of veteran suicides exceeded 6,000 each year from 2008 to 2017.¹⁹
- Among U.S. adults, the average number of suicides per day rose from 86.6 in 2005 to 124.4 in 2017. These numbers included 15.9 veteran suicides per day in 2005 and 16.8 in 2017.¹⁹
- In 2017, the suicide rates for veterans 1.5 times the rate for non-veteran adults, after adjusting for population differences in age and sex.¹⁹
- Firearms were the method of suicide in 70.7% of male veteran suicide deaths and 43.2% of female veteran suicide deaths in 2017.¹⁹
- In addition to the aforementioned veteran suicides, there were 919 suicides among never federally activated former national guard and reserve members in 2017, an average of 2.5 suicide deaths per day.¹⁹

Special note: For this report, a veteran is defined as someone who had been activated for federal military service and was not currently serving at the time of death.

Each of the selected providers will collaborate with their nearest VA facility to provide information and enhance their awareness of the availability of the Zero Suicide Initiative for the referral of veterans, especially those who are not eligible for VA services. LGEs and hospitals will enhance the knowledge of VA facility staff and the suicide prevention coordinators who follow up on the Lifeline calls on suicide awareness, intervention and treatment by inviting them to attend staff trainings held as part of this grant. In addition, LGEs and hospitals with ASIST and safeTALK trainers will offer these trainings to local VA facility staff. OBH will also invite staff from VA facilities to attend the two-day Zero Suicide Academy.

OBH will also work with the SMVF collaborative, a newly established team whose membership includes representatives from LGEs, veterans, family members, and other community organizations with the common interest of providing behavioral health services to this disparate population. The SMVF collaborative is identifying resources for SMVF related to housing, transportation, employment, behavioral health, college/universities, benefits and families. OBH has a full time staff person who works as a liaison between OBH and existing veteran and service member organizations, as well as provide support to the SMVF collaborative. This ensures OBH has a linkage to veterans to serve this important population.

Disparate populations

An extensive data review was conducted in order to identify the disparities within the regions served for the Zero Suicide grant. Several data sources were used to determine vulnerable populations that will be targeted throughout the duration of the Zero Suicide grant. The data sources include: mental health data from OBH, CDC's Suicide Mortality by State report, Suicide Prevention Resource Center Racial and Ethnic Disparities report, and American Psychiatric Association and America's Health Rankings. Based upon the information gathered from these data sources, data continues to support the identification of white males as the highest number of individuals at risk for suicide. Additionally, African Americans, LGBTQ, and female populations present as high risk as the rate of nonlethal suicide behaviors amongst these populations continue to rise.

According to mental health data from OBH, 88% of the persons served within the geographic areas served through the Zero Suicide grant, were white (54.5%) and African American (33.5%). Additionally, 57.5% were female and 44.4% were male.

The CDC reported in 2018 there was 720 suicide related deaths in Louisiana. (<https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>). America's Health Rankings reported that in 2018, 7.7 % of individuals who died by suicide in Louisiana were black, 19.7% were white, 7.7 were male and 2.1 percent were female. (<https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/LA?edition-year=2018>).

SPRC reports that 17.5 per 100,000, the age-adjusted suicide rate for white populations in 2019 was higher than the overall U.S. suicide rate of 13.2 per 100,000. Also, SPRC reported the suicide death rate for white populations is higher than the overall U.S. population across the lifespan. The suicide death rate for white populations is higher than that of the overall U.S. population for both males and females. In terms of the overall U.S. population, the suicide death rate for men is more than three times the rate for women in white and African American populations. (<https://www.sprc.org/scope/racial-ethnic-disparities>). SPRC reports that women are more likely than men to attempt suicide while men are more likely to die by suicide. (<https://www.sprc.org/populations/women>)

Although the aforementioned data indicates that suicide death rates are significantly lower for African Americans, this group has a high rate of suicide attempts and serious thoughts of suicide.

Additionally, this group is considered a disparate population due to high risk factors such as homelessness, exposure to violence, psychological distress, family dysfunction, and exposure to racial inequality. (<https://www.sprc.org/scope/racial-ethnic-disparities>).

Another disparate group is the LGBTQ population. This group identifies as highly at risk for mental illness. According to the American Psychiatric Association, LGBTQ individuals are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime. Also, transgender individuals who identify as African American/black, Hispanic/Latino, American Indian/Alaska Native, or multiracial/mixed race are at increased risk of suicide attempts than white transgender individuals. ([file:///C:/Users/jharkless-thomas/Downloads/Mental-Health-Facts-for-LGBTQ%20\(2\).pdf](file:///C:/Users/jharkless-thomas/Downloads/Mental-Health-Facts-for-LGBTQ%20(2).pdf))

As such, program efforts will be made to ensure that these groups are considered, identified, and appropriately treated in the process of providing services. The Zero Suicide initiative will work to identify and address the risk and protective factors most relevant to each affected subgroup and utilizing a culturally competent approach when assessing and providing services.

Suicide Prevention at the Local Level

Louisiana's statewide crisis services include crisis prevention, early intervention crisis intervention and stabilization, and post-crisis support services across the life span. These activities occur at the local level through the regional Human Services Districts and Authorities responsible for behavioral health and developmental disability services. These districts and authorities are also known as Local Governing Entities (LGEs). The location, parishes covered by each LGE and contact information can be found at <http://dhh.louisiana.gov/index.cfm/directory/category/100>.

The services provided at the local level are part of the state's overall response to suicide prevention and intervention. There is a crisis line number available in every LGE, which gives direct access to crisis services. The LGEs provide suicide prevention/intervention training for their own staff and may also be provided to the community in order to enhance and expand capacity. Suicide intervention and stabilization for individuals at risk of suicide is included in each LGE's overall crisis response. Safety planning, support, care coordination and post suicidal care coordination are also part of the local response for individuals at risk of suicide. Post-crisis intervention and support services provided in the LGEs may also include peer support, linkages to care coordination and follow-up clinical care. Most LGEs provide ongoing support that includes transition assistance for each individual who has received crisis intervention to ensure the immediate crisis was resolved and the linkages are being adequately utilized within the community for follow-up. The ongoing support can include individualized safety planning, inclusion of family and natural support systems, individual and group therapy, psychiatric medication management services and contracted care management services. Prior to the recently awarded Zero Suicide grant, Florida Parishes Human Services Authority (FPHSA) had committed to implementing the Zero Suicide initiative throughout their entire system and had been working on the recommended implementation steps.

Crisis services for youth are available in each LGE as well. With the advent of regionally led services in every area of the state, the LGEs have the autonomy to determine how they want to provide Children's Crisis Services. The community-based Child and Adolescent Response Team (CART) program and other community-based supports and services continue to provide a route to assist in the reduction of inpatient hospitalization and diversion from out-of-home-placements. The process should always include client voice and choice. Crisis services for children and youth involved in CART are provided 24 hours a day, 7 days a week. There is a 24-hour crisis line number to access children's crisis services via phone in each area. In some areas, a crisis line is provided in conjunction with the adult crisis services, and in other areas it is a separate line. CART services are available to children and their families, not just those who are eligible for state behavioral health services. Services include telephone access with additional crisis services and referrals, face-to-face screening and assessment, crisis respite in some areas, clinical case management, consumer care resources, and access to inpatient care when necessary. The CART program provides daily access to parents/teachers, doctor's offices, emergency room staff or other community persons who identify a child experiencing a crisis. After the maximum 7-day period of CART stabilization, youth and their families may still require further intervention and/or intensive services. Intensive in-home services such as Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Homebuilders (HB) may be provided through any of the available community-based services with child/youth providers (i.e., Community Psychiatric Support and Treatment (CPST) or Psychosocial Rehabilitation (PSR)).

Collaborative Projects for Youth

Child Safety Network/Child Safety Learning Collaborative/Suicide and Self-Harm Prevention

Most of those who die by suicide have interacted with health care services in the year before their death, often for non-psychiatric reasons.¹ Up to one in 10 emergency department patients presenting with medical issues have experienced recent suicidal ideation or suicide attempts.^{6,10} The Joint Commission recommends universal screening for suicide risk in acute care settings and mandates suicide screening in behavioral health settings.^{11,12} Implementing universal screening can help identify individuals that are at risk for suicide and deliver timely interventions.

OBHworks in collaboration OPH to reduce youth suicide. This team works collaboratively to increase the number of emergency departments across the state that are implementing universal screening for suicide risk with valid screening tools among children 10-19 years old. The pilot community for this project is region 4 and region 6. Due to the impact of COVID-19 and the strain on local hospitals, this pilot project has been postponed and the focus has been shifted to implementing gatekeeper trainings.

At the state level, a team monitors vital records and causes of death. Annually, the OPH/Bureau of Family Health produces a Louisiana Child Death Review report. Findings from vital records indicates that Louisianasuicide rates have been increasing for all ages, but especially for youth among 15-19 years old. The suicide rate among youth in Louisiana exceeded the US rate in 2017 (7.8 vs. 7.2 per 100,000).¹⁷

According to the Youth Risk Behavior Survey (YRBS), a survey given to high school students in the U.S. to monitor health related behaviors, 17.8% of Louisiana high school students seriously considered attempting suicide and 16 % of high school students did attempt suicide. Comparatively across the U.S., the National rate of high school students reporting attempting suicide was 7.4%.

The YRBSS monitors health behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS is a school-based survey given to samples of 9th to 12th grade students. The YRBS is anonymous and is conducted every two years.

Between 2007 and 2017, 375 children, ages 10 through 19 years old died by suicide.

When looking at violent deaths among children ages 10 to 14 , which includes homicides, suicides and unintentional firearm fatalities, the majority of deaths are due to suicide (56% from firearms, 35% from suffocation, 5% from self-poisoning).¹⁷

Higher rates of suicidal behaviors have been found among some racial and ethnic minority youth. In 2017, the highest rates of suicidal ideation and suicide attempts was found among American Indian and Alaska Native youth.¹⁶ Between the years of 1991 and 2017, suicide attempt rates decreased among most racial and ethnic groups; however, black youth experienced an increase in suicide attempts and injury by suicide attempt.¹⁶

In addition to the aforementioned youth data, the Emergency Taskforce on Black Youth Suicide and Mental Health released the *Ring the Alarm Report-The Crisis of Black Youth Suicide in America*. The report provided the following data:

- Black youth suicide rates increased from 2.5 per 100,000 in 2007 to 4.82 per 100,000 in 2017. Black youth under 13 years of age are two times more likely to die by suicide. Black males ages 5-11 were more likely to die by suicide compared to their White peers^{2,3,17}.
- The Youth Risk Behavior Survey indicated that suicide attempts increased by 73% between 1991-2017 for Black adolescents (boys and girls).¹³
- During the period of 1991-2017, injury by attempt increased by 122% for adolescent Black boys.¹³

Child Death Review Panel (CDRP)

The Louisiana State Child Death Review Panel (CDRP) is a multidisciplinary panel of 25 members of Louisiana state and non-governmental agencies and organizations. The state Suicide Prevention Coordinator is a member of this panel. The CDRP reviews all unexpected deaths among children ages 14 and younger, including Sudden Infant Death Syndrome (SIDS) to better understand the cause and contributing risk factors. Review findings are also used to take action to prevent other deaths and to improve health and safety of Louisiana's children.

The means that a person uses plays an important role in whether the person lives or dies. Means reduction, including access to firearms, focuses our efforts on reducing a suicidal person's access to lethal means. Reducing access to lethal means saves lives.

The CDRP identified safe firearm storage as a priority focus area and promoting safe storage as an important way to prevent child deaths. A committee was created to address and promote safe firearm storage in Louisiana. From 2015-2017, 42% of child homicides (ages 1-14 years) involved firearms. In 50% of those cases, the firearm was stored loaded, and in 38% the firearm was not stored at all. According to the CDRP's Annual Report for 2016-2018, 25 children in Louisiana died by suicide.¹⁷ More than half of these suicides involved the use of a firearm. For ages 14 and under, the most common suicide methods were 52% firearm, 36% hanging and 12% overdose.

Project AWARE (Advancing Wellness and Resilience in Education)

Project AWARE is a collaborative project between OBH and the Louisiana Department of Education (DOE). The three (3) AWARE school districts include St. Bernard, Jefferson Parish, and Monroe City Schools. The school districts selected to participate in Project AWARE represent a small, medium, and large district located in rural and urban areas of the state. The districts include schools that struggle across metrics such as student growth, student performance, diploma obtainment, and high suspension and expulsion rates. All three districts have a greater percent of economically challenged students than the state average and a large minority student population that is disproportionately being subjected to out of school discipline removals. The purpose of this program is to build or expand the capacity of DOE, in partnership with OBH, overseeing school-aged youth and local education agencies (LEAs) or school districts, to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services. SAMHSA expects that this program will focus on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

The Goals of Project AWARE:

1. Increase awareness of mental health issues impacting students and families through a comprehensive workforce development plan for partnering LEAs and participating school.
2. Establish a network of mental health providers to increase student access to services in the school and community.
3. Ensure partner LEAs will implement a screening and referral process to identify and address potential mental health needs of school-aged youth.
4. Ensure three partner LEAs are providing direct services to students with mental health needs and their families.

Programs throughout the State of Louisiana

Southwest Louisiana Health Education Center (SWLAHEC)

The Kay Doré Counseling Clinic (KDCC) is the training arm for the Master's of Psychology, Counseling Psychology at McNeese State University. The majority of LPCs in SWLA are graduates from the program. In addition, KDCC is a community clinic that offers counseling sessions to the public for a flat rate of \$20 a session. Counselors are students completing requirements for their Practicum/Internship.

The establishment of the Suicide Prevention and Education Program within the KDCC was developed out of a collaboration with a local high school. Student counselors were sent to Sam Houston High School (SHHS) to provide counseling on a range of issues, including suicidal ideation. Over time, the collaboration revealed the need for such a program.

Question, Persuade, and Refer (QPR) Training Initiative:

There has not been a systematic approach to suicide prevention training in Southwest Louisiana (SWLA). In fact, there are very few trainers for any of the trainings offered in this area. There are three (3) people trained to teach safeTALK and ASIST and only two (2) trainers for MHFA. Funding was awarded to KDCC from Southwest Louisiana United Way to bring QPR training to the area. KDCC has partnered with Calcasieu Parish School Board (CPSB) to train one (1) trainer in each school in Calcasieu Parish. These trainers will be the school counselors and social workers. The school counselors and social workers will then train the other educators to recognize signs and symptoms of suicide as well as intervene and refer them to a mental health professional for help. At the end of the funding year, KDCC will have trained over 3,000 people in QPR in SWLA.

Peer Initiative Leaders of Tomorrow Program (PILOT):

In 2014, within a 9-month period, there were 4 student deaths at SHHS, two by suicide. Two (2) educators at SHHS recognized that something needed to be done to provide support to students. They created the PILOT program as a peer-to-peer support system. The co-founders recognized the need for training for the peer leaders in this program. Student counselors at McNeese were enlisted to train the peer leader and provide counseling as needed. This is the only program of its kind in Louisiana; there are a few programs in the nation that are similar. The program will initially offer solely the peer-to-peer support. This program will be expanded to two (2) additional schools in the Parish in Fall 2020.

AFSP/ Out of the Darkness Walk:

Dr. Yaudes chaired the Out of the Darkness Walk for the American Foundation for Suicide Prevention (AFSP) last year and is now a co-chair with the dean of Burton College of Education at McNeese. KDCC plays a large role in the success of last year's walk; there were over 1100 participants (333% increase from the previous year) and over \$23,000 was raised for AFSP. Dr. Yaudes joined the Louisiana Chapter Board of AFSP in the beginning of 2020.

CACREP:

The Master's in Psychology, Counseling Psychology at McNeese is not CACREP accredited. The program has been approved for three new faculty positions, created to ensure the program meets the minimum CACREP standard for faculty. One faculty member has been hired and started in January 2020. There is an active search for the second position. It is anticipated that a search for the third position will be launched in the Spring of 2021.

While working toward CACREP accreditation, justification will be provided for the development of two (2) new courses to support the department's application and importantly, provide much needed training to future clinicians. To date, only 2% of CACREP accredited programs have a course whose focus is training graduate students in suicide prevention. The goal is to create a new Crisis Management course (i.e., suicide prevention, mandatory reporting, and human trafficking) as well as a new Trauma course.

Suicide Postvention Research:

Dr. Kevin Yaudes with the Southwest Louisiana Health Education Center (SWLAHEC) was the recipient of a Shearman Research Grant from McNeese State University. A literature review on the topic of suicide revealed that little research has been done with those who had attempted suicide and survived. As a result of being unable to find any clinical interview developed for this purpose, a clinical interview was developed. Adverse Childhood Experiences (ACES) information (along with other information) will be collected and semi-structured clinical interviews will be conducted with survivors focusing on five communities within SWLA (Hispanic, Black, Veterans, Service Industry, and LGBT). It is expected to be the first postvention research of its kind in SWLA.

Southwestern Louisiana (SWLA) Suicide Prevention Coalitions:

There are currently two (2) suicide prevention coalitions. One is organized by an employee of Imperial Calcasieu Human Services Authority with a long history of community service on the topic of suicide prevention; the other is conducted by the SWLA Area Health Education Center. Dr. Yaudes is working to merge the two (2) coalitions to maximize efforts for SWLA.

I CARE

The *I CARE* Program is the alcohol drug abuse and violence prevention program for East Baton Rouge Parish School System. *I CARE* provides prevention education to students in public, parochial, and participating private and charter schools. *I CARE* provides prevention education in the areas of alcohol, tobacco, other drugs, violence, crisis response and management. Some other services offered by *I CARE* include: individual family and student consultation, small group student support, classroom education, staff and parent trainings, and support services related to social emotional learning.

Regional Non-profit Suicide Prevention Entities

Jacob Crouch Foundation (JCF)/Family Tree, St. Tammany Outreach for the Prevention of Suicide (STOPS), and Save Cenla

All three of these non-profit organizations are focused on suicide prevention in their areas and hosted trainings. Jacob Crouch Foundation/Family Tree serves the Acadiana area, St. Tammany Outreach for the Prevention of Suicide (STOPS) serves St. Tammany Parish, and Save Cenla serves the central part of the state. OBH has provided materials for some of the trainings and helps to publicize the scheduled training events to larger audiences to increase participation and informs others of their regional Suicide Survivor of Loss support groups. OBH is working on a collaborative with OPH and the Family Tree to offer gatekeeper trainings statewide.

Suicide Prevention Resources

National Suicide Prevention Lifeline

1-800-273-8255 (TALK) or Text HOME, REACHOUT, or FRONTLINE to 741741.

Veterans can call 1-800-273 TALK (8255) and Press 1, or text to 838255. The Lifeline provides 24 hours a day, 7 days a week, 365 days a year free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. For more information on the National Suicide Prevention Lifeline and how to help yourself or someone else, see <http://suicidepreventionlifeline.org/>

VIA LINK's Crisis Teen Text line 504-777-3273 OR 504-777-EASE is primarily meant to serve youth ages 13-22 throughout the state of Louisiana experiencing emotional distress.

Trevor Project is a confidential resource that provides live help for LGBTQ youth with a trained specialist over text messages. **Text START to 678-678.** You can also call the **TrevorLifeline** which is available 24/7 at **1-866-488-7386**

Keep Calm warm line/help line can be reached at **1-866-310-7977** at any time, 24 hours a day, and seven days a week. All calls are confidential. **This line is for counseling only**

"Conquer COVID-19 Together" <https://conquercovid19.la/#> This site provides information on for children & families, coping/managing mental health, crisis counseling, first responder & healthcare providers, grief, anger, stress, crisis helplines, crisis text line, and local community contacts. This site will also provide survivors with information and education about typical reactions, helpful coping strategies and available disaster related resources to meet emerging and ongoing social wellbeing and emotional care.

Louisiana 211 – 2-1-1 is a free helpline that connects people to a wide range of health and human services, 24 hours a day, 7 days a week. To contact 2-1-1 in any state, including Louisiana, simply dial the numbers 2-1-1 from any phone.

Mental Health Association for Greater Baton Rouge

MHA specifically serves individuals who have been treated for any mental or emotional disorder and/or substance abuse, with a special focus on the seriously and chronically mentally ill adult population.

Phone: (225) 929-0429

National Alliance on Mental Illness–Louisiana

The National Alliance on Mental Illness is a nationwide advocacy group, representing families and people affected by mental health disorders in the United States. The national organization is organized into state and local affiliates, of which NAMI–Louisiana is one.

NAMI Louisiana's Information Line and Email

Phone: (225) 291-6262

Toll Free: (866) 851-6264
 Email Address: info@namilouisiana.org
 NAMI Information Helpline
 1-800-950-NAMI (6264)
 NAMI National: nami.org

NAMI St. Tammany

NAMI St. Tammany is a non-profit organization that fills the need for education, advocacy, support, and resources for both those in our community living with mental illness and their loved ones.

Phone: (985) 626-6538
 Toll Free: 888-521-2297
 Email Address: info@namisttammany.org

NAMI Louisiana Area Crisis Lines

Alexandria	First Call For Help United Way of Central Louisiana	Information & Referral Only	(318) 443-2255
De Ridder	Beauregard De Ridder Community	24 hours	(318) 462-0609
Jefferson	RHD – Mobile Crisis Service / ACT	24 hours / 7 days	(504) 734-2112
Lafayette, Acadiana and beyond	Southwest Louisiana Education & Referral Center	Monday – Friday, 8:00am – 4:30pm with 24 hour on-call services for emergencies	232-HELP / 211
Leesville	Vernon Parish Crisis Hotline	24 hours / 7 days	(337) 239-4357
Metairie	Copeline Crisis Line		(504) 523-2673
Monroe	Mainline	6 pm – 6 am	(318) 387-5683
New Orleans	River Oaks Hospital Trauma Stabilization Program	24 hours / 7 days	1-800-366-1740
New Orleans	Via Link	24 hours / 7 days	(504) 269-2673
New Orleans	Via Link - Youth Link	24 hours / 7 days	(504) 895-2550
Northeast Louisiana	Y.W.C.A. Telephone Crisis Counseling	24 hours / 7 days	(318) 323-1505

Louisiana Local Governing Entities

The LGEs are currently treating adults and children with serious mental illnesses or emotional disturbances through clinics throughout the state. These behavioral health clinics provide a variety of services, including screening and assessment, emergency crisis care, individual evaluation and treatment, medication administration and management, clinical casework services, specialized services for children and adolescents, specialized criminal justice services, specialized services for the elderly and pharmacy services. Inability to pay does not affect receipt of services.

- **Acadiana Area Human Services District**

1. Serving Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermillion Parishes
 2. Main Office: (337) 262-4100
 3. Adult Mental Health Outpatient Service Locations:
 - Crowley Behavioral Health Clinic (Crowley): (337) 788-7511
 - New Iberia Behavioral Health Clinic (New Iberia): (337) 373-0002
 - Opelousas Behavioral Health Clinic (Opelousas): (337) 948-0226
 - Tyler Behavioral Health Clinic (Lafayette): (337) 262-4100
 - Ville Platte Behavioral Health Clinic (Ville Platte): (337) 363-5525
- **Capital Area Human Services District**
 1. Serving Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana Parishes
 2. Main EBR Parish Clinic: (225) 925-1906 or (800) 768-8824
 3. Administrative Offices: (225) 922-2700 or (866) 628-2133
 4. VIA LINK's Baton Rouge Crisis Line: (844) 452-2133
 5. Adult Mental Health Outpatient Service Locations:
 - Ascension Parish:
 - Gonzales Mental Health Center (Gonzales): (225) 621-5770/5775
 - Donaldsonville Mental Health Center (Donaldsonville): (225) 621-5770 or (225) 907-2218
 - East Baton Rouge Parish:
 - Center for Adult Behavioral Health (CABH): (225) 925-1906
 - Margaret Dumas Mental Health Center (Baton Rouge): (225) 359-9315
 - Iberville Parish:
 - Iberville Parish Behavioral Health Satellite Clinic (Plaquemine): (225) 922-3281 or (225) 907-2218
 - Pointe Coupee Parish:
 - Point Coupee Behavioral Health Satellite Clinic (New Roads): (225) 922-3281 or (225) 907-2218
 - West Baton Rouge Parish:
 - West Baton Rouge Behavioral Health Satellite Clinic (Port Allen): (225) 922-3281 or (225) 907-2218
 - West Feliciana Parish:
 - West Feliciana Behavioral Health Satellite Clinic (St. Francisville): (225) 907-2218
 - **Central Louisiana Human Services District**
 1. Serving Avoyelles, Concordia, Catahoula, Grant, LaSalle, Rapides, Vernon, and Winn Parishes
 2. Main Number: (318) 487-5191
 3. After-Hours/Crisis Line: (800) 654-1373
 4. Adult Mental Health Outpatient Locations:
 - Caring Choices Alexandria: (318) 484-6850
 - Caring Choices Leesville: (337) 238-6431

- Caring Choices Marksville: (318) 253-9638
 - Caring Choices Jonesville: (318) 339-8553
- **Florida Parishes Human Services Authority**
 1. Serving Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington Parishes
 2. Main Number: (985) 543-4333
 3. FPHSA Crisis Line: (855) 268-1091 or 211
 4. Adult Mental Health Outpatient Locations:
 - Rosenblum Behavioral Health Clinic (Hammond): (985) 543-4730
 - Mandeville Behavioral Health Clinic (Mandeville): (985) 624-4450
 - Slidell Behavioral Health Clinic (Slidell): (985) 646-6406
 - Bogalusa Behavioral Health Clinic (Bogalusa): (985) 732-6610
 - Denham Springs Behavioral Health Clinic (Denham Springs): (225) 665-0473
- **Imperial Calcasieu Human Services Authority**
 1. Serving Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis Parishes
 2. Main Number: (337) 475-8022 or (337) 475-3100
 3. Business Administration Office: (866) 698-5304
 4. After-Hours Number: (800) 272-8367
 5. Adult Mental Health Outpatient Locations:
 - Lake Charles Clinic (Lake Charles): (337) 475-8022
 - Allen Clinic (Oberlin): (337) 639-3001
 - Beauregard Clinic (DeRidder): (337) 462-1649 or (337) 462-1641
 - Jefferson Davis Clinic (Jennings): (337) 246-7325
 - Sulphur Clinic (Sulphur): (337) 625-6750
- **Jefferson Parish Human Services Authority**
 1. Serving Jefferson Parish
 2. Main Number: (504) 838-5257
 3. Behavioral Health Community Services: (504) 846-6901
 4. Behavioral Health Mobile Crisis Line: (504) 832-5123
 5. Adult Mental Health Outpatient Locations (Integrated Primary and Behavioral Health Care):
 - East Jefferson Health Center (Metairie): (504) 838-5257
 - West Jefferson Health Center (Marrero): (504) 349-8833
- **Metropolitan Human Services District**
 1. Serving Orleans, Plaquemines, and St. Bernard Parishes
 2. Main Number and Appointment Line: (504) 568-3130
 3. 24-Hour Crisis Line: (504) 826-2675
 4. Adult Mental Health Outpatient Locations(Use the main number for all locations):
 - Algiers Behavioral Health Center District Office (New Orleans)
 - Chartres-Pontchartrain Behavioral Health Center (New Orleans)
 - Central City Behavioral Health and Access Center (New Orleans)

- New Orleans East Behavioral Health Center (New Orleans)
 - St. Bernard Behavioral Health Center (Arabi)
 - Plaquemines Community C.A.R.E. Center (Belle Chasse)
- **Northeast Delta Human Services Authority**
 1. Serving Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Tensas, Morehouse, Ouachita, Richland, Union, and West Carroll Parishes
 2. Main Number: (318) 362-3270
 3. Mental Health Crisis Hotline: (800) 256-2522 or (318) 362-3339
 4. **Adult Mental Health Outpatient Locations:**
 - NEDHSA Monroe Clinic: (318) 362-3339
 - NEDHSA Ruston Clinic: (318) 251-4125
 - NEDHSA Tallulah Clinic: (318) 574-1713
 - NEDHSA Bastrop Clinic: (318) 283-0868
 - NEDHSA Winnsboro Outreach: (318) 649-2333 or (318) 435-2146
 - NEDHSA Columbia Clinic: (318) 649-2333
 5. **Primary Care Partners:**
 - Primary Health Services Center Administrative Office (Monroe): (318) 388-1250
 - Primary Health Services Center DeSiard Street Clinic (Monroe): (318) 651-9914
 - Primary Health Services Center Behavioral Health Clinic (Monroe): (318) 325-7740
 - Primary Health Services Center S. D. Hill Clinic (Monroe): (318) 651-0041
 - Primary Health Services Center Women and Pediatric Clinic (Monroe): (318) 651-9945
 - Primary Health Services Center Dental Clinic (Monroe): (318) 323-4450
 - Morehouse Community Health Center Administrative Office (Bastrop): (318) 283-8887
 - Tensas Parish Community Health Center Administrative Office (St. Joseph): (318) 766-1967
 - Winnsboro Rural Health Clinic Administrative Office (Winnsboro): (318) 435-4571
 - University Health Conway (Monroe): (318) 330-7000
 - Madison Parish Hospital (Tallulah): (318) 574-2396
- **Northwest Louisiana Human Services District**
 1. Serving Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster Parishes
 2. Main Number: (318) 676-5111
 3. Behavioral Health Crisis Line: (866) 416-5370
 4. **Adult Mental Health Outpatient Locations:**
 - Shreveport Behavioral Health Clinic: (318) 676-5111
 - Natchitoches Behavioral Health Clinic: (318) 357-3122
 - Minden Behavioral Health Clinic: (318) 371-3001

- **South Central Louisiana Human Services Authority**
 1. Serving Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne Parishes
 2. Main Number: (985) 858-2931
 3. Crisis Assist Link Line: (877) 500-9997
 4. Adult Mental Health Outpatient Locations:
 - River Parishes Assessment Center (Laplace): (985) 651-7064
 - River Parishes Behavioral Health Center (Laplace): (985) 652-8444
 - Lafourche Behavioral Health Center (Raceland): (985) 537-6823
 - St. Mary Behavioral Health Center (Morgan City): (985) 380-2460
 - Terrebonne Behavioral Health Center (Houma): (985) 857-3615

Glossary of Frequently Used Language

Assessment: A comprehensive evaluation, usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment.

At-risk: Characterized by a high level of risk for suicide and/or a low level of protection against suicide risk factors. An individual displaying warning signs of suicide would also be considered at risk. Note that most members of any at-risk group will not display warning signs, attempt suicide, or die by suicide.

Behavioral Health: Emotional and mental health, and individual actions that affect wellness. Behavioral health problems include substance abuse and addiction, serious psychological distress and mental disorders, and suicidal behaviors. “The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.” [SAMHSA (2011). *Leading change: A plan for SAMHSA’s roles and actions 2011–2014*. HHS Publication (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration.]

Cluster: A group of suicides or suicide attempts, or both, that occurs closer together in time and space than would normally be expected in a given community.” [Centers for Disease Control and Prevention. (1988). Recommendations for a community plan for the prevention and containment of suicide clusters. *Morbidity and Mortality Weekly Report*, August 19, 1988, 37(S-6), 1-12]. Some researchers divide clusters into (1) “mass clusters,” in which “suicides occur closer in time than would be expected by chance following media coverage,” and (2) “point clusters,” which “involve suicides or episodes of suicidal behavior localized in both time and geographic space, often occurring within a small community or institutional setting.” [Niedzwiedz, C., Haw, C., Hawton, K., and Platt, S. (2014). The definition and epidemiology of clusters of suicidal behavior: A systematic review. *Suicide and Life-Threatening Behavior*, 44(5), 569-581.]

Contagion: Suicide risk associated with the knowledge of another person’s suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called “copycat suicides.” Contagion can contribute to a suicide cluster.

Died by suicide: Death from a self-inflicted act (e.g., injury, poisoning, or suffocation) where there is evidence that the act was intentional. The phrase “committed suicide” is no longer acceptable and should not be used.

Evidenced-based practices: Suicide prevention activities that have been found effective by rigorous scientific evaluation.

Gatekeeper training: Programs that teach individuals who routinely have personal contact with many others in their community (i.e., “gatekeepers”) to recognize and respond to people at potential risk of suicide.

Indicated intervention: An activity that targets individuals who exhibit symptoms or have been identified by screening or assessment as being at risk for suicidal behavior. For example, safety planning for people who have reported thinking about suicide is an indicated intervention

Intervention: An activity or set of activities designed to decrease risk factors or increase protective factors.

Lethal means: Methods of suicide with especially high fatality rates (e.g., firearms, jumping from bridges or tall buildings).

Lived experience: "Knowledge gained from having lived through a suicide attempt or suicidal crisis." [National Action Alliance for Suicide Prevention Suicide Attempt Survivors Task Force. (2014). *The way forward: Pathways to hope, recovery, and wellness with insights from lived experience*. Washington, D.C.: National Action Alliance for Suicide Prevention.]

LOSS Teams: Local Outreach to Suicide Survivors is an active model of postvention. LOSS teams are made up of suicide survivors who have been trained to assist the bereaved at the scene of a suicide by providing support and referrals.

Means: Objects, instruments, and methods used by people in suicide attempts (e.g., firearms, poisons, suffocation, jumping from buildings or bridges).

Means restriction: Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm." [U.S. Department of Health and Human Services and the National Action Alliance for Suicide Prevention. (2012). *2012 National strategy for suicide prevention: Goals and objectives for action*. Washington, D.C.: U.S. Department of Health and Human Services.]

Nonsuicidal self-injury (NSSI): Injury inflicted by a person on himself or herself deliberately, but without intent to die.

Postvention: Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion.

Prevention: Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

Protective Factor: An attribute, characteristic, or environmental exposure that decreases the likelihood of a person's developing a disease or injury (e.g., attempting or dying by suicide) given a specific level of risk. For example, depression elevates a person's risk of suicide, but a depressed person with good social connections and coping skills is less likely to attempt or die by suicide than a person with the same level of depression who lacks social connections and coping skills. Social connections and coping skills are protective factors, buffering the suicide risk associated with depression and thus helping to protect against suicide.

Risk Factor: "Any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury" (e.g., attempting or dying by suicide). [World Health Organization. (n.d.). Retrieved from http://www.who.int/topics/risk_factors/en/]. Risk

factors do not necessarily cause a disease or injury, but can contribute to negative health outcomes like suicide or suicide attempts in combination with other risk factors. For example, depression, access to firearms, and substance abuse disorders (individually and in combination) increase the likelihood of attempting or dying by suicide, although most people with these risk factors do not attempt suicide.

Safe Messaging: Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, and that may increase help-seeking behavior and support for suicide prevention efforts.

Screening: A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide.

Selective intervention: Activities targeting a group whose members are generally at higher than average risk for an adverse health condition (e.g., suicidal behaviors) regardless of whether individual members of the group display symptoms or have been screened for the condition. For example, suicide prevention interventions targeted at victims of intimate partner violence is a selective intervention because intimate partner violence is associated

Suicide behaviors: Suicide, suicide attempts, suicidal ideation, and planning/preparation done with the intent of attempting or dying by suicide.

Suicidal crisis: A suicide attempt or an incident in which an emotionally distraught person seriously considers or plans to imminently attempt to take his or her own life.

Suicidal ideation: “Thoughts of engaging in suicide-related behavior.” [Crosby, A.E., Ortega, L., Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

Suicide: “Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.” [Crosby, A.E., Ortega, L., and Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

Suicide attempt: “A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.” [Crosby, A.E., Ortega, L., Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

Suicide attempt survivor: A person who has attempted suicide, but did not die.

Suicide loss survivor: A person who has lost a family member, friend, classmate, or colleague to suicide. Sometimes called “suicide survivor,” although the term “suicide loss survivor” is often favored to avoid confusion with “suicide attempt survivor.”

Suicide plan: An individual's thinking about a suicide attempt that includes elements such as a timeframe, method, and place.

Universal intervention: An activity designed to prevent negative health outcomes (e.g., suicide attempts and suicides) in an entire population regardless of the risk status of members of that population. For example, a middle school life skills curriculum that includes coping and help-seeking skills is a universal intervention, since it would be directed at all the students in that middle school regardless of their level of risk for suicide

Warning signs: Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.

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Louisiana Department of Health

628 North Fourth Street, Baton Rouge, Louisiana 70802

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