A Call to Hope. A Call to Life.

S.T.A.R.
The Louisiana Plan for Youth Suicide Prevention

State of Louisiana
DEPARTMENT OF HEALTH AND HOSPITALS
Office of Public Health
To the Citizens of Louisiana:

The loss of Louisianans to suicide each year tragically affects all of our lives. Over 500 Louisiana citizens lost their lives to suicide in 2000 with tragic consequences and implications for surviving family and friends. For decades suicide has remained a persistent public health problem, not only in Louisiana, but also across the United States.

I am pleased to provide you with the attached strategic plan that was developed by the Louisiana Task Force for Youth Suicide Prevention, appointed in 1999 following the U.S. Surgeon General’s Call to Action. The charge of the Task Force was to develop a comprehensive statewide suicide prevention plan for youth in Louisiana (under the age of 25, to include university students) in accordance with the Surgeon General’s National Strategy for Suicide Prevention. The strategies, activities and recommendations provided in this plan will provide Louisiana with the direction that is needed to reduce the risk of suicide and to increase the protective factors necessary to prevent it among youth in our State.

Suicide prevention and post intervention will require increased awareness and efforts on the part of all individuals and communities across Louisiana in order to reduce the incidence of this serious health problem in our state. Our attention must be focused on those who are most at risk for this tragic and violent means of death, particularly our youth. We encourage Louisianans to work at awareness, intervention and to utilize methods that have been shown to reduce the incidence of suicide among youth.

Sincerely,

Frederick P. Cerise, M.D., M.P.H.
Secretary

FPC:blg
Attachment
To the Citizens of Louisiana:

Suicide is a serious public health problem. Over 500 Louisianans lost their lives to suicide in 2000 and this type of loss of our fellow Louisianans tragically affects all of our lives. Why are we addressing this issue? Statistics state that suicide is the 3rd leading cause of death of adolescents nationally and in Louisiana. In addition, research states that every 42 seconds someone attempts suicide and every 17 minutes someone dies by suicide. Therefore this is an issue that warrants immediate priority in the state of Louisiana!

We also know that this is not only a Louisiana problem but a national problem as well. Statistics teaches us that Suicide is the 11th leading cause of death and homicide is the 13th leading cause of death. That means more Americans kill themselves than are killed by others!

The Louisiana Adolescent Health Initiative has developed as a subcommittee the Louisiana Adolescent Suicide Prevention Task Force. This task force is a statewide response to the U.S. Surgeon General’s Call to Action to Prevent Suicide. The mission of this task force is to develop a statewide plan on youth suicide prevention and to mobilize existing resources to prevent adolescent suicides in Louisiana. This will be the first time that such a statewide plan was created and implemented on the issue of adolescent suicide for the state of Louisiana.

Why is prevention the key? As stated by the National Institute of Mental Health; they are an estimated 25 attempts to one completion and this ratio is higher in youth and women and lower in men and the elderly. In addition for every suicide, they are six survivors that are affected by the death and are at risk for taking their own lives. Therefore, this is an issue that not only affects the victim; in addition it affects the victim's family, friends, community and school as well. Therefore, awareness and prevention are critical parts of saving the lives of youth that attempt suicide and it is an important part of the LA Adolescent Suicide Prevention S.T.A.R. Plan.

We are asking you to support us in our endeavors as we work towards preventing another youth suicide in the state of Louisiana. We encourage you to get involved with statewide and local awareness, prevention, intervention and post-intervention efforts. We further encourage you to be an active resource in your area. Again your assistance in this matter is greatly appreciated as we work together as a team to improve the health and save the lives of our state’s adolescents. One Life At A Time!

Sincerely,

[Signature]
Sharon G. Howard
Assistant Secretary
Knowing is not enough; 
we must apply. 
Willing is not enough; 
we must do.

Goethe
Acknowledgments

A significant number of people contributed to the development of this comprehensive plan for the prevention of youth suicide in Louisiana. We wish to acknowledge the Department of Health and Hospitals - Office of Public Health (DHH-OPH) and Trina Evans-Williams, Louisiana State Adolescent Health Coordinator who has taken the coordinating lead throughout the initiative. We also recognize the many others who have contributed to the development of the plan including the following members of the Louisiana Youth Suicide Prevention Task Force.

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This plan was reviewed by the following people: (1) Dr. Lloyd Potter, PhD, MPH-Children’s Safety Network, (2) Christian L. Hanna, MPH-National Children’s Center for Rural and Agricultural Health and Safety (a site of the Children’s Safety Network, (3) Dr. Maureen Daly-Medical Director/Program Director of the Louisiana School-Based Health Centers, (4) Trinia Evans-Williams, Program Coordinator-Louisiana Health Initiative, (5) Dr. Frank Campbell-Baton Rouge Crisis Intervention Center, the (6) Louisiana Youth Suicide Prevention Task Force and (7) participants in five (5) Focus groups--Youth Focus Group, Parent Focus Group, Survivor Focus Group, Clergy Focus Group, Law Enforcement (First Responders)/Crisis Response Team Focus Group. The Louisiana Office of Public Health—Adolescent Health Initiative is grateful for the time and effort given to the review of the draft.

This work is the result of the expertise, experience and commitment all of these people—and so many others—have made to the prevention of youth suicide. Reflective of their commitment, this work acknowledges the tragic loss of life we all suffer to youth suicide and is dedicated to the prevention of youth suicide in the future.

One hope! One life!
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SECTION TWO: Overview of S.T.A.R. Plan

Every day approximately 86 Americans complete suicide, and 1,500 people attempt to complete suicide.

(Source: Centers for Disease Control and Prevention)
Night falls fast. Today is in the past. Blown from the dark hill hither to my door.

I. INTRODUCTION

Suicide continues to pose a significant public health problem in Louisiana and across the United States. While often cloaked in silence and stigma, suicide has continued throughout several decades to be a persistent leading cause of death in the United States. Due to the persistence and extent of this problem, the Surgeon General formulated a conceptual framework for addressing suicide prevention which included 15 key recommendations categorized as “Awareness”, “Intervention” and “Methodology” (AIM). The Surgeon General’s Report launched the National Strategy for Suicide Prevention and issued a “call to action” for each state to develop suicide prevention strategies. Since 1999, 18 states have designed Statewide Suicide Prevention Plans with other states having plans under construction.

The LA Youth Suicide Prevention Strategy

The Louisiana Department of Health and Hospitals-Office of Public Health is committed to addressing suicide in Louisiana as a serious preventable public health problem. In 2000, it responded to the Surgeon General’s “call to action” by convening a wide range of public and private agencies called the Louisiana Suicide Prevention Task Force. As one of its first actions, the Task Force successfully advocated for the passage of legislation to develop a comprehensive Suicide Prevention program in K-12 schools across the State.

The Task Force recognizes that a successful course of action will come only by way of collaborative efforts and effective partnerships. It also recognizes that a well-grounded suicide prevention strategy requires the community’s involvement. This initiative is not about starting a new project or designing a new program. It is about an attempt to coordinate resources and activities that are already in place to reduce the incidence of suicide in Louisiana. Planning and designing local prevention strategies based on local needs is an important step that must be taken by each community throughout Louisiana. With this plan, the Louisiana Department of Health and Hospitals-Office of Public Health and LA Suicide Prevention Task Force hope to assist local coalitions in this effort, but not dictate their path.

The S.T.A.R. Plan

Louisiana’s State Suicide Prevention Plan is entitled the Louisiana S.T.A.R. Plan. The plan is based on the national strategy and incorporates its eleven goals. The plan includes four key dimensions reflected in the acronym:

S--Suicide Prevention for all Louisianans
T--Training and Education
A--Awareness and Advocacy
R--Research and Resources

Within this framework, the plan consists of core strategies which encompass education, clinical and professional organizations, public health, community-based initiatives, media, youth serving organizations, legislation and the public-at-large.

The 4 suicide prevention strategic dimensions have emerged from:

(1) current and best practice among key constituency groups in Louisiana;
(2) research and science-based information;
(3) input from the LA Suicide Prevention Task Force;
(4) the national framework;
(5) public input on the draft.
Survivors, CRT representatives, clergy, Louisiana school administrators, the Office of Public Health, Safe and Drug Free Schools administrators and others have provided feedback on the plan and its resources. This process ensures that the plan and its resources are well-targeted and useful to key gatekeepers.

Suicide was the 3rd leading cause of death among young people 15 to 24 years of age, following unintentional injuries and homicide.  
(Source: National Institute of Mental Health, 2000)

These strategic directions are not intended to limit activity, but to provide guidance for practitioners and providers of service throughout Louisiana. They are intended to give individuals, communities and providers of service prevention guidance on developing local suicide prevention plans.

Each strategy is discussed through a statement of background and purpose, considerations regarding implementation, and highlights of important resources which correlate with the strategy. National, state and local resources are provided in this manual to support local prevention efforts with important tools for suicide prevention and postvention practice. This framework will ensure that this plan is both functional and useful within a wide variety of settings.

Still the effort seems unhurried. Where is the public concern and outrage?

Vight Falls Fast: Understanding Suicide (Kay Redfield Jamison)
Suicide ranks as the 11th cause of death in the U.S.A.
Homicide ranks 14th.
(Source: Surgeon General's National Strategy for Suicide Prevention, 2001)
III. A CLOSER LOOK AT SUICIDE

The Impact on American Life

Suicide takes a dramatic annual toll on American life. While not a new phenomenon, it continues to have a persistent presence as the 11th leading cause of death in the U.S. As a serious health problem, suicide prevention must utilize a multi-pronged strategy to intervene in defense of life. This is especially true when statistics prevail to support the rising cost on life for our citizens. Loss of life to a suicide is tragic with grief and suffering that is felt by family, friends, co-workers and the entire community at-large. Both prevention and postvention programs are important to addressing this costly burden of loss to all Americans.

While a persistent cause of death in the U.S., suicide has been recorded and observed in a wide variety of cultures from the earliest of times in recorded history. Literature has given history some of its most poignant views into the mind of the suicidal person as well as societies’ attitudes, reflected in civic laws and religious sanctions. Several historical figures stand out for having taken their own lives--Socrates drank hemlock, Hannibal took poison, and Judas Iscariot hung himself. In more recent times, the public has been exposed to the wide media attention given to popular media stars who have ended their life by suicide. Recent media attention to the tragic suicide-homicide at Columbine and the suicide death of Kirk Cobain have drawn national attention to the complexities of suicide in modern society.

As a result, more is now known about suicide, about who completes it most frequently, the places and times, as well as the methods most frequently selected.

- More people die from suicide than from homicide in the United States. Suicide deaths outnumber homicide deaths by five to three.

- On average, 84 Americans complete suicide each day, and there have been more suicides than homicides each year since 1950.

- Most suicides are males. In 1997, males accounted for 80% of all suicides in the United States. Among 15- to 19-year-olds, boys were five times as likely as girls to complete suicide; among 20- to 24-year-olds, males were seven times as likely to complete suicide as females.

- Although females attempt suicide three times more often than males, males complete suicide four times more often.

- Suicide rates are especially high among older adults (age 65 and older). Older adults have had the highest suicide rate of all age groups since 1933, the year all states began reporting deaths. Suicide rates tend to rise with age and are highest among white men age 65 and older. Older adults account for almost 20% of suicide deaths, but only 13% of the U.S. population. Older adults also make fewer attempts per completed suicide (4 to 1) and have a higher male-to-female ratio of suicides than other groups.

- It is estimated that more people are hospitalized because of suicide attempts than are fatally injured. The number of
completed suicides reflects only a small portion of the impact of suicidal behavior. In 1997, an estimated 610,000 visits to U.S. hospital emergency departments were due to self-directed violence.

According to more recent statistics, suicide has moved from the 8th leading cause of death to the 11th leading cause of death for all Americans in 2000, according to the latest available statistics. This places it among the top 12 causes of death in the United States with roughly 30,000 people each year lost to suicide.

An average of one (1) person every 18 minutes killed themselves.
(Source: National Vital Statistics Report, 49(8))

The change in placement is seen to be the result of a number of factors directly related to reporting, organization of data and classification rather than to actual incidence or occurrence. Suicide rates have not declined, but the way the data has been organized and classified has changed. For a more detailed discussion of the statistical shifts, please refer to the National Vital Statistics Reports, 49 (11) available at www.cdc.gov/nchs.

Other factors also affect under-reporting. It is highly suspected that suicide is not accurately reported by local coroners in many areas and the under-reporting is estimated to range from 10% to 50% depending on the reporting area. (Source: Jobes, Berman & Josselson, 1986) Studies of some accidental deaths such as single occupant auto accidents indicate after a more complete psychological and forensic examination has been completed that these may actually be suicides. (Jenkins & Sainsbury, 1980) Some family members and physicians may choose not to reveal a suicide based on insurance conditions and stigma-related concerns. Religious and societal issues also influence and constrain the accurate reporting of death by suicide.

Another more recent area of research identifies "Suicide by Cop" as a growing phenomena. "Suicide by Cop" is "...a form of victim-precipitated homicide in which a suicidal individual engages in a calculated, life-threatening and criminal behavior in order to compel the police to use deadly force. In these killings, the initiator is a direct, positive precipitator of his or her own death." (Source: SIEC Alert # 34, March 1999) "Suicide by Cop" is another factor which may contribute to under-reporting of suicide.

The Impact in Louisiana on Youth

In all geographic regions of the nation as well as in all populations, suicide represents a burden to the community reflecting a great loss to the community at large. In 2000, 468 Louisianians lost their lives to suicide. Tragically, we see that suicide in Louisiana is having its greatest toll on the lives of our 15-30 year olds, being the 3rd leading cause of death among this population in 2000. And, at least eight (8) of our civil parishes are at or above the 75th national percentile. (Source: Centers for Disease Control and Prevention.)

For those interested in a more focused statistical analysis of suicide within Louisiana Parishes, the Louisiana Vital Statistics Report details deaths by selected causes, gender, race, age and sex by Louisiana residents. Age adjusted mortality rates due to suicide are also recorded by parishes within Louisiana. Background data is found in the Appendix and at the following web site: www.dsh/publ/health/vital statistics. These statistics would naturally form the basis for a carefully developed local assessment by any community in developing its local plan for suicide prevention.

The following statistical data prepared by the LA OPH-EMS Injury Research and Prevention Program illuminates facts and factors relative to planning for suicide prevention.
Comparing Crude Death Rate for Completed Suicides by Age Group
(United States vs Louisiana) - 2001

Source: CDC National Center of Health Statistics (WISQARS): 2001
Prepared in 2004 by: LA OPH-EMS/Injury Research & Prevention Program

Completed Suicide Deaths by Gender and Race for Age Group 10-24 years
Louisiana 2001

Source: CDC National Center of Health Statistics (WISQARS): 2001
Prepared in 2004 by: LA OPH-EMS/Injury Research & Prevention Program
More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, influenza, and chronic lung disease combined.

(Source: The Surgeon General's Call to Action To Prevent Suicide, 1999)

Suicidal Attempts/Self inflicted Injuries by Method
Louisiana 2001

- 81%
- 13%
- 6%
- Other *

* Suffocation, Drowning/Submersion, Firearm, Falls, Fire/Flames and Other Categories with < 30 cases cannot be reported

Source: LA OPH-Health Statistics- Louisiana Hospital Inpatient Discharge Data 2001
Prepared in 2004 by: LA OPH-EMS/Injury Research & Prevention Program
Self Inflicted Injuries/Suicidal Attempts
(Age group 10-24 years)
Louisiana Hospital Inpatient Discharge Data 2001

Number of people (Counts) in the Age-Group (10-24 years) discharged from the hospital with an external cause of injury specific to Self Inflicted Injuries/Suicide Attempts
Louisiana 2001

An average of 1 young person every hour 35.8 minutes killed themselves. If the 244 suicides below the age of 15 are included, 1 young person every 2 hours 6.8 minutes.
(Source: National Vital Statistics Report. 49(8))
Table A: Characteristics of persons (age group- 10-24 years) discharged from the hospital, with an external cause of injury specific to self inflicted injuries/suicidal attempts, Louisiana, 2001

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<th>Self Inflicted Injuries/Suicidal Attempts</th>
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<td><strong>Sex</strong></td>
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<td>Male</td>
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Source: LA OPH-Health Statistics- Louisiana Hospital Inpatient Discharge Data 2001
Prepared in 2004 by: LA OPH-EMS/Injury Research & Prevention Program
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There are now twice as many deaths due to suicide than due to HIV/AIDS.
(Source: Surgeon General's National Strategy for Suicide Prevention, 2001)
Suicide is a three-dimensional problem involving psychology, sociology and biology.

IV. HELPING THE SUICIDAL INDIVIDUAL

Misconceptions
Many people harbor misconceptions about suicide and the suicidal person. These misconceptions are often embedded in social, legal and religious attitudes which have shaped our understanding and belief system. In recent years, scientific studies have separated fact from fiction in the field, bringing into relief a newer paradigm for approaching suicide prevention.

Awareness of Risk and Protective Factors
Key to helping is awareness. Some factors have been identified as those which can be associated with or leading to suicide, otherwise known as “risk factors”. People recognized as having these factors can be at risk for suicide. Other factors, known as “protective factors” are those which reduce the likelihood of suicide and increase resiliency to suicide. Recognizing risk factors and strengthening protective factors is an important dimension of any successful suicide prevention plan for youth.

Suicide Risk Factors
Suicidal behavior is complex. The “Depression and Related Affective Disorders Association” (DRADA) states that untreated depression is the number one cause of suicide. (Source: DRADA www.hopkinsmedicine.org) The Surgeon General notes that both risk and protective factors encompass genetic, neurobiological, psychological, social, and cultural variations. A greater knowledge and understanding of the factors can lead to interventions and can alert others to the overall risks when compounded by mental or substance abuse disorder. The risk factors cited include:

- Previous suicide attempt
- Mental disorders—particularly mood disorders such as depression and bipolar disorder
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health treatment
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially guns
- Unwillingness to seek help because of stigma attached to mental and substance abuse disorders and/or suicidal thoughts
- Influence of significant people—family members, celebrities, peers who have died by suicide—both through direct personal contact or inappropriate media representations
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide that have a contagious influence
- Isolation, a feeling of being cut off from other people

(Source: from the National Strategy for Suicide Prevention: Goals and Objectives for Action)
Some risk factors vary with age, gender and ethnic group and may even change over time. The risk factors for suicide frequently occur in combination. Research has shown that more than 90 percent of people who kill themselves have depression or another diagnosable mental or substance abuse disorder. (Source: “In Harm’s Way: Suicide in America,” NIH Publication No. 01-4594)

Protective Factors Against Suicide

Protective factors include actions that can abate or modify a risk. Research and experience offer insight to measures that build resilience for the individual and/or mitigate or remove the risk. Protective factors include:

- Effective and appropriate clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal methods of suicide
- Family and community support
- Support from ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts.

(Source: from the National Strategy for Suicide Prevention: Goals and Objectives for Action)

Behavioral Indicators and Symptoms of Suicide

It is important to be aware of the common behavioral indicators and symptoms associated with increased risk of suicide.

- Talks about completing suicide
- Has trouble eating or sleeping
- Experiences drastic changes in behavior
- Withdraws from friends and/or social activities
- Loses interest in hobbies, work, school, etc.
- Prepares for death by making out a will and final arrangements
- Gives away prized possessions
- Has attempted suicide before
- Takes unnecessary risks
- Has had recent severe losses
- Is preoccupied with death and dying
- Loses interest in their personal appearance
- Increases their use of alcohol or drugs

What Can be Done

If the behavioral indicators and symptoms of suicide are present, an individual can do the following:

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don’t debate whether suicide is right or wrong, or feelings are good or bad. Don’t lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don’t dare him or her to do it.
- Don’t act shocked. This will put distance between you.
- Don’t be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.

Get help from persons or agencies specializing in crisis intervention and suicide prevention.

(Source: American Association of Suicidology)
For every two victims of homicide in the U.S. there are three deaths from suicide.

(Source: Surgeon General's National Strategy for Suicide Prevention, 2001)
Suicide is a national problem. Suicide prevention is a national priority.

★ STAR Plan: Suicide Prevention

STRATEGY A: DEVELOP BROAD-BASED SUPPORT FOR SUICIDE PREVENTION

Background and Purpose

The persistent and tragic loss of persons to suicide provides a compelling rationale for the development of a comprehensive integrated approach to its prevention. Because suicide is a complex phenomena which cuts across the fields of education and faith, the media and the workplace, public and mental health, society and the environment, addressing it at the system level requires a broad, collaborative multi-agency, multi-partner approach to be effective.

Building a strong network of coordination among relevant agencies, organizations and special interest groups at the state level will better equip all Louisianans to provide assistance and support, and reduce suicide in Louisiana. Such an infrastructure could coordinate service delivery and resources, provide technical assistance, create linkages for data collection and reporting, monitor and evaluate efforts and support the implementation of Louisiana's Plan for Suicide Prevention at the community level.

Implementation

Louisiana has recognized the importance of developing broad-based support for suicide prevention. The Louisiana Task Force on Suicide Prevention is a multi-agency state level team which supports all aspects of capacity building for suicide prevention in Louisiana. While the Task Force cannot mandate these strategies, it exercises a strong leadership role in the state for supporting, training, promoting awareness and resourcing suicide prevention initiatives across the State. Continued support at the executive and legislative levels is essential to the implementation of this suicide prevention plan which addresses the needs of Louisiana citizens.

While partnership at the state level will have an important role in prevention, individuals and communities across the state have a critical role in prevention. Each community in Louisiana has the responsibility to form the alliances or coalitions necessary within the respective community that are needed to create a local community plan--one that is based on the locally assessed community needs and resources. This customized community plan should not only include strategies, and implementation plans which reflect the unique needs of the community, but it should also be coordinated with the efforts of state and national partners.

Resources

✔ The Suicide Information and Education Centre is an extensive resource center and on-line library found at http://www.siec.ca/siec.htm.

✔ This "text of reference" is an essential timely publication for anyone serious about the prevention of suicide. Reducing Suicide: A National Imperative published by The National Academies and the Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide. http://www.national-academies.org

✔ SPANUSA is the national advocacy network for suicide prevention. It is a national grassroots organization connecting people in advocacy efforts. Its website is http://www.spanusa.org/

✔ The Surgeon General's "Call to Action" can be found at http://www.surgeongeneral.gov/library/calltoaction/calltoaction.htm
STRATEGY B: INCREASE SUPPORT FOR FAMILIES AND SURVIVORS

Background and Purpose

One major suicide prevention measure is to increase protective factors around those who are at greatest risk for the completion of suicide. "Having a first degree relative who completed suicide increases an individual’s risk of suicide 6-fold." (Reducing Suicide: A National Imperative, 2002)

Each suicide intimately affects at least 6 other people. If there is one suicide every 18 minutes, then there are 6 new survivors every 18 minutes as well. (Source: National Vital Statistics Report, 49(8)

A survivor of suicide is someone who has been significantly impacted by the suicide death of another. A survivor can be a family member, friend, co-worker, classmate, teacher, law enforcement, medical, or fire department official, other “1st responders,” or anyone who had a relationship with the deceased. The American Association of Suicidology estimates that for every completed suicide, there are AT LEAST six survivors left behind. There are an estimated 4.5 million survivors of suicide residing in the U.S. at present, and, with approximately 30,000 suicides each year, that number grows by at least 180,000 every year.

Survivors experience shock, confusion, uncertainty, anger, anxiety and depression as a result of the death of a loved one to suicide. Data indicates that “the risk of suicide are 5-9 times higher for those who are survivors of a suicide. One in four suicide attempters has a family history of suicide. Those from high risk groups (e.g. white men 24-44 and over 65) have extreme exposure. Adolescents who have lost a friend to suicide are almost 3 times more likely to complete a suicide than those who have not.” (Source: Suicide Loss FAQs, Tony Salvatore )

Surviving a suicide is a slow process which involves a difficult period of mourning and grief. Families are often confronted with questions they have no immediate answers for and with strong feelings such as shame, anger and guilt. Survivors are often isolated in their grief, feeling misunderstood by those around them. The support from others who have experienced a loss to suicide can be critical to healing. Support groups, therefore, are encouraged. Trust needs to be renewed over time leading to eventual integration and healing.

Children are also affected by a death by suicide within the family. Children go through grief processes that are similar to the adult process, but are unique in some ways as a result of their development. Children, for example, may suffer from "magical thinking" and in some way feel that they may have caused the death. Or, they may become overly frightened by the uncertainty posed by the loss. It is important for children to be allowed to grieve.

Implementation

Increasing support for survivors of suicide has both prevention and postvention components. Suicide is preventable. Access to information and to free crisis lines can provide help to those with suicide ideation from people trained to assist. (Prevention) Some areas within the state have existing crisis centers which provide support groups for survivors. An abbreviated list of these support groups can be found in the Resource section of this plan. (Postvention)

Many areas do not have support groups. Communities can link with local Crisis Response Teams (CRT's), crisis intervention centers, the Office of Public Health-Adolescent Health Initiative and other existing resources in collaboration with local youth serving organizations to establish support groups for survivors. (Postvention)
Resources

✓ The American Association of Suicidology (AAS) is an important resource to communities interested in starting a survivor support group. The AAS promotes research, public awareness programs, and education and training for professional and lay persons. Postvention AAS programs and materials for survivors include the following resources:
  • "Healing After Suicide", an annual conference for and about survivors.
  • "Survivor Bibliography", a listing of many resources available for survivors.
  • "Suicide Prevention and Survivors of Suicide Resource Catalog", books, pamphlets, etc. which can be ordered from AAS.
  • "Surviving Suicide", a quarterly newsletter for survivors and survivor support groups.
  • "Directory of Survivors of Suicide Support Groups", in the US and Canada.

✓ SOLOS is a national nonprofit organization committed to assure that "Survivors of Loved Ones" do not face the challenge of surviving alone. It provides survivors with outreach, information, and education services. Its mission recognizes the importance of addressing the unique interests, needs, risks and challenges of being a suicide survivor. SOLOS has defined "survivor rights" and provides helpful brochures targeted to the survivor and the family. It can be an important resource for survivors or an educational support within the community. For more information, see the resource section of this plan and/or contact SOLOS at www.sulos@1000deaths.com

✓ The Dougy Center is a national center for Grieving Children and Families located in Portland, Oregon which offers a wide variety of services specifically targeted to the special needs of children and teens who have known someone who died by suicide. Along with an important booklet called "Ten Tips for Helping Children and Teens", the center provides practical and easy to read guides in a series based on their extensive experience in the field since 1982. These resources include some of the following:
  • After a Suicide: A Workbook for Grieving Kids
  • 35 Ways to Help a Grieving Child
  • What about the Kids? Understanding Their Needs in Funeral Planning and Services
  • Helping Teens Cope with Death
  • Helping Children Cope with Death
  • Helping the Grieving Student: A guide for Teachers

✓ How to Help a Grieving Child
✓ After a Suicide: 10 Tips for Helping Children and Teens.

✓ The Dougy Center also provides workshops based on their nationally recognized model of assisting children, teens and families. The Center can be reached at (503) 775-5683 or www.dougy.org.

✓ Two important resources which (1) provide suggestions for survivors of suicide and (2) provide guidelines for comforting a suicide survivor are provided in the Resource section of this plan.

✓ NAMI Louisiana is a statewide organization of persons and caretakers of those who suffer from mental illness. They are advocates of "hope" and offer online support groups, a state conference, and other events related to mental awareness and health. Their website can be found at http://la.nami.org/index.html

✓ Baton Rouge Crisis Intervention Program LOSS program can be used as a model program.

★ STAR Plan: Suicide Prevention

STRATEGY C: INCREASE HIGH QUALITY PEER SUPPORT PROGRAMS FOR YOUTH

Background and Purpose

Because adolescence is a time of great stress and also great peer influence, peer support programs are one of the most highly effective means of providing vulnerable youth with the support they need during this time. This is particularly true for those teens who are considering suicide, or experiencing suicidal ideation.

Peer support groups are a valuable source for identifying youth at risk and can assist in preventing youth suicide through early recognition. Though often cited for its negative effects, peer influence can offer positive supports that ultimately reduce risk, offer protective measures and serve to reduce youth suicide.

While once strongly supported, peer support groups seem to be diminishing in number while they are, at the same time, shown to have a significant protective
role for students at risk for suicide and other behaviors. Schools and communities need to re-focus on and recommit to these options for students through the active promotion of peer support groups of all kinds.

Implementation
Throughout the educational community, it is important to promote public awareness of the positive ways that peer influence contributes to the health of youth.

• publicizing youth directed programs through high school newspapers, radio stations, and school-related websites;
• linking schools with existing current providers of support groups;
• linking training of youth leaders with adult advisors;
• partnering with other Federally funded programs to create the resources for peer support programs.

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Youth need to know how to respond to a suicidal peer and where to get help.
(Source: Suicide Information and Education Centre)

Many adults do not adequately understand the important role of peer influence and sadly undermine its great potential for positive and, often dramatic, negative impact.

While Louisiana has a number of Peer Support Groups, the overall number of support groups needs to be expanded. An important first step of good local suicide prevention plans is to survey schools, community organizations and youth to benchmark the presence of any existing peer support programs operating within each school district. If the local school district or local community does not provide youth with immediate access to a peer support group, steps need to be taken to form a peer support group in your school or community. School systems can also consult their local directory for local suicide prevention programs and services.

Students will need to be provided with information about the support group. Mechanisms will need to be developed to inform students of the availability of the support group: time, date, location, cost, etc. These opportunities for peer support must be promote to youth as one of the “coolest” things in which to be involved.

The warning signs for suicide need to be circulated within all youth groups. Youth groups need to be provided with the appropriate information on the warning signs of suicide and where to get help. These warning signs are included in Section III of this plan.

Other possibilities for local implementation include:
• posting widely in high visibility locations the national hotline and local crisis lines for youth crisis;
A suicide attempt is serious. Persons with prior suicidal behavior are at 40 times greater risk of suicide than the general population.

(Source: LivingWorks Education)

STAR Plan: Suicide Prevention

STRATEGY D: STRENGTHEN LINKAGES WITH CRISIS RESPONSE TEAMS

Background and Purpose

Each school district in Louisiana is charged with the responsibility of having Crisis Response Plans in place for all school sites. This strategy provides a core team of people at each school that has had basic training about crises of all kinds that can happen at a school. The tragic events at Columbine High School in Colorado in 1999 alerted the nation to another youth concern, violence perpetrated against classmates and teachers. Columbine began and ended as a suicide. Suicide by a student causes a crisis in their school when the word spreads about the event. Copycat opportunities exist unless the school and community are prepared. Contagion is a dramatic consequence of often unattended to mechanisms for suicide prevention. The increased stress caused by any kind of crisis can compound the risk factors for suicide. Responsible members of the community must attend to the larger social consequences of a suicide by having policies and procedures in place for when an emergency exists.

Implementation

Although all school districts currently have Crisis Response Teams (CRTs), many are not entirely prepared and trained in response to suicide. It is important to fully complete the plans and to have these readily accessible in the event of an emergency. All school personnel and local law enforcement officials should be well trained in the response mechanisms.

Cross training for Crisis Response Teams, Gatekeepers and ASIST Trainers can be instituted to leverage support and for efficiency. Awareness training for all teachers about the members of their expanded school community that are trained in crisis response is an important aspect of CRT’s functionality. Teachers need to know who to call upon for assistance in this important area. Effective lines of communication are essential and consistent efforts must be made to clarify the emergency procedures prior to a crisis.

Other possibilities for local implementation include:

- adding a component in the CRT training for suicide prevention and revisiting this annually as a part of training—especially for new teachers;
- instituting a “Meet Your Ally Day” for CRT members and gatekeepers at the school. This day provides an opportunity for CRT members to become acquainted with school personnel prior to emergencies in order to become familiar with the “faces” of allies during an emergency; and
- providing “wallet cards” or other quick access information with CRT and gatekeepers’ names and contact information.

Resources

✓ The Office of the Attorney General offers a free downloadable CD ROM called “Operation Safe Haven”. This is an interactive tool which can be used as a guide for writing Crisis Plans. The site address is http://www.ag.state.la.us/op_safehaven/.
STRATEGY E: PROMOTE LOUISIANA HEALTH EDUCATION STANDARDS

Background and Purpose

Though students spend less than 10% of their lives in school during K-12 education, time in school offers the concentrated attention of both educators and school health professionals towards young people. The release of any new set of content standards and benchmarks provides opportunities to increase awareness and introduce new professional development classes for both education and school health professionals.

During the 1990’s, the State Department of Education developed content standards for all subjects and for all grade levels. The Health Education Content Standards encompass a vision of what it means to be health literate.

The Health Education Content Standards define what a healthy person should know, understand, and be able to do. They are designed to promote healthy behaviors by providing individuals with knowledge, abilities, and skills to become healthy and productive citizens. The Standards include recognition of the need to address major health problems of youth, including suicide, since it is through education and the application of knowledge that prevention is possible. (Source: Louisiana Health Standards, DOE)

Implementation

New standards have been written which apply directly to suicide prevention. These can be highlighted to underscore their importance. The introduction of the health education standards also provides an opportunity to introduce central administrators to the LA S.T.A.R. Plan, to plan for the training of certain school personnel, and to identify important linkages/resources within the local community for suicide prevention.

As with all standards-based reform, the leadership role of the Superintendent and the central administrative team is of critical importance to success. The superintendent and central administrators must give a high priority to the importance of an integrated suicide prevention plan if it is to be effective.

Specifically, this means budgeting time and space in an already overcrowded schedule for both thoughtful consideration and implementation of this very important youth-driven responsibility.

Local plans should be customized according to the needs of the local area and to available assessment data. (See the Resource section for pertinent parish data.)

The Health Education Content Standards are an important source of information and can be used as a means of education about the risks and protective factors for suicide prevention for all K-12 teachers and administrators. The standards point out that “the Centers for Disease Control and Prevention (CDC) recommends teaching health as an academic class where the lessons are taught sequentially, behaviorally focused, and promote positive messages.” (Source: Louisiana Health Standards, DOE)

Opportunities for professional development are an important dimension of any standards-based reform. The LEA needs to provide opportunities for teachers, and other appropriate school personnel to be trained. Training of school personnel/teachers to the integration of suicide prevention can be efficient and effective. Teacher training would (1) include examples of curriculum integration, (2) provide access to information technologies, and (3) circulate assessment strategies that identify knowledge and skills that ultimately lead to decrease in suicide and suicide ideation.

Training of teachers is also important beyond the level of correlation to the curricula. Many teachers will not feel skilled or empowered to deal with the subject of suicide unless some professional development is provided. Some could even fear approaching the subject and may struggle with how to address it in a positive manner.

However, teachers are consistently in contact with students over significant periods of regularly scheduled times. They have the potential to notice and identify important patterns of behavior which are symptomatic in adolescents. They often are in supportive relationships with students and in trusted roles. As a result, the teacher can appropriately intervene and know how to respond when necessary to prevent youth suicide if he/she has learned to recognize the important signs of suicide. The resource section of the plan will serve as an adjunct resource for educators engaged in teaching health and for those teaching...
all subjects where suicide prevention can be integrated into current curricula content.

There are many opportunities for teachers to educate their students to healthy behaviors and a strong sense of life. Promoting the use of the health standards will serve to broaden teachers’ knowledge of curricula and methods that provide students with knowledge and coping skills most effective in preventing suicide.

Resources

- Available through the Center for Injury Prevention and Control (CDC) is the “Youth Suicide Prevention Program: A Resource Guide.” Several sections are provided as resources in this plan. The entire document is available free of charge in a PDF file at the following site: http://www.cdc.gov/ncipc/dvp/Chapter%201.PDF Chapter 4 of this manual specifically addresses the development of “General Suicide Education” programs providing an overview, research findings, and illustrative programs and needs for evaluation of such programs. This chapter is provided in the Resource section of this plan.

- “Guidelines for School Based Suicide Prevention Programs” published by the American Association of Suicidology in 1999 can be a helpful tool for school administrators in creating local suicide prevention plans. These guidelines are provided in the resource section of this plan.

- Include youth suicide prevention information in all Department of Education press releases announcing the final adoption of the health education standards.

- The Suicide Information and Education Centre (SIEC) can be contacted for extensive additional information about resources within the local area or region. As a library and resource centre, it assists and supports regional suicide programs, the general public agencies and organizations. Document delivery, literature searches and a wide variety of kits, periodicals, videos and other resources are also available through SIEC. It offers training and workshops in suicide awareness, intervention, bereavement and the related topics with over 90 certified trainers. [See “Resource” Section of this plan].

- A summary of the “Six Steps to Program Evaluation” provided by the Suicide Prevention Advocacy Network (SPANUSA) is provided in the “Resource” Section of this plan. Program evaluation is an essential component of on-going prevention.

Resources—con’t

- Across the country and the state, various instruments are used to identify youth risk behaviors by school health and mental health professions. The CDC’s Youth Risk Behavior Survey (YRBS) produces a nationally representative sample of risk behaviors among students in grades 9-12. Choose a particular week of the year to have the YRBS data distributed to educators, parents, youth workers, faith-based groups. (Source: YBBS. http://www.cdc.gov/nccdphp/dash/yrbss/index.htm)

- Schools can also purchase from the American Association of Suicidology (AAS) a wide variety of important supportive resources. These include the “School Suicide Postvention Guidelines” which provides suggestions for dealing with the aftermath of suicide in the schools. The AAS site address is http://www.suicidology.org/.

★ STAR Plan: Suicide Prevention

STRATEGY F: EXPAND ANNUAL YOUTH ESSAY, MUSIC AND POETRY CONTEST

Background and Purpose

During the Louisiana Yellow Ribbon Prevention and Awareness Week, the third (3rd) week in September, an annual youth contest is sponsored to promote youth awareness of suicide prevention. This strategy is aligned with the national “Yellow Ribbon Campaign” and is an important dimension of developing youth awareness and providing for youth perspective. Youth input and perspective is important because youth know what youth are thinking and feeling.

Implementation

The Office of Public Health takes the lead on this strategy by circulating information to schools, churches and other youth organizations. The OPH will encourage schools and other entities from across the State to participate in the essay contest. In 2002, over 300 essays were submitted for review and monetary awards were given to the winners. The Office of Public Health keeps a binder of all of the essays and this binder is available to all local educational agencies (LEAs) as a resource. In subsequent years, the contest will be expanded to include an art, music and drama component providing for varied genres and for a wide variety of responses from interested youth.
STAR Plan: Suicide Prevention

STRATEGY G: DEVELOP “BEFORE AND AFTER” SCHOOL PROGRAMS AND HOLIDAY PROGRAMS

Background and Purpose

“Before and after” and holiday school programs cut crime, teach skills and values. Risk factors for suicide are particularly high during these times and therefore they offer an ideal time for developing protective factors.

The 1538 police chiefs, sheriffs, prosecutors, and victims of violence that comprise the “Fight Crime: Invest in Kids” organization reveal that the hours from 3 to 6 PM are the peak hours for:

- Teens to commit crimes
- Innocent kids to become crime victims
- 16 to 17 year olds to be in or cause a car crash
- Teen sex
- Kids to smoke, drink or use drugs.

Any functional suicide prevention plan for school age kids includes an after-school component.

Implementation

“Before and after” school programs which meet on the school sites are primary targets for engaging at-risk youth. These programs can be contacted and provided with suicide prevention resources. Many resources can be easily adapted and integrated into “before and after” and holiday school programs.

n these environments, youth are often more relaxed about sharing their problems with other participants and with adults. It is, therefore, an important part of suicide prevention to have these adults trained in Gatekeeper or ASIST training, or in, minimally, how to recognize the signs and symptoms of suicide.

Providing supports for youth will assist in reducing the opportunity for suicide during these prime times and for generally reducing risk factors and improving protective factors.

Possibilities for local implementation include:

- providing ASIST or Gatekeeper training for at least two people associated with all federally and state funded after school programs;
- targeting at-risk youth and families for inclusion in “before and after” and holiday school programs;
- providing “before and after” and holiday school programs at local churches;
- developing special peer programs that can be operated in “before and after” and holiday school programs;
- providing training in suicide risk factors and suicide prevention for youth development workers who are employed in after school, summer and holiday programs.

Resources

✓ http://www.afterschool.gov/cgi-bin/home.pl provides extensive links to federal resources which support community activity and programs for youth.
✓ Find research which supports “what works” in after school programs at http://www.ed.gov/pubs/SafeandSmart/
✓ Access ERIC’s database for many resources to support after school programs at http://eric-web.tc.columbia.edu/digest/dig14.asp
Strategy H: EXPAND GATEKEEPER TRAINING

Background and Purpose

Gatekeepers are defined as those individuals who have been trained to recognize self-destructive tendencies and behaviors in youth, particularly related to suicide. Gatekeeper training programs are used across the world and throughout the U.S. to reduce risks and increase protective measures as means of suicide prevention. This program imparts the skills, methods and materials necessary to teach adult suicide gatekeepers for youth to recognize a suicide crisis, respond appropriately, and know how and where to refer for help. Designed as part of an overall initiative, as opposed to a stand-alone program, the “Gatekeeper Training Manual: A Resource Book for Suicide Prevention” includes a training agenda, evaluation sheets, and a separate, easy-to-carry, condensed manual. (See the Resource Section of this plan.)

Implementation

Gatekeeper training is a central feature of any strong suicide prevention plan. Gatekeeper training targets both school and community adults with the goal of increasing the number of adults with skills and materials needed to bolster the protective factors of adult support. Through Gatekeeper training, school districts (including special districts which provide educational programs for incarcerated youth) can enhance the ways that school partners, school booster clubs, school resource officers (SRO’s), coaches, clergy, D.A.R.E officers, and other adults are involved with youth. Ideally, at least two adults are identified and trained as gatekeepers at all middle and secondary schools in the state.

During the past two years, the Office of Public Health has offered adult Gatekeeper Training statewide training in nine (9) regions: Monroe, Shreveport, Alexandria, Hammond, Houma, Lake Charles, New Orleans, Lafayette and Baton Rouge. The trainings were funded by the LA Maternal and Child Health Program. These trainings have provided outreach to gatekeepers within communities. Sponsoring Gatekeeper training is particularly important in those parishes with the highest number of youth suicides recorded in the past five years.

An additional component of the overall Gatekeeper Training is the training of adolescents. Youth will tend to go to their peers for help and support before they will go to an adult. Since, for many, the peer is the “rescuer of choice”, it is important that adolescents be trained in both recognizing the signs of suicidal ideation and behaviors as well as in basic intervention skills.

Resources

✓ The Office of Public Health, Louisiana Adolescent Health Initiative can be contacted for information related to LA Youth Suicide Prevention Task Force Gatekeeper training in your area at the following number: Tina Evans-Williams at (504)-568-6636.

“Teen Life Counts” is a school-based suicide awareness and intervention program which includes a four-class period curriculum, a two-day in-depth training session for the school professional, a complete training session for the volunteer, school-based educational workshops for parents and general school staff and crisis intervention and postvention.
Strategy I: EXPAND APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

Background and Purpose

Applied Suicide Intervention Skills Training (ASIST) is a unique program that teaches a concise, face-to-face suicide prevention model. Participants in the training learn about their own attitudes concerning suicide, how to recognize and assess the risk of suicide, how to use an effective suicide intervention model, and about available community resources. Since suicide is the eleventh leading cause of death in our country, and because it is estimated that six people are significantly impacted by each death to suicide, a large percentage of the population has come into contact with a suicidal person at some point. The major objective of ASIST is to offer a practical model of suicide intervention for all caregivers. The term “caregivers” is broad, thus the mission of ASIST is to provide a suicide intervention model that anyone can learn. ASIST is a program of LivingWorks Education which works in collaboration with the Suicide Information and Education Centre (SIEC).

The media can play a powerful role in educating the public about suicide prevention. The way suicide is presented is particularly important.

(Source: Center for Disease Control)

Implementation

The focus of ASIST is to reduce the immediate risk of suicide through the use of an intervention model. Its purpose is focused on giving individuals the skills they need to both intervene and to prevent suicide. It is an intensive model and is a full two-day training. ASIST training strives to reduce the distress of suicidal behaviors throughout our communities by reducing the inhibition to help and increasing the number of people trained to intervene.

The Baton Rouge Crisis Intervention Center (BRCIC) has been the primary provider of the ASIST training model in the state. It has joined forces during the past three years with representatives of East Baton Rouge Parish school systems’ ICARE program to provide ASIST around the Capital area. These workshops are offered to educators, law enforcement, mental health professionals, clergy, medical professionals, administrators, volunteers, Crisis Response Teams (CRTS) and anyone else who might be interested in adding suicide prevention to their list of skills. Over 550 caregivers have been trained in the East Baton Rouge area in the past three years.

Resources

✔ Contact Kari Millet at the Baton Rouge Crisis Intervention Center (BRCIC) at 225-924-1431, ext. 16 for more information on offering ASIST training or to organize a workshop for your local community.

Strategy J: MEDIA EDUCATION

Background and Purpose

Media education is a universal, population-based prevention strategy rather than an individual-based strategy. It is an important outlet for public information in the media. Because media has such a pervasive influence on such large numbers of people within a community, changing the way the media understands and reports suicides is very important to prevention. Research has well established the effect of the media on suicide imitation or modeling, especially among the youth. Without education, media portrayals can inadvertently romanticize or idealize suicide leading to increases in suicide known as “suicide contagion”. The media can, however, also be an effective vehicle for informing the public. But, it must do so in ways that contribute to the reduction of suicide. Recommendations on “Reporting on Suicide for the Media” have been developed through the collaborative efforts of the Centers for Disease Control, the National Institute of Mental Health, the Office of the Surgeon General, Substance Abuse and Mental Health Services Administration, the American Foundation of Suicide Prevention, the America Association of Suicidology and the Annenberg Public Policy Center.
These recommendations include questions to ask and angles to pursue when a suicide has occurred, when interviewing relatives and friends, the use of language, special situations such as celebrity deaths and homicide suicides (i.e. Columbine) and stories to consider covering by the media. These guidelines for the responsible coverage of suicide for the media were released in August, 2001 to improve “the reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media”. [PHS, 2001].

Implementation
Education of the media to its social responsibility and providing communications editors with both information and the training needed to more responsibly report can be an opportunity for prevention. The primary implementation objective for this strategy is to increase the number of responsible reports and to decrease the number of those reporters who present negative views of mental health and substance abuse, both strongly correlated with suicide. The nationally developed guidelines need to be widely disseminated to media outlets, editors and producers in the newspaper/print, TV, and web-based technologies to support understanding of their importance as well as their observance. Additionally, schools of journalism across Louisiana can commit to the integration of this component of “best practice” into their curriculum programs.

Resources
✓ The full report on “Recommendations for the Media”, media findings and other related articles can be found at The National Strategy for Suicide Prevention’s website: http://www.mentalhealth.org/suicideprevention/newsroom.asp

Unfortunately, due to the stigma associated with mental illness and substance abuse, many individuals who are suffering from depression, mental disorders and addiction do not report these conditions to the clinician. Without guidelines for assessment or training, the clinician often does not ask about these problems.

Implementation
Since these conditions pose a barrier to detection and treatment, it is essential that all medical professionals are trained in suicide assessment. Guidelines for suicide assessment need to be developed so that these health care providers are better able to identify, screen, manage and treat those who are at high risk for self-
and attitudes, certain “key” adults can miss opportunities to assist students if they are not aware of common misconceptions about suicide. (See Page 15 of this plan.)

A fuller understanding of suicide contributes to prevention by decreasing the fear associated with it and encouraging the decision by troubled youth to get assistance when they need it. Attitudes about suicide are important since they form reaction and shape capacity and willingness to respond to a suicidal person.

While informing the public is a real need and an important dimension of any suicide prevention plan, it is also important to inform in positive ways. Suicide has been shown to be contagious under certain conditions, so public information strategies must be researched and planned. It is important that public information efforts be informed through the use of “best practices” and recommendations informed by experts.

Suicide ranks as the third leading cause of death for young people (ages 15-19 and 15-29); only accidents and homicides occur more frequently.
(Source: American Association of Suicidology)

**STAR Plan: Awareness and Advocacy**

**Strategy 1: PROMOTE PUBLIC AWARENESS OF SUICIDE AS A PREVENTABLE PUBLIC HEALTH PROBLEM**

**Background and Purpose**

Public awareness can reduce the impact of myth, stigma, fear, isolation and shame by enlarging the public’s understanding of the science of suicide. Many people suffer under the burden of silence with regard to suicide. There are many myths and taboos related to it as well as a strong stigma attached to those who experience it both as attempts of suicide or survivors (those who have lost a loved one to a suicide). Certain religious and legal perspectives prohibit suicide. As a result many young people fear getting the help when they need it due to the embarrassment they feel, or the guilt and shame associated with such thoughts.

Largely due to the stigma long associated with suicide, many teachers and other important “publics” have misconceptions about suicide, particularly suicide among youth. As a result of these underlying beliefs...
Public information campaigns can be conducted in coordination with National Depression Screening Day, Suicide Awareness Week (May), Youth Suicide Awareness Week (September) and in collaboration with public health and nonprofit organizations within the local community. The Resource section of this plan provides a list of resources linked to PDF files that can be used free of charge as a part of this campaign effort. All citizens can be supported in an ongoing understanding of the signs and symptoms of suicide so that they are more adept at recognizing the troubled youth. Use the publication of this directory as a critical tool and opportunity to distribute uniform and professional quality information about suicide and how to prevent it.

Other possibilities for local implementation include:
- choosing a given week of the year to distribute press releases and inform the general public about advances in research and success stories in countering risks and coordinating this week with Suicide Awareness Week in May of each year;
- promoting participation in Youth Suicide Prevention and Awareness Week (3rd week in September) sponsored by The Office of Public Health; and broadly disseminating the local Suicide Prevention Plan and providing inservicing where necessary.
- National SOS Week: Day devoted to survivors of suicide for awareness and healing--the Saturday before Thanksgiving each year.

Resources
✓ A list of hotlines and helplines is provided in the Resource section to publicize where help can be found.
✓ An ad campaign has been developed by Suicide Awareness Voices of Education (SAVE). SAVE allows all information on the site to be used provided credit is given to the author and site. http://www.save.org/adcampaign.shtml
✓ A new national suicide prevention resource center is open to provide information and assistance in the implementation of suicide prevention programs. Online at http://www.mentalhealth.org/cmnhs/nsr/pr.asp.
✓ Don’t re-invent the wheel! SAVE’s Community Action Kit is available online and free of charge. The kit contains tools and resources any community would need to develop its plan including ad campaign materials, organizing tips, reproducible products and contact information. http://www.save.org/ComAction.shtml

⭐ STAR Plan: Awareness and Advocacy

Strategy M: REDUCING ACCESS TO LESS REVERSEABLE MEANS AND METHODS OF SUICIDE

Background and Purpose
Access to less reversible means generally suggests limiting the availability of firearms since this is the most common means and method of completing suicide. Most suicides in the United States and in Louisiana are completed with a firearm and easy access to a firearm provides a person who is depressed and vulnerable to impulsivity behavior with both the means and a method for completing suicide. By restricting or limiting such access, protective factors are enhanced and prevention, therefore, increased. However, reducing access to less reversible means is not solely confined to firearms since there are other means and methods used to complete suicide such as jumping from a high place (bridge, roof, etc.), and poisoning.

Implementation
Reducing access to all less reversible means and methods of completing suicide is an important aspect of any prevention program. Restricting firearms is, of course, a controversial prevention strategy. Restricting this means can, and must in some cases, suggest the elimination of the availability of firearms. In other cases, reducing access to this lethal means would suggest the provision of enhanced design features which would prevent access and means. Design features could mean a locked case in the home or a specially designed lock on the firearm itself. These methods of restricting means are generally supported as basic gun safety and are particularly applicable in environments where there are vulnerable populations such as the young, the elderly and the mentally ill.

Restricting means and methods of completing suicide also would indicate careful attention by responsible adults to those physical structures which provide access and opportunity to those intending self-harm. Careful attention to keeping access to roofs locked in the home, in buildings, and in schools is an important feature of implementation. Reducing access to high bridges and overpasses is another environmental modification that can help to limit the means of self-harm. Reducing access to medications, poisons and
other toxic materials is another important protective factor for those vulnerable to self-destructive behaviors. Concerted efforts by public and school officials as well as parents are needed to reduce lethal means in the community and in school. Continued education and public awareness efforts by health and safety providers in the community is needed to make responsible adults aware of lethal means, particularly where there is exposure to those at high risk for suicide.

Resources
✓ A description of the SAMSA's national goal to "means restriction" can be found at: http://www.mentalhealth.org/publications/atipubs/SMA01-3517/ch5.asp
✓ The Office of the Ombudsman for Mental Health and Mental Retardation provides a list of easy steps for how to reduce to risk of injury due to firearms at this site http://www.ombudsmanr.state.mn.us/alerts/gunfirearmalert.htm

★ STAR Plan: Research and Resources

Strategy N: SUPPORT OF RESEARCH ON SUICIDE AND PREVENTION

Background and Purpose
Any prevention effort requires a strong knowledge base to support the social change. Research in the field of suicide prevention is no exception but poses some special and complex challenges. These include, but are not limited to, the requirement to address the unpredictable nature of the problem, the difficulty of getting reliable numbers, the inaccuracy of reporting, differences in definitions, misclassification by coroners and other agencies, confidentiality and financial issues. Without research into suicide prevention programs, however, it is difficult to assess and determine prevention outcomes and effectiveness.

During the last few decades, significant strides have been made in developing research methodologies resulting in increased understanding of those factors and placing an individual at risk for suicide and protect an individual for suicide. Continued understanding of mental illness and the interaction between risk and protective factors continues to be an important factor in reducing suicide. But questions remain and more study is required to increase our understanding of the complex interplay between social, biological, physical, psychological and environmental factors which contribute to suicidality or suicide ideation. Without continued research, it remains difficult to build a strong, scientifically based system, of prevention efforts.

Implementation
Any serious suicide prevention effort in Louisiana will seek to promote basic, clinical and applied research in the field within colleges, universities, and hospitals/clinics. Both private as well as public funding is needed to support this complex field of study which includes regional/geographic-specific factors, the interactions between culture-specific risk factors and protective factors, interventions and programmatic evaluation. The lack of evaluation is one of the most serious barriers to prevention, so support is needed at every level to develop research-based methods and scientific evaluation of suicide and suicide prevention programs. Implementing this strategy will not be easy since technical assistance, training and statistical consultation will likely be needed to support the design of appropriate methods and evaluations of programs that are implemented.

Medical examiners and coroners throughout the State may need to identify a common definition of suicide and be better trained in the certification of suicide since
this has shown to be widely discriminate rather than standardized. A centralized registry of suicide prevention programs and activities is needed so that these programs can be better evaluated and supported with best practice within the emerging national scientific community.

Resources

- University of Oxford, Center for Suicide Research (on-line) http://ceb.mhwarne.ox.ac.uk/csr/
- Ethical considerations in suicide research are discussed on-line at http://www.suicidology.org/newslinksum42001.htm
- Ghent University has prepared a Unit for Suicide Research and it is available on-line at http://allserv.rug.ac.be/~cvheerin/
- A summary of the “Six Steps to Program Evaluation” provided by the Suicide Prevention Advocacy Network (SPANUSA) is provide in the “Resource” Section of this plan. Program evaluation is an essential component of on-going prevention.
- The Harvard Injury Control Research Center sponsors research on a wide range of topics, including recent studies on suicide and firearms. It can be accessed on-line at http://www.hsph.harvard.edu/hicrc/
- The National Center for Statistical Analysis of the US Department of Transportation sponsors the Fatality Analysis Reporting System (FARS) to track traffic fatalities. Its’ database of information can be found at http://www.nrd.nhtsa.dot.gov/departments/nrd-30/ncsa//fars.html
- The American Foundation for Suicide Prevention (AFSP) provides training for suicide researchers. It provides funding for a wide range of suicide prevention research projects. It’s website is http://www.afsp.org/index-1.htm

★ STAR Plan: Research and Resources

Strategy O: IMPROVE AND EXPAND DATA COLLECTION EFFORTS.

Background and Purpose

An important barrier to suicide prevention is the lack of consistent and uniform data at the national, state and local levels. Data on the incidence, prevalence and characteristics of suicide and suicide attempts can significantly contribute to program development, evaluation of programs, development of priorities, treatment, and policy development. It can assist prevention specialists in identifying high risk populations, alert them to emerging new trends, and expose serious realities not immediately apparent. Without systematic and on-going data, evidence cannot be established to support a comprehensive prevention strategy. For these reasons, data collection, or surveillance, is considered to be the foundation stone of any public health initiative.

Implementation

While some data on suicide rates is tracked at the Parish level across Louisiana, the data is unreliable due to lack of a consistent definition, the classification of “undetermined” cases, under-reporting and misclassification, lack of certification and training of medical examiners and coroners, differences in requirements for coroners, and other reasons addressed in the previous section on research. There is no current uniform system for reporting violent deaths which includes suicides in Louisiana. As a result, our efforts to design interventions which target those at risk for violent death and develop protective factors on a parish-by-parish level are fragmented and episodic instead of sustained, integrated and comprehensive.

Louisiana’s future participation in the National Violent Death Reporting System (NVDRS) will be an important vehicle for building a comprehensive and integrated system of suicide prevention. This system is currently being designed and piloted by 11 states across the nation. When fully operationalized, it will collect information in a nationally linked data base from death certificates, coroner/medical examiner reports, police Uniform Crime Reports, and crime laboratories (HICRC, 2001).

Adopting the American Associations of Suicidology/ Centers for Disease Control and Prevention Standard Nomenclature for reporting suicide statistics in
Black male youth (ages 10-14) have shown the largest increase in suicide rates since 1980 compared to other youth groups by sex and ethnicity, increasing 180%.
(Source: American Association of Suicidology)

Resources
✓ Across the country and the state, various instruments are used to identify youth risk behaviors by school health and mental health professions. The CDC's Youth Risk Behavior Survey (YRBS) produces a nationally representative sample of risk behaviors among students in grades 9-12. Choose a particular week of the year to have the YRBS data distributed to educators, parents, youth workers, faith-based group (Source: YBBS, http://www.cdc.gov/nccdphp/dash/yrbs/index.htm)
✓ The National Violent Injury Statistics System can be locate at the following web site: http://www.hsph.harvard.edu/hicrc/nviss/ It contains a wealth of information about the new national data system.
✓ The National Vital Statistics System provides data on marriage, birth, death/mortality and other life-health related factors across America. Research into this data can provide a wealth of information of powerful differences at the regional level and on variations in reporting across the State. Besides data, the Center offers instructional material and trainings. It can be accessed at: http://www.cdc.gov/nchs/nvss.htm

Louisiana will create uniformity and consistency in data collection.
Training and acceptance of these standards and systems of data collection for medical examiners, coroners and death scene investigators will be a critical factor in their success.
A statewide database which links current service providers will contribute to quality program design, development and effectiveness.
Administration of the national Youth Risk Behavior Survey (YRBS) managed by the LA-DOE in all school districts will also support data collection if the schools are required to report suicidality.
Males are four times more likely to die from suicide than females.

(Source: Surgeon General’s Call to Action, 1999)
It's a darn mystery, you know, in spite of all we've written about it.

VI. RECOMMENDATIONS FOR RULES, POLICIES AND PROCEDURES FOR PREVENTION

As a result of the process involved in the development of this plan and resource manual, the following recommendations for rules, polices and procedures in Louisiana have been developed:

1. Serious attention needs to be given to reducing the access to less reversible means among critical populations in Louisiana. This recommendation does not mean gun control, but a serious regard for gun safety. Accessibility to firearms when a person is in suicidal crisis, prone to impulsivity, or in the “high priority” categories (elderly and youth) is a serious risk factor. Any serious prevention strategy will protect citizens from easy access, and create protective barriers around access to less reversible means especially when the incidence in Louisiana is simply so great.

2. Programs and resources need to be focused on those communities within the State showing the highest risk.

3. A statewide database should be established so that technical assistance can be provided, resources leveraged and programs can be monitored and evaluated for effectiveness.

4. Every local community should form a coalition of suicide prevention agencies and develop local suicide prevention plans.

5. The Department of Health and Hospitals and the Louisiana Task Force for Suicide Prevention should be the coordinating entities for providing assistance to communities in developing local plans. Funding should be provided to support these efforts at the state and local levels.

6. Law enforcement officers and all “1st Responders” should receive annual suicide prevention training. The LSU Law Enforcement Academy should institute a section of the curriculum on suicide prevention.

7. School Resource Officers and DARE officials should be seamlessly integrated with all CRT’s, Gatekeeper Training and other suicide prevention and postvention activities.

8. Medical examiners and coroners should be required to receive training in suicide certification and use the common nomenclature of suicide.

9. Statewide training by professional medical organizations should be provided to build the capacity of medical and mental health providers to screen and assess so that they can more readily recognize, diagnosis and treat suicide risk factors, such as depression. Screening tools should be widely disseminated especially in clinics which serve high risk populations.

10. ASIST Training should be broadly expanded throughout the state.

11. Increased awareness and training of mental health professionals should be provided. Special procedures need to be established at the state and local level which provide for psychiatric emergencies.

12. Primary care physicians should refer person with multiple risk factors for suicide to mental health treatment.

13. Suicide prevention programs should be researched-based, incorporating best practices within the field. Programs should include an evaluation component and be linked in a network of providers in the State.
Nationwide, nearly one in five high school students have stated on self-report surveys that they have seriously considered attempting suicide during the preceding 12 months.

(Source: American Association of Suicidology)
GLOSSARY OF HELPFUL TERMS

- **Suicide**- The taking of one’s own life.

- **Suicidology**- The study of suicide, suicidal behavior, and those who are impacted by the death (survivors).

- **Survivor**- Those who are significantly impacted by the death of someone to suicide. This term is not limited to next of kin, and can include strangers who witness or discover the body, including first responders.

- **Thanatology**- The study of death and dying.

- **Attempt**- An act of self-harm with the purpose of dying by suicide.

- **Para-suicidal behavior**- Behavior that could result in suicide or accidental suicide and is more manipulative in its intent.

- **Completed suicide**- This term is used in place of “committed suicide” to reduce the stigma and be consistent with terms in Suicidology i.e. Completed is the opposite of attempted (a term often used to describe suicidal behavior not resulting in death). This term is more accurate and avoids the criminalization of suicide created when using “committed” to describe someone who took their own life.

- **Survivors of Suicide Support Group**- These groups vary in operation (formal and informal), size, organizational affiliation, leadership, and duration. They can be open or closed and may have from two to over one hundred attending. Most meet on a regular basis and have peer and professional leadership involved. The purpose of most is to assist those who have lost someone to suicide to recover from the death.

- **Crisis Intervention**- The act of intervening on someone in a self-defined crisis. This can be by family, friend, community, or agency. The goal is to avoid the crisis resulting in self-harm.

- **Postvention**- Providing care for those impacted by a suicide regardless of familial relationship to the deceased. Postvention is delivered to the survivors in an organized fashion by trained responders in an active or passive approach.

- **Passive Postvention**- This is the more traditional method of delivery. This requires the survivors learn of the services and seek them by contacting the resources and requesting assistance in dealing with the aftermath of suicide.

- **Active Postvention**- This is a concept where responders who are prepared to assist the newly bereaved go to the scene of a suicide and begin to work with the survivors as close to the time of death as possible.

  (Source: Frank Campbell, BRCIC)
LOUISIANA CRISIS CENTERS AND SURVIVOR GROUPS

CRISIS CENTERS IN LOUISIANA

BATON ROUGE CRISIS INTERVENTION CENTER, INC.
4837 Revere Ave.
Baton Rouge, LA 70808
Frank Campbell, PhD, LCSW)
(225) 924-1431 (Business line)
(225) 924-3900 Crisis line 24 hours
211 (Info/Ref) United Way
www.brcic.org

BATON ROUGE SURVIVORS OF SUICIDE (SOS) SUPPORT GROUP
4837 Revere Ave.
Baton Rouge, LA 70803
Contact: Kari Millet at (225) 924-1431
LEADERSHIP: P/P
CHARGE: NO
NO. MEETINGS PER MO: 4
NEWSLETTER: yes

BRCIC also has a Teen SOS group and a Children's Bereavement Group.

VOLUNTEER & INFORMATION AGENCY
4747 Earhart Blvd., Suite 2000
New Orleans, LA 70125
Jay Alvaro
(504) 523-COPE

SURVIVORS OF SUICIDE (SOS) GROUP
Contact Jay Alvaro at 504-523-2673.
LEADERSHIP: P/P
CHARGE: NO

NO. MEETINGS PER MO: 2 / month
NEWSLETTER: YES

SUPPORT GROUPS IN LOUISIANA

SURVIVORS OF SUICIDE
St. Tammany Parish Library causeway Branch
3457 Highway 190
Mandeville, Louisiana 70471 (Mandeville Shopping Center between the K-Mart and Cafe Rani)
Virginia Blank at (985) 626-7012
Dr. Steve Taylor
(985) 875-8898

CORRESPONDENCE ADDRESS:
Francis R. White III
205 East Lockwood Street
Covington Louisiana

LEADERSHIP: Group is facilitated by both a professional and survivor
CHARGE: NO; NO. MEETINGS PER MO: Second and fourth Thursday of each month starting at 6:30 PM.
NEWSLETTER: NO

SUPPORT AFTER SUICIDE
3804 Gouville Drive
Monroe, LA 71201
Jim & Barbara Moore at (318) 323-9479
(318) 322-5065
LEADERSHIP: PEER
CHARGE: NO; NO. MEETINGS PER MO: As needed
NEWSLETTER: no

COPING WITH SUICIDE
406 Audubon Trace
New Orleans, LA 70121-1553
Roma Gibson-King at (504) 865-2670
LEADERSHIP: PEER
CHARGE: NO; NO. MEETINGS PER MO: 1
NEWSLETTER: yes

SUICIDE SURVIVORS SUPPORT GROUP
St. Edmond's Catholic Church, Dowling Hall
4131 W. Congress
Lafayette, LA 70506 (corner of Ambassador and Caffrey)
Contact: Beverly Mire, 337-261-5578
No. MEETINGS PER MO: 2nd and 4th Tuesdays of every month; NEWSLETTER: NO
LEADERSHIP: PEER
(Source: BRCIC and the American Association of Suicidology)
LOUISIANA SUICIDE AND CRISIS LINES

General and Related Helplines
- First Call For Help National Domestic Violence Abuse Hotline 1-800-799-SAFE 1-800-787-3224 TDD
- Baton Rouge Crisis Line--"THE PHONE": 225-924-3900
- Northeast Louisiana Crisis Line 1-800-716-7233 318-323-1505
- ChildhelpUSA: Child Abuse Hotline 1-800-4-A-CHILD (1-800-422-4453)
- Louisiana AIDS Hotline 1-800-992-4379
- National Hotlines and Helplines National Suicide Hotline 1-800-SUICIDE
- Rape, Abuse, and Incest National Network (RAINN) 1-800-656-HOPE

Regional and Local

ALEXANDRIA
United Way of Central Louisiana
Information & Referral Only
(318) 443-2255

JEFFERSON
RHD - Mobile Crisis Service / ACT
24 hours / 7 days
(504) 734-2112

BATON ROUGE
Crisis Intervention Center, Inc.
THE PHONE
24 hours / 7 days
(225) 924-3900

DE RIDDER
Help Line
24 hours
Beauregard De Ridder Community
(318) 462-0609

JEFFERSON
RHD - Mobile Crisis Service / ACT
24 hours / 7 days
(504) 734-2112

LAFFAYETTE
Southwest Louisiana Education & Referral Center
24 hours / 7 days
Information & Referral Line
(318) 232-4357

METAIRIE
Copeline Crisis Line
(504) 523-2673

MONROE
Mainline
6 pm - 6 am
(318) 387-5683

MONROE
Y.W.C.A.
Young Women's Christian Association
24 hours / 7 days
(318) 323-4112

NEW ORLEANS
River Oaks Admission & Referral
24 hours / 7 days
(504) 734-1740

NEW ORLEANS
Volunteer & Information Agency
COPELINE
24 hours
1-800-749-2673
(504) 523-2673
1-800-749-2673 TTY
MUST KNOW NATIONAL ORGANIZATIONS IN SUICIDE PREVENTION

In an emergency, call 1-800-SUICIDE (1-800-784-2433), the national suicide hotline.

American Association of Suicidology
Their website, www.suicidology.org, provides information on current research, prevention, ways to help a suicidal person, and surviving suicide. A list of crisis centers and survivor support groups is also included. Their phone number is 202-237-2280.

American Foundation for Suicide Prevention
Their website, www.afsp.org, provides research, education, and current statistics regarding suicide; links to other suicide and mental health sites are offered. Information and help is also available by calling 1-888-333-AFSP (2377).

American Psychiatric Association
Call 1-800-852-8330 for information and referrals to psychiatrists in your area. Or visit their website at www.psych.org.

American Psychological Association (APA)
APA’s website, www.apa.org, provides information about who is at risk, suicide warning signs, and steps toward suicide prevention. Call APA at 1-800-964-2000 if you have questions about their website or any other mental health issues.

Boys Town
Boys Town is an organization that cares for troubled children—both boys and girls—and for families in crisis. Their hotline staff is trained to handle calls and questions about violence and suicide. Call 1-800-448-3000 (crisis hotline) or 1-800-545-5771. Or visit them on the web at www.boystown.org.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention
Visit their website, www.cdc.gov/ncipc/ for links to suicide statistics, the SafeUSA website, and safety information. Or call 770-488-4362.

National Alliance for the Mentally Ill (NAMI)
NAMI’s toll-free number, 1-800-950-NAMI (6264), provides information about family support and self-help groups. Their website, www.nami.org, includes links to information about teen suicide, child suicide, brain biology and suicide, as well as general suicide information links.

National Depressive and Manic-Depressive Association (NDDMA)
Call NDDMA at 1-800-82-NDDMA (63632) for information on local patient and support groups. Their website, www.nddda.org, provides information about biological causes for suicidal feelings, what to do if you or someone you know is suicidal, and possible suicide therapies.

National Institute of Mental Health (NIMH)
Call NIMH Public Inquiries at 1-800-421-4211 for information on depression and other mental illnesses. Or visit www.nimh.nih.gov.

National Mental Health Association (NMHA)
Call NMHA at 1-800-228-1114 or 1-800-969-NMHA (6642) for information on depression and its treatment and for referrals to local screening sites. Their website is http://www.nmha.org. For TTY, call 1-800-433-5959.

National Organization for People of Color Against Suicide, Inc. www.nocpca.org or call 830-625-3576.

Suicide Awareness-Voices of Education (SAVE)
SAVE’s website, www.save.org, provides suicide education, facts, and statistics on suicide and depression. It links to information on warning signs of suicide and the role a friend or family member can play in helping a suicidal person. SAVE’s phone number is 612-946-7998.

Suicide Information & Education Centre (SIEC)
SIEC is a special library and resource center providing information on suicide and suicidal behavior. Call 403-245-3900 or visit www.sieca.ca.

Suicide Prevention Advocacy Network (SPAN)
SPAN is a nonprofit organization dedicated to creating an effective national suicide prevention strategy. SPAN links the energy of those bereaved by suicide with the expertise of leaders in science, business, government, and public service to achieve the goal of significantly reducing the national suicide rate by the year 2010. Call 1-770-649-1366. or visit http://spanusa.org.

The Center for Mental Health Services
Visit their website, www.mentalhealth.org/highlights/suicide to learn more about Suicide Awareness Week, May 7-13, 2000.

The National Mental Illness Screening Project Suicide Division
Their hotline can help you locate a free, confidential screening near you. Call 1-800-573-4433 or visit www.nmisps.org. You may also send them a free fax at www.nmisps.org.
This is a list of suggested resources on various injury topics. If you wish to purchase, borrow, or view any of these materials, please inquire at your local library or bookstore.


Marcus E. Why suicide?: answers to 200 of the most frequently asked questions about suicide, attempted suicide and assisted suicide. San Francisco: HarperSanFrancisco; 1996.


Note: Listing of these resources is provided solely as a service. These listings do not constitute an endorsement by the Centers for Disease Control Prevention (CDC), the National Center for Injury Prevention and Control (NCIPC), or the Federal government, and none should be inferred. CDC and NCIPC are not responsible for the content found in these materials. (Source: http://www.cdc.gov/ncipc)
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a. Department of Education
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Baton Rouge LA 70804
rlee@mail.doe.state.la.us
Louisiana suicide death and rate** by parish of residence and age group from 1990 to 2000

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