

The Development of a Community Coalition in Response to Youth Suicide

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Abstract:

The Needham Coalition for Suicide Prevention (NCSP) was formed in 2006 after eight deaths by suicide (four youth and four adults) occurred in an 18-month period. Building from constituency groups that represented the town of Needham, and a partnership between the Needham public schools, town government, and the Riverside Trauma Center, a not-for-profit agency funded by the Department of Public Health suicide prevention program, the coalition had comprehensive support and the expertise to organize an effective response to Needham's suicide problem. This report serves as a reference model or framework of the NCSP by outlining its development and by evaluating its strengths, challenges, and room for growth. Through a concurrent sample, 9 coalition members and 10 community members were qualitatively surveyed on their satisfaction of the coalition and its effectiveness. In this sample, all coalition and community members familiar with the coalition hold it in positive regard and feel that the coalition has increased the community's awareness around suicide. Most coalition members reported a better understanding of suicide and an increased ability to respond to suicidal behavior than prior to their involvement in the coalition. Furthermore, most coalition members reported that much of the coalition's success can be attributed to the diversity of the constituency groups represented by highly active members within the coalition, however suggest that the coalition must continue to reach out to more constituency groups. Most community members in this sample reported awareness of the NCSP and about half were familiar with its role and accomplishments.

Introduction:

In April of 2006 the Town of Needham, Massachusetts experienced its fourth youth death by suicide in an 18-month period, in addition to four adult deaths by suicide during the same time period. The fourth youth death triggered multiple groups within Needham to voice their concern about suicide in the community and the necessity to act.

It was at this time that a decision was made to more actively prevent suicide in the town of Needham by creating the Needham Coalition for Suicide Prevention (NCSP). Because community coalitions cater to the needs of a specific community, it is understood that it is difficult to compare one coalition to another (Granner & Sharpe, 2004). Therefore, this report will not compare the NCSP to other Coalitions, but will examine the stages of this coalitions development and evaluate its strengths, challenges,

and room for growth, using both literature on coalitions, and the qualitative data collected from this study's participants. Through the use of qualitative questionnaires both Coalition members and Community members were surveyed by interview on their feelings about the Coalition and its effectiveness.

Town Profile:

Needham, Massachusetts is a western suburb of Boston, Massachusetts and is socio-economically considered to be upper middle class. Needham has approximately 29,000 residents and has a Town Meeting form of Government. There are both public and private schools in Needham. Needham High School is located close to the town center and has about 1400 students. The town also is home to Olin College and geographically shares Babson College with a neighboring town. In and near its town center are many shops, restaurants, government offices, and places of worship.

Early Formation of the Needham Coalition for Suicide Prevention:

In November of 2004, Needham experienced two youth suicides in the same day. Less than one year later, in October of 2005, Needham endured yet another youth suicide. When only six months later, another Needham youth took his life the community decided action was imperative.

The "School Health Advisory Committee (SHAC)," a pre-existing committee composed of members from various town constituent groups served as the initial forum for discussions about suicide prevention. The health advisory committee's specific focus on health issues, well-established community representation, and meeting guests who attended because of the suicide crisis, enabled a productive conversation about the suicide problem in the Needham community and birthed the idea of the NCSP. A skeleton group was established from those who attended this initial meeting and were interested in dedicating their time to this issue. Florin, Mitchell, and Stevenson (1993) discuss "initial mobilization" as the *first stage* of seven in coalition development. In this stage, a coalition must select participants who can provide appropriate skills, experience, and community representation. The coalition's ability to quickly identify participants with desirable qualities expedited much of the member recruitment process and bypassed otherwise time consuming organizational efforts.

It is important to recognize that by having pre-existing functional town committees with good community representation (in this case the SHAC, one of several possible forums in Needham), suicide prevention efforts had an immediate forum for discussion. Had these forums not been pre-established, this basic, but fundamental element may have caused the formation of the NCSP to be more time consuming and complicated.

After self-selecting the initial coalition members, the group met to determine what additional groups in community still needed representation on the coalition. While many resources came from within the community, the coalition also looked outside of the community to agencies like Riverside Community Care, and the Massachusetts Department of Public Health for support. In May of 2006, the foundational group of coalition members was established (composed of: students, parents, a PTC representative,

members from the Needham town government, school faculty and administration, the Drug and Alcohol Prevention coordinator, interfaith clergy, community/civic leaders, medical professionals, representatives from the Preschool Consortium, Council on Aging, Needham Beth Israel Deaconess Hospital, Needham Police Department, Needham Fire Department, and Norfolk County District Attorney's office) and the group had its first coalition meeting the following month.

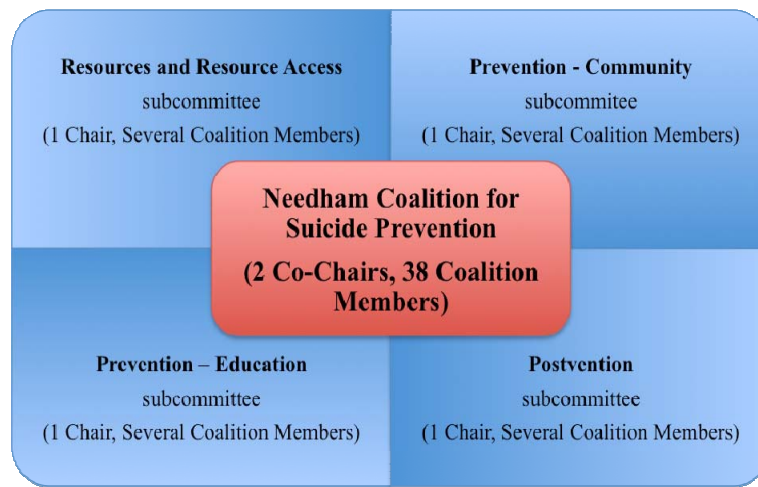
Many coalition members as well as community members familiar with the coalition praise its ability to initially attract coalition members who not only represent the community, but are also prominent figures. Having well-known community members serve on the coalition allows the NCSP to get more public visibility. Many coalition members pay tribute to the strong group of original members serving on the coalition for not only their hard work, but also their ability to appropriately leverage their various leadership roles and power in the community to positively effect the coalition's development.

In September of 2006 the NCSP held an all day meeting reviewing the scope of suicide as a social problem and suicide relative to high school students in Massachusetts. The second half of the meeting divided attendees into four separate working groups: Resources; Community Prevention, School Prevention, and Postvention to develop goals for action plans.

Structure of the Coalition and Meeting Format:

The coalition quickly moved into the *second stage* of coalition development, "establishing an organizational structure," (Florin et al., 1993). The present structure of the coalition has not changed much from its initial design. The coalition desired a model that did not require the community to adapt to, but one that could adapt to the needs of the community. Using a "weak leadership" model (meaning a model where decision were made by the NCSP, not the leaders of the NCSP) the Coalition selected two co-chairs to run meetings and moderate discussions. Coalition members could then serve on one of four sub-committees derived from the working groups on the September 2006 meeting (Resources and Resource Access, Prevention – Community, Prevention - Education, and Postvention) and designed to comprehensively support the Needham community. Each sub-committee has several coalition members who spend time outside of meetings addressing their specific subcommittee issues (see figure 1). At the monthly NCSP meeting, a subcommittee representative would present the progress and direction of their subcommittee. The coalition sought advice from coalition members as well as visiting professionals who were frequently invited to attend meetings. On several occasions, employees from the Massachusetts department of Public health and consultants from the Massachusetts Coalition for Suicide Prevention attended the meetings and offered advice. All members were encouraged to voice their opinions and decisions were made as a group.

Figure 1- NCSP Coalition Structure



The subcommittee groups seen in figure 1, were identified as relevant committees to address suicide prevention in the Needham community in the first year.

This model allows for adaptation depending on the communities needs and the evolution of the coalition. As the NCSP aged, certain needs were met, while new needs surfaced. Since these four initial subcommittees were formed, the NCSP has chosen to adapt and/or create new subcommittees to address different issues as they see fit. (Examples of different subcommittees from the NCSP are: Youth, Adult, and Advocacy/Communication. The Adult subcommittee has four of its own groups including: Seniors, Middle Aged Men, Health Care Providers, and Mental Health Providers.)

In its early development, coalition members made a conscious attempt to keep the structure simple. Valente (2007) explains that clear structure, where subcommittees make decisions and accomplish tasks lead to successful coalitions. Beyond structure, Valente (2007) explains a successful coalition must possess an appropriate balance of both network centralization (referring to leadership and power) and network density (referring to the volume of connections held by members) in coalitions. By having two co-chairs the NCSP is equipped with appropriate centralization as people in this position can facilitate coalition activity and delegate necessary responsibility. However, because the NCSP's "weak leadership" design, allowing coalition members make decisions as a group, centrality is well balanced.

Network density is also well balanced in the NCSP. In conjunction with balanced centralization, the NCSP capitalized on the members dense networks. Having a diverse group of members with strong community representation was important here. Because member networks are dense, and community representation is strong, the information could be diffused throughly to different groups in the community.

If community representation among coalition members was weak, the members high density networks would inadequately transmit information to the community and efforts would risk little progress.

Focus Groups

Between October and December of 2006, focus groups of four target groups (parents, teachers, students, and community members in Needham) were held to determine what they know about suicide, feel they need to know about suicide, and to identify barriers that restrict help-seeking behavior. This form of information gathering could be considered **stage 3** “building capacity for action” (Florin et al., 1993). With this information, the coalition had a better idea of the community’s immediate needs around suicide prevention. Soon after, in December of 2006, the NCSP had entered **stage 4** of coalition development, “planning for action,” (Florin et al., 1993) by creating goals and objectives for action for each subcommittee.

Stage 5: Implementation

With stages one through three of Coalition development complete, and with the information provided by the focus groups (stage 4), each subcommittee was able to make significant progress in its action plan, bringing the NCSP to **stage 5**, “implementation” (Florin et al., 1993). Unlike the prior stages, the implementation stage takes significantly more time to complete and does not have a clear ending point. Granner and Sharpe (2004) explain that the implementation stage is supported by organizational or group process and climate, which enable members to work together to accomplish goals, impacts, and outcomes.

Examples of NCSP’s initial implementation are:

- January 2007 components of the Signs of Suicide (SOS) training were implemented at the high school. This program sought to teach students the signs and symptoms of depression and suicide and also to bring attention to school administrators fellow students they were concerned about (School Prevention subcommittee)
- January 2007, NCSP website enhancement (Resources and Resource Access Committee)
- February 2007, development of Crisis Command Center, Reporting on Suicide: Recommendations for the Media, and Draft Guidelines for Memorials. (Postvention subcommittee)
- March 2007, there was a massive QPR training at all Needham public schools. (School Prevention subcommittee)
- April 2007, the “Out of Darkness Campaign” was put on by the community prevention suicide, and sermons from clergy with a focus on suicide and suicide risk factors such as depression and mental health, and a community campaign to read “Darkness Visible,” by William Styron. (Community Prevention subcommittee)

For a more comprehensive look at the actions taken by each subcommittee go to www.needhamacts.org.

Coalition Sustainability

In large part, both *stages 6*, “refinement,” and *stage 7*, “institutionalization,” regard coalition sustainability. Many NCSP members suggest that coalition sustainability is equally important to coalition development. After the immediate response to the series of youth suicides, the primary function of the NCSP is to continue to promote suicide prevention, even while suicides are less frequent.

Like any group with a common mission, procedures, plans of action, focal points, etc. must constantly be scrutinized and properly adjusted to meet the needs of the people the group serves. Some may argue that a good coalition does not graduate from the refinement stage. Moreover, a good coalition is always refining itself to ensure its sustainability and effectiveness.

The NCSP exemplifies this thinking through the ongoing adaptation of the coalition subcommittees. Members on the coalition recognize that as the coalition evolves, new needs undoubtedly arise while old needs also have the potential to fade. For example committees have been re-worked to focus on Adolescents, Adults, Postvention, and Advocacy.

Institutionalization

Once a coalition has solidified its mission and plan of action it can reach *stage 7*, “institutionalization.” Some coalition members argue that the NCSP must avoid institutionalization of the coalition, as it will limit the coalitions ability to adapt to the communities needs around suicide prevention. The NCSP’s comprehensive approach is perhaps the cornerstone to the coalitions effectiveness and many feel that institutionalization does not allow new doors to open and increase the potential for progress.

NCSP stage status

The NCSP can be considered in both stage 5 and stage 6 in coalition development. While the coalition has completed the early stages of coalition development, stage 5 and 6 can be considered the working stage of the coalition-and a true test for the strength of the coalition. Both implementation and refinement take significant energy and person power to execute successfully. However, many NCSP members feel that because of the solid foundation the coalition is built upon (established in the early stages of development), both through it’s strong membership involvement, and strong goals; this coalition has the potential for long-term suicide prevention.

Strengths, Challenges, and Room for Growth within the NCSP: from the eyes of Coalition and Community members

**Note: The material for this section is informed by the qualitative interviews of NCSP coalition members and Needham community members. A complete summary of responses to the questionnaires is attached in the appendix of this report. The number of responses in each category does not reflect the number of individuals interviewed. Some participants had more than one response to one question and other participants had no response to some questions.*

Strengths, Challenges, Room for growth – Coalition Member Responses

Out of the nine coalition members interviewed four members considered themselves to be “active,” while five members considered themselves to be “highly active.” The majority of the coalition members felt that the NCSP provided greater awareness to the community around suicide prevention. Four of the nine coalition members felt that they had a better understanding of Suicide since being a member of the Coalition. All but one member felt that the NCSP increased their ability to respond to suicidal behavior. Although most members felt that the NCSP has good representation throughout the community and has succeeded in engaging the community, all but one member felt that there was room for improvement in this area.

The overall satisfaction of the NCSP left six members “highly satisfied,” two members “satisfied,” and one member “somewhat satisfied.” The members were split in regard to whether or not the Coalition should encompass more issues than suicide [i.e. substance abuse]. Suggestions to improve the effectiveness of the Coalition consisted of:

- To increase communication within the community
- More and better Internet access
- To create a Suicide Prevention Hotline
- Better community representation and diversity of Coalition members
- To return to the “group think” model during Coalition meetings instead of the “Presentation” model
- To encourage more involvement of community leaders

Strengths, Challenges, Room for growth – Community Member Responses

Of the 10 community members interviewed, all were familiar with the recent suicides in the Needham community. Answers about how the community responded varied among community members between no knowledge of response, to feeling that the Needham community increased its awareness and established the NCSP as a response. Eight of the 10 community members interviewed had heard of the NCSP.

Because two of the Community members interviewed had not heard of the NCSP, the following responses are based upon the remaining eight community members.

Needham community members perceived the role of the NCSP to be predominately suicide education, community collaboration, and QPR training. The specific accomplishments of the NCSP cited by community members consist of: increased awareness, suicide prevention trainings, community cohesion, community sense of hope, and community involvement. Of the five members who responded to the question regarding the NCSP's reduction in stigma around mental health issues, three felt that it did reduce stigma and one felt that it somewhat reduced stigma.

Two community members were QPR trained and three felt that they were more prepared to respond to suicidal behavior because of the coalition. The community members felt that there was good representation within the community and the NCSP engaged the community well. Suggestions to improve the effectiveness of the Coalition consisted of:

- More community outreach
- Address other high-risk behaviors
- Visit more houses of worship
- Get older teens more involved

References:

- Florin, P. & Mitchell, R. & Stevenson, J. (1993). Identifying training and technical assistance needs in community coalitions: a developmental approach. *Health Education Research*, 8, 417-432.
- Granner, M. L. & Sharpe, P. A. (2004). Evaluating community coalition characteristics and functioning: a summary of measurement tools. *Health Education Research*, 19, 514-532
- Henry, C. S., Stephenson, A L., Hanson, M. F. Hargett, W. (1993). Adolescent suicide and families: An ecological approach. *Adolescence*, 28, 291-308.
- Valente, T. W., Chou, C. P., & Pentz, M. A. (2007). Community coalitions as a system: Effects of network change on adoptions of evidence-based, substance abuse prevention. *American Journal of Public Health*, 97, 880-886.

For more information about Suicide and Suicide Prevention:

Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2005). National Center for Injury Prevention and Control, CDC (producer). Available from URL: www.cdc.gov/ncipc/wisqars/default.htm.

Suicide Prevention Resource Center: www.sprc.org

Needham Acts, www.needhamacts.org

Needham Coalition for Suicide Prevention, www.needhamma.gov/index.aspx?NID=417

The Massachusetts Coalition for Suicide Prevention: www.masspreventssuicide.org

Appendix A: Coalition Member Response Summary Page

Q1: Gender	3 Male/ 6 Female
Q2: Position	3 Parent/ 1 Fire Official/ 1 Police Official/ 2 Clergy /1 Community Member/ 1 Community Council
Q3: Current Member	6 yes/ 3 no
Q4: Membership length	5 2+ years/ 4 3+ since inception
Q5: attendance	4 Most/ 3 Almost all/ 1 All/ 1 Most during first year
Q6: Activity	5 Highly Active/ 4 Active
Q7: Hours per month	5 5-10 hours/ 2 10-15 hours/ 2 Less than 5 hours
Q8: Accomplishments	5 Greater Awareness/ 2 Education/ 2 Diverse Coalition/ 3 Publicity and Visibility/ 3 Community Strength Building/ 2 Literature development/ 1 QPR trainings/ 1 Stigma Reduction/ 1 Strong Coalition members/ 1 Ability to take action/ 1 Good community resource/
Q9: What learned	4 Better understanding/ 2 Different perspective/ 1 lots of people in the community want to help/ 1 Suicide is a mental health issue/ 1 What to do and who to call/ 1 Statistics/ 1 It takes a community to respond to suicide/ 1 there is a stigma associated with M/H and suicide/ 1 the brunt teachers bare/ 1 importance of not allowing kids to solve their friends problems/ 1 the best way to address suicide is through a Coalition/ 1 Can't put the idea of suicide in someone's head/ 1 Suicide is truly preventable/ 2 How powerful a community can be/ 1 How great a Needham is
Q10: Increased Ability	8 Yes/ 1 No/ 3 Felt that it enhanced their prior training/ 2 felt it increased their ability to discuss suicide/ 1 felt that they learned everything
Q11: Goals	8 felt that there is room for improvement/ 3 felt they were comfortable with keeping goals/ 2 good job/ 2 education is the strongest part/ 1 great job/ 1 participant did not respond
Q12: Member Representation	8 Good representation/ 4 Needs improvement
Q13: Community Engagement	7 Good job/ 4 Needs improvement/ 1 OK job/ 1 N/A

Q14: Focus	4 Disagree/ 3 Agree/ 1 OK then, not now/ 1 OK, but see how it could include more
Q15: Satisfaction	6 Very Satisfied/ 2 Satisfied/ 1 Somewhat Satisfied
Q16: Improve Effectiveness	2 Nothing specific/ 2 Increase communication within the community/ 1 More and better internet access/ 1 Create a hotline/ 1 Needed change in the community/ 1 Better representation and diversity on the Coalition/ 1 Group think at meetings, not presentations/ 1 Encourage involvement of community leaders/ 1 Unsure
Q17: Additional Comments	

Appendix B: Community Member Response Summary Page

Q1: Gender	7 Female/ 3 Male
Q2: Position	3 Public Town Service Agencies/ 3 Private Service Agencies/ 1 Business/ 1 High School Grad (Youth)/ 2 Clergy
Q3: Awareness	10 out of 10
Q4: Response	
Q5: Familiarity	8 had heard of NCSP/ 2 had not heard of NCSP
Q6: NCSP role	3 Education/ 3 Community Collaboration/ 2 Suicide Training (QPR)/ 2 Don't know/ 2 N/A/ 1 Community Outreach / Help talk about suicide 1/ 1 Strategic Planning/ 1 Organize related activities
Q7: Accomplishments	5 N/A/ 2 Awareness, 1 Trainings/1 Community Cohesion/1 Sense of hope/ 1 Resource/1 Community Involvement
Q8: Stigma	5 N/A/ 3 Yes/ 1 Somewhat/ 1 Unsure
Q9: What learned	5 N/A/ 3 Not much/ 2 QPR training/ 1 Pressure of being a student/ 1 Understanding of new perspective on suicide
Q10: Increased Ability	5 N/A/ 3 yes/ 1 no/ 1 yes and no
Q11: Members Representation	6 N/A/ 4 good
Q12: Community Engagement	5 N/A/ 5 good as far as I know
Q13: Focus	6 N/A/ 3 Agree/ 1 Unsure
Q14: Satisfaction	5 N/A/ 3 Satisfied/ 1 Somewhat Satisfied/ 1 Unsure
Q15: Improve Effectiveness	6 N/A/ 2 More community outreach/ 1 Address other high risk behaviors/ 1 Come to house of worship/1 get older teen mores involved/ 1 No
Q16: Additional Comments	5 N/A/ 3 No/1 I wish it could spread to other towns/1 Who makes up the Coalition?
Q 17: More Knowledge	7 Yes/ 2 No/ 1 N/A
Q 18: More information	10 Yes

Appendix C:

Needham Coalition for Suicide Prevention Questionnaire (Coalition Member)

Please take a few minutes to respond to the following questions about suicide prevention in the Needham Community. Your feedback is valuable and your answers will be kept confidential. Thank you for your participation.

General Information

1. Gender

Male Female

2. What is your position in the Needham Community?

Citizen

Parent

Teacher (grade level)

Student (grade level)

Town Administrator (position)

Police Official

Fire Official

Other

NCSP involvement

3. Are you presently a member of the Needham Coalition for Suicide Prevention (NCSP)?

Yes No

4. Length of Time as Coalition Member?

Member since

inception: 3+ years

More than 2 years

More than 1 year

6 months to 1 year

Less than 6 months

5. What percentage of the NCSP meetings have you attended/did you attend as a member?

6. How would you describe your level of participation in the NCSP?

7. How many hours per month did/do you spend on NCSP related work?

Less than 5 hours

5-10 hours

10-15 hours

15-20 hours

20 or more hours

NCSP effectiveness

8. What do you believe are the major accomplishments of the NCSP?

9. What do you feel you have learned from the NCSP?

10. Do you feel that the NCSP has increased your ability to respond to Suicidal Behavior? Please Explain.

- Yes No

11. The following items are the goals of the NCSP:

GOAL #1: Make the public aware that suicide is a public health problem that is preventable

GOAL #2: Develop broad-based support for suicide prevention and related initiatives

GOAL #3: Examine and utilize the body of research on suicide and suicide prevention

GOAL #4: Implement evidence based educational programs focusing on suicide prevention

GOAL #5: Develop and implement strategies to reduce the stigma associated with discussing suicide and associated risk factors

GOAL #6: Empower the community as a resource for suicide prevention and fostering supportive engagement in existing relationships

GOAL #7: Improve news reporting (with a focus on education) and balanced portrayals of issues related to suicide in the media

GOAL #8: Implement professional training programs that help gatekeepers and those who are in regular contact with persons at risk to recognize, refer and respond to suicidal behavior

GOAL #9: Expand and improve systems to identify and collect data about those at risk

GOAL #10: Reduce access to lethal means and methods of self-harm

GOAL #11: Develop effective immediate and ongoing guidelines for school and community responses to deaths by suicide.

GOAL #12: Document and report progress of the Coalition

To what extent do you feel the NCSP has effectively accomplished the goals of its mission?

12. Please explain the extent to which you feel that the members of the NCSP represent the Needham Population.

13. Please explain the extent to which you feel that the NCSP has effectively engaged organizations, agencies, and institutions in the community.

14. Please discuss your feelings about the NCSP's decision to focus solely on suicide and not address other high-risk behaviors.

15. How would you rate your overall satisfaction of the NCSP?

16. Would you do anything differently to improve the effectiveness of the NCSP?

17. Is there anything else you would like to comment on that we have not already discussed?

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.

Appendix D:

Needham Coalition for Suicide Prevention Questionnaire (Community Member)

Please take a few minutes to respond to the following questions about suicide prevention in the Needham Community. Your feedback is valuable and your answers will be kept confidential. Thank you for your participation.

General Information

1. Gender

- Male Female

2. What is your position in the Needham Community?

- Citizen
- Parent
- Teacher (grade level)
- Student (grade level)
- Town Administrator (position)
- Police Official
- Fire Official
- Other _____

Questions about the Needham community

3. Are you aware of the suicide deaths in the community since 2004? If “No” skip to question 5.

- Yes No

4. What is your understanding about how the Needham community has responded?

5. Are you familiar with the Needham Coalition for Suicide Prevention (NCSP)? If “No” skip to question 18.

- Yes No

Questions about the NCSP

6. What is your understanding of what the NCSP has done in the Needham Community?

7. What do you believe are the major accomplishments of the NCSP?

8. One of the objectives of the NCSP has been to make people more comfortable discussing mental health issues including depression and suicide. Do you feel like this has happened?

9. What do you feel you have learned from the NCSP?

10. Do you feel that the NCSP has increased your ability to respond to Suicidal Behavior? Please Explain.

- Yes No

12. Please explain the extent to which you feel that the members of the NCSP represent the Needham Population.

13. Please discuss the extent to which you feel the NCSP has effectively engaged organizations, agencies, and institutions in the Needham community.

14. Please discuss your feelings about the NCSP's decision to focus solely on suicide and not address other high-risk behaviors.

15. How would you rate your overall satisfaction of the NCSP?

16. Would you suggest anything to improve the effectiveness of the NCSP?

17. Is there anything else you would like to comment on that we have not already discussed?

More information

18. Would you like to know more about the NCSP?

- Yes No

**19. Would you like more information about the NCSP and suicide prevention?
(Provide materials and resource sheet)**

- Yes No

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.