



Why the Coalition Model Works

Community Coalitions are groups made up of community members addressing community needs through collaboration. Coalitions work over long periods to build on the existing community resources to help resolve community problems.¹ Community Coalitions have proven effective in changing attitudes and behaviour on a range of issues tied to population health, including infant mortality, sexual risk reduction, and drunk driving.² The World Health Organization has called on governments to implement suicide prevention strategies that provide localized training to healthcare professionals, emergency responders, educators and other community members who come into contact with the issue of suicide. The WHO also encourages governments to support programs that encourage help-seeking behaviour, and that provide timely assistance to people having thoughts of suicide and to survivors of suicide.³ The WHO notes that community interventions are usually lower cost than government-led initiatives, and are most effective when there is a core group from the local community involved.⁴ There is recent research suggesting that the Community Coalition model is an effective way to address localized issues around suicide prevention, intervention, and postvention. Programs training individuals and groups interested in addressing the issue of suicide have successfully raised participants' awareness about youth suicide.⁵ Suicide prevention Coalitions aim to create linkages between professionals, programs and services to improve access to prevention, intervention and postvention resources, especially mental health care.⁶ Suicide prevention Coalitions at universities in the United States have proved successful in increasing student exposure to suicide prevention training, raising awareness about the signs of suicidal behaviour, and increasing student confidence to make referrals to mental health professionals based on those

¹Wolff, T. (2001). Community coalition building – Contemporary practice and research: Introduction. *American Journal of Community Psychology*, 29(2), 166.

²Roussos, S.T., & Fawcett, S.B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, 21, 375.

³World Health Organization. (2012). *Public health action for the prevention of suicide: A framework* Geneva: WHO Press, 16.

⁴*Ibid*, 16-17.

⁵Bean, G., & Baber K. M. (2011). Connect: An Effective Community-based Youth Suicide Prevention Program. *Suicide and Life-Threatening Behavior*, 41(1), 87-97.

⁶*Ibid*.



signs. Overall, university students exposed to the work of the suicide prevention Coalition indicated they would intervene if someone told them they were thinking about suicide, and ask the person about those feelings.⁷

In Scotland, a key part of *Choose Life: the National Strategy and Action Plan to Prevent Suicide* was to develop local networks in each of the 32 local authorities to implement community action plans to address suicide.⁸ The Choose Life Co-ordinators for the local authorities are typically members of non-profit organizations, health professionals with the National Health Service -Scotland, or mental health workers with local councils.⁹ Choose Life Co-ordinators also work with Steering Groups or Development Groups, which are multi-agency groups from both government and voluntary agencies.¹⁰ In instances where there has been good organization, meetings have been well attended, and enthusiasm has been sustained, Steering Groups are seen as important vehicles to make links between Scottish services and agendas.¹¹ CAST Community Coalitions to Address Suicide have typically been developed by healthcare officials with district health authorities. Community Plans to Address Suicide typically have the aim of improving the co-ordination of services offered to people at risk of suicide and survivors of suicide.

Community Coalitions are an effective way to address urgent issues by giving local individuals and groups a major role in working to put services into place, and to ensure that those services are being delivered properly.¹² Coalitions allow groups and individuals to combine their skills and resources to plan and implement community initiatives in a way that builds and sustains enthusiasm for the long term.¹³

7Kaslaw, N.J., Garcia-Williams, A., Moffitt, L., McLeod, M., Zesiger, H., Ammirati, R., Berg, J.P., McIntosh, B.J., & Members of the Emory Cares 4 U Coalition. (2012). Building and maintaining an effective campus-wide coalition for suicide prevention. *Journal of College Student Psychotherapy*, 26(2), 121-139.

8“Local implementation”. *Choose Life: The national strategy and action plan to prevent suicide in Scotland*. (2013). <<http://www.chooselife.net/Policy/index.aspx#localimpl>>.

9“Choose life co-ordinators”. *Choose Life: The national strategy and action plan to prevent suicide in Scotland*. (2013). <<http://www.chooselife.net/Inyourarea/coordinatorslist.aspx>>.

10Russell, P., Lardner, C., Johnston, L., & Griesbach, D. (2010) Evaluation of Phase 2 (2006-08) of the Choose Life strategy and action plan. *The Scottish Government: Health and Community Care*. (2010). <http://www.scotland.gov.uk/Resource/Doc/308323/0097115.pdf>, 19.

11*Ibid*, 19.

12“Coalition Building I: Starting a Coalition”. *The Community Tool Box, a service of the Community Health and Development at the University of Kansas*. (2013). <http://ctb.ku.edu/en/tablecontents/sub_section_main_1057.aspx>.

13*Ibid*.



There are no hard and fast rules about how Coalitions are organized. However, studies have shown that Coalitions with more formal organizational structures have had more success in terms of effecting change.¹⁴ Successful Coalitions have strong leadership, encourage participation by all the Coalition members, and strive to have a diverse membership.¹⁵

¹⁴Zakocs, R.C., & Edwards, E.M. (2006). What explains community coalition effectiveness?: A review of the literature. *American Journal of Preventive Medicine*, 30(4), 351-361.

¹⁵*Ibid*, 358.