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Building and Maintaining an Effective Campus-Wide Coalition for Suicide Prevention

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Preventing suicide is a commonly shared priority among college administrators, faculty, staff, students, and family members. Coalitions are popular health promotion mechanisms for solving community-wide problems and are valuable in campus-wide suicide prevention efforts. This article provides an example of an effective suicide prevention coalition. Recommendations are offered for other campus-based suicide prevention coalitions. These suggestions are based upon the steps taken to create and implement a suicide prevention coalition at our institution and feedback from our coalition members. Attention is paid to challenges in building and implementing coalitions. Data are provided with regard to perceptions of the coalition's efforts on campus. Future directions for effective coalitions are offered.

The Emory Cares 4 U Coalition includes the following individuals who contributed to the development and implementation of the coalition and manuscript preparation: Michelle Calderon, Jane Yang, Sandra Schein, Emily B. Jackson, Donna Wong, Kay W. Stewart, Kayla Hamilton, Adam M. Lesser, Virginia Shadron, Timothy Downes, Ken Hornbeck, Bin Yao, Lelia Crawford, Marvin Poulson, Alyssa Lederer, Linda Vo, Susan M. Carini, and Rachel S. Barnhard.

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Developing and implementing community-based suicide prevention programs is a goal of the National Strategy for Suicide Prevention (U.S. Department of Health and Human Services, 2001). Creating interdisciplinary, cross-campus coalitions is one vehicle for achieving the national strategy's objective of increasing the "proportion of colleges and universities with evidence-based programs designed to address serious young adult distress and prevent suicide" (p. 66). Coalitions are a natural tool for public health-oriented suicide prevention efforts.

Given the prevalence of mental health problems among college students, preventing suicidal behavior is critical on campuses (Haas, Hendin, & Mann, 2003). Efforts should ameliorate risk factors and increase protective factors and be geared toward reducing ideation, threats, contemplation and planning, attempts, and completions, all prevalent among university students (Aria et al., 2009; Drum, Brownson, Denmark, & Smith, 2009; Eisenberg, Gollust, Golberstein, & Hefner, 2007; Furr, Westefeld, McConnell, & Jenkins, 2001; Garlow et al., 2008; Schwartz, 2006). However, many affected students do not seek out mental health services (Furr et al., 2001; Garlow et al., 2008; Kisch, Leino, & Silverman, 2005). Thus, students who most need interventions are not accessing potentially life-saving resources. Moreover, although recent highly publicized suicides and violent attacks raise awareness of the need to protect students on campus, many campuses lack adequate prevention programs despite indications that such programs reduce suicide incidents (Joffe, 2008; Mowbray et al., 2006).

As universities respond to a growing number of students with behavioral health problems, the forging of coalitions to prevent suicidal behavior is of utmost importance (Westefeld et al., 2005). Coordinated approaches that engage primary campus stakeholders are recommended by the Suicide Prevention Resource Center (Suicide Prevention Resource Center, 2004). When coalitions work properly, the campus climate is transformed through concerted outreach and education efforts. These changes are woven into the fabric of the university community and result in lasting relationships and restructured priorities that have long-term sustainability.

This article offers a public health perspective on coalitions. We offer recommendations for developing and implementing campus-based suicide prevention coalitions, illustrated by a discussion of the formation and implementation of Emory Cares 4 U, which emerged in association with a Garrett Lee Smith Memorial Campus Suicide Prevention Grant Program funded by the Substance Abuse and Mental Health Services Administration. Feedback from coalition members highlights key points. We also address the challenges associated with building and maintaining coalitions and steps that can be taken to overcome potential obstacles. Data are included that

address perceptions of campus community members with regard to the effectiveness of the coalition.

COALITIONS

Coalitions of concerned partners collaborate to promote the well-being of a community by capitalizing on its strengths and its diverse constituencies, sharing resources, working toward a common goal, and improving the collective response to suicide prevention (Nowell, 2009). Effective coalitions are holistic, comprehensive, flexible, and responsive; build community; enhance engagement in community life; empower community members; value diversity; and serve as incubators for creative solutions to public health problems (Wolff, 2001). They foster intra- and inter-organizational coordination and produce community-wide, sustainable changes that members are unable to accomplish autonomously.

Many variables are associated with member satisfaction and participation, institutional buy-in, and positive outcomes and success (Butterfoss & Kegler, 2002; Nowell, 2009; Zakocs, Tiwari, Vehige, & DeJong, 2008). One indispensable variable is competent and credible leaders, who are committed to the cause, trustworthy, articulate, and knowledgeable about the topic area. Also, coalitions characterized by community leadership, open and frequent communication, shared decision making, cooperative stakeholder relationships, and linkages with other organizations have more engaged and invested members, which is associated with good process and outcomes. Members of such coalitions feel empowered and have a sense of belonging. Successful coalitions have a positive organizational climate that promotes task orientation and goal attainment, self-discovery, and cohesion and innovation among members. Success also depends on the context (university community) in which the coalition is embedded. Environments with strong administrative buy-in, reasonable levels of trust, and positive norms for collaboration provide a strong foundation for progress. Institutional support may be evidenced via financial contributions, human resources, a willingness to create and implement more comprehensive and effective suicide prevention policies, and periodic meetings between the administration and coalition members to ensure that suicide prevention is woven into the fabric of the organization. In our university, coalition members who work with at-risk graduate students collaborated with the Dean of the Graduate School, whose office provided financial support to create a year-long program for faculty, staff, and students to improve wellness, ensure a culture of self-care, and plan academic programming. We hope to develop comparable partnerships with the eight other schools/colleges within the university, recognizing that each of these efforts will need to be tailored to the specific unit.

FORGING AND IMPLEMENTING AN EFFECTIVE CROSS CAMPUS COALITION FOR SUICIDE PREVENTION

Based upon our experiences, we recommend the following strategies for building a campus-wide suicide prevention coalition. We illustrate how we enacted these strategies and overcame obstacles.

Build a Coalition

Forming a coalition principled by broad inclusiveness is crucial for effectiveness. Within our coalition (Emory Cares 4 U), the Project Director and Co-Director, representing two different parts of campus (School of Medicine and Counseling Center), invited to planning meetings key stakeholders: people with professional or personal interest, knowledge, and/or involvement relevant to suicide. These initially identified stakeholders in turn recommended other stakeholders to join in and plan the grant. Efforts were made from the outset to include representatives from all schools and colleges and campus units and to have a balance of faculty, staff, students, and administrators. Once the grant was funded, invitations were, and still are, extended to a broader array of stakeholders.

Recruitment is an open, fluid process; suggestions for new members are solicited continually. When new participants are recommended, a coalition member invites them to become involved, educates them, and offers them leadership opportunities. Sometimes in response to news media, individuals volunteer their services. Everyone is welcome and there is no cap on the number of participants. The following member characteristics are sought out: collaborative spirit, mutual respect, patience, flexibility, and energetic and enthusiastic engagement. We ask that our members be committed to community wellness, de-stigmatizing mental health problems and help-seeking (Mueller & Waas, 2002).

Members express different reasons for joining. The Director of Athletics and Recreation stated, "Our coaches spend more time with students than any other adults on campus and our students are leaders on campus—they have the ability to impact." A psychology graduate student noted, "As a clinician, preventing suicide in my clients is one of my primary goals." The Director of Emergency Medical Services asserted that no member of

the university community should feel alone or that they have nowhere to turn. [I have] seen many students' lives and careers ruined because of not finding help or because of finding inadequate help. Our emergency medical technicians often are the first contact with students who need help, and they are a valuable resource for information and assistance.

A visiting scholar from China noted that many students suffer from issues related to cultural adaptation and need culturally appropriate resources and support in accessing care. A lecturer in the Department of Health and Physical Education joined because of her

interest in creating a culture and programming that supports holistic well-being throughout the campus community, belief that we must be intentional and proactive about changes that will do even more than prevent suicide, and desire to move further “up stream” with an integrated approach that proactively nurtures people in their wholeness—mind, body, heart, and soul.

Recruit and Involve Diverse Coalition Members

Inclusiveness and diversity of membership is a hallmark of a well-functioning coalition (Butterfoss & Kegler, 2002). We appreciate engaging a broad range of students (undergraduate, graduate, professional), staff, faculty, and administrators. Attention is paid to gender, race/ethnicity, country of origin, language, sexual orientation, and ability status, as we recognize the need for a culturally-informed approach to suicide prevention (Leach, 2006; Leong & Leach, 2008; Sherman, D’Orio, Rhodes, Gantt, & Kaslow, in press). Outreach is conducted with international students and scholars, particularly those from Asian countries, as they represent one of our target groups (Choi, Rogers, & Werth, 2009). Accordingly, the Office of Multicultural Student Programs and the International Student and Scholar Programs are major partners and among the first to be gatekeeper trained.

We strive to include: (a) individuals with a professional stake in health promotion and suicide prevention (leadership of our two Student Counseling Centers, Health Education and Promotion, Psychiatry and Behavioral Sciences, Psychology, Residence Life, Public Safety, and Religious Life); (b) other people in key positions associated with students (Offices of Undergraduate Education and Graduate Education, Financial Aid, Campus Life, Athletics and Recreation, Greek Life, and Media Relations) (Tompkins & Witt, 2009); (c) top administrators (their buy-in is critical for full community participation, momentum, and sustainability); (d) community members with scholarly interests in suicide prevention (public health, medicine, nursing, psychology, sociology, law, theology); (e) individuals with a passionate personal interest through their involvement in relevant campus groups (Helpline, Active Minds, Student Health Advisory Committee); and (f) community leaders with pertinent roles (coordinator for the statewide Garrett Lee Smith Grant, administrative leaders for the crisis and access services for the state, organizers of the statewide college campus suicide prevention conference). Members note that the breadth and inclusiveness of participation is

a positive feature of our coalition. Despite our inclusiveness, we recognize that there other constituency groups on campus that we have yet to reach and hope to engage as partners in the future.

Build Upon Institutional Values and Standards

A campus-wide suicide prevention coalition must build upon the institution's values and standards. Emory's vision is to be "a destination university internationally recognized as an inquiry-driven, ethically engaged, and diverse community, whose members work collaboratively for positive transformation in the world through courageous leadership in teaching, research, scholarship, health care, and social action." The mission is to "create, preserve, teach, and apply knowledge in the service of humanity." Although these values are of course shared by other institutions, Emory particularly prioritizes positive transformation and ethical engagement, as evidenced by support for a Center of Ethics and consideration of ethical concerns related to campus policies; emphasis on public health within Emory and the surrounding community; institution of a mental health fee; and a willingness to openly discuss difficult issues, such as race and difference.

In our effort to honor Emory's values and emphasis on positive transformation, we do our best to seek out coalition members passionate about transforming the campus climate to one that promotes mental health and wellness. To the extent possible, we prioritize generating wisdom and nurturing creativity through our collaborative, open process of engaging stakeholders in program development, implementation, and evaluation, as well as capitalizing on the interests and expertise of the various parties. Because of coalition members' many other commitments, it is challenging to marshal fully our members' talents. For this reason, we seek out realistic opportunities to collaborate. For example, people with expertise in film studies, international student affairs, and prevention from a public health perspective partnered to create videos addressing suicide prevention for international students and overcoming the bystander effect.

We attempt to educate all constituents about suicide prevention and wellness by offering seminars, courses, and symposia. We blended a focus on teaching and research through developing an interdisciplinary, evidence-based suicide prevention course. We invite individuals with relevant expertise to volunteer for our Scholars Program and offer educational programs associated with suicide prevention. We are fortunate in that our scholars include faculty from psychology, sociology, anthropology, English, theology, women's studies, public health, religion, law, nursing, medicine, health and physical education and health promotion staff. In all, 23 faculty and staff responded to our appeal and have offered 50 lectures/seminars related to resilience and positive psychology, health promotion strategies to reduce suicide risk, psychopathology associated with suicide, compassion

meditation for suicide prevention and intervention, a public health perspective on suicide prevention, psychocultural exploration of suicide, managing suicidal individuals in hospital settings, ethical and spiritual issues, and physician assisted suicide.

We do our best to share the comprehensive Emory Cares 4 U program with others through campus, local, and national publications, presentations, and media efforts. We have been fortunate to receive attention in campus-wide and student newspapers, and the institution has granted us the opportunity to send e-mail blasts about the launching of our Web site (<http://www.emorycaresforyou.emory.edu>). People are invited to share their personal accounts of dealing with a loved one's suicide on this Web site. We value the opportunity to provide information about our program at state conferences; consult with other universities on developing and implementing a program; and present nationally on coalition-building, the interactive screening program for graduate and professional school students, and outreach efforts to international students.

Capitalize on Community Strengths

Coalitions should capitalize on prior efforts and resources in the community. Our coalition benefits from the Emory culture, which includes administrative support, an institutional commitment to a public health model, the well-established student support system led by Campus Life service units, and a history of positive student activism.

Shortly before the inception of our project, the university President, in response to a student-led grassroots effort to raise mental health awareness, commissioned a Mental Health Task Force to make recommendations for positive transformation of mental health services. Among other recommendations, this led to the implementation of a mental health and counseling fee. Hopefully, as we move toward sustainability of our efforts, some part of this fee can support suicide prevention.

Prior to initiating our program, Emory had partnered with the American Foundation for Suicide Prevention (AFSP) to serve as a test site for the Interactive Screening Program (ISP), an anonymous web-based screening method to identify students at risk and encourage them to seek mental health services (Garlow et al., 2008; Haas et al., 2008). Due to resource constraints, it had been several years since Emory had utilized this evidence-based screening and outreach effort. The coalition has re-engaged with the AFSP, partners with a local philanthropic organization that raises funds through an annual golf tournament to support suicide prevention efforts, and encourages relevant parties to receive the training to administer the program. We conduct outreach with administrators, faculty, and pertinent student groups to encourage ISP participation. These strategies help us fund and increase response rates for the program. Following the example of

another institution, we are working with information technology services to place this valuable screening tool on our Web site.

Prior to the start of Emory Cares 4 U, trained student groups provided anonymous peer support (Helpline—a hotline service) and promoted mental health and stigma reduction (Active Minds). Since this hotline was not available around the clock, however, coalition members partner with the Behavioral Health Link (BHL), which runs the Georgia Crisis and Access Line (GCAL), a 24/7 hotline service. Now Helpline leaders and students go to the BHL and receive hotline training, and students have direct access to this hotline when our campus Helpline is not in service. BHL also provides considerable in-kind support for our grant application. Currently, we are working with BHL to create a structure to track information on Emory students that contact the GCAL number and share this anonymous data with us.

Although the institution has a coordinated crisis response plan and crisis management team, surveillance efforts are limited. We are therefore partnering with colleagues in the Emory Center for Injury Control to develop an infrastructure and protocols to enhance surveillance. While tracking completed suicides of current students is relatively straightforward, surveillance for certain groups of individuals is a challenge, such as students on medical leave, those whose deaths are of a questionable nature, and those whose families will not share with the institution the cause of death. In addition, tracking suicidal ideation and attempts has proven to be complex. To learn more about our students' mental health concerns, our university participates in the American College Health Association–National College Health Assessment (The American College Health Association, 2008) and the Healthy Minds Study (<http://www.healthymindsstudy.net/home.html>). Although the data gleaned from these studies are helpful, it does not offer a complete picture given the low response rates (e.g., 28% American College Health Association, 33% Healthy Minds), however.

Student Health and Counseling Services is comprised of a primary medical clinic, counseling center (including psychiatry) and office of health promotion. The directors of each unit meet biweekly to coordinate patient care and wellness and outreach services. The health promotion staff provides over 200 programs annually to build individual and community wellness enhancing skills, including how to recognize and refer students in distress. To supplement these efforts and increase suicide prevention awareness in the community, our coalition offers Question-Persuade-Refer training (QPR) (<http://www.qprinstitute.com/>), an evidence-based gatekeeper training program, which has been provided to over 1,000 Emory community members. It is our hope that implementing this training heightens sensitivity on campus to suicidal behavior and the availability of mental health resources.

Prior to our coalition, there was an integrated, interdisciplinary learning experience for students that combined academic and community internship

experience linked to residence life and that targeted addiction and depression, key risk factors for suicide (Eisen et al., 2008). Unfortunately, the program no longer exists due to resource allocation decisions. The Emory Cares 4 U coalition does include, however, a graduate student who in partial fulfillment of a course requirement created an interdisciplinary graduate-level course on suicide prevention. Finally, the campus culture emphasizes flourishing, positive psychology, compassion meditation, mindfulness, and wellness, partially due to His Holiness, the Dalai Lama, being a member of the faculty. Our coalition seeks to capitalize on this culture by having a holistic wellness-based perspective on suicide prevention educational and outreach activities. For example, graduate students on our coalition partner with the Laney Graduate School to offer one-session seminars that focus on strategies for positive coping, including mindfulness and compassion based approaches.

Have a Strong Leadership Team

A competent leader or leadership team must be at the helm of any campus-wide suicide prevention program. Leaders must pull together a diverse cadre of members, build consensus, encourage diverse voices, ensure an adequate infrastructure, and handle a complex array of tasks and relationships. Leaders ideally form personal relationships with each coalition member, tend to member/constituency group interests, negotiate differences among parties, and engage in conflict management. Leaders should support coalition members in embracing and committing to the program's objectives.

Our coalition uses a team leadership approach bridging our institution's academic and campus life units. The Project Director is a suicide prevention expert and psychologist who is a professor in the School of Medicine's Department of Psychiatry and Behavioral Sciences. The Project Co-Director also is a psychologist and is the Director of the Counseling Center. The bridge between the School of Medicine, an academic unit, and the Counseling Center historically has been challenging, and thus this teamwork is likely to have long-term benefits beyond the coalition. Many coalition members see the leadership as one of our main strengths, describing the leaders on a questionnaire as "strong, visionary, deeply committed, inclusionary, and motivating," and as possessing "strong organizational skills, good follow-through, a habit of holding members accountable to their commitment, an appreciation of the contributions and skills sets of the participants, enthusiasm, and a commitment to diversity."

Develop a Positive Working Climate

An organizational climate for suicide prevention coalitions ideally creates a sense of safety, builds trust and cohesiveness, values member collaboration,

ensures task completion, and encourages innovative thinking and creative action. In this spirit, our members have noted a spirit of generosity and the “absence of huge egos.” We incorporate the following strategies for building such a climate:

MEET REGULARLY

The coalition meets monthly for an hour (with less frequent meetings over the holidays and the summer); members attend in person or via the telephone. Meetings are led by the Project Director and other executive committee members. Each member can add agenda items. Outside of the executive committee, attendance is optional and thus the composition at meetings varies widely; optional attendance makes it possible to include and engage an extensive and dispersed group of stakeholders. Subcommittee meetings are designed to address specific suicide prevention program components. None of the subcommittee meetings are led by members of the executive committee to ensure that all members have leadership opportunities.

COMMUNICATE OPENLY

To be an effective, efficient team, coalition-wide communication should be prioritized. To accomplish this in our coalition, from the outset we have done our best to conduct meetings in a democratic fashion and encourage open communication. We strive to have these meetings offer an open forum for dialogue and mutual support focused on reaching a common goal. Leaders also apprise members of individuals' and committees' activities through regular e-mail updates, and feedback is solicited to encourage members' input into the decision-making process. For example, the coalition's logo was presented via e-mail, feedback was given and integrated, and the final logo was determined through an e-mail vote. An outside evaluator solicits feedback on the coalition that is shared with all members. Dialogues ensue as a follow-up, and we do our best to make changes in accord with the group's will.

COLLABORATE

Collaboration is a core value of coalition theory and practice (Foster-Fishman, Berkowitz, Lounsbury, Jaconson, & Allen, 2001). From the beginning, our coalition held formal and informal meetings and focus groups which invited individuals to share their efforts, successes, and challenges related to suicide prevention. As a prime example, applying for the grant required contributions from individuals experienced with grant writing. By the time the grant was submitted, people were developing a stake in

its approval. Receiving the Garrett Lee Smith award was an honor for the university, reinforced the coalition's early efforts, and catalyzed the group's coalescence.

A number of steps have been taken to foster a collaborative spirit. The project directors attempt to use a collaborative approach to leadership, combined with appreciative inquiry (Cooperrider & Whitney, 2005). We strive to conduct coalition efforts in a democratic and participatory manner, engaging, for example, in creative brain-storming about the Web site materials. Coalition members with different expertise (e.g., different student populations, Web site design) volunteered to craft materials and make them engaging and interesting.

To optimize suicide prevention efforts on campuses, members must forge relationships with other community stakeholders by interacting frequently, communicating openly, sharing information, and working toward changing the status quo (Nowell, 2009). In addition to fostering collaboration within an institution, coalitions should strive to maintain linkages with external groups. For example, we participate in the annual state-wide college campus suicide prevention meetings, partner with the statewide Garrett Lee Smith leadership on gatekeeper training, collaborate with the statewide crisis line, and garner local philanthropic funds to implement the AFSP ISP.

SHARE DECISION-MAKING AND RESPONSIBILITIES

In all stages of coalition formation and maintenance, inviting all members to be active in decisions and basing decisions on sound evidence adds camaraderie and credibility. One example was our group's crafting of mission and vision statements. We determined that the coalition's mission is to provide culturally relevant awareness and support that fosters an integrated community of caring and enhanced well-being in order to reduce stigma and prevent suicide. Consensus was reached regarding our vision, which is to create a diverse, thriving, caring community, whose culture prioritizes holistic health and well-being, de-stigmatizes mental illness, and reduces suicidal behavior. Establishing such statements collaboratively appears to have helped us garner support from coalition members and the broader community.

USE COMMITTEES TO ACCOMPLISH GOALS

Effective coalitions require action units for each activity. Coalition members form committees, choose committees to serve on, and determine if they want a leadership role. Committees meet regularly in person or via conference call. Organizing meetings around specific agendas, assigning tasks to individuals, and setting deadlines adds accountability and expediency

to committees' efforts. Engagement in activities between coalition meetings helps maintain a positive, productive working environment.

For example, a committee on international student issues includes international students, leaders from relevant offices, faculty from diverse backgrounds, a colleague from China, and a creative director with experience in videography and theater-based outreach programs. This committee developed Web site materials in Mandarin, with other languages to follow, and created a video on suicide prevention written and directed by students and designed to be relevant to students of Asian descent. Another committee, whose charge was to educate the community, emphasized the need for a more holistic approach that attends to wellness and health promotion and creates a culture of compassion and caring. One member commented that such committees "draw on people's skills."

HONOR THE ACCOMPLISHMENTS OF COALITION MEMBERS AND SUBGROUPS

Often, coalitions become myopically focused on the end product and on challenges and overlook the everyday accomplishments that make the process meaningful (Cohen, Baer, & Satterwhite, 2002). Therefore, Emory 4 U strives to acknowledge, celebrate, and publicize the successes of coalition members. At the beginning of each coalition meeting, committees highlight their progress and obstacles encountered since the prior meeting. "Stars of the month" are recognized for exceptional contributions, which one member noted on the feedback questionnaire is "a good reinforcer of the behavior that we need to be successful." Their selection is shared with the coalition and their supervisors.

Disseminate Coalition Information and Actions to the Community

For coalitions to have full impact they must disseminate process and outcome data to various stakeholders at all stages of implementation. (Of course, we recognize that in this era of information overload the extent to which such information is meaningfully received varies considerably). Our coalition sends letters to various constituency groups to call attention to the coalition's presence on campus and invite interested parties into the coalition. We give presentations to interested groups (e.g., University Senate, Faculty Council, Student Government Association, department chairs, campus life leaders, Greek Life leaders, parents of new students, incoming undergraduate students), some of whom, but not all, follow up by pursuing additional engagement with the project. In addition to providing information at these events, specifically educating the community about suicide prevention and its relevance on campus, we prioritize engaging new partners in the coalition's efforts. A coalition member who also was a member of the university's Creative Group, which oversees university marketing and communications materials, facilitated our launching of a

Web site for students, staff, faculty, administrators, and family/friends of students. Through connections of coalition members, we have had some success at securing media coverage in the campus-wide and the student-run newspapers, educating campus media personnel about sensitive reporting and public messaging related to suicide, and gaining coverage regarding suicide prevention in the national media (Chambers et al., 2005). Finally, coalition members jointly authored this manuscript and many members provided feedback on a questionnaire used in this document. We believe that such dissemination efforts keep the community engaged and support the sustainability of our efforts.

CHALLENGES IN COALITION BUILDING AND IMPLEMENTATION

While we have been fortunate to have many successes, we of course also have experienced challenges. We do our best to overcome these challenges through ongoing monitoring and working to address the dynamics at the root of these difficulties.

Coalition Composition

Our coalition struggles most with recruiting undergraduate students who can offer a consistent time commitment. Reasons include a lack of previously organized undergraduate groups focused on suicide prevention and attrition due to graduation and shifting academic schedules and demands. We address this concern by trying to raise awareness of the project in student venues, hoping in this way to increase students' knowledge of how the coalition can utilize their talents and interests and how in turn it can serve their needs. We have also attempted to increase the diversity of students involved in terms of year in school and graduate/professional school versus undergraduate status, which appears to have decreased the incidence of mass departures of qualified students.

Meeting Attendance

We struggle with maintaining good meeting attendance. Therefore we use a conference call number so coalition members can participate in all meetings without being physically present. E-mail communication also appears useful in facilitating cross-coalition communication. Despite these efforts, we continue to struggle to ensure maximal engagement.

Coordinating Schedules

Although having well-connected campus leaders on the coalition is beneficial, their very busy schedules are a problem. The coalition keeps these

individuals connected by reducing the number of meetings, having conference call-in options, offering condensed meeting notes for review, and keeping e-mail communications to a minimum. These strategies place emphasis on important activities without overwhelming those with busy schedules. At the same time, the coalition would be even more productive if more campus leaders could participate in our ongoing efforts.

Meeting Times and Spaces

Because our institution charges for meeting space and presentation equipment, there are limited options for meeting and training spaces. At times our space is not large enough to accommodate the number of persons in attendance. We manage these obstacles by partnering with individual departments and divisions to host specific events. Although this strategy creates mutually beneficial relationships within the community and reduces costs, it also requires leaders to spend considerable time and effort to find appropriate places for our activities.

Infrastructure for Coordinating Resources

Prior to Emory Cares 4 U, the university had a variety of services aimed at improving campus safety, such as a Crisis Management Committee and a Threat Assessment Team, which also implements some suicide prevention activities. However, the breadth and variety of such services on our campus present a challenge to organizing a cohesive and efficient suicide prevention program. Therefore, we set up an infrastructure committee that aims to facilitate coordination of efforts and identifies gaps in services, such as the lack of an adequate surveillance system. Although progress has been made, much more activity is needed for us to develop and institute a seamless system of care and resources.

Working Within Institutional Policies

A number of practical challenges result from immutable institutional rules and procedures. For example, university policies restrict the type and presentation of information included on our Web site: format of institutional Web site templates, color schemes, fonts, image placement, and types of hyperlinks. Although the required template produces a familiar environment for Emory users, we believe this limits creativity and effectiveness. Although these issues delayed the launch of the webpage, coalition members worked with the university Creative Team to redesign some aspects of the site in order to comply with university policy while maintaining the coalition's core message.

Economic Realities and Difficult Choices

Given institutional budgetary concerns and restructuring, several departments have experienced dramatic cuts in resources and personnel. Previously active coalition members in the Health and Physical Education have been unable to continue contributing ideas and practical programming assistance or even to attend meetings. Despite their absence, we continue to honor their valuing of wellness and a holistic approach to suicide prevention.

Sustainability

Our most significant and concerning challenge relates to the sustainability of our efforts. The Garrett Lee Smith grant has enabled us to initiate many valuable programs. Without resources in the form of funds and personnel, these efforts are unlikely to continue after the cessation of the grant. We have been consulting with other universities around the country regarding their strategies for sustainability. Based on these conversations as well as our understanding of our institutional culture, we are now taking action steps to garner support to continue our programming. For example, we have presented about the programs that we would like to sustain to key leaders who have control over relevant budgets. In addition, we are partnering with staff in the Development Office who have volunteered to assist us in securing philanthropic support for our efforts. However, it is too soon to tell how successful we will be.

QUANTITATIVE EVIDENCE OF COALITION EFFECTIVENESS

Emory participates in several surveys that tap student, staff, faculty, and administrator exposure to suicide prevention information/training, self-efficacy beliefs about preventing suicide, and perceptions about mental health including suicide related behaviors. Each year, the Suicide Prevention Exposure, Awareness, and Knowledge Survey (SPEAKS) is administered to matriculating students, faculty, and staff on campus. The data provided by SPEAKS provides a measure of the impact that coalition efforts have made campus-wide. Over the past year, between Years 1 and 2 of the grant, data show increases on the following variables: student and faculty/staff exposure to materials related to suicide prevention on campus (3% and 7%, respectively) and student and faculty/staff high levels of knowledge related to suicide risk factors (14% and 7%, respectively). The most recent data (2011) indicate that the majority of Emory students are exposed to suicide prevention training (61%). Students who were exposed to materials feel confident that they could recognize the signs of suicidal behavior (indicated by

an average rating of 2.7 on a scale of 1–4, with one representing “not confident” and four representing “very confident), and make a referral (indicated by an average rating of 3.1 on a scale of 1–4, with one representing “not confident” and four representing “very confident”). A few students perceive that receiving treatment for suicidal behavior is a sign of weakness (2%). In contrast, many faculty and staff have not been exposed to suicide prevention training (62%), but feel confident recognizing signs of suicidal behavior (indicated by an average rating of 2.1 on a scale of 1–4, with one representing “not confident” and four representing “very confident), and making appropriate referrals (indicated by an average rating of 3.3 on a scale of 1–4, with one representing “not confident” and four representing “very confident). No faculty/staff respondents indicated that receiving treatment for suicidal behavior was a sign of weakness.

In addition to the SPEAKS survey data, the efforts of coalition suicide prevention training activities are captured by the Training Exit Surveys (TES). Among community members who completed QPR trainings, 99% felt if they knew someone showing signs of suicide, they would directly query them about it. Similarly, 99% of these individuals indicated they would intervene if someone told them they were thinking about suicide. Further, 91% feel confident in their ability to help a suicidal person.

Unfortunately, due to the fact that the surveillance system at our institution is not comprehensive, we do not have comprehensive data with regard to rates of suicidal ideation, attempts, and completions before the initiation of the coalition and after implementation of coalition activities. Such data would be invaluable for us to gather in the future.

CONCLUDING COMMENTS

Coalition members see our group’s efforts as benefitting the campus community in a number of ways. The group’s endeavors have increased suicide awareness by bringing together every component of campus life and calling on them to reflect upon how they fit in the mission of suicide prevention. The efforts of the coalition have helped “take the subject of suicide out of the closet” and make it less of a “taboo topic.” Because of the broad representation, the coalition enables us to “educate and identify a broad spectrum of students at risk.” It is our hope that the activities help reduce stigma associated with mental health in various constituency groups because “it has people, faculty, students and administrators talking openly about mental health, about stress and burnout, and about the terrible and irrevocable tragedy that is suicide.” As one member exclaimed, “It takes a village to raise a student body.” We believe our collective of stakeholders facilitates the healthy upbringing of our students.

Although the early data on the impact of the coalition shows that students are exposed to suicide prevention training, the low numbers of faculty/staff exposed to suicide prevention training indicate that more work needs to be done with these constituency groups. In addition, the training outcome measures show that QPR gatekeeper trainings are effective in improving trainee's confidence in their own suicide prevention efforts.

In closing, effective campus-wide suicide prevention coalitions need to develop a strong power base, which can enhance their capacity to gain recognition, resolve problems, and make change. They must advocate on behalf of their coalition. When a successful coalition is formed, sustainability may be a challenge but lasting footprints remain on campus. The university's stance on suicide prevention as a top priority is permanent. Relationships between disparate campus entities forged through the coalition remain. Stigma is decreased and a message is sent to the entire community about how highly valued the goal of suicide prevention is on campus. A cultural transformation occurs.

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