Psychosocial Intervention

Strengthening suicide prevention networks: Interorganizational collaboration and tie strength

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ABSTRACT

One explanation for the continued high rates of suicide in the United States may be insufficient coordination between organizations involved in prevention. Therefore, the factors that promote interorganizational collaboration should be identified and fostered. Surveys were administered to 37 organizations involved in suicide prevention in one Colorado community to: (1) assess the nature of collaboration and (2) identify relationship strength indicators associated with different types of collaboration. Results were examined using social network and regression analyses. Organizations reported more sharing information and resources and sending and receiving referrals than developing service infrastructure and coordinating training and screening activities. Some types of organizations were more connected than others, and the influence of relationship strength indicators was mostly consistent across different types of collaboration. This study offers new insight into the structural and relational aspects of interorganizational collaboration in suicide prevention and may serve as a model to better understand networks within other community health settings.

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Fortalecimiento de las redes de prevención del suicidio: colaboración interorganizativa y fuerza del lazo

RESUMEN

Una explicación de la continuidad de las altas tasas de suicidio en los Estados Unidos puede ser la insuficiente coordinación entre las organizaciones que participan en su prevención. En consecuencia debemos identificar y fomentar aquellos factores que promueven la colaboración entre organizaciones. Se encuestaron 37 organizaciones implicadas en la prevención del suicido en una comunidad de Colorado para (1) evaluar la naturaleza de la colaboración y (2) identificar indicadores de la fortaleza de las relaciones asociados con los diferentes tipos de colaboración. Los resultados se examinaron con análisis de redes sociales y análisis de regresión. En la relación entre las organizaciones fue más frecuente el intercambio de información y recursos, así como la derivación de usuarios, que el desarrollo de la infraestructura de los servicios, la coordinación de la formación o las actividades de detección. Unos tipos de organización estaban más conectadas que otras, y la influencia de los indicadores de intensidad de la relación eran en su mayor parte consistentes en los diferentes tipos de colaboración. Este estudio ofrece una nueva visión de los aspectos estructurales y relacionales de la colaboración interinstitucional en la prevención del suicidio y puede servir de modelo para entender mejor las redes en otros entornos comunitarios de salud.

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Introduction

With worldwide trends demonstrating an overall increase in suicidal behaviors, suicide is a major global public health concern (Hoven, Mandell, & Bertolote, 2010). At present almost one million people die by suicide worldwide each year (World Health Organization (WHO), 2012), and it is predicted there will be almost 1.5 million suicides per year by 2020, with nearly 10 times that number making a suicide attempt (Hoven et al., 2010). Despite extensive prevention efforts, suicide continues to be the tenth leading cause of death in the United States (Centers for Disease Control and Prevention (CDC), 2012). In 2010, over 38,000 people died by suicide and more than 487,000 were treated in emergency rooms due to self-inflicted injuries.

Colorado ranks as having one of the highest suicide rates in the country, making suicide a particularly salient concern in this state (American Association for Suicidology (AAS), 2012). In 2009, Colorado experienced the highest suicide rate in over two decades; the number of people who died by suicide surpassed the total number who died in car crashes (The Colorado Trust, 2009). A combination of factors, such as geographic isolation due to low population density, high rates of migration into the state and the associated disconnection from established support systems, higher rates of gun ownership compared with other states, stigma surrounding accessing mental health services, and limited availability of mental health services have been cited to explain these high rates (The Colorado Trust, 2009).

In addition to the devastation experienced by those affected by suicide and related behaviors, there is an enormous financial burden. In Colorado, the combination of direct and indirect costs related to suicidal behaviors has been estimated at more than $1 billion annually (The Colorado Trust, 2009). Direct costs include criminal investigations, health care expenses, and autopsies. Indirect costs include workforce losses primarily due to high rates of suicide among youth.

Due to the diverse needs of suicidal individuals and the disabling nature of severe mental illness that prohibits at risk individuals from receiving appropriate treatment, many have argued for community-based systems of care (Callaly, Berk, & Dodd, 2009; Provan & Milward, 1995). In fact, in 2012 The National Strategy for Suicide Prevention, a strategic planning initiative spearheaded by the U.S. Surgeon General, called for a broad public health-based approach to suicide prevention (U.S. Department of Health and Human Services (DHHS), 2012). One of the core objectives of the strategy is to enlist support for suicide prevention activities from "all organizations and programs that provide community services and support in the community" (DHHS, 2012, p. 30). In the United States, there are a number of community organizations and social institutions—including those from healthcare, government/human services, law enforcement, education, religious organizations and the non-profit sector—that play a direct or indirect role in suicide prevention through education and awareness raising, screening, referrals, treatment, and support services.

There is growing evidence that community support networks can have a meaningful impact on suicide prevention efforts. Fountoulakis, Gonda, and Rihmer (2010) conducted a global review of community education-based suicide prevention interventions. Although all programs reviewed were found to effectively increase knowledge and change attitudes related to suicide, a reduction in suicide rates was only evident in programs that included the establishment of a community support network as a critical intervention component. Cooper, Lezotte, Jacobellis, and DiGuiseppi (2006) documented the impact of a community support network as a means of secondary suicide prevention in Colorado. They reported that the presence of a variety of safety net services (e.g., education, gatekeeper training, case and crisis management, ongoing mental health treatment, peer support groups) provided by different organizations in a county was significantly associated with reduced risk of suicide and of suicide attempts one year after an index attempt. These findings demonstrate the value of providing a comprehensive set of services to address the multiple factors that influence suicidality.

Yet, the mere presence of a community safety net of organizations is not sufficient—it is also important to consider how the accessibility and availability of services might be enhanced or impeded by interorganizational collaboration. The demand placed on families and individuals to navigate multiple disjointed organizations has been well documented (Sloper, 2004). Some challenges include difficulty acquiring information about available services across organizations, receiving conflicting advice, and situations in which the needs of suicidal individuals fall into gaps between the provision of services by different organizations (Sloper, 2004). Collaboration between organizations involved in suicide prevention can help to integrate service provision through enhanced communication between service providers and reduced duplication of effort across organizations. Collaborative systems of care that provide integrated services across community organizations have been found to be effective in reducing the recidivism of unhealthy and undesirable behaviors and in enhancing the effectiveness of community services (e.g., Saewyc, Solsvig, & Edinburgh, 2008; Zhang & Zhang, 2005).

It is increasingly important to foster collaboration between community organizations involved in suicide prevention in order to ensure timely and accessible services for those in need. However, knowledge regarding exactly how organizations involved in community suicide prevention collaborate with one another and how collaboration could be strengthened is lacking. An understanding of the network of organizations involved in suicide prevention can help the community as a whole by informing ways to improve system efficiency and to increase access to services. It can also help the organizations within the community gain insight into how their programs and services fit within the broader network. The present study employed a network approach to gain a better understanding of interorganizational collaboration regarding suicide prevention in one Colorado community.

Assessing interorganizational collaboration: a network approach

Although organization staff may recognize the need for an optimally efficient and effective system of care, it is difficult for them to objectively evaluate the functionality and strength of collaborative relationships across community organizations. Organization staff tend to have their own agendas, service orientations, funding sources, and personal relationships which do not always align with the complex needs of the populations they serve (Provan & Milward, 2001; Provan, Veazie, Teufel-Shone, & Huddleston, 2004). Thus, organization staff has a tendency to view the community system from the perspective of their own organization and how it affects or is affected by relationships with other organizations (Provan, Veazie, Staten, & Teufel-Shone, 2005). Obtaining an objective view of the presence and nature of collaborative interorganizational relationships requires a systematic process that is inclusive of the perspectives of staff from all organizations.

Network analysis is a technique for studying the relationships across and between multiple individuals, groups or organizations. In network analysis, network members are asked to indicate their relationships with other network members and the data collected is analyzed to identify patterns and characteristics that can be used to describe the reported relationships. The network perspective maintains that: (1) the individuals in a network are embedded in an exchange of relationships; (2) the exchange of relationships is governed by the structural patterns found within the network; and