

2018

# Coalition Survey



prevent suicide<sup>®</sup>  
WISCONSIN  
PARTNERS SAVING LIVES IN OUR STATE

## **2018 Coalition Survey**

### **Introduction:**

Mental Health America of Wisconsin (MHA) is the grantee for the Department of Health Services' contract for Mental Health Prevention and Quality Improvement: Suicide Prevention. Through this grant, MHA supports the development of suicide prevention infrastructure and training to address the needs of children with serious emotional disturbances and adults with serious mental illness. The work of the grant is directed, in part, by the Wisconsin Suicide Prevention Strategy (WSPS). A key element of the WSPS is ongoing evaluation of Wisconsin's suicide prevention efforts to support quality improvement.

The Coalition Survey is one part of that evaluation effort. Local suicide prevention coalitions can play an important role in implementation of the objectives of the WSPS. They can promote the WSPS objectives to members of their community, directly engage in activities in support of the WSPS, and support other groups that are engaging in such activities. The health of these coalitions is therefore an important part of a strong suicide prevention infrastructure in Wisconsin. The survey helps us understand the role that local coalitions are playing in implementation of the WSPS.

The 2018 Coalition Survey is the fourth such survey. The first was conducted in 2015, and feedback was solicited from coalitions annually up to and including the 2018 Survey. While the specific content of each survey has evolved during those years, the questions have continued to focus on the responding coalition's level of involvement with specific objectives of the WSPS. This narrative provides an overview of the findings from the 2018 Survey, and salient comparisons to prior years data. A complete Summary of coalition responses regarding level of involvement in WSPS objectives and utilization of resources is found in Appendix 1.

### **Comparing the 2018 Survey with the 2017 Survey:**

Each respondent was asked to identify the coalition they represent. There were 25 responses to the 2018 Coalition Survey representing 28 counties. Several coalitions represent more than one county. Appendix 2 contains a table of counties associated with responses for all four years of survey collection.

This report will provide several comparisons between the 2017 and 2018 Coalition Surveys. However, the coalitions responding to the surveys differed between the two years. Eighteen coalitions responded to both surveys, and 10 counties which were not represented in 2017 were represented in 2018. Conversely, 14 counties which were represented in responses from 2017 did not provide responses in 2018. Similar to prior years, Survey responses represent a substantially different sample set than the prior year.

One significant structural change to the 2018 Survey regarded the level of detail respondents were able to provide regarding activities under each objective. In 2018, respondents were provided a list of activities and asked to rate their level of involvement with each activity. Respondents were also provided a field to identify activities under an objective which they are

involved in but is not listed. Unlike in 2017, the Survey did *not* explicitly ask respondents to rate their level of involvement with an objective.

Prior reports compared the percentages of coalition involvement with each objective. In order to allow for similar comparisons with the 2018 Survey, the level of involvement with any activity will be assumed as the coalition's level of involvement with that activity's objective. For example, if a coalition answered that they were Very Involved with **one** activity under the "Increasing Social Connections" objective, but Minimally Involved with all other activities under that objective, that response will nonetheless increase the percentage of overall coalition involvement with the objective.

### **Implementation of WSPS Objectives:**

Table 1 represents the involvement of coalitions with WSPS objectives. It provides a comparison of involvement from 2016 through 2018.

The results from the table show that the percentage of coalitions with significant involvement has increased in nearly all of the WSPS objectives, showing only a slight decrease in using and improving data collection. The activity with the highest level of engagement across all coalitions was **promotion of Mental Health First Aid**. Other activities with the highest level of involvement include:

- Activities to increase protective factors;
- Supporting efforts to bring the community together;
- Support and training for those with lived experience to share their stories;
- Identify and target media strategies to fight stigma;
- Use of traditional and social media to increase public knowledge of risk factors; and
- Working with coroners and medical examiners to improve data collection.

The lowest level of involvement was found in the following **objectives**:

- Expanding access to services for mental health and substance use disorders;
- Increasing resources for providers in screening, assessment, and treatment;
- Improving continuity of care in discharge settings;
- Using data to identify subpopulations at elevated risk; and
- Evaluating interventions used to reduce attempts and deaths.

### **Focus on Special Populations:**

In addition to the more detailed questions regarding specific activities under each objective, the 2018 Survey asked coalitions to identify any specific subpopulations to which activities under an objective were targeted. The full summary of responses regarding efforts to target activities toward specific populations is found in the Survey Summary in Appendix 1.

**Table 1: Involvement with WSPS Objectives  
(Ranked by “very or somewhat 2017” percent within goal areas)**

<b>Percent of coalitions who were:</b>	Very or Somewhat 2018	Very or Somewhat 2017	Very or Somewhat 2016	Very Involved 2018	Very Involved 2017	Very Involved 2016
<b>Objectives:</b>						
<b>Goal 1: Increase protective factors</b>						
Increase social connections	100	77	65	84	48	29
Create suicide safe environment	96	84	68	40	61	40
ACEs/TIC	96	58	44	68	10	12
<b>Goal 2: Increase Access to Care for People at Risk</b>						
Increasing public’s knowledge of risk factors	100	100	96	96	94	72
Reduce stigma	96	84	68	80	55	20
Expand access to services	68	58	48	32	23	4
<b>Goal 3: Implement Best Practices in Health Care System</b>						
Increase resources for providers	76	71	56	32	26	36
Improve continuity of care	52	39	32	28	13	12
<b>Goal 4: Improve Monitoring and Evaluation</b>						
Using data: describe, improve	72	74	64	68	39	28
Using data identify sub-population	72	61	48	44	16	12
Using data: evaluate	72	48	40	40	16	12

**Utilization of Resources:**

Table 2 summarizes the responses for utilization and usefulness of various suicide prevention resources, comparing responses from 2016 through 2018. The most significant increase in perceived usefulness of resources was the annual PSW Conference. While perceived usefulness of PSW e-news also increased slightly, the percentage of responses indicating other resources were “Extremely Useful” and “Very Useful” decreased. The PSW Website is currently awaiting the release of a redesigned format, and no coalitions responded that they had not used the website. The Burden of Suicide report is also undergoing significant structural changes which MHA believes will make it much more useful to coalitions in future years.

**Table 2: Utilization of Resources**

	2018				2017				2016			
	Extremely Useful	Very Useful	Total	Not Used	Extremely Useful	Very Useful	Total	Not Used	Extremely Useful	Very Useful	Total	Not Used
<b>Resource</b>												
<b>Annual PSW Conference</b>	43	34	<b>77</b>	8	40	20	60	23	20	16	36	28
Burden of Suicide	21	26	47	13	23	35	58	3	12	28	40	20
SPRC	13	13	26	8	29	10	39	23	24	12	36	20
PSW website	9	46	55	0	19	45	64	10	8	20	28	20
MHA technical Assistance	13	21	34	30	13	32	45	32	12	12	24	48
PSW e-news	17	30	47	17	13	29	42	23	8	4	12	32

**Implications:**

The continued and steady increase of the perceived usefulness of the PSW Conference by responding coalitions since 2016 is encouraging. Further investments in that resource will ensure coalitions continue to find high value in the Conference. The redesigned PSW website is expected to go live in January 2019 and will be promoted in e-news and other outlets, including social media accounts, the usefulness of which were not evaluated with this survey.

While the PSW website is rated as extremely or very useful by 64% of respondents we have not seen a lot of increase in web traffic. MHA will be exploring ways to make the website more useful to more people as well as developing an enhanced social media presence for PSW to drive traffic to the website.

**Conclusion:**

The expanded Survey and more detailed questions in 2018 makes comparison to prior years difficult and may not be an accurate representation of trends of involvement. However, such detailed responses provide valuable feedback on specific activities which are gaining traction among coalitions and maintaining extended investment by community partners. Further, the detailed responses also allow for identification of coalitions which are highly engaged with various activities spanning several objectives and a majority of goals. These coalitions could receive additional support to take on leadership roles in advancing the WSPS and to share their success with other coalitions which may struggle to overcome obstacles to their involvement with identified goals and objectives.

**Appendix 1: PSW 2018 Annual Coalition Survey Detailed Results**