

Suicide Prevention Coalitions in the USA: National Framework, Evidence, and Research Gaps

Condensed Summary of Published Literature

How Suicide Prevention Coalitions Fit into the National Framework

Suicide prevention coalitions are multi-stakeholder partnerships drawing together community members, people with lived experience, public health agencies, mental health providers, community organizations, peer advocates and others. They operate at the national, state, tribal, and local levels with the purpose of creating a shared agenda tied to measurable goals and outcomes. Within these coalitions, each partner has a defined role — some contributing expertise in data collection, others in communication, others in lived experience, and others in local cultural knowledge (U.S. Department of Health and Human Services, 2024; Weatherly, 2025).

The 2024 National Strategy for Suicide Prevention explicitly integrates coalitions into the national infrastructure. Building and sustaining such partnerships is identified in the national strategy. Specific attention is given to creating public-private coalitions at national, state, and local levels that represent diverse populations. Building prevention infrastructure at state, tribal, local, and territorial levels constitutes a standalone objective and therefore fortifying the value of suicide prevention coalitions (U.S. Department of Health and Human Services, 2024).

What Works Within the Coalition Framework

While direct attribution of suicide rate reduction to coalition activity is difficult to establish empirically, published literature supports several specific functions that coalitions facilitate.

Gatekeeper Training

Gatekeeper training is common strategy community coalitions use to prevent suicide. Recent research supports its value in improving trainees' knowledge, confidence, and readiness to help those at risk. For example, a 2025 meta-analysis of 16 randomized controlled trials found moderate to large gains right after training—knowledge and preparedness increased — with short-term effects holding steady but declining over longer periods. Both online and in-person formats work well, especially for targeted groups like teachers or first responders, though refresher sessions help sustain impact (Liu et al., 2025).

Lethal Means Restriction

Means restriction carries stronger evidence base than gatekeeper training. Decreasing access to methods of suicide with high fatality rates — referred to as lethal means restriction or lethal means safety — has been shown to be an effective method of suicide prevention at the individual level. Coalitions serve an important role in advocating for and implementing such policies within communities (Yip et al., 2012).

Integrated Care Models

Integrated care models supported through coalition infrastructure also show promise. A primary care-based suicide prevention program linked to community public health resources was associated with a 25% reduction in suicide rates in intervention districts, equating to approximately 2.87 fewer suicide deaths per 100,000 people compared to non-intervention areas (Angerhofer Richards, 2024; Coffey, 2007).

Culturally Tailored Approaches

Culturally tailored interventions are consistently emphasized in the literature as essential to effective coalition work. Research on suicide prevention programs for Native American communities and veterans demonstrates the importance of designing approaches for specific populations; interventions developed for one group (e.g., urban LGBTQ+ youth) are unlikely to have equivalent impact on demographically different groups (e.g., older white men in rural areas) (Yip et al., 2012).

Key Evidence Gaps

Despite the intuitive and practical appeal of coalition-based approaches, the published literature consistently identifies significant methodological limitations. Most studies are observational, lack concurrent control groups, and cannot establish causality. Stakeholder involvement in the creation of community-based suicide prevention interventions may improve engagement and give voice to those with lived experience of suicidal crisis; however, there is limited evaluation extending beyond the design phase, and further research is needed to assess long-term outcomes (Weatherly et al., 2025).

A critical geographic inequity also exists in the evidence base. Despite consistently higher and growing suicide rates in rural areas relative to urban areas, the research literature on rural community-based prevention remains sparse. Most published studies focus on urban populations, leaving a significant gap in knowledge precisely where rates are most elevated (Weatherly et al., 2025).

The evidence supports coalition structures as valuable mechanisms for coordinating multi-sector action, disseminating evidence-based practices, and sustaining local prevention infrastructure. The field requires more rigorous evaluation to establish direct links between coalition activity and population-level reductions in suicide mortality. Coalition leaders and funders should keep this in mind.

References

- Angerhofer Richards, J., Cruz, M., Stewart, C., Lee, A. K., Ryan, T. C., Ahmedani, B. K., & Simon, G. E. (2024). Effectiveness of Integrating Suicide Care in Primary Care : Secondary Analysis of a Stepped-Wedge, Cluster Randomized Implementation Trial. *Annals of internal medicine*, 177(11), 1471–1481.
- Coffey, C. E. (2007). Building a system of perfect depression care in behavioral health. *The Joint Commission Journal on Quality and Patient Safety*, 33(4), 193-199.
- Liu, H., Zheng, C., Cao, Y., Zeng, F., Chen, H., & Gao, W. (2025). Gatekeeper training for suicide prevention: a systematic review and meta-analysis of randomized controlled trials. *BMC Public Health*, 25(1), 1206.
- National Strategy for Suicide Prevention [Internet]. Washington (DC): US Department of Health and Human Services; 2024. STRATEGIC DIRECTION 1, Community-Based Suicide Prevention. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK604170/>
- U.S. Department of Health and Human Services. (2024). 2024 National Strategy for Suicide Prevention. Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/2024-national-strategy-suicide-prevention.pdf>
- Weatherly, C., Abdelghani, M., Cook, G. R., Irfan, M., Meirose, J., Gaveras, E., Johnson, N., & Roth, K. B. (2025). Community-based Suicide Interventions in Rural United States: A Scoping Review. *Community mental health journal*, 61(8), 1437–1460. <https://doi.org/10.1007/s10597-025-01480-x>
- Yip, P. S., Caine, E., Yousuf, S., Chang, S. S., Wu, K. C. C., & Chen, Y. Y. (2012). Means restriction for suicide prevention. *The Lancet*, 379(9834), 2393-2399.