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Best Practice Strategies to Prevent Suicide in Behavioral Health

David Solomon Gamble

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Walden University

College of Management & Human Potential

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David Solomon Gamble

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the review committee have been made.

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Walden University
2023

Abstract

Best Practice Strategies to Prevent Suicide in Behavioral Health

by

David Solomon Gamble

MED, Ohio University, 2000

BA, Spring Arbor University 1996

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

May 2023

Abstract

The capacity for mental health clinicians to provide culturally relevant suicide prevention services has become an issue within current society, given the complexity and impact of the circumstances that have disrupted everyday life. Thus, this became a problem for the organization and the target population used for this study. The current capacity of leadership and clinicians who provided prevention services was developed to address the underlying mental health disorders and not directly address the environmental impact. The approach for the study adhered to Yin's work on case studies. The case study research provided the process and outcome data by introducing different types of data collected from interviews, documents, observations, and surveys. The theoretical framework for this study consisted of the Baldrige framework of excellence tool, which assisted in evaluating the organizational strategy, customers, workforce, operations, and desired outcomes related to the organization's suicide prevention services. The findings indicated the need for enhanced suicide prevention training, incorporating environmental factors and underlying mental health disorders to address the Behavioral Health Organization's practice problem. Recommendations based on the findings include developing and implementing a training program that would educate, train, and increase clinicians' capacity to provide relevant suicide prevention services that address current factors that impact suicide. This study may contribute to positive social change by reducing the number of individuals attempting to cope with suicide without relevant suicide prevention services as a part of their support system.

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Table of Contents

List of Tables	iv
Section 1a: The Behavioral Health Organization	1
Practice Problem	5
Purpose.....	6
Significance.....	7
Summary and Transition	7
Section 1b: Organizational Profile	9
Organizational Profile and Key Factors.....	10
Organization Background and Context.....	11
Summary and Transition	14
Section 2: Background and Approach--Leadership Strategy and Assessment.....	15
Supporting Literature	17
Suicide and Suicide Prevention Services	18
Life Environmental Stressors and Suicide.....	18
Suicide Control	19
Crisis Intervention and Suicide.....	19
Behavioral Health	20
Sources of Evidence.....	22
Leadership Strategy and Assessment	23
Client Population	24
Client Engagement	25

Analytical Strategy.....	26
Conceptual Framework.....	26
Archival and Operational Data.....	27
Ethical Research.....	28
Procedures.....	29
Summary and Transition.....	30
Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization.....	32
Analysis of the Organization.....	33
Knowledge Management.....	34
Summary.....	37
Section 4: Results--Analysis, Implications, and Preparation of Findings.....	38
Analysis, Results, and Implications.....	40
Thematic Results by RQ.....	40
Emerging Theme 1: Suicide Prevention.....	40
Emerging Theme 2: Suicide and Environmental Factors.....	41
Emerging Theme 3: Mental Health Clinician’s Competence.....	41
Emerging Theme 4: Crisis Intervention.....	42
Emerging Theme 5: Suicide Prevention Training.....	42
Emerging Theme 6: Clinical Screening.....	43
Client-Focused and Programs.....	43
Workforce-Focused Results.....	45

Leadership and Governance Results.....	46
Financial and Marketplace Results	46
Positive Social Change	47
Strengths and Limitations of the Study.....	48
Section 5: Recommendations and Conclusions	49
Service Recommendations.....	49
Recommended Implementation	51
Recommendations for Future Study	55
Dissemination Plan	55
Summary	56
References.....	57
Appendix: Interview Questions	60

List of Tables

Table 1 *Phases and Timeline of Implementation* 52

Section 1a: The Behavioral Health Organization

Behavioral Health Organization (BHO) X (pseudonym) was established in 1972 to provide comprehensive healthcare for families. According to the BHO X's website, the organization is a federally qualified health care center providing primary health care services and other specialty services in six different counties. Michelle et al. (2010) explained that federally qualified health care centers are community-based organizations that provide comprehensive primary and preventive care, dental services, and mental health and substance abuse services for all ages regardless of their health insurance status or ability to pay. The BHO's mission and values are developed from the belief that health care is suitable for all people. As such, the mission produces the value of providing high-quality and accessible health, wellness, and rehabilitation care in the community.

According to the leadership of the community health network selected for this study, there is a need for behavioral health leaders to educate, train, and increase clinicians' capacity to provide culturally relevant suicide prevention services. According to BHO X's 2020 outcomes data, the capacity for clinicians to provide relevant suicide prevention services is a problem because traditional suicide prevention programming does not adequately meet the targeted population's needs. Ugurlu et al. (2020) claimed that suicide has become more prevalent depending on the level of disruption to everyday life. Furthermore, suicide has consistently been linked to mental health disorders; most interventions have been designed to address the underlying mental health disorders (Ugurlu et al. 2020). The World Health Organization (WHO, 2019) asserted that suicide has been a direct result of the declining mental health of individuals for the last 4 years.

Therefore, this is a problem for the organization because the current capacity of both leadership and clinicians who provide prevention services was developed to address the underlying mental health disorders and not directly address the environmental factors to the phenomenon. The added focus on the environmental factors that impact the suicide require the behavioral health leaders to lead the organization in educating and training clinicians on the current factors that impact the suicide.

The complexity of suicide combined with the environmental factors that impact suicide influenced the literature search. Furthermore, according to BHO X's leadership, BHO X has a deficiency in how to develop and provide suicide prevention services. Also, the leadership of BHO X selected for this study stated that there is a need to address the work processes for suicide prevention services. The work process and service design are a problem for the organization selected for this study because the service and work processes do not adequately meet the targeted population's needs.

Koons and Tozzi (2019) described the cost of each suicide attempt and, at times, the deadly conclusions of successful attempts on the families and the community. The cost of suicidal behavior over a lifetime, when factoring in both the medical fees and the lack of employment, has surpassed 93 million dollars in the United States (Koons & Tozzi, 2019). Therefore, it is imperative from both a focus on the greater good and a financial perspective to research the phenomenon of suicidal behavior and educate behavioral health leaders to provide services to mitigate the impact of suicidal behavior.

De La Vega et al. (2018) connected several mental health disorders that tend to lead to individuals exhibiting suicidal behavior. Those mental health disorders exacerbate

the suicidal tendency of individuals. The underlying mental health disorders have increased the suicidal behavior of individuals, which led to suicidal behaviors becoming the 10th leading cause of death in the United States (De La Vega et al., 2018). In summary, the need to focus on policy development by leaders and administrators will support services that can decrease the impact of the underlying mental health disorders on the rate of suicidal behavior.

Certain professions and environments create stress that increases the risk of suicidal behavior (Ross et al., 2020). Ross et al. (2020) identified the connection between certain occupations and suicidal behaviors and communicated that professional pressure to succeed is a crucial factor producing stress that leads to suicidal behaviors. Furthermore, Ross et al. revealed that 65% of participants experienced suicidal behavior directly related to the pressure they felt because of job performance. The authors identified a need to train and educate behavioral health leaders to develop and introduce programming to mitigate suicidal behavior as the work environment disrupts the quality of day-to-day life.

Ugurlu et al. (2020) commented that life disruption has always impacted mental health disorders that have led to suicidal behaviors of individuals. Therefore, it is no surprise that the impact of the COVID-19 pandemic has exacerbated mental health disorders because of its impact on everyday life. The authors conducted a case study of how COVID-19 has impacted suicidal behavior rates. They stated that the disruption created psychosocial pressures that many prevention programs had not witnessed or were prepared to deal with. The study produced data that identified a prevalence of suicidal

behaviors in close to 12 out of 100,000 people worldwide. Thus, the need for behavioral health leaders to develop programming and provide environmentally sensitive services for the prevalence of suicide within society due to COVID-19 is critical to the health of society.

Brenes (2020) also identified that suicide is a public health concern in the United States specifically amongst the Hispanic population. According to Brenes, social factors such as the stigma of psychiatric illness within the Hispanic community contribute to suicidal behaviors. Brenes explained that social factors negatively impact the effort to seek the necessary help to mitigate the increasing rate of suicide behaviors due to an adjustment disorder. In summary, there is a need for behavioral health leaders to lead their organizations in developing and implementing culturally sensitive prevention programs for at-risk Hispanics.

Similarly, Williams et al. (2021) found that LGBTQ+ youth tend to have a higher rate of self-harm and suicide than their peers. During the study, the authors identified that adolescent suicide rates are around 12 per 100,000 across all levels of income categories. However, once the placement category of LGBTQ+ is added, the suicidal behavior rate is 3 times higher (Williams et al., 2021). Hence, behavioral health administrators must also identify and develop suicidal prevention programs to address the rapidly increasing suicidal behaviors amongst the LGBTQ+ population.

Moreover, Kahn et al. (2020) communicated that school-based mental health promotion and suicide prevention programs dramatically reduce the suicidal behaviors of youth. Suicidal behaviors in adolescents are a critical public health problem (Kahn et al,

2020). Suicide has become the second leading cause of premature mortality in young people between 14 to 25 years of age (Kahn et al. 2020). However, the introduction of school-based programming has assisted in decreasing the number of students exhibiting suicidal behaviors from 4% to 12%. Therefore, the randomized control trial identified the need for collaboration between school administrators and behavioral health leaders to develop and introduce additional suicidal behavior prevention programming to mitigate the increase of suicidal behaviors.

Practice Problem

According to the leadership of BHO X, there is a need for behavioral health leaders to educate, train, and increase clinicians' capacity to provide relevant suicide prevention services. As suicide has become more prevalent, depending on the level of disruption to everyday life, there are data to support the need to enhance suicide prevention services to meet the needs of the target population from a mental health perspective, which includes environmental factors that impact suicidal behaviors (Ugurlu et al., 2020). Therefore, the problem for BHO X is the current capacity of leadership and mental health clinicians who provide prevention services to address underlying mental health disorders and not directly address the environmental factors that also impact suicide. Addressing the environmental factors that impact suicide require behavioral health leaders to lead the organization in educating and training clinicians on the current factors that impact suicide.

The qualitative research questions (RQs) were as follows:

RQ1: What suicide prevention services training is a part of the overall strategic plan for behavioral health leaders?

RQ2: How do behavioral health leaders assess the organization's needs when attempting to provide education or training on suicide prevention services?

RQ3: How do behavioral health leaders evaluate the training of suicide prevention services?

RQ4: How do behavioral health leaders assess the opportunities for growth related to the education or training of suicide prevention services?

RQ5: How do behavioral health leaders evaluate the capacity to provide robust training and education on suicide prevention services?

Purpose

In this qualitative study, I aimed to explore and identify best practices for behavioral health leaders to train and educate clinicians to provide suicide prevention services. This type of training specifically addresses the underlying mental health disorders and environmental factors impacting suicidal behavior and suicide. The study provided in-depth data from a midsize organization that provides suicide prevention services for individuals in six counties.

The Baldrige framework of excellence's seven evaluation categories supported this study. The framework provided a method for collecting the necessary data to arrive at an informed conclusion. According to the Baldrige framework of excellence program (National Institute of Technology, 2021), the framework is a performance evaluation system of seven probing categories that assist organizations in identifying and leveraging

their area's strengths and implementing action steps to address their challenges. For that reason, there was a logical connection between the Baldrige framework excellence and this study of the BHO X's suicide prevention services training, as it provided a tool to evaluate the organizational strategy, customers, workforce, operations, and desired outcomes as it related to the organization's suicide prevention services. The Baldrige framework assisted the organization's behavioral health leaders in developing and implementing best practices for suicide prevention services for patients dealing with underlying mental health disorders and environmental factors.

Significance

This study is significant because there is evidence that suicide has increasingly occurred in society over the last decade (see Koons & Tozzi, 2019). According to Michelle et al. (2010), there is further evidence that current suicide service providers find themselves playing catch up when helping clients contemplating suicide, as most research focuses on addressing the underlying mental health disorder only. Therefore, behavioral health leaders must understand the need for and the types of suicide prevention services that can help mitigate the deadly impact of underlying mental health disorders and environmental factors on all aspects of suicide. This research helped increase the knowledge required to create informed programming and services for the behavioral health clinic, thereby effecting positive social change.

Summary and Transition

The BHO X used in this study provides comprehensive health services for all ages and genders; however, the current population served present with health needs that

challenge the organization's ability to meet those needs. One such need is the current complexity of suicide behaviors within the communities to which the BHO X delivers health services. The challenge for BHO X is the current capacity of behavioral health leaders to provide the training and education necessary for the workforce to provide culturally relevant suicide prevention services. Section 1b addresses BHO X's profile and key factors that assisted in developing a strategic approach to addressing its insufficiency when attempting to provide culturally relevant suicide prevention services.

Section 1b: Organizational Profile

The suicide phenomenon within society and amongst the organization's targeted population influenced the literature search, as outcome data BHO X identified a deficiency in how it develops and provides suicide prevention services. According to the chief operation officer (COO) of the organization selected for this study, there is a need to address the work processes and operations of the suicide prevention services as the organization attempts to meet the evolving needs of the BHO X's targeted population. The outcome data identified that the organization's work process, operations, and service design are insufficient as they do not meet the targeted population's needs adequately. The services are insufficient to meet the many different layers of the phenomenon of suicide, as suicide has become more prevalent due to the level of disruption to everyday life. For example, with the onset of COVID-19 and its impact on everyday life, suicide has rapidly become a significant issue for the organization's targeted population.

Suicide is again at the forefront of conversation as policymakers discuss mental health concerns within current society (Koons & Tozzi, 2019). The suicide phenomenon has consistently been linked to mental health disorders; most interventions have been designed to address the underlying mental health disorders. According to the WHO (2019), suicide has been a direct result of the declining mental health of individuals for the last 4 years. Therefore, this is a problem for the organization under study because most current services and work processes were developed to address the underlying mental health disorders and not directly address the environmental factors that impact suicide. The added focus on the environmental factors that impact the suicide

phenomenon require the organization to identify critical work processes and design concepts, process improvement, and management. Also, the impact of suicide on the organization's target population require the behavioral health leaders to lead the organization in educating and training clinicians on the current factors that impact suicide.

This section includes (a) the organizational profile and key factors, (b) organizational background and context, and (c) summary. The organizational profile and key factors identify the aspects of the organization's profile and the key factors that are strategically important for the organization. The background and context communicate the need for the study and the institutional context related to the problem being addressed in this study. The summary provides a connection between sections one and two.

Organizational Profile and Key Factors

BHO X was established in 1972 by a local family to provide primary health care for migrant families. The organization leaders realized that migrant families were an underserved population, and many healthcare organizations did not offer options for services for such a transient population. Therefore, BHO X started an outreach initiative to connect migrant workers with primary health care services that eventually expanded to dental, substance abuse, and mental health services. As BHO X expanded and developed relationships with state and federal policymakers, the organization developed partnerships and revenue sources. According to BHO X's website, the organization is a health care center providing primary health care services and other specialty services in six different counties.

BHO X considers the key factor of strategic importance to be its critical stakeholders and their critical insight into the needs within the community. According to Bryson (2018), a stakeholder is defined as any group, person, or organization that actively participates in the organization's inputs and outputs. BHO X's stakeholders are the employees, patients, community, and government.

According to BHO X's website, the organization's mission and values are developed from the belief that health care is suitable for all people. As such, the mission produces the value of providing high-quality and accessible health, wellness, and rehabilitation care in the community, for all ages. As a result, the strategic initiative for BHO X is to promote and educate patients to participate in the management of their health actively.

According to BHO X's website, the organizational structure consists of a hierarchical organizational chart. The current leadership system for the organization is that the COO provides leadership for the directors as they lead each department in fulfilling the organization's mission. However, the chief executive officer (CEO) is often highly hands-on, creating confusion and huddles in the day-to-day operations and reporting relationships.

Organization Background and Context

Relevant suicide prevention services are needed to address the underlying mental health disorders and environmental factors impacting patient suicidal behavior (Ugurlu et al. 2020). I selected BHO X for this qualitative study to explore and identify best practices for behavioral health leaders to train and educate their mental health clinicians

to provide culturally relevant suicide prevention services. The qualitative study provides in-depth data for the organization's current suicide prevention services for individuals and families to inform the BHO X as they seek to develop culturally relevant suicide prevention services.

BHO X must develop, educate, and train relevant suicide prevention services due to their mental clinician's insufficient capacity to provide culturally relevant suicide prevention services that address the needs of their targeted population. Suicide has become more prevalent in society, directly related to the level of disruption in everyday life (Ugurlu et al., 2020). As such, BHO X needs to have the ability to address the suicide phenomenon. With the onset of COVID-19 and its impact on everyday life, suicide has once again come to the forefront of conversation as policymakers discuss mental health concerns within current society. Suicide has consistently been linked to mental health disorders; however, most interventions have been designed to address the underlying mental health disorders. According to the WHO (2019), suicide has been a direct result of the declining mental health of individuals for the last 4 years. Moreover, Koons and Tozzi (2019) asserted that there is a need for research on prevention services to help people work through environmentally produced mental health disorders that have been connected to many forms of suicidal behaviors. Therefore, this is a problem for BHO X because the current capacity of both leadership and clinicians who provide suicide prevention services was developed to address the underlying mental health disorders and not directly address the environmental factors to the phenomenon. The added focus on the environmental factors that impact the suicide phenomenon require the behavioral

health leaders to lead the organization in educating and training clinicians on the current factors that impact the suicide.

The lack of capacity to provide relevant suicide prevention services directly conflicts with the organization's mission. The mission dictates that any mental clinician should provide a needs assessment and then match the services to the patient's unique needs. As such, the strategic planning focuses on the organization's culturally relevant suicide prevention services in answering the following questions: (a) What (events and trends of influence), (b) so what (the significance), and (c) now what (where do you go from here)? (see Laureate Education, 2008). Answering these questions can assist the organization in positioning itself to leverage the needed resources to support the development of culturally relevant suicide prevention services. Along with developing suicide prevention services, BHO X needs to select optimal locations, develop organizational operations to achieve the desired outcomes, and align its culture of interventions to address the targeted needs of its patient population.

BHO X intends to infuse culturally relevant suicide prevention services across the entire organization. Therefore, BHO X needs to introduce the services throughout the organization. As such, BHO X must strategically plan the fiscal resources to attend to the physical plant that houses each service line that delivers to their patients, the training required to increase the clinicians' knowledge, and the technical bandwidth to provide the necessary clinical oversight of the programming. Also, BHO X's increased focus on providing culturally relevant services is essential for it to adhere to any regulatory requirements from a local, state, or federal level.

Summary and Transition

This study provided evidence that suicide has increasingly occurred in society over the last decade. This study also provided data on how suicide directly impacts everyday life. Furthermore, this study provided evidence that current suicide services clinicians do not have sufficient knowledge to address the current complexity of suicide, as most programming was developed to address the underlying mental health disorder only. Therefore, behavioral health leaders must understand the need for and the type of suicide prevention services that can help mitigate the deadly impact of underlying mental health disorders and environmental factors on all aspects of suicide. The following section provides the supporting literature on the prevalence of suicide in society, sources of the evidence, leadership strategy and assessment, targeted population, and the analytical strategy of this study.

Section 2: Background and Approach--Leadership Strategy and Assessment

BHO X was established in 1972 by a migrated family to provide primary health care for families within the community it serves. According to the BHO X's website, the organization is a health care center providing primary health care services and other specialty services to its targeted population. In addition, according to BHO X's website, the organization has achieved the status of a comprehensive community-based organization that provides essential services that meet the unique needs of patients of all ages regardless of their health insurance status or ability to pay. The BHO X website explains that the organization's mission and values were developed from the belief that health care is suitable and accessible for all people. BHO X's strategic plan mission is to align the organization with the quadruple aim. That aim is as follows: (a) better health for the community, (b) better experience for the patient, (c) lower cost of health care, and (d) better experience for the employee. As such, the mission produces the value of providing high-quality and accessible health, wellness, and rehabilitation care in the community.

The leadership of BHO X identified data that supported a need for mental health leaders to educate, train, and increase mental health clinicians' capacity to provide relevant suicide prevention services. The capacity for mental health clinicians to provide relevant suicide prevention services is an issue for BHO X because the traditional suicide prevention programming does not adequately meet the targeted population's needs. According to Ugurlu et al. (2020), suicide has become more prevalent depending on the level of disruption to everyday life. Suicide has consistently been linked to mental health disorders, and most of the curriculum of interventions within the BHO X's culture were

designed to address the underlying mental health disorders. Specifically, suicide has been a direct result of the declining mental health of individuals for the last 4 years (WHO, 2019). There are overwhelming data to support the need for research on prevention services to help people work through environmentally produced mental health disorders that have been connected to many forms of suicidal behaviors (WHO, 2019).

This is a problem for the identified organization because the current capacity of both leadership and mental health clinicians who provide prevention services was developed to address the underlying mental health disorders and not directly address the environmental factors of the phenomenon. The added focus on the environmental factors that impact the suicide phenomenon require the mental health leaders to lead the organization in educating and training mental health clinicians on the current factors that impact the suicide phenomenon. The purpose of this qualitative study was to explore and identify best practices for mental health leaders to train and educate mental health clinicians to provide relevant suicide prevention services when addressing the underlying mental health disorders and environmental factors impacting suicidal behavior and suicide. The study provided in-depth data from a mid-size organization that provides suicide prevention services for individuals and families.

The Baldrige framework of excellence has seven evaluation categories that supported this study and provided a method for collecting the necessary data to arrive at an informed conclusion (see NIST, 2021). According to the Baldrige framework of excellence program (NIST, 2021), the framework is a performance evaluation system of seven probing categories that assist organizations in identifying and leveraging their

area's strengths and implementing action steps to address their challenges. For that reason, there is a logical connection between the Baldrige framework excellence and this study of the organization's suicide prevention services training, as it provided a tool to evaluate the organizational strategy, customers, workforce, operations, and desired outcomes as it related to the organization's suicide prevention services. The framework assisted the organization's mental health leaders in developing and implementing best practices for suicide prevention services for patients dealing with underlying mental health disorders and environmental factors.

This section provides an overview of the academic literature relevant to BHO X's ability to provide suicide prevention services that meet the unique needs of their patients. The sources of evidence collected are documented, and the analysis of the BHO X's strategic approach is explained. Finally, I comment on the analytical strategy communicating the data collection and methodology.

Supporting Literature

A review of the literature was conducted on suicide prevention services addressing underlying mental health disorders and environmental factors. Multiple databases were used to acquire peer-reviewed journal articles. The databases accessed for the literature review included ProQuest Health and Medical, ScienceDirect, Sage Premier, ProQuest, and Medline to evaluate sources that provided supportive literature for the study. The databases allowed me to use the following terms to complete my search of current literature: *crisis intervention*, *suicide*, *suicide prevention training*,

mental health, behavioral health, suicide control, depressive disorder, anxiety disorder, crisis intervention and suicide, and life environmental stressors and suicide.

Suicide and Suicide Prevention Services

Current literature has demonstrated the increasing need to provide additional suicide prevention services in today's society. The national suicide rate increased by over 25% between 1999 and 2016 (WHO, 2019). The increase has crossed all aspects of society in the nation. Suicide has rapidly become a national crisis within many communities. De La Vega et al. (2018) documented that suicide has become the 10th leading cause of death in the nation, and suicide was recorded to have been attempted by nearly 1.4 million people, resulting in 48,000 deaths. The toll of these attempts and deadly conclusions has cost each community at many different levels. Koons and Tozzi (2019) found that medical costs over a lifetime and the financial toll from the absence of employment due to all aspects of suicide has been estimated to top 93 million dollars. Hence, it is essential from a humanistic and financial perspective to investigate the phenomenon of suicide and increase services geared to positively impact suicide prevention. Furthermore, training improves the clarity, knowledge, and confidence of professionals who positively impact the outcomes of suicidal patients (Solin et al., 2021).

Life Environmental Stressors and Suicide

There have been several studies addressing the need for increased suicide prevention services. Ross et al. (2020) found evidence indicating certain occupations within society are associated with a greater risk of suicide. More than 65% of participants in a study specifically in the energy sector experienced some level of this suicide

behavior (Ross et al. 2020). In addition, the COVID-19 pandemic has triggered or exacerbated mental health disorders because of its effect on the disruption of everyday life for many people (Ugurlu et al, 2020). The disruption created psychosocial pressures unlike any other time in history. Ugurlu et al. (2020) found that the data collected identified a worldwide prevalence of suicide of 11.4 per 100,000 people in the population. Hence, these studies have identified the increased prevalence of suicide within society, requiring the appropriate services to mitigate such an act.

Suicide Control

Approximately 800,000 people take their lives every year (Solin et al., 2020). Solin et al. (2020) identified that each successful suicide equates to nearly 20 attempts prior to successful completion. The report aimed to communicate the importance of suicide prevention training for healthcare leaders as the leaders increase their competence in identifying risk and protective factors. The risk and protective factors are substantial because several studies have shown that a significant number of people who kill themselves visited a general practitioner in the month prior to their suicide (Solin et al., 2020). Therefore, healthcare leaders must increase their competence to increase healthcare providers' competency to detect and treat suicidal ideation.

Crisis Intervention and Suicide

The impact of COVID-19 across the entire mental health field has significantly hindered healthcare leaders' ability to train mental health workers to use technology to detect and prevent suicide (Hausman et al., 2021). Hausman et al. (2021) stated that COVID-19 had impacted healthcare leaders' ability to increase the clinician's capacity to

provide effective suicide prevention services. They also found that the remote training option limits the trainer's ability to test trainees' comprehension of the training material.

According to Hausman et al. (2021), suicide is the 10th leading cause of death across age groups in the United States, and with the impact of COVID-19, the suicide rates are increasing rapidly. Therefore, suicide prevention experts understand the importance of education and training for healthcare workers. Hence, healthcare leaders must provide comprehensive training on how to competently address suicidality to improve healthcare workers' outlook serving patients experiencing suicidal ideation.

Although suicide evaluation and intervention training for mental health workers has improved over the years, evidence-based suicide training for both underlying mental health disorders and environmental factors is lacking (Hausman et al., 2021). Thus, Hausman et al. (2021) identified the need for healthcare leaders to provide education and training for mental health workers, a standardized comprehensive training program to increase their capacity to assess and develop an individualized treatment plan for their clients.

Behavioral Health

Koons and Tozzi (2019) stated that each suicide attempt and, at times, the deadly conclusions of successful attempts on the families and the community creates an unsustainable emotional burden. The cost of suicidal behavior over a lifetime when factoring in both the medical fees and the lack of employment has surpassed 93 million dollars in the United States (Koons & Tozzi, 2019). Therefore, it is imperative from both a focus on the greater good and a financial perspective to research the phenomenon of

suicidal behavior and to educate and train behavioral health leaders to provide services to mitigate the impact of suicidal behavior.

De La Vega et al. (2018) connected several mental health disorders that tend to lead to individuals exhibiting suicidal behavior. Those mental health disorders exacerbate the suicidal tendency of individuals. According to De La Vega et al., the underlying mental health disorders have increased the suicidal behavior of individuals that have led to suicidal behaviors becoming the 10th leading cause of death in the United States. Therefore, the need to focus on policy development by leaders and administrators will support services that can decrease the impact of the underlying mental health disorders on the rate of demonstrated suicidal behavior.

Certain professions and their environments create a level of stress that increases the risk of suicidal behavior (Ross et al., 2020). Ross et al. (2020) identified the connection between certain occupations and suicidal behaviors and communicated that the professional pressure to succeed is a crucial factor producing stress that leads to suicidal behaviors. For example, a study performed in the energy sector revealed that 65% of the participants experienced suicidal behavior directly related to the pressure they felt because of job performance. Therefore, the authors identified a need to train and educate behavioral health leaders to develop and introduce programming to mitigate suicidal behavior within the work environment.

Ugurlu et al. (2020) found life disruption to be a primary factor that impacts students' mental health. Life disruption has always impacted mental health disorders that have led to suicidal behaviors (Ugurlu et al., 2020). The researchers identified the need

for collaboration between school administrators and behavioral health leaders to develop and introduce additional suicidal behavior prevention programming to mitigate the increase of suicidal gestures and attempts for students dealing with life disruptions. Individuals dealing with life circumstances have used the act of suicide increasingly over the last decade (WHO, 2019). According to Ugurlu et al., suicide has provided data that directly impacts many aspects of society. It has cost the clients and everyone connected to the client emotionally, mentally, and financially. There is further evidence that current suicide services providers find themselves playing catch up when helping clients with this phenomenon. Therefore, it is essential to research the need for and the type of suicide prevention services that can help mitigate the deadly impact of all aspects of suicide (Koons & Tozzi, 2019).

Sources of Evidence

The sources of evidence and approaches used in the study included interviews of key personnel of BHO X and analysis of primary and secondary data sources obtained from BHO X. According to Burkholder et al. (2020), interviews are the predominant data collection form as they provide in-depth information from the study participants that assist with exploring and explaining the participants' behavior, experiences, and opinions of the subject. There are three basic forms of interviewing (structured, semistructured, and unstructured), which can provide the trained interviewer the ability to connect and analyze the data retrieved from the participants (Burkholder et al., 2020). For example, secondary data sources such as policy documents, minutes from pertinent meetings, work processes, and procedures manuals, as well as the organization's strategic plan provide

existing organizational data. Therefore, the researcher can use both existing and collected data during the interview sessions to create a complete picture of the organization.

Researchers can then use collected data from interviews to help fill in the blanks from the answers received from existing data (Burkholder et al., 2020).

Leadership Strategy and Assessment

Leadership is complex, interconnected to all aspects of the organizational culture, and ultimately the key to the organization's overall success (Johnson & Rossow, 2019). The leadership attempts to invest and pursue the concept of leading employees and managing supportive resources to motivate the organizational culture to meet the organization's mission. However, the assessment of the BHO X leadership led by the CEO communicated a culture struggling to fully arrive at the culture desired by the COO and other senior leadership. During multiple interviews with senior leaders, it was communicated that a significant micromanaging issue interferes with the organization's ability to take the steps necessary to improve the organization in knowledge management, specifically that the CEO micromanages every part of the organization. Understanding this information contributes to understanding how the organization has not taken full advantage of the outcome data that suggest the organization will need to provide education and training to their mental clinician to address the complexity of suicide.

According to Johnson and Rossow (2019), an organization's governance should create a culture that values performance, conformance, and responsibility. While researching BHO X, the process identified a clear connection between the organization's governance and social responsibility. I found information on the organization's

governance and social responsibility within its strategic plan for 2021-2022. BHO X's strategic plan mission is to align the organization with the quadruple aim. That aim is as follows: 1. Better health for the community. 2. Better experience for the patient. 3. Lower cost of health care. 4. Better experience for the employee. The quadruple aim communicated several key findings, but two that stood out were better work processes for Release of Information (ROI), which the organization is governed by state regulations, and Continuous Quality Improvement (CQI), which is governed by several licensing entities.

Client Population

BHO X provides comprehensive medical services for individuals and their families of all ages. The clients' services include primary medical care, dental, case management, substance use disorders, WIC (Women, Infant, Child), women's health, and mental health services (BHO X, 2020). According to BHO X Website (2021), organizations such as BHO X provide primary medical services for one out of every eleven Americans, particularly those living in rural communities. These Americans are typically low-income working families, migrant workers, and those that are medically underserved and at high risk of various health conditions. As such, BHO X provides these services to anyone, regardless of their ability to pay or their medical insurance status.

According to BHO X's new staff orientation presentation (2022), every client that enters the door is provided a comprehensive medical screening, including a biopsychosocial assessment, to determine which service line best meets the client's needs. According to Aiken and Groth-Marnat (2006), biopsychosocial assessments obtain

information from the client that includes their demographic information and assesses for biological, psychological, and social factors contributing to the chief problem or problems with a client. For example, if the client presents apparent psychosocial factors impacting their overall health, such as environmental stressors or a mental health diagnosis that adversely affects the client's overall health, then that client would be connected to a mental health clinician to address the chief complaint.

According to BHO X outcome data (2021), the most common mental health issues presented are mood disorders, anxiety disorders, anger management, postpartum depression, self-harm, PTSD, and hallucinations. According to BHO X's strategic planning process and notes, the screenings provide data that communicate that most clients suffer from substance use disorders and traumatic experiences such as physical abuse, sexual abuse, neglect, abandonment, and loss of gainful employment. As a result, of these environmental factors, traumatic experiences, and underlying mental disorders, there has been an increase in the client population of BHO X of suicide ideation, gestures, and attempts.

Client Engagement

BHO X engages clients by developing and implementing community outreach initiatives and partnerships with other organizations throughout the community. In addition, BHO X uses client satisfaction survey data to assist in developing client engagement activities as a part of its strategic plan. According to information on BHO X's 2022 website, there are three primary focus areas for client engagement. Those three major areas are: 1) improving the client's ability to access care by optimizing the

scheduling process; 2) enhancing the integration of services by updating the internal referral process to make it more efficient; and 3) increasing the organization's presence in the community by improving the marketing and public information activities.

Analytical Strategy

The analytical strategy approach for this doctoral study analyzed BHO X's suicide prevention services to understand the problem. The approach adhered to the work on case studies by Yin. According to Yin (2003) the case study method is a comprehensive presentation that covers all aspects of the case study from problem definition, design, and data collection to data analysis and composition and reporting. According to Burkholder et al. (2020) case studies involve a detailed and intimate evaluation of a specific situation, social element, or organization. The case study research will provide the process and outcome data by introducing different types of data collected from interviews, documents, observations, and surveys (Yin, 2003). As such, multiple interviews were conducted involving BHO X's Chief Executive Officer, Chief Operations Officer, and several Directors of departments within the organization. In addition to these interviews several secondary sources were used to provide data related to RQs, current and past strategies to address the RQ, and operational effectiveness or ineffectiveness.

Conceptual Framework

There are seven evaluation categories within The Baldrige Excellence Framework to assist with collecting the data to be analyzed. According to the Baldrige Framework of Excellence Program (NIST, 2021), the framework is a performance evaluation system of seven probing categories that assist organizations in identifying and leveraging their

area's strengths and implementing action steps to address their challenges. Therefore, this doctoral study used the Baldrige Framework Excellence as a tool to collect data on the organizational strategy, customers, workforce, operations, and desired outcomes as it relates to the organization's suicide prevention services. It assisted BHO X's behavioral health leaders in developing and implementing best practices for providing suicide prevention services for patients dealing with underlying mental health disorders and environmental factors.

Archival and Operational Data

The Baldrige Excellence Framework tool was the system for which the study collected the data necessary for the completion of this study. The study used the Baldrige Excellence Framework's integrated system-based approach to explore the data collected from the RQs.

The qualitative Qs were as follows:

RQ1: How are suicide prevention services training a part of the overall strategic plan for behavioral health leaders?

RQ2: How do behavioral health leaders assess the organization's needs when attempting to provide education or training on suicide prevention services?
What are the existing trainings?

RQ3: How do behavioral health leaders evaluate the training of suicide prevention services?

RQ4: How do behavioral health leaders assess the opportunities for growth related to the education or training of suicide prevention services?

RQ5: How do behavioral health leaders evaluate the capacity to provide robust training and education of suicide prevention services?

These data and the analysis are relevant to the practice problem as there is evidence that suicide has increasingly occurred in society over the last decade (Koons & Tozzi, 2019). As such, this fact has provided an understanding that suicide directly impacts many aspects of everyday life. According to Michelle et al. (2010), there is further evidence that current suicide service providers find themselves playing catch up when attempting to support clients dealing with suicide. Therefore, the data assisted behavioral health leaders in gaining a deeper understanding of the type of suicide prevention services that will help mitigate the deadly impact of underlying mental health disorders and environmental factors on all aspects of suicide. Also, the research increased the knowledge required to create informed programming and services for behavioral health clinicians serving suicidal clients, as such, having a positive social change.

Ethical Research

The Belmont Report is a guide to ensure studies adhere to ethical and legal standards. The Belmont Report (1979) outlines a standard for protecting human subjects during research. That Belmont Report outlines seven steps that assist researchers in meeting ethical and legal standards. They are (a), Ensure IRB, (b), approved research (c), complete understanding by subject or contact a research study coordinator, (d), Ensure subjects are participating of their own free will, (e), Unintended outcomes must be reported to a research study coordinator, (f) Respect the privacy of the subject under all circumstances, and (h), Ensure that all subjects get the needed care when required.

The limitations or barriers this study were the lack of access to primary data as it relates to outcomes of the suicide prevention services. Specifically, the ability to obtain information on the service design, work process, behavioral health providers, and patients. Other limitations or barriers include the following:

1. Behavioral health leaders and clinicians have an active voice during the study process as they attempt to navigate the micromanaging leadership style of the CEO.
2. Limitation of ensuring all participants involved will be protected from harm given the current leadership of the CEO.

Procedures

The procedures for the study involved having semistructured interview questions that were developed and presented during the approval process. As such, the primary data collection strategy of interviewing BHO X's leaders and behavioral health clinicians was essential to the study. Also, A significant amount of journals and studies were reviewed to provide a comprehensive approach to developing the interviewing sessions with the personnel of BHO X. The study interviewing sessions followed an interview guide to maintain a consistent structure to the interviewing process. Also, the process involved a transcript of the sessions and coding the data. This process allowed for the organization's assessment and for filling in the gaps in data collected from the primary data sources.

The organization used for this case study provided a contact person; that participant was the organization's COO. The COO assisted with communicating the organization's problem and helped identify the individuals who could participate in the

case study. Also, the case study requirements, goals, process, and important dates were shared with the COO and other key participants from BHO X's leadership. As such, the organization's administration approved the case study. As a result of the approval, the COO assisted with locating potential interviewees and organizational personnel that would provide informative organizational documents.

Summary and Transition

According to De La Vega et al. (2018), suicide has become more prevalent depending on the level of disruption to everyday life. With the onset of COVID-19 and its impact on daily life, suicide has come to the forefront of conversation as a societal mental health concern (Ugurlu et al., 2020). According to the WHO (2019), suicide has been a direct result of the declining mental health of individuals for the last four years. As such, BHO X has a problem because the current capacity of leadership and clinicians to provide prevention services is limited. The ability of BHO X's behavioral health clinicians to provide relevant suicide prevention services is a problem because the traditional suicide prevention programming does not adequately meet the targeted population's needs. The programming was developed to address the underlying mental health disorders and not directly address the environmental factors that impact suicide. As a result, the added focus of acknowledging environmental factors that impact suicide will require the behavioral health leaders to lead the organization in educating and training clinicians on the current aspects that effects suicide.

Section 3 analyzes the organization's workforce environment, staff engagement, work process, organization knowledge, and infrastructure. The section will describe how

BHO X design, manage, and improve its essential services, workflows, and work climate. Finally, the section will include how BHO X manages its knowledge assets, information, and information technology to improve the organization's ability to deliver relevant suicide prevention services.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Participating leaders of BHO X stated that there is a need for mental health supervisors to educate, train, and increase the mental health clinician's capacity to provide relevant suicide prevention services for any potential patient. The capacity of the mental clinicians to provide relevant suicide prevention services has been identified as a problem for the organization selected for this study because, according to BHO X's COO, the traditional suicide prevention programming does not adequately meet the targeted population's needs. Furthermore, suicide has consistently been linked to mental health disorders, and most interventions were designed to address the underlying mental health disorders. The WHO (2019) reported that suicide has been a direct result of the declining mental health of individuals for the last 4 years. In addition to the declining mental health of individuals, there has been an increase in environmental-produced mental health disorders connected to many forms of suicidal behaviors (Ugurlu et al., 2020). Therefore, this is a problem for the BHO X because the current capacity of both leadership and clinicians who provide prevention services was developed to address the underlying mental health disorders and not directly address the environmental factors that impact suicide. The added focus on the environmental factors that impact suicide will require the mental health leaders to lead BHO X in educating and training mental clinicians on the current factors that impact suicide.

The sources of evidence for this case study and how the evidence was obtained included interviewing members of the leadership team of BHO X and analyzing primary

and secondary data sources from BHO X. The primary and secondary data sources such as supervisors, managers, mental clinicians, policies, minutes from pertinent meetings, work processes, procedures manuals, and the organization's strategic plan provide existing data established before the study. Therefore, the study used both existing and collected data during the interview sessions to create a complete picture of the subject.

Analysis of the Organization

In the analysis of how BHO X builds an effective and supportive workforce are the training programs required for 340 employees. BHO X focuses on cross-training employees within departments. According to the 2021 BHO X's training platform, all employees are required to attend and pass training, such as implicit bias, internal customer services, and progressive discipline. As such, BHO X's training approach to building an effective and supportive work environment is centered around developing the skills and competencies of the current workforce and onboarding all new workforce members with key fundamentals of BHO X's values and beliefs.

In addition to how BHO X engages their employees with their training initiative, it has implemented a payroll platform that recognizes the employees for years of services and notable accomplishments. Also, BHO X invests in yearly national professional recognition. BHO X's approach to the payroll platform provides insight into the importance the organization placed on supporting the workforce knowledge development to meet the current needs of their patients.

BHO X designs, manages, and improves its key services and work processes by using the strategic planning process to identify the key services aimed at creating value

for its patients and customers and achieving organizational goals. As such, the work processes are designed to achieve desired outcomes of the services provided by BHO X. Those work processes involve implementing inventions designed to achieve positive results from services, safety and risk management actions, access to care, and documentation. Implementing these actions to improve the work processes and operational effectiveness will help the organization control the overall costs of the organization, thus producing effective operations (see Bryson, 2018).

Knowledge Management

According to Bryson (2018), the strengths, weaknesses, opportunities, and threats (SWOT) analysis is used to identify the SWOT of an organization. An organization uses the findings from the SWOT analysis to develop goals and desired outcomes to achieve as it sets a business direction that supports its vision and mission. According to BHO X's COO, the SWOT analysis conducted during the 2021 strategic planning session communicated that three areas of strength for BHO X are its ability to meet the patient volume targets as outlined in the budgeting process, the optimization of core programming and services, and the achievement of desired mental health outcomes.

In September 2022, BHO X's COO explained that according to the SWOT analysis, BHO X achieved their patient volume targets by implementing a standard of the care process and clinical oversight process, expanding several dental hygiene services, and developing and implementing a productivity process across all service lines. In addition, BHO X's COO shared that SWOT analysis communicated that BHO X optimized programming and services by integrating dental services with their outreach

programming, implementing telehealth across all service lines, implementing psychiatry services at all sites, and adjusting protocols to respond to the impact of Covid-19 on providing services. Furthermore, BHO X's COO commented that SWOT analysis identified that BHO X improved its clinical outcomes by introducing a care management billing process throughout the organization, developing and implementing a care coordination model, and introducing a quality improvement plan with performance measurements and expectations for all service lines.

The SWOT analysis identified and communicated four areas of opportunities of which BHO X can and must take advantage to improve the organization's financial sustainability. BHO X's COO explained that the four areas in which BHO X has an opportunity to improve its financial forecast are as follows: (a) Improve the value-based care model and BHO X's financial forecast by participating in grants offered by the federal government, (b) remain financially responsible and viable by innovating to improve all service lines to meet the unique needs of current patients, (c) update and standardize the technology throughout the organization on a planned cycle, and (d) improve the organization's ability to accurately forecast its financial climate using an appropriate revenue cycle model.

The SWOT analysis identified and communicated three threats to the BHO X's operational climate and environment. BHO X's COO clarified that the three threats are their inability to improve their patients' user experience during their care model experience, the lack of involvement in a continuous quality improvement process, and their outdated approach to employee and patient engagement. The SWOT analysis

provided BHO X with data that assist the organization in its efforts to align its culture and environment as BHO X seeks to achieve its vision and mission. Moreover, according to BHO X's COO, the SWOT analysis data helped the organization develop a strategic plan focusing on developing a direction and the appropriate action steps to achieve desired financial goals and patient outcome measures.

The SWOT analysis also identified the appropriate action BHO X would need to take to streamline the IT infrastructure throughout the organization. The challenge for BHO X is how, when, and what funds will support this initiative. According to BHO X's COO, BHO X will manage the organizational technology infrastructure by evaluating its resources to prioritize opportunities to determine the best intelligent risk in terms of what projects to discontinue and what new projects to pursue.

The SWOT analysis conducted at BHO X during the current strategic planning process provided data that identified areas of weakness for BHO X that interfere with the organization's ability to achieve certain aspects of its strategic plan. As a result, efforts to stay competitive in the healthcare market are seriously challenged. Therefore, BHO X used the SWOT analysis data to utilize its strengths to mitigate its areas of weakness. BHO X plans to take advantage of opportunities for innovation to mitigate areas of threat. BHO X's COO asserted that these two actions can assist BHO X with improving their patient access, ability to implement the integration of services, and improve patient and community engagement process.

The SWOT analysis also directly linked BHO X's inability to align its culture for success to the areas of weaknesses. Those weaknesses that impact BHO X's operations

are outdated work processes and inconsistent workflow throughout every department. BHO X's COO elucidated that these inconsistent work processes produce inefficient scheduling, incomplete continuum care plans, and outdated suicide prevention services.

Summary

BHO X developed several work processes, action steps to improve organizational performance, and techniques to manage its technology infrastructure. According to BHO X's COO, the organization has invested a significant amount of time in conducting a SWOT analysis to identify interventions that can assist it in building a supportive workforce environment, improving process designs, ensuring effective management of operations, and improving its knowledge.

Section 4: Results--Analysis, Implications, and Preparation of Findings

BHO X used outcome data to determine that their service population identified suicide as a significant concern within the community. The outcome data provided an in-depth understanding of BHO X's need for behavioral health leaders to educate, train, and increase behavioral health clinicians' capacity to provide relevant suicide prevention services to address current factors that impact suicide. Furthermore, suicide has become more prevalent depending on the disruption to everyday life (Ugurlu et al., 2020). There are data to support the need to enhance suicide prevention services to meet the needs of those dealing with environmental factors that impact suicidal behaviors (Ugurlu et al., 2020). As a result, the problem for BHO X is that the current capacity of leadership and behavioral health clinicians who provide suicide prevention services was developed to address the underlying mental health disorders and not directly address the environmental factors that also impact suicide. Therefore, focusing on the environmental factors that impact the prevalence of suicide requires behavioral health leaders to lead the organization in educating and training clinicians on the current factors that impact suicide.

Interviews were used as a data collection technique as they provided in-depth data that assisted with exploring and explaining the participants' behavior, experiences, and opinions of the subject matter. The three primary forms of interviewing used in this study were structured, semistructured, and unstructured. According to Burkholder et al. (2020), the primary forms of interviewing can provide the interviewer with the insight necessary to connect and analyze the data collected. In addition to interviews being a source of

evidence and an approach, an analysis of primary and secondary data sources was used to obtain essential information. The primary and secondary sources used during the study were policies, minutes from pertinent meetings, work processes, procedure manuals, first-hand accounts of participants, and the data from BHO X's strategic planning process. I collected the data to analyze to find emergent themes and patterns. The thematic analysis produced six themes: suicide prevention, suicide, and environmental factors, mental health clinician's competence, crisis intervention, suicide prevention training, and clinical screening.

To conduct a literature search for the RQs in this qualitative study, I used the terms and topics that included *crisis intervention, suicide, suicide prevention, training, suicide control, mental health services, life stressors, suicide, and mental health and suicide*. I also conducted interviews with key individuals within BHO X's structure. Databases were then searched, which led to the literature supporting the RQs.

The qualitative RQs were as follows:

RQ1: How are suicide prevention services training a part of the overall strategic plan for behavioral health leaders?

RQ2: How do behavioral health leaders assess the organization's needs when attempting to provide education or training on suicide prevention services?
What are the existing trainings?

RQ3: How do behavioral health leaders evaluate the training of suicide prevention services?

RQ4: How do behavioral health leaders assess the opportunities for growth related to the education or training of suicide prevention services?

RQ5: How do behavioral health leaders evaluate the capacity to provide robust training and education of suicide prevention services?

Analysis, Results, and Implications

The transcribed interviews were entered into NVivo coding software, which identified themes from the research interviews and data analysis. The transcribed interviews and the software coding analysis were compared to gain a deeper understanding of the themes of the qualitative study.

Thematic Results by RQ

Emerging Theme 1: Suicide Prevention

The theme of suicide prevention was the theme that appeared the most during the coding process. The data collected identified the need for relevant suicide prevention for individuals dealing with underlying mental health issues and daily environmental disruption. The study's RQ1 was as follows: How are suicide prevention services training a part of the overall strategic plan for behavioral health leaders? It was answered by BHO X's leadership when the leadership provided the strategic plan that identified suicide prevention training as a primary initiative for the organization. The suicide prevention theme that was repeatedly identified during the interviews and data analysis was the essential reason for suicide prevention services training being a critical initiative for the BHO.

Emerging Theme 2: Suicide and Environmental Factors

Environmental factors was the second most common theme during the coding process. The data collected identified one significant environmental factor that impacted suicide was the COVID-19 pandemic. The study's RQ2 was as follows: How do behavioral health leaders assess the organization's needs when attempting to provide education or training on suicide prevention services? It was answered by BHO X's leadership when the leadership used the outcome data as a guide when developing training to address suicide.

Emerging Theme 3: Mental Health Clinician's Competence

According to Michelle et al. (2010), mental health clinicians still lack competency despite advances in suicide interventions and risk assessments. The competency deficiency of the mental health clinician was communicated by the COO of BHOX. The COO communicated that the assessing initiative in which the organization used questionnaires completed by clinicians to gauge the competency level of the clinicians provided data necessary to assess specific training topics for the clinicians. Furthermore, the COO used her understanding of the competency level of the mental health clinician to identify the specialized topic areas of training and skill development opportunities, such as trauma-informed therapy. As a result, this emerging theme addressed RQ2 (How do behavioral health leaders assess the organization's needs when attempting to provide education or training on suicide prevention services?) and RQ4: (How do behavioral health leaders assess the opportunities for growth related to the education or training of suicide prevention services?).

Emerging Theme 4: Crisis Intervention

The theme of crisis intervention appeared multiple times as crisis intervention was seen as the initial intervention phase of those dealing with suicide ideation. According to Kahn et al. (2020), the earlier the intervention with those contending with suicide, the better the outcome for the patient. The emerging theme four assisted BHO X in addressing RQ4: How do behavioral health leaders assess the opportunities for growth related to the education or training of suicide prevention services? The theme provided BHO X with the data to identify opportunities for growth within the capacity to provide suicide prevention services.

Emerging Theme 5: Suicide Prevention Training

According to BHO's COO suicide prevention was seen as the most vital concept service providers would need to improve to effectively assist with the over health of patients experiencing suicide behavior. Hausman et al. (2019) claimed that relevant suicide prevention training will increase the mental professional capacity attitudes and suicide prevention self-efficacy. BHO X's leadership communicated that they would assess the organization's suicide prevention services impact by analyzing the patient's outcome data questionnaires and provider surveys related to the impact on the participants participating in the suicide prevention services. The data produced from the outcome data questionnaires and provider surveys can assist the BHO in their evaluation effort to assess the current training and their ability to provide a comprehensive training program. As a result, the interventions introduced because of the emerging Theme 5 can assist BHO X in RQ3: How do behavioral health leaders evaluate the training of suicide

prevention services? Furthermore, RQ5 (How do behavioral health leaders evaluate the capacity to provide robust training and education on suicide prevention services?) will be understood, and a plan to address the identified capacity will also be addressed from the data collected from outcome data questionnaires, provider surveys, and evaluating the needed training versus the current capability.

Emerging Theme 6: Clinical Screening

Suicide clinical screening was a common theme in the interviews conducted with personnel within BHO X. According to Hager et al. (2021), appropriate and timely use of a screener is essential to the ability to have early detection of individuals dealing with suicide.

Client-Focused and Programs

According to BHO X's strategic plan, it is a comprehensive healthcare organization that provides services that meet patients' medical, mental health, and physical needs. BHO X's vision for healthcare services is to provide whole-person healthcare that is accessible, equitable, and cost-efficient. As such, BHO X performs customer satisfaction surveys for which the customer satisfaction survey data are used to identify goals to focus on during BHO X's strategic planning process. One such goal is the capacity for BHO X's clinicians to provide relevant suicide prevention services. Therefore, understanding BHO X's clinician's capacity to provide relevant suicide prevention services and the ability to identify opportunities to educate and the train can improve the skill level of the mental health provider. Also, when best practices are

implemented, the organization can improve BHO X's clinician's capacity to provide services that can improve health outcomes for BHO X's targeted population.

A review of BHO X's website provided data on its programs and services delivered to its targeted population. The website stated that the organization was established in 1972 as a health care center providing primary and specialty services to its targeted population. Those specialty services include women's health centers, psychiatric services, substance use disorder services, school-based mental services, and dental. According to BHO X's website, the organization has achieved a federal status for health care center of a comprehensive community-based organization that provides essential services that meet the unique needs of patients of all ages regardless of their health insurance status or ability to pay. BHO X's strategic plan aligns the organization's mission with a quadruple-aim approach. The aim approach is as follows: (a) better health for the community, (b) better experience for the patient, (c) lower cost of health care, and (d) better experience for the employee. The mission produces the value of providing high-quality and accessible health, wellness, and rehabilitation care in the community.

According to its website, BHO X's mission and vision have guided the organization in providing services for 50,000 patients yearly. BHO X's strategic plan documented that BHO X has provided mental health services for 600 patients, 100 of whom received therapy as their primary need was for suicide ideation or behavior, a 10% increase from the previous year. According to BHO X's satisfaction surveys in 2021, of the 100 patients receiving suicide services, 90 patients reported that environmental factors such as lack of work, COVID-19-related sickness, and disruption to the patient's

ability to engage in "normal" day-to-day activities due to COVID-19 negatively impacted the emotional and mental status, thus leading to suicidal ideation.

Workforce-Focused Results

BHO X's strategic planning process identified the need for education and training for behavioral health clinicians to increase their capacity to provide relevant suicide prevention services. BHO X's COO stated that data collected from the outcome and patient satisfaction surveys support a need for behavioral health supervisors to educate, train, and increase the behavioral health clinician's capacity to provide relevant suicide prevention services for any potential patient. Furthermore, the COO shared that the capacity of behavioral health clinicians to provide relevant suicide prevention services has been identified as a critical problem for the organization as the traditional suicide prevention programming does not adequately meet the targeted population's needs. Between 2019 and 2021, suicidal outcome data have identified that 90% of the patients who received behavioral health services reported suicide ideation. Additionally, those patients specifically communicated that environmental factors were the primary factors that produce their suicidal ideation. Therefore, BHO X has taken action to design, manage, and improve its key services and work processes by using the outcome data during the strategic planning process to identify the key services, education, and training necessary to address the capacity gap for providing relevant suicide prevention services. The actions taken by BHO X were implemented to achieve positive results in patient outcomes, safety and risk management, access to care, patient involvement in care decisions, environmental impact, and documentation.

Leadership and Governance Results

According to the COO, BHO X's leadership team has communicated and engaged the workforce on the necessary training and education required to meet the needs of their patients. As such, the organization understands the importance of increasing the capacity of the behavioral health clinician to provide relevant suicide prevention services. Also, the COO explained that the organization engaged in a SWOT analysis process and used the findings from that SWOT analysis to develop goals and desired outcomes for the organization to achieve as it sets a business direction that supports its vision and mission. Furthermore, the SWOT analysis communicated three areas of strength for BHO X. BHO X's COO claimed that the areas of strength for BHO X are its ability to meet the patient volume targets as outlined in the budgeting process, the optimization of core programming and services, and the achievement of desired mental health outcomes. BHO X's COO stated that these strengths would be the foundation of the organization's profile as the organization seeks to improve outcome data.

Financial and Marketplace Results

According to the COO, BHO X operates in several counties that provide health services to underserved populations. The financial and marketplace have been consistent over the past 3 years. The COO stated the total revenue for the past 3 years was 33 million plus, of which 22 million was from programs and services and 10 million was from state and federal contributions.

According to BHO X's financial statements in 2021, BHO X is open to all patients, regardless of their insurance or ability to pay. The services are delivered to the

patients, and the patients are identified by criteria identified in BHO X's charity care and community benefit services policy. The charity care and community benefit services are computed using a sliding fee scale based on the patient's income and family size. In addition to the charity care and community fee model, BHO X receives revenue for services from negotiated amounts with insurance companies or set amounts by the government. Furthermore, the prospective payment systems dictate revenues under the traditional fee-for-service Medicare and Medicaid.

According to BHO X's financial statements from 2021, BHO X's ability to surpass the budgeted profit margin despite challenges with receiving compatible reimbursement for the actual cost to provide the service. According to BHO X's COO, the organization has remained nimble enough to adjust operation costs, workforce, and fee-for-service initiatives to outperform budgeted expenditures.

Positive Social Change

BHO X's case study has the potential to positively impact social change as it has used a process to analyze satisfaction surveys and outcome data to develop goals and action steps that will positively impact the community. Training and educating the workforce to provide targeted care for the most underserved community members will improve the community's overall health. Furthermore, by adhering to the organization's mission and vision, BHO X can positively impact the quality of care and outcomes for the patient and their family.

Strengths and Limitations of the Study

The ability to interview and use primary and secondary data sources provided an opportunity to have in-depth data collection sessions. These types of sessions ensured an intimate understanding of the data. The process also allowed for data triangulation which enhanced the validity of the data collected.

The following limitations of the study were mitigated by using The Belmont Report as a guide to ensure the study adhered to ethical and legal standards:

1. Behavioral health leaders and clinicians have an active voice during the study process.
2. Limitation of ensuring all participants involved will be protected from harm.
3. Limitation of ensuring all participants, the organization, and all involved are informed of what the study is designed to achieve.
4. The challenge is ensuring comprehension of the study by the organization.

Section 5: Recommendations and Conclusions

According to BHO X's COO, the organization is required to meet the standards of the federal government, state, and specialty services governing bodies for an organization with its designation within the state. Therefore, BHO X's mission, vision, policies, and procedures have been developed to create a culture of accountability that can produce identified outcomes from BHO X's strategic plan.

According to BHO X's COO, the strategic plan is developed yearly to ensure the organization meets the unique needs of the patients BHO X serves. BHO X provides medical, dentistry, psychiatric, mental health, substance use disorder, and women's health services. BHO X's COO shared that these services are the focus of the strategic plan as the BHO X performs an analysis of the services to assess the areas of strength and needed growth. One such growth area is the need for knowledge and skill growth in suicide prevention services. The analysis of the evidence has led to the following recommendations.

Service Recommendations

According to the WHO (2019), there has been a decline in the mental health of individuals for the last 4 years. With the onset of environmental factors such as COVID-19 and its impact on daily life, suicide has become a societal mental health concern (Ugurlu et al., 2020). According to De La Vega et al. (2018), suicide has become more prevalent depending on the level of disruption to everyday life. As such, I identified the need for developing and implementing suicide prevention training for mental health providers to support patients who have experienced a decline in their mental health while

incurring challenges from uncontrollable environmental factors. According to BHO X's COO, the organization is faced with meeting unique patients who are experiencing suicide as they hope to cope with declining mental health exacerbated by environmental factors.

Therefore, I recommend the following:

1. BHO X's leadership needs to continue to analyze the data surrounding suicide to establish areas of strength, weaknesses, opportunities, and threats to stay current on meeting the needs of their workforce and, ultimately, their patients.
2. BHO X's leadership needs to involve all key stakeholders to collect a holistic perspective of suicide and the necessary support to provide relevant suicide prevention services.
3. BHO X's leadership needs to develop a 3-year plan with quarterly oversight reviews to ensure the goals, objectives, and action steps are implemented according to the vision and mission of the organization.
4. BHO X's leadership should establish an implementation plan for the suicide prevention services and communicate the plan to all stakeholders.
5. BHO X's leadership needs to include suicide prevention services within its continuous quality improvement initiative to support the implementation process actively.

The suicide prevention services incorporating underlying mental health issues and environmental factors can address BHO X's practice problem. Therefore, I recommend that BHO X's leadership develop and implement training that addresses underlying

mental disorders and the impact of environmental factors on suicide behaviors for mental health providers over a span of 1 fiscal year while consistently providing suicide prevention services throughout the entire organization within a year of the last training session.

Recommended Implementation

The recommendation for implementing suicide prevention services for patients coping with underlying mental health issues and environmental factors needs to be strategically introduced throughout the organization. The implementation should be phased in over a span of 2 years. The 2-year span can ensure that the organization produce the necessary resources to create a culture of learning and training, develop and introduce innovation, and implement a culture of accountability. The recommended phases are shown in Table 1.

Table 1*Phases and Timeline of Implementation*

Phase	Description	Timeline
Phase 1	Select strategic planning team & develop strategic plan	Month 1 & 2
Phase 2	Review and update policies, procedures, and protocols	Month 3
Phase 3	Refine patient profile and criteria for the program	Month 4 & 5
Phase 4	Program development, on-going training schedule, and implementation of trainings	Month 6,7, & on-going
Phase 5	Implementation of program	Month 8
Phase 6	Three-month program evaluation and institute identified correction actions	Month 11 & 12
Phase 7	Re-evaluation at 6 months, 9 months, and annually	Months 14, 17, and annually

Phase 1 of the recommended timeline will require the organization to select a team to develop a strategic plan for the organization. The team must fully communicate the strategic plan to all key stakeholders. It is recommended that the organization select a strategic planning team from internal and external stakeholders. The team will need to consist of individuals with education, clinical, and training expertise in suicide prevention services. An additional focus of this phase will be to develop a strategic plan to address the organization's operational strengths and limitations to accomplish identified outcomes.

The second phase of the recommended timeline is to have the strategic planning team review and update all policies, procedures, and protocols of the organization's suicide prevention services. The goal for this phase is to guide all providers of suicide prevention services in terms of the overarching expectations and the procedures and protocols that will ensure the providers meet programmatic expectations.

In the third phase of the implementation timeline, the strategic planning team will need to identify the appropriate patient population for suicide prevention services. To identify the appropriate patient population, the strategic planning team will need to use the organization's data to create a patient profile that includes identifiable characteristics of the targeted population. Also, the strategic planning team must develop criteria for the services enrollment as a guide for the suicide prevention services workforce.

The fourth phase of the implementation process will include the development of the suicide program, which includes the intake process, assessment and treatment planning, maintenance of the interventions or actions, and the discharge process. Also,

the strategic planning team will need to develop training topics and sessions and a suicide prevention services workforce manual.

The fifth phase of the suicide prevention services will need to introduce the complete suicide prevention services manual to the organization's leadership and key stakeholders. The presentation goal is to get the approval of all key stakeholders to start with the implementation of the services. Once the strategic planning team receives the approval, there must be a strategic and thoughtful process of implementation of the service.

In the sixth phase, the strategic planning team and the organization's leadership will need to create an evaluation team to conduct a program evaluation. The evaluation will need to evaluate the suicide prevention services for the first 3 months of implementation. The assessments will need to include the collection of the state outcome measures standards regarding suicide prevention services, client surveys, and employee surveys. The evaluation team will need to take the data from the evaluation period to implement updates to strengthen suicide prevention services.

In the seventh phase, the program evaluation team will conduct an evaluation of the program in the 6th and 9th months and then implement an annual evaluation for the duration of the program. The outcome data will need to be used to influence the program's strategic planning. Strategic planning will need to focus on keeping the suicide prevention services manual current in terms of interventions and improving the knowledge and skills of the workforce.

Recommendations for Future Study

When developing the practice problem for this study, the literature review revealed the tremendous amount of data available regarding the treatment of individuals coping with suicide behaviors. Also, there was an equal amount of research on underlying mental health issues directly connected to suicide. However, as the research was conducted for the current practice problem for this study, I found considerable gaps in the research regarding the suicide prevention services that directly address suicide prevention in terms of cooccurring problems such as environmental factors and underlying mental health problems. Most research focused on one primary ailment versus cooccurring ailments that impact suicide behavior.

There were several studies that focused on suicide prevention services from a primary ailment as a foundation for developing a program; however, there were limits when it came to cooccurring factors (Solin, et al., 2021). Therefore, it was even more limited when it came to studies focusing on the underlying mental health issues and environmental factors. Thus, this limited research provides an opportunity for further research to address the gap in suicide prevention services for individuals dealing with cooccurring issues when one of the issues involves dealing with a specific environmental issue.

Dissemination Plan

The plan for disseminating the work within this study to the organization is to create a presentation that will communicate a summary of the research, the findings, and the recommendations outlined in the study. During the presentation, there will be an

opportunity for ongoing questions and a question-and-answer session at the end of the presentation. At the conclusion of the presentation session, I will provide the organization with an email address for any follow-up questions.

Summary

in this qualitative study, I aimed to explore and identify best practices for mental health leaders to train and educate mental health clinicians who provide suicide prevention services for patients coping with underlying mental health disorders and environmental factors impacting suicidal behavior and suicide. The literature identified a significant correlation between underlying mental health issues and the impact of COVID-19 on individuals. The literature also identified the disparity in suicide prevention services development in addressing a cooccurring ailment that includes specific current environmental factors as one of the ailments.

The study's goals were to increase the understanding of the organization's leaders of the need to enhance their suicide prevention services as the need of the current patient population was evolving. The many structured interviews with the organization's leader provided data and information about the knowledge management process for the workforce, workforce engagement, and the current suicide prevention service's limitations and strengths. These components of the organization led to the development of recommendations to improve the organization's suicide prevention services. As such, the results of this study may contribute to the literature involving the effective development of suicide prevention services for a patient dealing with underlying mental health issues and environmental factors that dispute the patient day-to-day life.

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Appendix: Interview Questions

Organizational Environment:

- How would you describe the organizational vision, core values, and mission?
- What services does the organization provide for the targeted population?
- What services adhere to the organizational vision, mission, and core values?
- What work progress helps the organization succeed in delivering the services?
- What is the organizational structure?
- What are the dynamics of the organizational structure in terms of reporting relationships?
- What are the non-personnel assets?
- Who are the governing bodies to which the organization will adhere, and what process is taken to ensure compliance?

Workforce Environment:

- How do you hire, onboard, and train your workforce?
- How do you determine the annual training topics and calendar?
- How do you assess the workforce's needs regarding skill development?
- How is the workforce environment addressed in the strategic plan?
- How is the patient data used to develop the workforce environment?
- Have you experienced any changes in your workforce composition?
- What skill sets make up your workforce and what additional skills are needed to address the unique needs of your patient population?

Workforce Profile:

- What are the workforce education and experience requirements?
- What are the workforce's annual training and education requirements?
- What are the types of social or emotional issues the workforce are skilled at addressing?
- How has the workforce profile changed over time to meet the needs of the targeted patients?

Patient Population:

- What are the organization's organization's key markets in terms of mental health patients?
- What is the demographic profile of the patients?
- What are the current needs of the patients?

Market Environment:

- Who are your competitors in your current catchment area?
- How is the comparative data in your market within the strategic process?
- What fundamental changes or improvements impact your presence within your market?

Leadership, Organizational Strategy, and Governance:

- How are the organization's mission, vision, and core values introduced and reinforced?
- How does the leadership of the organization communicate and engage all stakeholders?

- What are the organization's critical strategic challenges, advantages, and goals?
- How is the organization's strategic plan developed and implemented?
- How is the organization's continuous quality improvement evaluated?
- What are the desired societal contributions the organization hopes to have?

Workforce Engagement:

- How does the organization recognize employees' accomplishments?
- How does the organization invest in the workforce?
- How does the organization ensure a safe and supported workplace?
- How does the organization determine the key workforce engagement activities?
- How does the organization collect workforce satisfaction data and use the data to determine action steps to address or reinforce the feedback?
- How does the organization communicate improvement plans?
- What factors contribute to the challenges of having the workforce prepared to meet the needs of your patient population?
- What type of changes would you like to see your organization make to improve the engagement, education, training, and environment to support the current workforce?