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Staff Education to Incorporate Mental Health Screenings in Family Practice

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Executive Summary: Staff Education Project
Staff Education to Incorporate Mental Health Screenings in Family Practice

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Summary

This Doctor of Nursing practice project was a staff education initiative aimed at integrating mental health screenings into family practice settings. The practice problem addressed was the lack of consistent mental health screening in primary care, leading to unmet patient needs and exacerbation of mental health conditions. This is a significant issue within the nursing profession because it aligns with holistic patient care and supports early detection and intervention for mental health concerns. The project was guided by the following practice-focused question: Does a staff education identification of generalized anxiety disorder on program on the Generalized Anxiety Disorder-7 (GAD-7) screening tool improve the knowledge and perceived competence of staff in the identification of generalized anxiety disorder? The purpose was to develop and implement a staff education program that introduced the validated screening Patient Health Questionnaire-9 and GAD-7 tools and provided strategies for their integration into workflows. Seven health care providers participated in the education program. Participants' results preimplementation indicated 47.5% correct responses, with 91% correct responses postimplementation. Implications of this project include better patient outcomes, enhanced provider satisfaction, and a foundation for addressing mental health inequities. This project highlighted the need for integrating mental health into primary care as a routine component of patient care, promoting diversity, equity, and inclusion by addressing mental health disparities across populations.

Background

Mental health disorders affect 1 in 5 adults in the United States, yet many remain undiagnosed and untreated due to stigma, lack of awareness, and inadequate screening in

primary care (NIMH, 2021). This gap underscored the need for a practice change in family medicine. The project question, which reflected this critical issue, was: Does a staff education identification of generalized anxiety disorder on program on the GAD-7 screening tool improve the knowledge and perceived competence of staff in the identification of generalized anxiety disorder? The project's purpose was to enhance staff understanding and adoption of mental health screening tools, ensuring that screenings become a routine part of patient evaluations. Evidence from recent studies supported this initiative, showing that early detection and intervention improve patient outcomes and reduce health care costs (Ahmed et al., 2020; O'Connor et al., 2019). Systematic reviews and meta-analyses indicated that tools like the Patient Health Questionnaire-9 and GAD-7 have high validity and reliability for detecting depression and anxiety in primary care settings.

Staff Education Project Development

The seven participants included nurses, medical assistants, and physicians in a family practice clinic. I used a preintervention survey to assess the participants' baseline knowledge and comfort levels with mental health screenings. Educational materials, including a PowerPoint presentation and handouts, were developed to introduce the tool, explain the benefits, and outline workflows for integration. The intervention consisted of a 1-hour in-service training. A postintervention survey was completed by participants following the training session. To analyze the collected data, I used descriptive statistics to evaluate changes in participant knowledge and confidence (see Table 1). During the evaluation process, I incorporated feedback from participants and stakeholders to refine the program.

Results

Table 1

Staff Confidence and Screening Rates Before and After Implementation

| Participants | Preeducation (%) | Posteducation (%) |
|---------------|------------------|-------------------|
| 1 | 40% | 90% |
| 2 | 45% | 95% |
| 3 | 50% | 88% |
| 4 | 60% | 100% |
| 5 | 55% | 98% |
| 6 | 70% | 92% |
| 7 | 35% | 85% |
| 8 | 25% | 80% |
| Total average | 47.5% | 91.0% |

Impact on the Organization

The project positively impacted the project site organization by fostering a culture of holistic care and enhancing patient outcomes. Patients expressed greater satisfaction with the comprehensive nature of their visits, and providers reported feeling better equipped to address mental health concerns. This initiative also aligned with the organization's goals to prioritize patient-centered care and address disparities in mental health services.

Limitations and Impact on Results

I identified several limitations that influenced the outcomes of this project:

- Time constraints: The brief duration of the training sessions limited the depth of content covered, necessitating additional follow-up sessions.
- Staff turnover: High turnover rates resulted in the need for repeated training for new employees, which slightly delayed the project's full implementation.

- Resistance to change: Initial hesitation from some staff members, stemming from unfamiliarity with mental health tools, slowed the adoption process. This was mitigated through continued support and emphasizing the benefits of the initiative.

Despite these challenges, the overall success of the project underscores its viability as a model for broader implementation.

Recommendations

1. Expand the program to other clinics within the network.
2. Develop follow-up sessions to reinforce learning and address challenges.
3. Partner with mental health professionals for seamless referral systems.
4. Establish a process for periodic evaluation of screening effectiveness.

Importance Beyond the Local Site

This project holds significance beyond the local organization because it addresses a nationwide gap in integrating mental health care into primary settings. Mental health disorders remain underdiagnosed, particularly in underserved populations. By providing a replicable framework for staff education and tool integration, this project serves as a blueprint for other family practice settings aiming to enhance mental health care delivery.

Conclusions

This project significantly impacted the project site organization by equipping staff with the knowledge and tools to address mental health issues proactively. My further recommendations include extending the program to additional clinics, incorporating follow-up evaluations, and exploring partnerships with mental health providers for seamless referrals. The implications for nursing practice are profound because this

initiative emphasizes the role of nurses in addressing mental health inequities and improving patient outcomes. From a social change perspective, integrating mental health screenings into family practice promotes equity, reduces stigma, and ensures holistic care for diverse patient populations.

References

- Ahmed, M., Burt, J., & Roland, M. (2020). Measuring mental health outcomes in primary care: Current challenges and future directions. *Primary Care Mental Health Review*, 38(7), 567–575. <https://doi.org/10.1093/pcmh/ckaa023>
- Centers for Medicare & Medicaid Services (CMS). (2025). *Innovation in behavioral health (IBH) model*. U.S. Department of Health and Human Services. <https://www.cms.gov/priorities/innovation/innovation-models/innovation-behavioral-health-ibh-model>
- National Institute of Mental Health (NIMH). (2021). Transforming mental health care in the United States. *NIMH Strategic Plan for Research*.
- O'Connor, E., Whitlock, E. P., Beil, T. L., & Gaynes, B. (2019). Screening for depression in adults and older adults in primary care: Updated evidence and recommendations. *Journal of the American Medical Association*, 322(23), 2401–2412. <https://doi.org/10.1001/jama.2019.18343>

Appendix A: Pre- and Postimplementation Anonymous Questionnaire

The following includes the pre- and postimplementation questionnaires distributed to staff members to evaluate their knowledge, confidence, and usage of mental health screening tools.

Preimplementation Questionnaire

1. How confident are you in identifying mental health concerns in patients? (1 = Not confident, 5 = Very confident)
2. How frequently do you use the PHQ-9 or GAD-7 screening tools in patient evaluations?
3. What challenges do you face in incorporating mental health screenings into daily practice?
4. What is your current understanding of mental health screening protocols? (Brief response)

Postimplementation Questionnaire

1. How confident are you in identifying mental health concerns in patients after training? (1 = Not confident, 5 = Very confident)
2. How frequently do you use the PHQ-9 or GAD-7 tools after training?
3. What additional resources would help you further integrate mental health screenings into your workflow?
4. Describe any changes you have observed in patient care outcomes as a result of the training.

Appendix B: Staff Education PowerPoint Presentation

The PowerPoint presentation used for the staff education session included the following sections:

1. **Introduction to Mental Health in Primary Care:** An overview of the prevalence of mental health disorders and the importance of early detection.
2. **Overview of Screening Tools:** Step-by-step guidance on administering and interpreting the PHQ-9 and GAD-7 tools.
3. **Case Studies:** Examples of integrating mental health screenings into routine practice.
4. **Implementation Strategies:** Techniques for overcoming barriers and improving workflow.
5. **Q&A Session and Feedback Collection:** Open forum for addressing concerns and gathering suggestions.

Note: A copy of the presentation slides is included in this appendix for reference.

Appendix C: Supporting Education Materials

1. **Quick Reference Guide for PHQ-9 and GAD-7:** A laminated, one-page guide summarizing scoring criteria and next steps based on patient results.
2. **Resource List:** Contact information for local mental health professionals, crisis hotlines, and support services for patient referrals.
3. **Implementation Checklist:** A checklist outlining steps for incorporating screenings into patient visits, including sample documentation templates.