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Staff Education on Ethical Considerations for the Implementation of the Mental Health Triage Scale

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Staff Education Project

Staff Education on Ethical Considerations for the Implementation of the Mental Health Triage Scale

by

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Executive Summary Submitted in Partial Fulfillment

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Summary

In this Doctor of Nursing Practice (DNP) project, I employed the analysis, design, development, implementation, and evaluation (ADDIE) model to develop and deliver an educational intervention for emergency department (ED) nurses, with a specific focus on the Mental Health Triage Scale (MHTS). The practice-focused question was: In an emergency room at a mental health facility, how does staff education on the MHTS impact knowledge levels, as measured through pre- and post-education assessments?

A needs assessment identified existing knowledge gaps and inconsistencies in triage practices among ED nurses. To address the problem, I developed a 4-week hybrid training program that combined self-paced virtual modules with in-person workshops, emphasizing adult learning theory and ethical frameworks. Core topics included the structure and urgency levels of the MHTS as well as the application of moral principles in clinical decision-making.

Participants' knowledge assessment scores increased from a preintervention average of 56% to a postintervention average of 87%. A paired-sample *t* test confirmed that this improvement was statistically significant ($p < .01$). Qualitative feedback indicated enhanced confidence, improved understanding of ethical triage principles, and a reduction in anxiety in psychiatric emergency management.

This intervention addressed a social justice concern by reducing stigma and inequities in psychiatric care. By promoting consistent and ethically grounded decision-making, the education project empowered nurses to deliver equitable and timely care across diverse patient populations. This MHTS education has since been integrated into routine staff training at the project site.

Background

Rising rates of mental health crises presenting in EDs have underscored the need for clear, consistent triage protocols. Individuals experiencing psychological distress often present to the ED without prior mental health assessments (Davey,2021). In such scenarios, ED nurses must triage swiftly and appropriately to prioritize care and manage risk; however, formal psychiatric triage education is frequently lacking, which can lead to delayed treatment, variability in care, and suboptimal outcomes (Salani et al., 2021).

The MHTS offers a structured and validated approach to categorizing psychiatric emergencies based on their level of urgency. The scale enhances consistency, promotes timely assessment, and supports clinical decision-making(Watson et al.,2023). Despite its benefits, MHTS is underutilized due to limited training and ethical uncertainties about its application (Stigter-Outshoven et al., 2024). Many nurses are unaware of how to ethically implement MHTS principles in high-stress settings.

Additionally, the ethical imperative to address disparities in emergency mental health care further underscores the need for this intervention. Nurses in EDs are frequently the first point of contact for individuals in acute psychological distress, yet they often lack standardized guidance to make ethically sound triage decisions. Without structured training, nurses may unintentionally perpetuate inequities or delay necessary care. To address this, I conducted this project to equip ED nurses with evidence-based tools, such as the MHTS, grounded in clear ethical principles. By doing so, I sought to mitigate these risks and support a more just and patient-centered triage process.

I developed this DNP project to address these barriers through a structured educational program built using the ADDIE model. In the analysis phase, critical

knowledge gaps and ethical challenges in triage practices were identified. The program emphasized the principles of beneficence, nonmaleficence, justice, and confidentiality. The goal was to improve nurses' competence and confidence, reduce variation in care, and enhance equitable decision-making in psychiatric triage.

Staff Development Project

I followed the ADDIE model framework, comprising the steps of analysis, design, development, implementation, and evaluation, to develop this project. This framework guided the project from conception to completion, ensuring alignment with clinical goals and ethical standards. In the analysis phase, findings from a needs assessment and the Organizational Readiness for Implementing Change tool highlighted inconsistent triage practices and limited knowledge of MHTS among ED nurses. Input from nurse leaders and staff educators confirmed the need for structured training. Many nurses had not received formal instruction on the MHTS, and few understood its ethical implications (see Stigter-Outshoven et al., 2024). The design phase was focused on linking learning objectives to ethical frameworks and clinical priorities. Educational objectives included understanding MHTS categories, applying the scale in ethically complex cases, and reinforcing the use of ethical principles in practice. The program design ensured accessibility for nurses across all shifts and levels of experience. In the development phase, I created a range of materials to support diverse learning styles, including narrated presentations, pocket reference cards, and case-based simulations featuring ethically nuanced triage scenarios. A pre- and post-education knowledge assessment tool and confidence surveys were also developed. The implementation phase ran over the course of 4 weeks. Nurses, who were voluntary participants, completed online modules and

attended in-person workshops that encouraged group dialogue and applied learning. I secured informed consent, anonymized the data, and obtained Institutional Review Board approval from both the project site healthcare organization and Walden University (see Ahmad & Wilkins, 2025). In the evaluation phase, a paired-sample *t-test* was used to compare pre- and post-intervention scores. Results showed a marked increase in participants' knowledge and confidence. Participants described feeling more prepared to triage psychiatric patients ethically and effectively. Many cited the value of discussing real-world case scenarios in a supportive, low-risk setting.

I prioritized equity and access throughout the project. Flexible participation options and inclusive design ensured all nurses—regardless of role or tenure—had the opportunity to benefit from the training (see Saad et al., 2021). Participant feedback emphasized the program's practicality, its relevance to real ED challenges, and the supportive learning environment it provided.

By embedding the MHTS into existing staff development and linking it with core ethical principles, the project helped normalize psychiatric triage as a vital competency. The initiative promoted professional growth, clinical consistency, and organizational alignment with best practices in mental health care. Furthermore, the use of the ADDIE framework enabled continuous alignment between educational goals and institutional values. By incorporating feedback loops and ethical oversight throughout each phase, the project promoted not only technical proficiency in using the MHTS but also fostered a reflective culture in which nurses were encouraged to critically assess the impact of their decisions on vulnerable patient populations. This emphasis on moral reasoning and

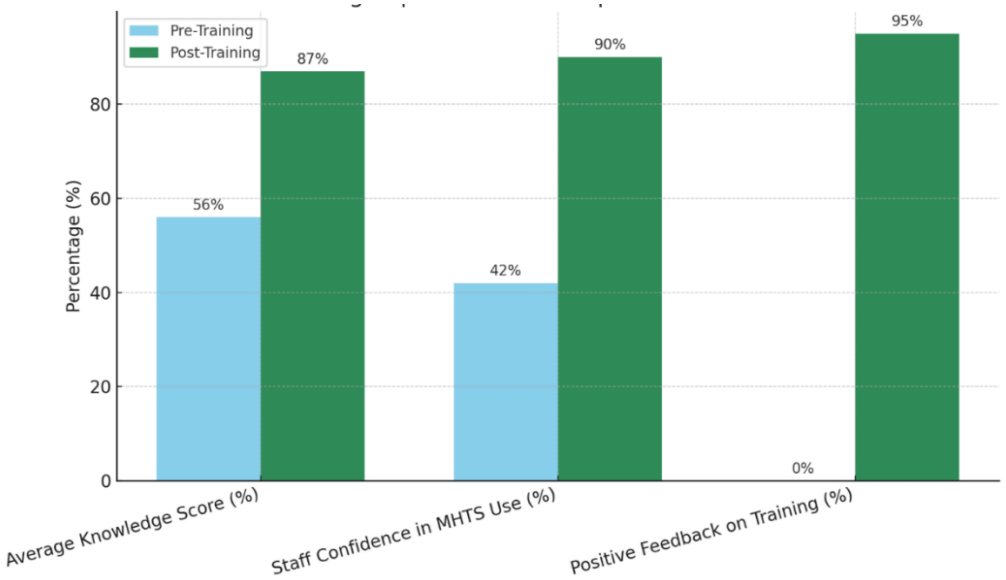
institutional congruence contributed to the program's perceived relevance and sustainability.

Results

This educational project led to measurable improvements in both knowledge and confidence among ED nurses. The average knowledge assessment score rose from 56% preintervention to 87% postintervention. This 31-point percentage gain was statistically significant ($p < .01$), indicating the effectiveness of the instructional design (see Figure).

Figure 1

Impact of Staff Training on MHTS



After the educational intervention, participants demonstrated stronger comprehension of MHTS urgency levels, ethical decision-making, and triage prioritization. The use of real-life simulations helped bridge the gap between theoretical learning and practical application. Qualitative survey data further supported the findings.

Nurses reported feeling more competent, less anxious, and better equipped to manage psychiatric emergencies. They appreciated the program's focus on core ethical principles, including justice, beneficence, and confidentiality.

These results affirmed that the educational intervention closed the knowledge gap identified during the needs assessment. After the project, nurses applied MHTS principles with greater accuracy and confidence, aligning their practice with ethical and clinical standards. The program has now been integrated into orientation for new hires and scheduled for semiannual updates.

In follow-up discussions, several nurses expressed interest in serving as peer mentors for new staff learning the MHTS, suggesting a ripple effect in knowledge dissemination and leadership development. This emergent outcome highlights the potential for sustained culture change through empowered nursing leadership and emphasizes the value of embedding educational initiatives within broader frameworks of professional growth.

Organizational Impact

The primary goal of this project was to enhance the ability of ED nurses to apply the MHTS ethically and consistently. While the project did not directly evaluate operational outcomes, it successfully demonstrated the feasibility and value of incorporating targeted ethics-based education into staff development.

Nurses engaged with the material in flexible formats that supported retention and relevance. Learner feedback highlighted the benefits of interactive discussions and case simulations. Although I did not measure metrics, such as wait times or triage accuracy, the project's structured approach represents a significant step toward improving

psychiatric care at the organizational level. This initiative aligned with the broader institutional goals of enhancing quality, fostering staff development, and upholding patient rights. The project laid the groundwork for sustained professional growth and more equitable triage practices in high-acuity environments.

Limitations

Several limitations should be noted. Participation was voluntary, and not all eligible ED nurses completed the full program, which may affect the generalizability of the findings. Conducted at a single site, the project may not reflect the diversity of other healthcare settings.

Scheduling constraints and heavy workloads prevented some nurses from attending live sessions. Those who only completed the virtual modules may not have fully benefited from the interactive, peer-supported learning. The short evaluation timeframe did not allow for the assessment of knowledge retention or changes in clinical behavior. I did not measure clinical outcomes, such as triage accuracy and patient safety metrics.

Additionally, the program did not incorporate high-fidelity simulation or electronic health record integration, which may have limited realism. Future efforts should consider multisite expansion, long-term follow up, inclusion of clinical outcome data, and simulation-enhanced learning. Future iterations of this project may benefit from integrating simulation labs or scenario-based workshops that include interprofessional collaboration. Engaging social workers, security personnel, and psychiatric consultants during simulation could provide a more comprehensive, team-based approach to emergency psychiatric care and triage. Expanding the project scope to include these

additional stakeholders would reflect the complex realities of ED practice and further strengthen the program's applicability.

Conclusions

This DNP project confirmed that a structured educational intervention grounded in ethical principles can significantly enhance the knowledge and confidence of ED nurses in applying the MHTS. Using the ADDIE framework ensured that the training was comprehensive, accessible, and aligned with clinical and ethical best practices.

The statistically significant improvement in participants' posttraining knowledge scores, combined with the positive qualitative feedback, underscores the program's effectiveness. Nurses reported greater preparedness and confidence, along with a deeper understanding of ethical triage practices.

Though limited in scope and duration, the project successfully laid a foundation for future initiatives. The education model can be adapted for broader implementation and continuous improvement. Long-term evaluation and clinical outcome data would strengthen the case for widespread adoption.

Overall, this project illustrates the value of intentional, ethically grounded education in advancing nursing practice. The project supports nurses in making equitable, informed decisions under pressure and promotes a culture of professional accountability and compassionate care.

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Appendix A: Pre-/ Posttest Questionnaire: Implementation of the Mental Health Triage Scale (MHTS)

Section A: Knowledge Assessment (Multiple Choice Questions)

Instructions: Choose the most appropriate answer for each question.

1. **What is the primary goal of the Mental Health Triage Scale (MHTS)?**

   A. Diagnose mental disorders

   B. Provide therapeutic interventions

   C. Prioritize psychiatric patients based on severity

   D. Reduce hospital admissions

2. **Which of the following is a correct triage priority under the MHTS?**

   A. All patients are treated equally, regardless of symptoms

   B. Urgent cases are seen after non-urgent cases

   C. High-risk patients with suicidal ideation are prioritized

   D. Patients with mild anxiety are always admitted first

3. **Which ethical principle emphasizes “do no harm”?**

   A. Justice

   B. Beneficence

   C. Nonmaleficence

   D. Autonomy

4. **Why is informed consent important in the context of MHTS training and application?**

   A. It saves time during triage

   B. It allows nurses to delegate responsibility

C. It ensures participants understand the purpose and potential risks

D. It is optional in emergencies

5. **A nurse documenting MHTS findings in an unsecured log violates which ethical principle?**

   A. Beneficence

   B. Confidentiality

   C. Fidelity

   D. Justice

6. **What role does the Organizational Readiness for Implementing Change (ORIC) play in training implementation?**

   A. It replaces training evaluations

   B. It assesses staff triage skills

   C. It identifies readiness and potential barriers

   D. It determines staffing needs

7. **Which of the following is NOT an ethical consideration in applying MHTS?**

   A. Confidentiality

   B. Fidelity

   C. Justice

   D. Inflexibility

Section B: Confidence and Attitudes (Likert Scale)

Instructions: Rate your agreement with the following statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree).

Statement	1 2 3 4 5
I feel confident using the MHTS to prioritize psychiatric emergencies.	
I understand the ethical principles involved in psychiatric triage.	
I can apply ethical considerations when handling psychiatric emergencies.	
The MHTS helps improve decision-making under pressure.	
I can distinguish between urgent and non-urgent psychiatric cases using MHTS.	
I understand how confidentiality applies to triage documentation.	

Section C: Ethical Scenarios (Short Answer – Optional or Group Discussion Post-Test)

Instructions: Read each scenario and write a brief response or discuss the best ethical response during training debrief.

1. A patient with a known history of schizophrenia arrives agitated and yelling. How would you triage this patient using MHTS? Which ethical principles apply?
2. During triage, a family member insists on knowing the details of the patient's mental state. How would you respond?
3. You notice another nurse skipping triage documentation to save time. How would you handle this ethically?

Appendix B: Feedback Form

Education Project on Ethical Implementation of the Mental Health Triage Scale

Thank you for participating in the educational project on the **Ethical Implementation of the Mental Health Triage Scale (MHTS)**. Your feedback is vital to improving future training efforts and ensuring the sustainability and effectiveness of the program. Please take a few minutes to complete the following questions.

1. Overall, how satisfied were you with the education project?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

2. How effective was the training in improving your understanding of the Mental Health Triage Scale (MHTS)?

☐ Extremely effective

☐ Very effective

☐ Somewhat effective

☐ Not very effective

☐ Not effective at all

3. How confident do you feel in applying the MHTS in psychiatric emergency triage situations?

☐ Very confident

☐ Confident

☐ Neutral

☐ Not very confident

☐ Not confident at all

4. Did you find the step-by-step protocols, ethical frameworks, and tools helpful in applying MHTS?

☐ Extremely helpful

☐ Very helpful

☐ Somewhat helpful

☐ Not very helpful

☐ Not helpful at all

5. How would you rate the practicality of the training content in relation to your daily emergency nursing practice?

☐ Extremely practical

☐ Very practical

☐ Somewhat practical

☐ Not very practical

☐ Not practical at all

6. Have you noticed any changes in your ability to triage psychiatric patients since the training?

☐ Significant improvement

☐ Some improvement

☐ No change

☐ Decline in performance

☐ Not sure

7. How would you rate the quality of the training materials (e.g., presentations, handouts, case simulations)?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐ Very poor

8. How did the training impact teamwork and communication in the emergency department regarding psychiatric care?

☐ Greatly improved teamwork

☐ Somewhat improved teamwork

☐ No impact on teamwork

☐ Slightly decreased teamwork

☐ Significantly decreased teamwork

9. What did you like most about the training?

(Please provide a brief response)

10. What improvements would you suggest for future MHTS training sessions?

(Please provide a brief response)

11. Would you recommend this education project to other ED nurses?

☐ Yes

☐ No

12. Any additional comments or suggestions?

Appendix C: Training Handout

Mental Health Triage Scale (MHTS) Quick Guide for Emergency Nurses

Ethical Considerations and Best Practices for Psychiatric Emergency Triage

Key Points

• Purpose of MHTS:

- Supports **timely and accurate triage** of psychiatric emergencies.
- Helps categorize patients by **urgency and severity** of mental health crises.
- Enhances **patient safety**, reduces delays, and ensures ethical, standardized care.

Core Ethical Principles in MHTS Use:

- **Informed Consent:**

  Explain triage purpose and procedures; obtain voluntary participation.

- **Confidentiality:**

  Protect patient information; use anonymized data during assessments.

- **Nonmaleficence & Beneficence:**

  Avoid harm and act in the best interest of the patient and team.

- **Justice:**

  Ensure **equal triage access** for all patients regardless of background.

- **IRB Compliance:**

  Training and processes reviewed and approved by the Institutional Review Board.

• Training Structure:

- **Hybrid Learning:**

  Virtual self-paced modules + In-person workshops.

- **Modules Covered:**

- MHTS structure and scoring
- Risk assessment and prioritization
- Ethical decision-making in psychiatric triage
- Case-based simulation exercises

• Triage Application Tips:

- Always assess **risk to self/others**, **severity of symptoms**, and **support systems**.
- Use clinical judgment supported by the MHTS guidelines.
- Document decisions clearly and ethically.

• Post-Training Outcomes:

- **Knowledge Improvement:** 56% → 87% average score increase
- **Confidence Increase:** 42% → 90% of nurses felt more confident
- **Positive Feedback:** 95% reported training was helpful and applicable

• Best Practice Reminders:

- Use **real-life case scenarios** to build confidence.
- Reflect on ethical dilemmas regularly during triage.
- Participate in **refresher training** every 6 months.
- New staff should complete MHTS training during onboarding.

• Sustainability and Quality:

- MHTS is part of the annual staff competency review.
- Continuous monitoring ensures ethical and clinical standards are upheld.

Appendix D: Training Model: Ethical Staff Education Framework

I. Model Title

E3-ETM Framework

(**Ethics-Enhanced Emergency Education on Triage Model**)

This exclusive model integrates **ethical principles**, **evidence-based practice**, and **emergency nursing education** strategies to train staff in the **effective and ethical use** of the Mental Health Triage Scale (MHTS) in the emergency department.

II. Model Components

Component	Focus Area
1. Ethical Foundation	Emphasize principles: confidentiality, justice, nonmaleficence, beneficence, informed consent, and IRB compliance.
2. Needs-Based Curriculum Design	Based on initial ORIC and staff knowledge assessments. Custom content developed to close identified gaps.
3. Hybrid Instructional Strategy	Blend of virtual modules (self-paced) + live in-person sessions (interactive simulations, discussions).
4. Simulation-Based Case Learning	Triage simulations of psychiatric emergencies with ethical dilemmas and structured debriefing.
5. Inclusive Participation	All ED nurses are invited, regardless of rank or experience. Flexible access and multiple schedules.

Component	Focus Area
6. Formative and Summative Evaluation	Pre-/post-tests, confidence surveys, ethical scenario responses, and feedback loops.
7. Organizational Alignment	Integration into onboarding, annual competencies, and continuous quality improvement (CQI) efforts.

III. Delivery Strategy

A. Phase 1: Pre-Implementation

- IRB approval and ethical compliance ensured.
- Informed consent obtained from staff.
- Needs assessment using ORIC tool and baseline knowledge/confidence surveys.

B. Phase 2: Educational Intervention (4-Week Hybrid Training)

Week	Theme	Activities
Week 1	*Ethics in Psychiatric Triage*	Virtual modules: IRB, patient rights, confidentiality, ethical scenarios.
Week 2	*MHTS Introduction*	Recorded lectures + assessments; triage levels, criteria, urgency indicators.
Week 3	*Simulated Case-Based Training*	In-person team simulations; guided group discussion and feedback.
Week 4	*Application & Reflection*	Role-play scenarios, post-tests, open forum for feedback.

IV. Evaluation Metrics

Metric	Tool	Timepoint
Knowledge Improvement	Pre- and Post-Test	Before/After Module 4
Confidence in MHTS Use	Likert-scale Confidence Survey	Pre/Post Training
Ethical Application Scenarios	Case Responses and Reflection	Week 4
Satisfaction with Training	Qualitative Feedback Forms	Post Training
Implementation Uptake	Integration into Orientation	Quarterly Follow-Up

V. Outcomes Expected

- **Increased MHTS knowledge** (documented 31% gain).
- **Improved triage accuracy and confidence** in psychiatric emergencies.
- **Reduction in ethical breaches** during psychiatric triage.
- **Institutional adoption** of MHTS education as standard practice.

VI. Sustainability Measures

- Scheduled bi-annual refresher courses.
- Audit and feedback cycle on triage performance.
- Ongoing ethics case discussions during clinical huddles.
- Online MHTS training integrated into organizational LMS.

VII. Conceptual Frameworks Integrated

- **Adult Learning Theory** (Knowles, 1980): Learner-centered, self-directed strategies.
- **Organizational Readiness for Implementing Change (ORIC)**: Assessing support and barriers.

- **Beauchamp & Childress' Four Principles of Biomedical Ethics**: Ethical structuring of content.
- **Kirkpatrick Model**: Four-level training evaluation (Reaction, Learning, Behavior, Results).

Appendix E: PowerPoint Presentation

Staff Education on Ethical Considerations for The Implementation of the Mental Health Triage Scale (MHTS)

Student's Name:

Lecturer's Name:

Course Title:

Date:

Approaches to Ethical Judgments

- **Fairness Principle:** both organizations & employees have obligations towards each other and both should accept their responsibilities
- **Natural Universal Principle:** requires that decisions & behavior be based on universal principles as a responsible member of society;
  a) To help others without excessive personal risk or loss
  b) Not to harm or injure another
  c) Not to cause unnecessary suffering and
  d) To support & comply with just institutions.

Introduction

Ethical Principles

- Four core ethics
- Autonomy
- Nonmaleficence
- Beneficence
- Justice

- Other terms
- Fidelity
- Confidentiality
- Veracity
- Accountability

Research Question and Its Importance

Levels of HTMS

Level 1 – Immediate: The patient presents an **immediate risk** to themselves or others and requires urgent intervention.
•**Level 2 – Urgent**: There is **serious psychological distress** with a potential risk to self or others.
•**Level 3 – Less Urgent**: The patient shows **moderate distress**, but **no immediate risk** is identified.
•**Level 4 – Non-Urgent**: The patient has **mild symptoms** and shows **no signs of harm or risk**.
•**Level 5 – No Triage Required**: **No mental health issue** is detected; the patient does not require psychiatric triage (Stigter-Outshoven et al., 2024).

Importance of Utilizing the Mental Health Triage Scale (MHTS) by Mental Health Nurses

- Improved patient safety and timely intervention
- Standardization of psychiatric triage
- Enhanced clinical decision-making
- Improved communication and coordination (Butler et al., 2023)
- Support for ethical practice
- Strengthened documentation and legal protection
- Enhanced training and professional development
- Optimized patient flow and resource utilization

Findings / Conclusions

- Training significantly increased awareness (Sas et al., 2021)
- Nurse staff gained confidence and knowledge
- Peer influence and institutional support matter

Implications of MHTS on the Research Project

Improved Patient Prioritization
Enables nurses to triage mental health emergencies based on severity, enhancing timely and appropriate interventions.

Standardized Assessment Protocol
Promotes consistency and objectivity in evaluating psychiatric patients in the emergency department.

Enhanced Nurse Confidence and Competence
Training on MHTS boosts staff knowledge and confidence in managing psychiatric crises ethically and effectively.

Reduction in ED Overcrowding
By appropriately categorizing patients, the MHTS helps allocate resources efficiently and reduces unnecessary hospital admissions.

Supports Evidence-Based Practice
The research project relies on the MHTS as a validated, evidence-based tool to guide nursing decisions.

Improved Patient Outcomes
Faster and more accurate triage leads to better mental health care delivery and patient satisfaction.

Training Evaluation and Feedback
Enables measurement of pre- and post-training effectiveness, guiding future educational interventions (Hollis et al., 2022).

Policy and Practice Influence
Findings may influence institutional policies on triage practices and mental health crisis response.

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