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# Staff Education for the Management of Cooccurring Mental Health and Substance Disorders

Jackie Ijeoma Penn
*Walden University*

# Walden University

College of Nursing

This is to certify that the doctoral study by

Jackie Penn

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and that any and all revisions required by
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Review Committee
Dr. Corinne Romano, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Executive Summary: Staff Education Project

# Staff Education for the Management of Cooccurring Mental Health and Substance Disorders

by

Jackie Penn

MS, Walden University, 2021

BS, University of Texas, 2013

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## Summary

This Doctor of Nursing Practice (DNP) project was the development and evaluation of a staff education initiative aimed at improving nurses' knowledge and confidence in managing patients with co-occurring mental health and substance use disorders. The practice problem was the lack of structured training, which left nurses underprepared and contributed to inconsistent care and poorer outcomes. Addressing this gap is essential in nursing practice to ensure safe, equitable, and patient-centered care.

The practice-focused question for this project was: Does staff education in a behavioral health setting improve nurses' knowledge and confidence in managing cooccurring mental health and substance use disorders, as measured pre- and post-education? The purpose was to implement and evaluate an evidence-based education program that prepared nurses to provide integrated, patient-centered care.

Fourteen registered nurses participated in the project. Pre- and post-surveys were used to measure self-reported knowledge and confidence, and descriptive analysis was applied. Results showed improvements, with no participants in the lowest categories after training and more advancing to higher levels of competence and confidence.

Findings confirmed that structured education can close practice gaps, strengthen confidence, and enhance care delivery. Key recommendations include integrating the program into staff orientation and offering refresher sessions.

The project has important implications for nursing practice, including building workforce readiness, improving patient outcomes, and supporting vulnerable populations. Beyond the local site, it contributes to positive social change by reducing stigma and advancing diversity, equity, and inclusion in behavioral healthcare.

## Background

The practice gap addressed by this project was the absence of structured education for nurses in managing patients with co-occurring mental health and substance use disorders (CODs). Despite the high prevalence of CODs in behavioral health settings, nurses often lack formal training in integrated care strategies. This gap leads to inconsistent practices, reduced confidence, and difficulty applying evidence-based interventions, all of which can contribute to fragmented care, delayed interventions, and poorer patient outcomes, including relapse and frequent readmissions (Merrick et al., 2022).

The practice-focused question guiding this project was: Does staff education in a behavioral health setting improve nurses' knowledge and confidence in managing CODs, as measured pre- and post-education? The purpose of the project was to strengthen nurses' preparedness and ability to provide comprehensive, coordinated care through an evidence-based training intervention.

A comprehensive literature search was conducted using CINAHL, PubMed, and PsycINFO, which yielded more than 75 articles. After screening for relevance and quality, 10 sources were retained: seven Level I experimental studies, one Level II quasi-experimental study, and two Level V literature reviews. The overall quality of the evidence ranged from strong to good. Level I evidence, including Koly et al. (2021) and Hove et al. (2023), showed that structured training and integrated care models improved healthcare workers' ability to detect and manage CODs. Randomized controlled trials such as those by Wüsthoff and Gråwe (2020) and Chetty and Malema (2023) further supported integrated interventions in improving symptoms and treatment adherence,

though results varied by setting. At the Level II tier, Jenkins et al. (2022) demonstrated that a one-day educational intervention significantly improved nurses' knowledge and attitudes, though sustainability of the effect over time was not assessed. Level V reviews, including Soltis-Jarrett (2020) and McGinty and Daumit (2020), emphasized the importance of integrated behavioral health models and ongoing education but did not contribute new empirical findings. Collectively, the evidence demonstrates consistent short-term improvements in knowledge, confidence, and care delivery following education while highlighting the need for further research on long-term outcomes and sustainability.

The strength of the evidence is moderate to high, combining findings from quasi-experimental studies and systematic reviews. Collectively, the literature confirms that structured educational interventions equip nurses with the knowledge and confidence needed to provide integrated care, making education a critical tool in addressing the identified practice gap.

## Staff Education Project Development

The participants in this project were 14 registered nurses from the DNP project site who provide direct care to patients with CODs. The group represented varied levels of experience in behavioral health nursing, offering a range of baseline knowledge and confidence levels. The project preceptor, a behavioral health leader at the site, provided oversight to ensure the training aligned with organizational priorities and clinical standards. All 14 participants completed both the pre- and post-surveys, which served as the primary data collection tools.

The development of the project followed a systematic process. A stakeholder analysis was performed to identify individuals critical to implementation, including nursing staff, leadership, and the preceptor. The educational content was designed by the DNP student in consultation with the preceptor and was informed by high-quality evidence on integrated care for CODs. The final intervention consisted of a 1-hour PowerPoint session supported by an infographic, both of which incorporated best practices drawn from literature on nursing education and integrated behavioral health models (Soltis-Jarrett, 2020; Sterling et al., 2020). Pre- and post-survey instruments were adapted from established educational evaluation approaches to measure nurses' knowledge and confidence levels, ensuring alignment with evidence-based project design standards (McGinty & Daumit, 2020).

The implementation phase was structured to fit within staff schedules, minimizing disruption to patient care. At the start of each session, participants completed the pre-survey, which measured their baseline knowledge and confidence in managing COD patients. Following the education session, the post-survey was administered immediately to assess changes in both areas. To ensure confidentiality, surveys were coded with participant numbers rather than names, and all responses were collected and stored securely by the project lead.

Evidence collection consisted of matched pre- and post-survey responses from all 14 participants. Surveys included categorical scales for knowledge (Poor, Fair, Good, Excellent) and confidence (Not confident, Slightly confident, Moderately confident, Highly confident). Data were organized in Microsoft Excel, and descriptive statistics were used to tally the number of participants in each category before and after the

intervention. Comparative analysis was conducted by reviewing individual responses side-by-side, which allowed for a direct assessment of improvement following the education session.

The evaluation process relied on these quantitative findings, with emphasis on distribution shifts across knowledge and confidence categories. No participant reported a decline, and most demonstrated improvement in both measures. Feasibility for sustaining the training was also considered, with leadership expressing strong support for incorporating the session into ongoing staff development. The evaluation therefore confirmed that the intervention not only improved nurses' knowledge and confidence but also demonstrated potential for sustainable integration within the organization.

## Results

The postimplementation results include measurable improvements in both knowledge and confidence among the 14 participating nurses following the educational intervention. As shown in Table 1 and Figure 1, knowledge levels demonstrated a notable shift. Before the intervention, five nurses (35.7%) rated themselves as "Fair," seven (50%) as "Good," and two (14.3%) as "Excellent." After the intervention, no participants reported "Fair," seven remained at "Good" (50%), and the number of nurses in the "Excellent" category increased to seven (50%). These findings show that the education session successfully elevated the proportion of nurses with higher levels of knowledge, eliminating the lower category altogether.

Similarly, Table 2 and Figure 2 highlight significant changes in confidence levels. Before the intervention, two nurses (14.3%) reported "Low" confidence, five (35.7%) reported "Moderate," five (35.7%) reported "High," and only two (14.3%) reported

"Very High" confidence. After the intervention, no participants reported "Low" confidence, the "Moderate" group decreased to two (14.3%), "High" confidence remained steady at five (35.7%), and "Very High" confidence more than tripled, increasing from two to seven nurses (50%). These results demonstrate a clear upward shift in confidence, with the majority of participants moving into the highest confidence category.

**Table 1**

*Nurse Knowledge Levels Before and After Education (*N *= 14)*

| Level | Pre-education | Post-education |
|---|---|---|
| Poor | 0 | 0 |
| Fair | 5 | 0 |
| Good | 7 | 7 |
| Excellent | 2 | 7 |

*Note*. Data represent nurses' self-reported knowledge levels before and after the educational intervention.

**Table 2**

*Nurse Confidence Levels Before and After Education (*N *= 14)*

| Level | Pre-education | Post-education |
|---|---|---|
| Very Low | 0 | 0 |
| Low | 2 | 0 |
| Moderate | 5 | 2 |
| High | 5 | 5 |
| Very High | 2 | 7 |

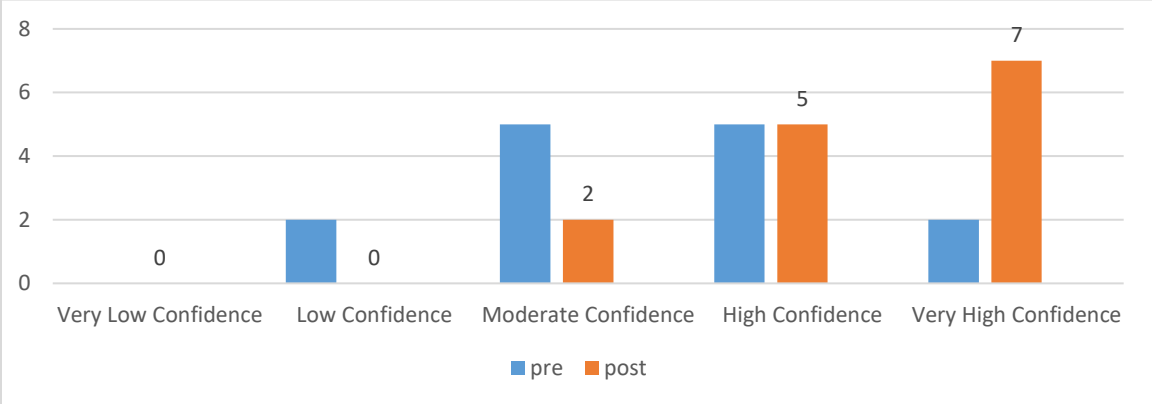
*Note*. Data represent nurses' self-reported confidence levels before and after the educational intervention, scored on a scale of 1 (*very low*) to 5 (*very high*).

**Figure 1**

*Nurse Knowledge Levels Before and After Education (N = 14)*


**Figure 2**

*Nurse Confidence Levels Before and After Education (N = 14)*




The analysis of the data shows that the education program was effective in improving both knowledge and confidence. Descriptive analysis revealed not only an elimination of the lowest categories ("Poor" knowledge and "Low" confidence) but also a substantial increase in the "Excellent" and "Very High" categories. This distribution shift confirms that the intervention achieved its intended goal of enhancing nurses' ability to manage co-occurring disorders more competently and with greater assurance. The

pre/post comparison tells a compelling story of professional growth, showing that the intervention yielded consistent positive changes across the group.

The impact of this project to the organization was the creation of a stronger, more confident nursing workforce prepared to provide integrated care to patients with CODs. By addressing gaps in knowledge and confidence, the project improved the consistency and quality of care, which can reduce delays in treatment, improve patient engagement, and potentially decrease readmissions. Furthermore, leadership support for sustaining the training indicates that the organization now has a replicable model for staff development that aligns with best practices and promotes high standards of behavioral healthcare delivery.

The limitations of this project included the small sample size of 14 nurses from a single organization, which limits the generalizability of the findings. Additionally, data collection relied on self-reported surveys, which may introduce bias, as participants could overestimate or underestimate their knowledge and confidence. The absence of long-term follow-up data means the sustainability of improvements could not be assessed. These limitations may have influenced the depth of findings but do not diminish the overall positive outcomes observed.

The impact to the organization was the development of an evidence-based training initiative that can be integrated into ongoing education for nurses. By embedding this education into routine professional development, the organization can maintain a workforce that is consistently trained in integrated care approaches. This contributes to improved patient outcomes and strengthens the organization’s reputation for providing comprehensive behavioral healthcare.

This DNP project has importance beyond this local site because it demonstrates the effectiveness of targeted educational interventions in closing practice gaps among nurses. Healthcare organizations across diverse settings encounter patients with CODs, and the findings provide a transferable framework for addressing similar challenges elsewhere. By showing that even brief, evidence-based education can significantly improve knowledge and confidence, this project highlights a scalable strategy for advancing nursing practice, promoting positive social change, and improving health equity for vulnerable patient populations.

## Conclusions

In conclusion, this project confirmed that a focused staff education program can effectively enhance nurses' knowledge and confidence in managing patients with CODs. By equipping nurses with practical skills and reinforcing integrated care principles, the intervention directly addressed a gap in practice and strengthened the foundation for consistent, high-quality care delivery within the behavioral health setting.

The short- and long-term impact of this project to the organization were both meaningful and sustainable. In the immediate term, the nurses demonstrated improved understanding and greater assurance in their ability to provide integrated care, which can translate into more consistent patient assessments, early identification of relapse risks, and more effective engagement with complex cases (Chetty et al., 2023). Over time, maintaining this education program has the potential to reduce variability in practice, enhance treatment adherence, and lower readmission rates, thereby supporting organizational efficiency and improved patient outcomes. The project also positioned

leadership to recognize the value of structured educational initiatives as a strategic investment in workforce development.

As a result of this project and the analysis of data, the recommendations for the project site include embedding the training module into ongoing professional development for current staff and orientation for new employees. Periodic refresher courses and advanced training opportunities should also be considered to reinforce learning and promote continued growth (Chokron et al., 2022). Additionally, establishing mechanisms to evaluate clinical outcomes linked to staff training, such as patient satisfaction or relapse rates, would provide valuable feedback for refining the program and sustaining its effectiveness.

The potential implications for nursing practice and social change include strengthening the ability of nurses to deliver equitable, patient-centered care to populations with dual diagnoses (Wüsthoff et al., 2020). The project highlights how targeted education can reduce stigma, promote inclusion, and empower nurses to respond more effectively to the needs of diverse patients. Beyond the local site, this initiative provides a model that other healthcare organizations can adapt to foster diversity, equity, and inclusion in behavioral health care, ultimately contributing to broader efforts to close care gaps and improve outcomes for vulnerable communities.

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