

MENTAL HEALTH RISK FACTORS IN YOUTHS

Knowledge Awareness of Mental Health Risk Factors in Youths Among Healthcare Providers in an Outpatient Psychiatric Clinic in Miami, Florida: A Quality Improvement Project

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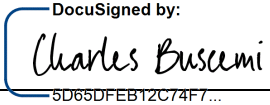
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Abstract

It is globally estimated that one in seven youths between the ages of 10-19 years old experience a mental health disorder, yet many of those are largely unrecognized and untreated. Psychiatric risk factors are associated with the development of mental illnesses. However, not all healthcare providers understand the causative factors of psychiatric illnesses in youths. The inadequacy in knowledge makes it hard for them to guide youths on the best measures to adopt to realize a community that is free from mental illnesses. The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. A descriptive, cross-sectional, pre- and posttest study design was used to conduct this quality improvement project. A convenience sampling method was employed to recruit ten participants and access data at an outpatient psychiatric clinic in Miami, Florida. The project, including the research-based educational intervention, was conducted remotely, and participants completed pre- and post- test surveys using Qualtrics and the modified Mental Health Literacy Tool for Educators (MHL-ED) to assess their knowledge of mental health risk factors in youth. Results revealed a significant difference between pre- and posttest results, with an overall increase in knowledge awareness among healthcare providers after an educational intervention, $t(9) = 3.62$, $p = 0.006$, ($p < 0.05$). Healthcare providers should be further educated and provided resources to increase knowledge awareness of mental health risk factors in youths to provide the best care consistent with the identified risks.

Keywords: depression, mental health, psychiatric, children and adolescent, healthcare providers

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DNP PROJECT REPORT

INTRODUCTION

There are increasing cases of mental disorders reported in homes, educational institutions, organizations, and healthcare facilities. Furihata et al. (2018) reported that approximately 70% to 75% of the mental challenges experienced with adults manifested during adolescence or early childhood. Globally, mental health conditions contribute to the increasing burden of illness since they contribute to a third of the costs incurred in healthcare facilities (Furihata et al., 2018). The conditions, when left unmanaged, contribute to interpersonal problems, reduced productivity, violence in households, and poor vocational achievements (Mall et al., 2018). Also, mental challenges reduce the lifespan of individuals since it contributes to other health complications like respiratory diseases, heart diseases, stroke, and diabetes. Therefore, the condition increases the mortality rates of individuals, specifically in youths.

Despite the burden resulting from the need to manage these conditions, there still seems to be evidence that many youths encounter barriers when seeking mental health resources. Sutter, Perrin, and Trujillo (2018) noted that 70% to 80% of young people do not have access to mental health services like guidance and empowerment on the associated risk factors and its preventions. Butler et al. (2020) study on perceived barriers to positive mental health indicates that stigma and embarrassment hinder individuals from seeking mental healthcare services. Therefore, stigma must be addressed first when advising youths to seek medical care when mentally ill.

There is an imperative need for healthcare providers to understand the risk factors of mental illnesses among youths to provide comprehensive care that addresses the

problem. Medications alone will not address the problem considering that the providers need to establish the root causes of the issue to guide the patients accordingly on the prevention measures of mental illnesses. Mental health literacy is an essential determinant of mental health and can improve populations' health. Cheung et al. (2018) averred that literacy on mental health and mental disorders allows healthcare providers to provide the best care that touches on the patients' biophysical, psychological, and social risk factors. Healthcare providers are responsible for providing high quality of care, hence the need for them to stay knowledgeable of the risks, causes, effects, and prevention strategies for mental illnesses. This knowledge allows the healthcare providers to create awareness of the need to embrace health-seeking behaviors regardless of the available stigma and preventable barriers in society.

Awareness has four main domains that need to be conceptualized by healthcare providers. The domains are: understanding strategies for obtaining and maintaining good mental health, understanding the risk factors, causes, and treatment of the mental disorders, mitigating mental health-related stigma, and enhancing people's ability to seek healthcare services (Chi et al., 2020). Regarding the second domain, healthcare providers need to understand the risk factors of mental illnesses in youths to provide the best care consistent with the identified risks. Psychiatric risk factors are associated with the development of mental illnesses. However, not all healthcare providers understand the causative factors of psychiatric illnesses in youths. The inadequacy in knowledge makes it hard for them to guide children, adolescents, and young adults on the best measures to adopt to realize a community that is free from mental illnesses (DeCou & Lynch, 2019). Therefore, there needs to be available researched based education or sought out programs

for healthcare providers to equip them with entail health information, with a special focus on mental health risk factors in youths.

There have been arguments on the importance of empowerment of the healthcare providers on mental health and the clinical outcomes when managing the patients.

Heradstveit et al. (2019) reported that empowerment allows the nurses to establish the condition's risk factors to develop the best clinical plan for those affected. However, most studies have paid attention to studying the effects of youth empowerment on mental wellness. Little effort has been placed on the clinical outcomes of mental wellness in youths when the healthcare providers are empowered on the risk factors of mental illnesses. Thus, this proposed study will fill the gaps to increase knowledge awareness of mental health risk factors in youths among healthcare providers in Miami, Florida.

Problem Statement

It is globally estimated that one in seven youths between the ages of 10-19 years old experience a mental health disorder, yet many of those are largely unrecognized and untreated (WHO, 2021). This is a vulnerable population who is exposed to many risk factors which only increases the potential impact on their mental health (WHO, 2021). Studies suggest some youths are at a greater risk of mental health conditions due to their living conditions, stigma, discrimination, exclusion, or the lack of access to quality support and services (Butler et al., 2019; Sutter et al., 2018; WHO, 2021). It is crucial to increase awareness of such risk factors among the youth to improve mental health outcomes in this population. Poor mental health in youths is strongly related to lower educational achievements, substance use, abuse, violence, poor reproductive and sexual health, and suicide (Fergusson et al., 2000; Mall et al., 2018; Patel et al., 2007). This

quality improvement project was conducted to increase knowledge awareness of mental health risk factors in youths among healthcare providers in Miami, Florida to reduce poor health outcomes in this population.

Advanced Literature Review

The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. A literature review was conducted to identify knowledge gaps to the research problem using PsychINFO ($n=20$), Public/Publisher Medline (PUBMED) ($n=25$) and Cumulative Index to Nursing and Allied Health Literature (CINAHL) ($n=25$). The research key terms included “depression”, “mental health”, “psychiatric”, “children and adolescent”, and “healthcare providers”. The search was limited to full-text articles written in English, published within the last five years (from 2016 to 2021). Research articles with relevant concepts, such as practitioners’ knowledge on depression in youths, risk factors for depression, and preventive measures for depression among youth were selected. Eighteen articles addressed the population of interest, purpose of the quality improvement project and the PICO clinical questions. Based on these articles, knowledge gaps in the literature and three content areas were identified: (a) knowledge awareness in biophysical risk factors, (b) knowledge awareness in psychological risk factors, and (c) knowledge awareness in social risk factors. Therefore, the literature review illustrates gaps in the knowledge awareness of mental health risk factors in youths among healthcare providers.

Knowledge Awareness of Biophysical Risk Factors

In this section, the analysis is conducted on biophysical risk factors for mental

health challenges with a special attention on the family history of mental health problems, mothers' mental status and alcohol and drugs abuse. Six articles were reviewed for this content area.

Depression is linked to stressful atmosphere in family. Alale et al. (2019) studied the effects of parent-youth conflict on the development of depression from adolescent years to adulthood. The researchers employed a longitudinal research design with a sample size of 382 participants aged 16-17 years. Two hundred and twenty-seven participants of the total sample size had a history of depression. Due to a quantitative nature of the study, the researchers employed a binary logistic regression method to analyze the data. Alale et al. (2019) established that major conflicts during a child upbringing resulted in mental issues, such as depression as the children progressed into youthhood. The findings of the study underscore the need for healthcare providers to consider contextual and family factors when preventing depression and managing clinical symptoms of psychiatric disorders.

Drug abuse is another factor commonly associated with depression. Butler et al. (2019) studied the link between depression and cannabis use among youths in order to establish the degree to which the prolonged consumption of the drug led to depression. The study sample of 8,179 students was recruited from 10 high schools (grades 9-12). The authors used a correlational research design to establish the link between cannabis use and depression and used logistic regression method to analyze the data. Thus, it was established that 33% of the sample population had ever used cannabis, while 51% of the cannabis users reported elevated depression and anxiety, which implies that the development of depression and other mental issues was associated with the length of time

of cannabis consumption (Butler et al., 2019). The findings suggest that a significant number of individuals using cannabis report mental health issues. Thus, the authors recommend performing an assessment of the history of drug use when determining the risk factors for psychiatric disorders in youths.

Negative childhood experiences can lead to depression in adolescence. DeCou and Lynch (2019) studied the link of trauma in the early life of an individual and depression in youthhood. The authors stated that sexual, emotional, or physical abuse may lead to mental health issues in adulthood. The study sample comprised 550 participants, who had experienced some form of traumatic events in their childhood. A retrospective review design was used, and the researchers adopted the full-information maximum likelihood (FIML) method to analyze the data. DeCou and Lynch (2019) found that a large proportion of the respondents ($n=357$) reported some form of trauma-related distress and suicidal ideation, which signal the risk of depression. Thus, the authors recommend that healthcare providers study the childhood history with special attention to traumatic events when analyzing the possible risk factors for depression.

The increasing rates of depression are attributed to the adverse effects of alcohol and drug abuse. Heradstveit et al. (2019) studied the association of alcohol and drug abuse with the different psychiatric diagnoses among adolescents. The study was based on the assessment of information derived from a study conducted on Norwegian adolescents. The study sample comprised of 9,408 adolescents aged 16 to 19 years with 9% of them having received specialized mental health care. Cross-sectional study design was used in the research. The variables in the study were potential alcohol abuse, high-level alcohol consumption and frequent alcohol intoxication and depressive symptoms.

The authors employed regression analysis to analyze the collected data. Heradstveit et al. (2019) found that adolescents subjected to specialized care reported high cases of frequent alcohol use and intoxication. Therefore, the authors recommend that healthcare providers must factor in the aspect of drug and substance use when assessing the risk factors for psychiatric problems among the youth.

Childhood and current adversities could also result in depression. In their survey, Mall et al. (2018) examined the association of childhood adversities, current stressors, and depression on college students during a twelve-month cohort study. The authors sampled 686 students, who filled out the health-focused questionnaire. The researchers employed multivariate binomial logistic regression for data analysis. Mall et al. (2018) found that 1 in 6 students reported depression for the last 12 months. The authors also established that students, who were victims of bullying and emotional abuse in their childhood, reported depressive symptoms during their youthhood. Thus, the authors emphasize that harsh childhood experiences and recent stressors should be considered when establishing the possible risk factors to mental health issues.

The cognitive functioning of children is influenced by maternal depression. In the longitudinal research Wu et al. (2019) examined the relationships between maternal depression and material investment in their children and cognitive functioning of the latter. The sample population of the study was 875 children, who were followed up at the age of 1, 5, 10 and 16 with the study running from 1991 to 2007. The authors employed cross-lagged path method to analyze the data. The findings of the study indicated that children of highly depressed mothers were diagnosed with depression. In addition, the findings of the study showed that development of depression among children at age 1 to

10 led the mother to develop the same condition, considering that the relationship of the two affected their cognitive and mental stabilities (Wu et al. (2019). Therefore, the authors conclude that the mental status of the parents could be transferred to the children.

Synthesis of the literature related to biophysical risk factors of depression has established that there are several risk factors leading to mental health issues. Thus, Alaie et al. (2019) and DeCou and Lynch (2019) report traumatic experiences in the childhood as the main risk factor leading to depression. Additionally, drug and substance abuse result in depressive and other mental disorders as established in the studies by Butler et al. (2019) and Heradstveit et al. (2019). Finally, mistreatment by parents and immediate circle could result in depression in youthhood (Wu et al., 2019; Mall et al., 2018). However, the authors failed to define possible signs that would indicate depression as a result of the stated biophysical factors. Therefore, the proposed study will fill the gap by creating awareness on the ways of establishing the degree to which depression in youths is caused by the stated biophysical factors.

Knowledge Awareness of Psychological Risk Factors

The focus of the literature analysis in this section is on psychological factors that increase the risk of developing mental health issues among the youths, such as socioeconomic status, absence of coping skills and poor academic achievement. Six articles were reviewed for this content area.

Coping skills are required for effective management of depression. Cheung et al. (2018) studied the effects of web-based positive emotional skills intervention in suppressing depressive symptoms. The study sample comprised of 60 respondents, who passed the web-based test. Experimental research design and regression analysis were

employed in the study. It was established that such coping skills as resilience, positive thinking, confidence, and willingness to counter challenges had positive effects on reducing depression. Therefore, healthcare providers need to establish the level of coping skills that individuals have when analyzing the risk factors for depression.

Psychosocial factors, such as family conditions and academic success influence emotional status of individuals. Chi et al. (2020) studied the impact of these aspects on the mental status of the youths in high school. The study sample comprised of 1,544 secondary school students. The study employed cross-sectional research design and the data was analyzed using correlation method to establish the relationship between the variables. The authors established that children reporting low academic performance were diagnosed with depression. In addition, the learners from supportive families reported low levels of depression (Chi et al., 2020). Thus, it is essential for healthcare providers to consider the academic and family factors when analyzing the risk factors of mental health issues among the youths.

The level of income is directly correlated with the risk of depression. Mamun et al. (2020) studied the effects of unemployment on financial stability and the subsequent relationships with the depression among the graduates in Bangladesh. A cross-sectional study design that included 988 graduate job seekers was conducted to establish how financial and economic hardships increased the risk of developing depression. The authors performed SEM and independent sample t-tests to analyze the data. Mamun et al. (2020) found that 81.1% of the study sample were depressive, 61.5% anxious and 64.8% stressed over their economic situation. Financial instability was a highly rated risk factor for depression and stress, with a significant portion of the graduates stating that their

financial situation could not allow them to live a modest life. Therefore, the authors recommend considering financial situation when examining the possible risk factors for depression and other mental health issues.

Likewise, in a cross-sectional research Ranta et al. (2020) studied the effects of financial instability and social capital on occurrence of stress and depression using the economic stress model. The sample size for the study included 551 participants aged from 23 to 28. The authors analyzed the data using regression analysis and established that a significant proportion of youths (76%) was facing economic hardship due to lack of jobs. The economic pressures result in depression and other mental health issues considering that the affected youths cannot accomplish their personal and career goals. However, the stress could be reduced when the youths have the social capital that provides a means of support. Therefore, the authors conclude that the financial stability of the youth should be examined when establishing the possible causes of mental health issues.

Patients subjected to methadone maintenance therapy (MMT) experience different levels of stress. Wahab et al. (2021) conducted a cross-sectional study to find out the link between psychosocial factors and depression among the clients receiving the MMT. A survey research design included a sample size of 196 patients aged 23-28. Regression method was used to analyze the data. Wahab et al. (2021) established that 13.8% of the respondents who lacked social support and coping mechanisms had depression. The other proportion of the participants did not demonstrate any signs of depression due to presence of social support and effective coping mechanisms (Wahab et al., 2021). Therefore, the authors suggest that social support and coping skills in the patients, who receive the

MMT should be considered when analyzing the risk factors for depression among the youths.

The US statistics demonstrates significant increase in the number of depression cases. Weinberger et al. (2018) studied the trends in the prevalence of depression in the US from 2005 to 2015, capturing the effects of the country's economic recession. The study involved the assessment of data drawn from the National Survey on Drug Use and Health (NSDUH). The authors employed cross-sectional study design and engaged 607,520 participants aged above 12 years. They used logistic regression technique to analyze the data. Weinberger et al. (2018) found that depression rates increased significantly between 2005 and 2015, particularly due to a significant proportion of the young population struggling to find employment during the recession. Therefore, the authors suggest that the economic stability should be analyzed when establishing the possible risk factors for their mental health issues among the youths.

The analysis of literature on the psychological risk factors has established that there are several risk factors associated with mental health issues. First, Cheung et al. (2018) and Wahab et al. (2021) found that coping skills such as resilience, confidence, meditation, and entertainment activities coupled with social support from the family reduced depression. The statement is supported by Chi et al. (2020) who found that coping skills and social support may reduce the risk of depression caused by poor academic performance. Finally, Mamun et al. (2020), Ranta et al. (2020) and Weinberger et al. (2018) report that financial challenges result in depression. The authors of the studies failed to provide criteria for awareness of psychological risk factors among the healthcare providers, a gap that will be filled by this study.

Knowledge Awareness of Social Risk Factors

Literature analysis in this section is focused on social risk factors, such as unhealthy lifestyle, bullying, loss of loved ones, and discrimination, as well as how they increase the risk of mental health issues among the youths. Six studies were identified for this content area.

Being bullied is a triggering factor of depression. Cao et al. (2020) studied the link between bullying, victimization and depression and its mediated effects on internet addiction and sleep disruptions. The researchers employed a correlation design of the study and analyzed the collected data using t-test and ANOVA. In the study, 2022 Asian high school learners completed questionnaires to define their experience of being bullied and the effects it had on their mental health. The researchers established that bullying was associated with depression with the victims resorting to using the internet for comfort. The increased time spent online led to sleep shortage, hence complicating the depressive symptoms.

Depression in adulthood is linked to early childhood experiences. Dantchev et al. (2019) studied the link between sibling and peer bullying in childhood and its effects on anxiety, depression, and suicidal ideation in adulthood. A longitudinal study was conducted on 3,881 participants aged between 12 and 24 years. Dantchev et al. (2019) found that more than 70% of the youth who experienced bullying at an early age exhibited some symptoms of depression in their adulthood. Also, the authors found that a large proportion of individuals bullied in childhood became bullies in their adulthood. Thus, the authors conclude that early life experiences have a significant relationship with depression in adulthood.

Unhealthy lifestyle choices could result in depression. Furihata et al. (2018) studied the link between unhealthy lifestyle factors and the emergence of depressive symptoms among individuals aged 20 to 30 years. Longitudinal research design and logistic regression analyses were employed by the researchers. The sample size for the study of 2,334 participants was selected randomly from the Japanese adult population. The researchers found that insufficient sleep, lack of physical exercise and snacking between meals were associated with depression (Furihata et al., 2018). According to the authors, these behaviors resulted in obesity and other health complications that increase the risk of depression. Thus, healthcare providers need to analyze the social behaviors of individuals when establishing the possible risk factors associated with their depression.

The loss of a loved one is a risk factor of depression. Schwartz et al. (2018) studied the effects of loss and duration of grieving time on depression. A cross-sectional research design included the sample population of 546 participants aged from 20 to 30 years. Chi-square test was employed to analyze the results. The findings of the study show that individuals with limited coping skills reported depressive symptoms when they lost a loved one. These findings show that even though there are several risk factors for depression, there is a need for healthcare providers to establish whether the loss is among these factors to enable them to make informed depression management decisions.

Social capital is essential in reducing mental health challenges. The absence of such support renders people lonely, a factor that increases the risk of depression. Sutter et al. (2018) studied the link between discrimination and depression among sexual minority black population. A cross-sectional study included 170 black participants aged between 20 and 30 years whose experiences of racism and heterosexual related discrimination

were the main of the research. Moderation analysis was performed to analyze the data. The research found that the discrimination resulted in high levels of depression (Sutter et al., 2018). Therefore, these findings send a strong message to the healthcare providers to establish the degree to which discrimination is a risk factor to depression among the patients.

Finally, unhealthy lifestyle choices result in depression. Zhu et al. (2018) studied the relationship between unhealthy lifestyle behaviors and depression. A total of 4043 youth participated in the cross-sectional study. The researchers employed regression analysis to analyze the data. It was established that 3.3% of the participants were clinically depressed, while the remaining majority showed the symptoms of mild to moderate depression. Unhealthy lifestyles that showed the most impact on depression are unhealthy sleeping patterns, eating habits, drug and substance abuse and lack of physical exercise (Zhu et al., 2018). Therefore, it is essential for healthcare providers to establish the degree to which unhealthy behavior contribute to depression when managing the condition in their patients.

The synthesis of literature has revealed that several social factors increase the risk of depression among the youths. Thus, Schwartz et al. (2018) established that the loss of a loved one results in depression. Sutter et al. (2018) argue that lack of social capital and discrimination significantly increase the risk of depression. According to Cao et al. (2020) and Dantchev et al. (2019), bullying in childhood could result in depression in the later years. Finally, Furihata et al. (2018) and Zhu et al. (2018) found that unhealthy lifestyles could result in depression. Despite these findings, the authors failed to establish the degree to which the healthcare providers are aware of the risk factors. The proposed

study will fill the gap by establishing the level of awareness on the social risk factors of depression among the youths.

The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. The analysis of literature has established that social factors, such as loss of loved ones, bullying and lifestyle behaviors result in depression. In addition, financial limitations, lack of social support from family and friends, parental mistreatment and harsh childhood experiences may also lead to depression in adult life. Being aware of the biophysical, psychological, and social risk factors will allow healthcare providers to make informed decisions regarding treatment of patients with depression. In the analyzed pool of articles, the researchers failed to provide specific criteria of the awareness of the risk factors, a gap that will be filled by the proposed study. The knowledge will also help healthcare providers to use a holistic approach to care.

Significance

This quality improvement project is significant in the discipline of nursing. It has implications for nursing practice, research, and health policy.

Significance to Nursing Practice

Healthcare providers, most importantly the nursing profession have a significant role of assessing, diagnosing, treating, and advocating for both a patient's physical health and mental health. It is imperative in the nursing practice to know signs and symptoms of possible mental health disorders and most importantly to assess for risk factors that can lead into mental health problems. Nurses can use screening tools to navigate the

knowledge awareness gaps that the literature identified as biophysical, psychological, and social risk factors. Identifying such mental health risk factors in youths can prevent other negative health implications and social consequences that can be further detrimental to youths' development, well-being, and overall mental health. Consequently, highlighting the importance of an intervention and use in the nursing practice. Therefore, the findings from this quality improvement project can help increase the knowledge awareness of mental health risk factors in youths among healthcare providers, further increasing youths' health outcomes in Miami, Florida.

Significance to Nursing Research

As research shows, mental health in the youth population is heightened and these ages are the most crucial times that include important transitions such as puberty, parental and peer support, dating, self-identity, and cognitive maturation (Steinberg & Morris, 2001, as cited in Shapero et al., 2017). In addition, youths can be driven by a social stigma and negative stereotypes of those with mental health illnesses which can lead to worsened outcomes. One study indicated results that by the age of 21 years, 28.8% of their sample ($n = 1265$) reported to having suicidal thoughts and about 7.5% reported having made a suicide attempt (Fergusson et al., 2000). Therefore, increasing the research and education of mental health risk factors in youths can help reduce the knowledge gaps for healthcare providers, increase youths' mental health outcomes and possibly reduce the rates of mental health disorders and suicide in this population.

Significance to Health Policy

Research shows that children and adolescents constitute about 44% of the world's population and about 10-20% of this population suffer from mental health problems

(Zhou et al., 2020). Although child and adolescent mental health policy is essential for the rational development of mental health systems for youths, research identified that the global absence of such policies remain unchanged (Zhou et al., 2020). This quality improvement project can educate and motivate nurses to develop and support policies that assist healthcare providers in identifying mental health risk factors in this population. Such policies that are clearly underdeveloped can help reduce the disparities in the mental health outcomes of youths.

Purpose

The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida.

Population, Intervention, Comparison, and Outcome (PICO) Clinical Question

1. Is there a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami, Florida after an educational intervention regarding mental health risk factors in youths?

Hal: There is a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami, Florida after an educational intervention regarding mental health risk factors in youths.

Definitions of Terms

The variables of this project were knowledge awareness, age, gender, role, years of experience, level of education, and perceived knowledge of topic. The project variables are described in the subsequent paragraphs.

Knowledge Awareness

This variable referred to healthcare providers' knowledge awareness of psychiatric risk factors in youths, where this researcher provided an educational training session to healthcare providers at an outpatient psychiatric clinic in Miami, Florida. The goal of this quality improvement project and educational intervention was to increase knowledge awareness among healthcare providers regarding mental health risk factors in youths. The Mental Health Literacy Tool for Educators (MHL-ED) was used to measure knowledge awareness before and after the educational intervention. Internal consistency of the MHL-ED was done using Cronbach's alpha, with a value of 0.70, and McDonalds Omega, with a value of 0.85 indicating acceptable reliability of the test (Wei et al., 2019). Three additional questions were included to measure healthcare providers' knowledge awareness of mental health risk factors in youths.

Age

This ratio variable referred to the age of the healthcare providers who provide care to youths at an outpatient psychiatric clinic in Miami, Florida. This demographic variable was organized as follows: (a) 25 to 45 years old and (b) 46 years or older.

Gender

This nominal variable referred to the gender of healthcare providers who deliver care to youths at an outpatient psychiatric clinic in Miami, Florida. This variable was categorized as follows: (a) male or (b) female.

Role

This nominal variable referred to the licensure of healthcare providers who provide care to youths at an outpatient psychiatric clinic in Miami, Florida. These

healthcare providers diagnose, treat, and care for patients with psychiatric mental health problems. This variable was classified as follows: (a) Advanced Practice Registered Nurse (APRN) or (b) Physician (MD or DO).

Level of Education

This demographic variable referred to the highest level of education obtained by the healthcare provider at an outpatient psychiatric clinic in Miami, Florida. This is also a nominal variable. Level of education was organized as follows: (a) master's degree or (b) doctoral degree. Participants with master's degree was specific to Master of Science in Nursing (MSN), and participants with doctoral degree included Doctor of Nursing Practice (DNP), Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO).

Years of Experience

This nominal demographic variable referred to the years of practice experience among healthcare providers at an outpatient psychiatric clinic in Miami, Florida. The variable was classified as follows: (a) less than 5 years of clinical experience or (b) more than 5 years of clinical experience.

Perceived Knowledge of Topic

This nominal variable referred to the baseline knowledge of healthcare providers at an outpatient psychiatric clinic in Miami, Florida, before the implementation of the educational intervention. Perceived knowledge of the topic was categorized as follows: (a) none, (b) competent, (c) proficient or (d) expert.

Conceptual Underpinning and Theoretical Framework

This project relied on theories of health promotion such as the health belief model (HBM). Therefore, the theoretical model that directed this project was the theory

of health behavior, which can help healthcare providers in the quality improvement project to predict mental health risk factors among youths. The health belief model (HBM) was initiated in the 1950s by social scientists at the U.S. Public Health service and an update was established in the 1980s (Jones et al., 2015). The model was developed to explain the widespread failure of people to participate in programs to prevent and detect disease (Glanz et al., 2008). Later the model was updated and evolved to study the people's responses to symptoms and their behaviors in response to a diagnosed illness, particularly the adherence to medical regimens (Glanz et al., 2008). The theory is important to healthcare providers who care for mental health patients because it links patients' health behaviors and the influence of their health perceptions.

The model is vital for promoting preventive health behaviors for patients and healthcare providers. HBM emphasizes that the understanding of factors such as risks of ailment-related susceptibilities, severity-related risks, benefits of health promoting behaviors, obstacles to appropriate actions, self-efficacy, and cues to appropriate health promoting actions are the primary criteria for predicting health behaviors (Jones et al., 2015). Therefore, when promoting increased effectiveness in managing mental health patients, HBM promotes the construct that achieving optimal behavioral changes among patients is possible if healthcare providers manage perceived obstacles, benefits, and self-efficacy-related issues.

The HBM model also directly applies to healthcare providers because their beliefs regarding certain health conditions are vital determining factors on the resulting health promoting actions undertaken. The HBM framework challenges healthcare providers to also acquire information or knowledge that exposes them to barriers of

suitable medical care for ailments such as mental health issues among youths. Exposure to such information prompts healthcare providers to engage appropriate therapeutic measures or health promotion and prevention actions (Sheppard & Thomas, 2021).

Therefore, the underlying notion in HBM is that behavioral decision-making is reliant on a patient's or healthcare provider's perception of ailment threat, risk factors, severity of the condition, and benefits of appropriate action. In concise, the HBM is applicable in quality improvement project planning as it facilitates comprehension and explanation of health behaviors, guiding the identification, development, and integration of appropriate clinical or community-based interventions.

DNP PROJECT REPORT

METHODOLOGY

The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. An advanced literature review was conducted to identify knowledge gaps related to the awareness of mental health risk factors in youths among healthcare providers. The findings from the advanced literature review addressed the population of interest, purpose of the quality improvement project, used to develop a PICO clinical question and to provide justification for conducting this project. The following sections will discuss the study design, setting, sample, inclusion criteria, exclusion criteria, intervention, measures and instruments, data collection procedures, data analysis, and protection of human subjects.

Study Design

A descriptive, cross-sectional, pre- and posttest study design was used to conduct this quality improvement project. These designs will be discussed in the next paragraphs.

Descriptive Design

The purpose of a descriptive design is for the researcher to describe individuals, events, or conditions without manipulating any of the variables but rather strictly describing the sample and/or the variable (Siedlecki, 2020). In a descriptive design the researcher can explore the characteristics of a population and identify problems that exist within that population (Siedlecki, 2020). Descriptive designs aim to produce hypotheses rather than to test hypotheses, therefore descriptive studies have specific aims and research questions (Siedlecki, 2020). Observation of individuals or groups of individuals is one of the most used methods of collecting descriptive data (Siedlecki, 2020), which is why this researcher adopted this type of research design.

Cross-Sectional Design

A cross-sectional study design is a type of observational study design that the researcher measures the outcome and the exposures in the study participants at the same time (Setia, 2016). Participants in this study are chosen primarily on the inclusion and exclusion criteria set for the study (Setia, 2016). Cross-sectional designs are mainly helpful in healthcare because they are used for population-based surveys and to assess the prevalence of diseases in clinic-based samples (Setia, 2016). Above all, these types of studies are usually known to be conducted faster and are inexpensive (Setia, 2016).

Pre- and Posttest Design

In this type of design, a variable of interest is measured before and after an

intervention is implemented to measure the occurrence of the outcome (Aggarwal & Ranganathan, 2019). These types of studies may be single arm, multiple arms or often may lack an arm. Single arm is where the researcher measures one group before and after the intervention (Thiese, 2014). Multiple arms have a comparison between groups and the lack of an arm is when there is no intervention (Thiese, 2014). The single arm pre-posttest design was used to conduct this quality improvement project.

Population, Intervention, Comparison, and Outcome (PICO) Clinical Question

1. Is there a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami, Florida after an educational intervention regarding mental health risk factors in youths?

Hal: There is a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami, Florida after an educational intervention regarding mental health risk factors in youths.

Setting

This quality improvement project was conducted at an outpatient psychiatric clinic in Miami, Florida.

Sample

A convenience sampling method was used to recruit participants and access data. The sample size consisted of ten participants. Participants in this project included healthcare providers such as medical doctors (physicians) and advanced practice registered nurses (nurse practitioners) whose main role is in the psychiatric mental health

field, diagnosing and prescribing medication in a psychiatric outpatient clinic in Miami, Florida.

Inclusion Criteria

Healthcare providers who participated in this quality improvement project consisted of those that work in the psychiatric mental health field at an outpatient psychiatric clinic in Miami, Florida, who had attained a master or doctoral degree. Only healthcare providers who provided care to youths of ages 15-25 were considered for this project. Additionally, MDs, DOs, or APRNs who diagnose, prescribe, and treat patients at an outpatient psychiatric clinic in Miami, Florida, also participated in this project.

Exclusion Criteria

Healthcare providers who did not work at this specific outpatient psychiatric clinic in Miami, Florida, did not participate in this quality improvement project. Healthcare providers who do not provide care to youths of ages 15-25 were not included in this quality improvement project. Additionally, healthcare providers who do not diagnose, prescribe, and treat patients at this outpatient psychiatric clinic in Miami, Florida, were also excluded from this project.

Intervention

Prior to data collection this researcher obtained approval from the Florida International University (FIU) Institutional Review Board (IRB). Permission was obtained from the owner of the outpatient psychiatric clinic in Miami, Florida to conduct the quality improvement project and collect data. This researcher created an email invitation for participants to take part in the project. The purpose and objectives of this project was specified on the email invitation to potential participants. After acceptance

and consent to participate in the project, participants completed a researcher-developed demographic questionnaire online using Qualtrics. After completion of the demographic questionnaire, participants completed an online pretest survey using the modified Mental Health Literacy Tool for Educators (MHL-ED) to assess their knowledge of mental health risk factors in youth.

Following the completion of the online pretest survey, participants then watched a 20-minute voice over PowerPoint presentation with the goal of increasing their knowledge awareness of mental health risk factors in youths. The educational intervention contained research-based information regarding the characteristics of mental illnesses and treatments, assessment and diagnosis tools and treatments, causes and risk factors of mental illness and general epidemiology of and facts about mental health and mental illness in the youth population. Immediately after the PowerPoint presentation, participants completed an online posttest survey using the modified Mental Health Literacy Tool for Educators (MHL-ED) to reassess their knowledge of mental health risk factors in youths. The online demographic, pre- and posttest surveys took approximately 60 minutes to complete.

Measures and Instruments

Demographic data was collected using a researcher-developed demographic instrument online using Qualtrics. The following demographic data was obtained from participants: (a) age (a. 25 to 45 years or b. 46 years or older); (b) gender (a. male; or b. female); (c) level of education (a. master's degree or b. doctoral degree); (d) role (a. Advanced Practice Registered Nurse (APRN) or b. Physician (MD or DO); (e) years of clinical experience (a. less than 5 years of clinical experience or b. more than 5 years of

clinical experience); (f) perceived knowledge of topic (a. none, b. competent, c. proficient, or d. expert). Participants also completed the modified Mental Health Literacy Tool for Educators (MHL-ED) before and after an education intervention to assess their knowledge awareness of mental health risk factors in youths. The Mental Health Literacy Tool for Educators (MHL-ED) developed by Wei et al. (2019) was used to measure mental health knowledge. The initial MHL-ED has an internal consistency of ($\alpha = 0.85$) and ($\omega = 0.85$) indicating validity and reliability of the test (Wei et al., 2019).

The modified MHL-ED answered by participants in this project include 29 items to be responded using a 3-point Likert scale where 1 = True, 0 = False, and 0 = I don't know. The items are: *The three domains of ADHD include inattention, hyperactivity, and oppositionality; Withdrawal from a drug is the defining feature of addiction; Post-Traumatic Stress Disorder is one of the two most common types of anxiety disorders during adolescence; Adolescent depression can be effectively treated with some Selective Serotonin Reuptake Inhibitors (SSRI) medications; A split personality is a sign of schizophrenia; Features of psychosis such as delusions and hallucinations are usually present during a manic episode; A complementary treatment is one that is often applied instead of usual physician recommended interventions; Schizophrenia affects about 1% of the population, with males and females about equally represented; The prodrome of a mental disorder refers to the premonition that something may be wrong with the mental health of a person; It is useful to assist a young person struggling with psychosis by being a friend and keeping their confidence when necessary; The CLASPP mnemonic is a useful tool to help a student remember a variety of treatments for mental disorders; The CRAFFT is a useful tool for clinical screening of young people who may be at high risk*

of alcohol misuse or abuse; The Kutcher Adolescent Depression Scale (KADS) is a useful tool in the assessment and diagnosis of depression in adolescents; Critical Incident Stress Debriefing is the preferred method for schools in dealing with a tragic event such as a suicide; The Tool for Assessment of Suicide Risk (TSR-A) can be used to help predict which teenagers will die by suicide; Initial treatment for Obsessive Compulsive Disorder usually lasts 12 weeks before substantial improvement can be expected; The brain function of signaling is a method by which individuals learn to interpret the meaning of complex ideas; Poverty and other social determinants of health are well established causes of most mental disorders; The panic attacks of Panic Disorder usually occur at times when the person is in a situation that makes them anxious; Social isolation if combined with lack of motivation is usually a sign of academic difficulties and not a sign of a possible mental disorder; Social Anxiety Disorder usually occurs as a result of a stressful social event; A hallucination occurs when a person believes in something that is not real; Every person's mood will change over time, even in the absence of an external event; Substance dependence is the most common type of substance problem found in teenagers; About 70% of all mental disorders can be diagnosed prior to age 25 years; Major Depressive Disorder or alcohol misuse can be a consequence of untreated Social Anxiety Disorder; School mental health has been a focus of agencies such as UNESCO since the 1950's; Mental disorders arise as a result of perturbations of usual brain function; Because it is a chemical that decreases anxiety, nicotine abuse may be a consequence of an untreated anxiety disorder in young people.

The modified MHL-ED answered by participants in this project also included three additional questions to measure healthcare providers' knowledge awareness of

mental health risk factors in youths. The participants responded using a 3-point Likert scale where 1 = True, 0 = False, and 0 = I don't know. The items are: *Major conflicts or adverse childhood events may result in mental illnesses such as depression in youths which can progress into adulthood or even lead to suicide; Psychosocial risk factors such as family conditions, lack of access to care, discrimination, academic success or socioeconomic status can influence emotional states and lead to mental health disorders in youths; Social risk factors including but not limited to bullying, lack of sleep, lack of physical exercise, and lack of social support can lead to worsened mental health outcomes in youths.* There was a total of 32 items in the modified MHL-ED.

Data Collection Procedures

Upon IRB approval from FIU, permission was obtained from the owner of the outpatient psychiatric clinic in Miami, Florida to conduct the quality improvement project and collect data. A convenience sampling method was used to recruit participants and access data electronically. An email invitation was sent to potential participants explaining the purpose and objectives of the quality improvement project. After participants accepted the online email invitation and provided consent to participate in the project, they completed a researcher-developed demographic questionnaire online using Qualtrics. The following demographic data was obtained from participants: (a) age (a. 25 to 45 years or b. 46 years or older); (b) gender (a. male or b. female); (c) level of education (a. master's degree or b. doctoral degree); (d) role (a. Advanced Practice Registered Nurse (APRN) or b. Physician (MD or DO); (e) years of clinical experience (a. less than 5 years of clinical experience or b. more than 5 years of clinical experience); (f) perceived knowledge of topic (a. none, b. competent, c. proficient, or d. expert).

The participants then completed an initial online modified MHL-ED survey (pretest) using Qualtrics to assess their knowledge awareness of mental health risk factors in youths prior to the educational intervention. The participants then participated in an educational intervention that consisted of a 20-minute voice over PowerPoint presentation. After the educational intervention, participants completed the same online MHL-ED survey (posttest) to reassess their knowledge awareness of mental health risk factors in youths. The participants were informed to click on a link that was sent via email to be prompted to the demographic questionnaire, the initial online pre- MHL-ED survey, the voiceover PowerPoint presentation, and the post- MHL-ED survey. Participants took approximately 60 minutes to complete the demographic questionnaire, watch the voiceover Power Point presentation, and complete the pre- and post-MHL-ED surveys using Qualtrics. Data collection was stored and maintained on a password-protected laptop computer where only this researcher had access to.

Data Analysis

Data collection was performed anonymously using Qualtrics. The data was analyzed using the Statistical Package for Social Sciences (SPSS) program. Using descriptive analysis, this researcher conducted calculation of the data using the variables of mean, median, mode, and standard deviation. The *t*-test was used to identify statistically significant differences between pre- and posttest results. A *p*-value < 0.05 was considered statistically significant (Polit & Beck, 2017).

Protection of Human Subjects

Institutional Review Board (IRB) approval from Florida International University (FIU) was obtained. Before this researcher conducted and implemented the quality

improvement project, this researcher ensured research ethics and protection of human subjects was established. This investigator completed the Collaborative Institutional Training Initiative (CITI) ethics certification for the protection of human subjects in social and behavioral research. Data collection was obtained anonymously using Qualtrics. Participants were provided with an overview of the quality improvement project, including the purpose and objectives of the project prior to participation. Participation was strictly on a voluntary base; therefore, participants were informed that withdrawal from the project can be done at any time without no penalty. Potential benefits to participants included an increased knowledge awareness regarding mental health risk factors in youths. This quality improvement project has no known risks involved. Data collection was stored and maintained on a password-protected laptop computer where only this researcher had access to, ensuring the privacy and protection of the participants involved in the quality improvement project.

DNP PROJECT REPORT

RESULTS

The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. A descriptive, cross-sectional, pre- and posttest study design was used to conduct this quality improvement project. A sample size consisted of ten participants. Data was collected using Qualtrics. The Statistical Package for Social Sciences (SPSS) version 28.0.0.0 was used to analyze the data. Additionally, the researcher used the *t*-test to discern significant findings between the pretest and posttest results. The demographic data and findings of the project related

to the PICO clinical question will be provided in the sections below.

A total of $N = 10$ healthcare providers participated in this quality improvement project. Most of the participants were 25 to 45 years old and only four participants were in the ages of 46 years or older, see Table 1 and Figure 1 below.

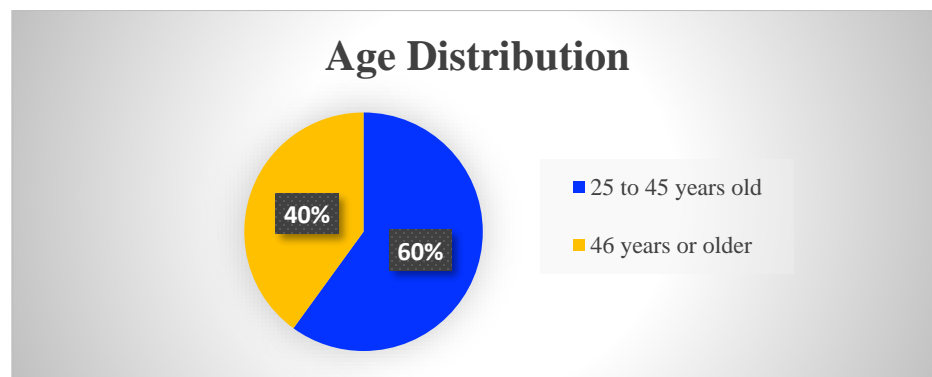
Table 1

*Age Distribution Among Healthcare Providers at an Outpatient Psychiatric Clinic
($N = 10$)*

Age	Frequency	Percentage
25 to 45 years old	6	60%
46 years or older	4	40%
Total	10	100%

Figure 1

*Age Distribution Among Healthcare Providers at an Outpatient Psychiatric Clinic
($N = 10$)*



The gender of the participants was classified as male or female. Most of the participants were female and exactly 40% of the participants were males (see Table 2 and Figure 2).

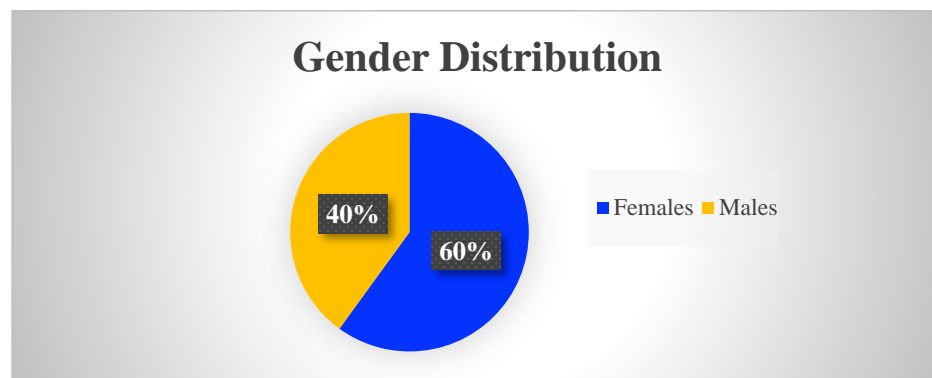
Table 2

Gender Distribution Among Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)

Gender	Frequency	Percentage
Males	4	40%
Females	6	60%
Total	10	100%

Figure 2

Gender Distribution Among Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)



The level of education among the participants ranged from a master's degree to a doctoral degree. Participants either attained a Master of Science in Nursing (MSN) degree, Doctor of Nursing Practice (DNP) degree, or a medical degree (MD or DO). Results indicated that almost three-quarters of the sample consisted of participants with master's degrees, while 30% consisted of participants with doctoral degrees (see Table 3).

Table 3

Level of Education Among Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)

Level of Education	Frequency	Percentage
Master's degree	7	70%
Doctoral degree	3	30%
Total	10	100%

The roles of the participants recruited for this project included Advanced Practice Registered Nurses (APRNs) and physicians (MD or DO). Results indicated that the majority of the sample consisted of APRNs, while only 10% consisted of MD or DO (see Table 4).

Table 4

Role of Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)

Role	Frequency	Percentage
APRN	9	90%
MD or DO	1	10%
Total	10	100%

Years of clinical experience among the participants was collected and categorized as less than 5 years of clinical experience or more than 5 years of clinical experience. Demographic results indicated an unequal distribution among participants. Those participants with less than 5 years of clinical experience consisted of over three-quarters of the sample while only 20% of the participants had more than 5 years of clinical experience (see Table 5).

Table 5

Years of Clinical Experience Among Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)

Years of Clinical Experience	Frequency	Percentage
Less than 5 years	8	80%
More than 5 years	2	20%
Total	10	100%

Using the researcher-developed demographic instrument, perceived knowledge of the topic was collected among the participants. In this sample, more than half of the healthcare providers reported to be competent in their knowledge of the topic while only 30% reported proficient knowledge on the topic. No participant indicated an expert level of perceived knowledge of mental health risk factors in youths (see Table 6).

Table 6

Perceived Knowledge of the Topic Among Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)

Perceived Knowledge of Topic	Frequency	Percentage
None	0	0%
Competent	7	70%
Proficient	3	30%
Expert	0	0%
Total	10	100%

PICO Clinical Question

The PICO clinical question was: Is there a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami,

Florida after an educational intervention regarding mental health risk factors in youths?

The alternative hypothesis (*Ha1*) related to the PICO clinical question was: There is a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami, Florida after an educational intervention regarding mental health risk factors in youths. Results revealed that after the educational intervention, there was an increase in knowledge awareness among healthcare providers in Miami, Florida, regarding mental health risk factors in youths. Pre- and posttest results among the participants will be discussed in the paragraphs below.

The pretest was completed by ten participants ($N = 10$). The pretest was scored using a 3-point Likert scale where 1 = True, 0 = False, and 0 = I don't know, therefore correct answers were scored with 1 and incorrect answers were scored with 0. According to Table 7, participants scored the highest on item 30, 31, and 32 which were the following questions: *Major conflicts or adverse childhood events may result in mental illnesses such as depression in youths which can progress into adulthood or even lead to suicide; Psychosocial risk factors such as family conditions, lack of access to care, discrimination, academic success, or socioeconomic status can influence emotional states and lead to mental health disorders in youth; Social risk factors including but not limited to bullying, lack of sleep, lack of physical exercise, and lack of social support can lead to worsened mental health outcomes in youths.* However, participants scored the lowest on item 25, which was the following question: *About 70% of all mental disorders can be diagnosed prior to age 25 years* (see Table 7).

Table 7

*Pretest Results Among Healthcare Providers at an Outpatient Psychiatric Clinic
(N = 10)*

Item	Pretest Correct Answers	<i>M</i>	<i>Mdn</i>	<i>SD</i>
1	7	0.70	1.00	0.483
2	5	0.50	0.50	0.527
3	5	0.50	0.50	0.527
4	7	0.70	1.00	0.483
5	7	0.70	1.00	0.483
6	9	0.90	1.00	0.316
7	3	0.30	0.00	0.483
8	5	0.50	0.50	0.527
9	7	0.70	1.00	0.483
10	4	0.40	0.00	0.516
11	4	0.40	0.00	0.516
12	7	0.70	1.00	0.483
13	6	0.60	1.00	0.516
14	6	0.60	1.00	0.516
15	4	0.40	0.00	0.516
16	6	0.60	1.00	0.516
17	6	0.60	1.00	0.516
18	5	0.50	0.50	0.527
19	4	0.40	0.00	0.516
20	7	0.70	1.00	0.483
21	5	0.50	0.50	0.527
22	5	0.50	0.50	0.527
23	6	0.60	1.00	0.516
24	5	0.50	0.50	0.527
25	1	0.10	0.00	0.316

26	8	0.80	1.00	0.422
27	3	0.30	0.00	0.483
28	8	0.80	1.00	0.422
29	8	0.80	1.00	0.422
30	10	1.00	1.00	0.00
31	10	1.00	1.00	0.00
32	10	1.00	1.00	0.00

Furthermore, the posttest was completed by ten participants ($N = 10$). The posttest was scored just as the pretest where correct answers were scored with 1 and incorrect answers were scored with 0. Participants scored the highest on items 4, 12, 13, 30, 31, and 32. The questions for these items are: *Adolescent depression can be effectively treated with some Selective Serotonin Reuptake Inhibitors (SSRI) medications; The CRAFFT is a useful tool for clinical screening of young people who may be at high risk of alcohol misuse or abuse; The Kutcher Adolescent Depression Scale (KADS) is a useful tool in the assessment and diagnosis of depression in adolescents; Major conflicts or adverse childhood events may result in mental illnesses such as depression in youths which can progress into adulthood or even lead to suicide; Psychosocial risk factors such as family conditions, lack of access to care, discrimination, academic success, or socioeconomic status can influence emotional states and lead to mental health disorders in youth; Social risk factors including but not limited to bullying, lack of sleep, lack of physical exercise, and lack of social support can lead to worsened mental health outcomes in youths.* Participants scored the lowest on item 7 and 25 which were the following questions: *A complementary treatment is one that is often applied instead of usual physician recommended interventions; About 70% of all mental disorders can be*

diagnosed prior to age 25 years. Although participants scored the lowest on item 25 again, compared to the pretest results there was an increase in participants who answered the item correctly (see Table 8).

Table 8

Posttest Results Among Healthcare Providers at an Outpatient Psychiatric Clinic (N = 10)

Item	Posttest Correct Answers	<i>M</i>	<i>Mdn</i>	<i>SD</i>
1	8	0.80	1.00	0.422
2	8	0.80	1.00	0.422
3	6	0.60	1.00	0.516
4	10	1.00	1.00	0.00
5	8	0.80	1.00	0.422
6	8	0.80	1.00	0.422
7	4	0.40	0.00	0.516
8	9	0.90	1.00	0.316
9	7	0.70	1.00	0.483
10	6	0.60	1.00	0.516
11	5	0.50	0.50	0.527
12	10	1.00	1.00	0.00
13	10	1.00	1.00	0.00
14	9	0.90	1.00	0.316
15	8	0.80	1.00	0.422
16	8	0.80	1.00	0.422
17	6	0.60	1.00	0.516
18	8	0.80	1.00	0.422
19	7	0.70	1.00	0.483
20	7	0.70	1.00	0.483
21	7	0.70	1.00	0.483

22	6	0.60	1.00	0.516
23	9	0.90	1.00	0.316
24	8	0.80	1.00	0.422
25	4	0.40	0.00	0.516
26	7	0.70	1.00	0.483
27	6	0.60	1.00	0.516
28	8	0.80	1.00	0.422
29	6	0.60	1.00	0.516
30	10	1.00	1.00	0.00
31	10	1.00	1.00	0.00
32	10	1.00	1.00	0.00

Results of this quality improvement project revealed substantial results between the pre- and posttest surveys. The posttest mean score was higher than the pretest mean score. A two-tailed paired samples *t*-test was conducted to examine whether the mean difference of the posttest and the pretest were statistically significant. Results of the two-tailed paired samples *t*-test indicated a significant difference between pre- and posttest mean scores, with participants scoring higher on the posttest after the researcher-developed research-based educational intervention, $t(9) = 3.62$, with a $p = 0.006$, ($p < 0.05$). Therefore, based on data analysis and an alpha value of less than 0.05, the researcher could reject the null hypothesis and accept the alternative hypothesis (*Ha1*) that there is a significant difference between pre- and posttest scores among healthcare providers in an outpatient psychiatric clinic in Miami, Florida after an educational intervention regarding mental health risk factors in youths (see Table 9).

Table 9*Two-Tailed Paired Samples t-Test Between Pre- and Posttest Mean Scores*

	<i>M</i>	<i>SD</i>	95% Confidence Interval of the Difference	<i>t</i>	df	<i>p</i> value
Posttest	24.20	4.28	Lower: 1.84 Upper: 7.96	3.62	9	0.006
Pretest						

DNP PROJECT REPORT

SUMMARY AND DISCUSSION

The purpose of this quality improvement project was to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. A descriptive, cross-sectional, pre- and posttest study design was used to conduct this quality improvement project. A sample size consisted of ten participants at an outpatient psychiatric clinic in Miami, Florida. For data collection, the researcher utilized a researcher-developed demographic questionnaire and the modified Mental Health Literacy Tool for Educators (MHL-ED) to assess their knowledge of mental health risk factors in youth. Convenience sampling technique was utilized to recruit 10 participants and access data at an outpatient psychiatric clinic in Miami, Florida. Data collection was performed anonymously using Qualtrics. The software used to analyze data was the Statistical Package for Social Sciences (SPSS) version 28.0.0.0. Results revealed that participants scored higher on the posttest survey after the researcher-developed educational intervention. Furthermore, a statistically significant difference was found between pre- and posttest mean scores $t(9) = 3.62$, with a $p = 0.006$, ($p < 0.05$). In the sections below, this researcher will compare the findings of this quality improvement project with current literature while highlighting potential

implications for advanced practice nursing, limitations of the project, recommendations, and conclusions.

Summary of the Results and Discussion

The overall findings of this project revealed that there was an increase in knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. Findings suggest that after following the implementation of an educational intervention, healthcare provider's knowledge significantly improved. Results revealed that the mean (*M*) score of the pretest was 19.30, with a standard deviation (*SD*) of 4.24. As indicated above in the results section, participants scored the lowest on item 25, which was the following question: *About 70% of all mental disorders can be diagnosed prior to age 25 years*. Furthermore, results of the posttest after implementation of the educational intervention revealed an *M* score of 24.20 with a *SD* of 2.04. As highlighted, the *M* score of the posttest was higher than the pretest. Although the *M* score was shown to be higher after an educational intervention, participants still scored the lowest on item 25.

Furthermore, results displayed in Table 7 show that only 1 participant correctly responded to item 25 but after implementing the intervention, 4 participants correctly responded to item 25 in the posttest as shown in Table 8. The correct answer for this question was true as most mental health disorders can be diagnosed prior to the age of 25. Overall, the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in half (62.5%), with a peak/median age at onset of 14.5-18 years across all mental disorders (Solmi et al., 2021). As this researcher implemented the educational intervention and analyzed the data, it was

found that item 25 was a puzzling question. Although literature shows that most mental health disorders can be diagnosed prior to the age of 25, the reality is that youths are largely unrecognized and untreated. In a recent study, findings revealed that the percentage of young adults aged 18-25 years with any mental illness (AMI) who received mental health services (42.1%) was lower than adults with AMI aged 26-49 years (46.6%) and aged 50 and older (48.0%) (Merikangas et al., 2010). Therefore, it is imperative for healthcare providers to understand the risk factors of mental illnesses among youths to provide comprehensive care that addresses the problem.

Moreover, results using a two-tailed paired samples *t*-test revealed a significant difference between pre- and posttest *M* scores among healthcare providers scores $t(9) = 3.62$, with a $p = 0.006$, ($p < 0.05$). The findings of this project can compare to many studies within current literature. As shown in the pretest results, participants demonstrated a lack of knowledge awareness in mental health risk factors in youths at an outpatient psychiatric clinic in Miami, Florida. However, after completing an educational intervention, posttest results revealed higher scores suggesting an increase in knowledge awareness. Therefore, findings suggest that it is crucial to implement educational interventions among healthcare providers to improve the overall quality of mental health care.

In a recent study conducted by Koly et al. (2021), the purpose of the study was to bridge significant mental health treatment gaps by improving healthcare workers knowledge in detecting and managing mental health conditions. The researchers aimed to synthesize evidence of effective educational and training interventions aimed at healthcare workers to increase their ability to detect and manage mental health conditions

in South and South-East Asia (Koly et al., 2021). Similar to this quality improvement project, the results from the above study using a sample size of $N = 46$ revealed pre-post-test results showing a significant improvement of knowledge ($M = 2.75$; 13.75%; $p < 0.001$) among participants (Koly et al., 2021). Researchers in this study concluded that training primary and community health workers in the identification and treatment of mental health disorders can lead to significant improvements in knowledge and to the effective delivery of mental health care, through community-based programs and task-shifting approaches (Koly et al., 2021). As seen through many more research studies and current literature, educational interventions significantly improve knowledge awareness.

Implications for Advanced Nursing Practice

This quality improvement project had significant implications for nursing practice, research, and health policy. This project managed to help healthcare providers increase and improve their knowledge awareness of mental health risk factors in youths. Although this project included only advanced practice registered nurses and medical doctors, the findings of this project can be used to develop screening tools to improve awareness of mental health risk factors in youths whether at a hospital, primary care office or even schools. Specifically in nursing, it can help navigate the knowledge awareness gaps that the literature identified as biophysical, psychological, and social risk factors in youths.

This project can also help increase the interest in research and education of mental health risk factors in youths. Nurses can use this quality improvement project to conduct further studies using larger sample sizes and different settings to increase youths' mental health outcomes and possibly reduce the rates of mental health disorders and suicide in

this population. In addition, the findings from this quality improvement project can educate and motivate nurses to develop and support policies that assist healthcare providers in identifying mental health risk factors in this population. This is a vulnerable population who is exposed to many risk factors; therefore, it is crucial to increase awareness of such risk factors among healthcare providers to improve mental health outcomes in youths.

Limitations of the Project

Studies have limitations. The limitations of this project were:

1. Convenience sampling method was used to recruit participants and access data; therefore, this method does not involve randomization.
2. A small convenient sample size decreased the generalizability of the project. Post pandemic, participants were more inclined to participate in the study if it could be conducted remotely rather than all together in person.
3. A descriptive, cross-sectional, pre- and posttest study design was used to conduct this quality improvement project. This type of design cannot be used to describe causality between the variables.
4. The project was limited to advanced practice registered nurses and medical doctors. As highlighted in the implications for advanced nursing practice, future researchers should include all types of medical providers such as nurses, social workers, therapists, psychologists, clinical care partners, nursing assistants and many more.

5. A private owned outpatient psychiatric clinic was used to collect data; therefore, the census and influx of patient care is not as high as an inpatient facility or hospital.
6. Whether due to time constraint or lack of interest, consistency lacked in some questions when comparing pretest results to posttest results after the educational intervention was implemented.

Recommendations

Recommendations for future studies should include other study designs and methods. Specifically randomized controlled trials (RCTs) should be used to identify the best approach in delivering an educational intervention to measure the increase in knowledge awareness of mental health risk factors in youths among healthcare providers. It would benefit future researchers and investigators to conduct the study using a larger sample size for results and findings to be generalized. As emphasized in the limitations of the study, future studies would greatly benefit in conducting research in different patient settings, as this project was only done at a private outpatient psychiatric clinic. Different clinical settings should include, psychiatric inpatient settings, community mental health clinics, hospitals and more. This project only had one medical doctor and the rest of the participants identified as advanced practice registered nurses. Future studies should have a more balanced number of participants with similar roles so data can also focus on any correlations between demographic variables and knowledge awareness of mental health risk factors in youths among healthcare providers.

Conclusions

This quality improvement project emphasized an increase in knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. Results of the two-tailed paired samples *t*-test indicated a significant difference between pre- and posttest mean scores, with participants scoring higher on the posttest after the research-based educational intervention, $t(9) = 3.62$, with a $p = 0.006$, ($p < 0.05$). Therefore, healthcare providers, including nurses should receive training and further education about mental health risk factors in youths to improve outcomes, quality of care and most importantly to decrease the rate of suicide. Furthermore, incorporating a higher level of training and education at an academic level in nursing and medical curriculums can really make a difference in the knowledge awareness of mental health risk factors in youths impacting their quality of care and improving the health outcomes in this population.

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Appendix A

**FLORIDA INTERNATIONAL UNIVERSITY
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER**



**Office of Research Integrity
Research Compliance, MARC 414**

Giuliana Altare

EJ

July 5, 2022

**"Knowledge Awareness of Mental Health Risk Factors in Youths
Among Healthcare Providers in an Outpatient Psychiatric Clinic in
Miami, Florida: A Quality Improvement Project"**

IRB-22-0313
112070

07/05/22

As a requirement of IRB Exemption you are required to:

- 1) Submit an IRB Exempt Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved prior to implementation.
- 2) Promptly submit an IRB Exempt Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.

or

discontinued.

Special Conditions: N/A

For further information, you may visit the IRB website at <http://research.fiu.edu/irb>

EJ

*Appendix B***FLORIDA INTERNATIONAL UNIVERSITY****SUPPORT LETTER FROM FACILITY**

Coastal Health Group, Inc.
7001 SW 97th Ave, Suite 206
Miami, FL 33173
(786) 294-0123



June 2022

Francisco Brenes Ph.D., APRN-BC, FNP, PMHNP
Clinical Assistant Professor, Graduate Nursing
Nicole Wertheim College of Nursing & Health Sciences
Florida International University

Dear Dr. Brenes,

Thank you for inviting Coastal Health Group, Inc., to participate in the DNP Project of Giuliana Altare. I understand that this student will be conducting this project as part of the requirements for the Doctor in Nursing Practice (DNP) program at Florida International University (FIU). After reviewing the proposal of the project titled "Knowledge Awareness of Mental Health Risk Factors in Youths Among Healthcare Providers in an Outpatient Psychiatric Clinic in Miami, Florida: A Quality Improvement Project," I have granted her permission to conduct the project at this company.

We understand that the quality improvement project will be developed in our setting and will occur in two sessions in an approximate eight-week period; likely to be implemented afterward. We are aware of the staff participation in supporting the student in completing this project including access to our facility, providing full consent, participating in the pretest survey, involvement in the educational intervention, and completing the posttest survey. This company will provide the environment to protect the privacy of all participants as well as provide suitable remote access to conduct the educational activity.

This project intends to evaluate the knowledge awareness of mental health risk factors in youths among healthcare providers. The project will be conducted with the previous consent of potential participants. Prior to the implementation of this project, the Florida International University Institutional Review Board will evaluate and approve the procedures to conduct this project.

The educational intervention will be provided electronically using a 20-minute voice over PowerPoint presentation with the goal of increasing providers knowledge awareness of mental health risk factors in youths. Any data collected by Giuliana Altare will be stored and maintained on a password-protected laptop computer where only the researcher will have access to. We're confident that Giuliana Altare will not interfere with the normal office performance, will keep a professional manner, and will follow the office standards of care. As the owner at Coastal Health Group, Inc., I support the participation of our providers and staff in this project and look forward to working with you.

Sincerely,

Sandra Munsey, PMHNP-BC
NPI: 1942747126
DEA: MM4423579

Sandra Pelaez-Munsey, DNP, PMHNP-BC
Founder & Owner
Coastal Health Group, Inc.

*Appendix C***FLORIDA INTERNATIONAL UNIVERSITY****RECRUITMENT EMAIL LETTER****Recruitment email for Knowledge Awareness of Mental Health Risk Factors in Youths Among Healthcare Providers in an Outpatient Psychiatric Clinic in Miami, Florida: A Quality Improvement Project**

Dear Healthcare Providers and staff,

My name is Giuliana Altare, and I am a student from the Graduate Nursing Department at Florida International University (FIU), pursuing a Doctor of Nursing Practice (DNP) degree. I am writing to invite you to participate in my quality improvement project. The goal of this project is to increase knowledge awareness of mental health risk factors in youths among health care providers in Miami, Florida. You are eligible to take part in this project because you are a provider at Coastal Health Group, Inc., and you provide care to youths in this clinic. I am contacting you with the permission of the owner and founder of the outpatient clinic, Dr. Sandra Pelaez-Munsey DNP, PMHNP-BC.

If you decide to participate in this project, you will be asked to complete a demographic survey for participation in providing full consent. You will complete a pretest questionnaire, which is expected to take approximately 10-15 minutes. Then, you will be presented with an approximately 20-minute-long educational presentation. After watching the presentation, you will be asked to complete the posttest questionnaire, which is expected to take approximately 10-15 minutes. No compensation will be provided.

Remember, this is completely voluntary. You can choose to participate in the study or not and may withdraw at any time. If you'd like to participate, please click on the link provided below to begin the pretest survey. After completion of the pretest, please notify the researcher by email so the educational intervention can be provided to you via email. Once you have completed the educational voice-over PowerPoint presentation, please notify the researcher to receive the final link for the posttest survey to be sent to you via email.

If you have any questions about the study, please contact me via email at galta004@fiu.edu or 786-704-4677.

Thank you very much.

Sincerely,



Giuliana Altare MSN, APRN, PMHNP-BC

*Appendix D***FLORIDA INTERNATIONAL UNIVERSITY****RESEARCHER-DEVELOPED DEMOGRAPHIC INSTRUMENT****INTRODUCTION**

This quality improvement project aims to increase knowledge awareness of mental health risk factors in youths among healthcare providers in an outpatient psychiatric clinic in Miami, Florida. Please answer the questions below to the best of your knowledge. This will help to understand the gaps in knowledge and will provide the areas of needed improvement. Your responses and comments will help to improve future educational interventions and programs; as well as assess how much knowledge you have acquired by participating in this educational intervention.

- Please **do not** write your name or other personal information on this questionnaire.
- Your answers are anonymous and will be kept confidential.
- Your participation is completely voluntary.

RESEARCHER-DEVELOPED DEMOGRAPHIC INSTRUMENT

Please click on the appropriate response:

1. What is your age range?
 - a. 25 to 45 years
 - b. 46 years or older
2. What is your gender?
 - a. Male

- b. Female
- 3. What is your highest education level?
 - a. Master's degree
 - b. Doctoral degree
- 4. What is your current role?
 - a. Advanced Practice Registered Nurse (APRN)
 - b. Physician (MD or DO)
- 5. How many years of clinical experience do you have?
 - a. Less than 5 years
 - b. More than 5 years
- 6. What is your perceived knowledge on mental health risk factors in youths?
 - a. None
 - b. Competent
 - c. Proficient
 - d. Expert

*Appendix E***FLORIDA INTERNATIONAL UNIVERSITY****MODIFIED MENTAL HEALTH LITERACY TOOL FOR EDUCATORS****(MHL-ED) PRETEST-POSTTEST**

Please click on the appropriate response:

1. The three domains of ADHD include inattention, hyperactivity, and oppositionality.
 - a. True
 - b. False
 - c. I Don't Know
2. Withdrawal from a drug is the defining feature of addiction.
 - a. True
 - b. False
 - c. I Don't Know
3. Post-Traumatic Stress Disorder is one of the two most common types of anxiety disorders during adolescence.
 - a. True
 - b. False
 - c. I Don't Know
4. Adolescent depression can be effectively treated with some Selective Serotonin Reuptake Inhibitors (SSRI) medications.
 - a. True
 - b. False

- c. I Don't Know
- 5. A split personality is a sign of schizophrenia.
 - a. True
 - b. False
 - c. I Don't Know
- 6. Features of psychosis such as delusions and hallucinations are usually present during a manic episode.
 - a. True
 - b. False
 - c. I Don't Know
- 7. A complementary treatment is one that is often applied instead of usual physician recommended interventions.
 - a. True
 - b. False
 - c. I Don't Know
- 8. Schizophrenia affects about 1% of the population, with males and females about equally represented.
 - a. True
 - b. False
 - c. I Don't Know
- 9. The prodrome of a mental disorder refers to the premonition that something may be wrong with the mental health of a person.
 - a. True

- b. False
- c. I Don't Know

10. It is useful to assist a young person struggling with psychosis by being a friend and keeping their confidence when necessary.

- a. True
- b. False
- c. I Don't Know

11. The CLASPP mnemonic is a useful tool to help a student remember a variety of treatments for mental disorders.

- a. True
- b. False
- c. I Don't Know

12. The CRAFFT is a useful tool for clinical screening of young people who may be at high risk of alcohol misuse or abuse.

- a. True
- b. False
- c. I Don't Know

13. The Kutcher Adolescent Depression Scale (KADS) is a useful tool in the assessment and diagnosis of depression in adolescents.

- a. True
- b. False
- c. I Don't Know

14. Critical Incident Stress Debriefing is the preferred method for schools in dealing

with a tragic event such as a suicide.

- a. True
- b. False
- c. I Don't Know

15. The Tool for Assessment of Suicide Risk (TSR A) can be used to help predict which teenagers will die by suicide.

- a. True
- b. False
- c. I Don't Know

16. Initial treatment for Obsessive Compulsive Disorder usually lasts 12 weeks before substantial improvement can be expected.

- a. True
- b. False
- c. I Don't Know

17. The brain function of signaling is a method by which individuals learn to interpret the meaning of complex ideas.

- a. True
- b. False
- c. I Don't Know

18. Poverty and other social determinants of health are well established causes of most mental disorders.

- a. True
- b. False

c. I Don't Know

19. The panic attacks of Panic Disorder usually occur at times when the person is in a situation that makes them anxious.

a. True

b. False

c. I Don't Know

20. Social isolation if combined with lack of motivation is usually a sign of academic difficulties and not a sign of a possible mental disorder.

a. True

b. False

c. I Don't Know

21. Social Anxiety Disorder usually occurs as a result of a stressful social event.

a. True

b. False

c. I Don't Know

22. A hallucination occurs when a person believes in something that is not real.

a. True

b. False

c. I Don't Know

23. Every person's mood will change over time, even in the absence of an external event.

a. True

b. False

c. I Don't Know

24. Substance dependence is the most common type of substance problem found in teenagers.

a. True

b. False

c. I Don't Know

25. About 70% of all mental disorders can be diagnosed prior to age 25 years.

a. True

b. False

c. I Don't Know

26. Major Depressive Disorder or alcohol misuse can be a consequence of untreated Social Anxiety Disorder.

a. True

b. False

c. I Don't Know

27. School mental health has been a focus of agencies such as UNESCO since the 1950's.

a. True

b. False

c. I Don't Know

28. Mental disorders arise as a result of perturbations of usual brain function.

a. True

b. False

c. I Don't Know

29. Because it is a chemical that decreases anxiety, nicotine abuse may be a consequence of an untreated anxiety disorder in young people.

a. True

b. False

c. I Don't Know

30. Major conflicts or adverse childhood events may result in mental illnesses such as depression in youths which can progress into adulthood or even lead to suicide.

a. True

b. False

c. I Don't Know

31. Psychosocial risk factors such as family conditions, lack of access to care, discrimination, academic success, or socioeconomic status can influence emotional states and lead to mental health disorders in youths.

a. True

b. False

c. I Don't Know

32. Social risk factors including but not limited to bullying, lack of sleep, lack of physical exercise, and lack of social support can lead to worsened mental health outcomes in youths.

a. True

b. False

c. I Don't Know

Appendix F

FLORIDA INTERNATIONAL UNIVERSITY

CITI ETHICS CERTIFICATION

		Completion Date 02-Jun-2022 Expiration Date 01-Jun-2025 Record ID 49308324
This is to certify that:		
<p>Giuliana Altare</p>		
Has completed the following CITI Program course:		
<p>Basic/Refresher Course - Human Subjects Research (Curriculum Group) Social/Behavioral Human Research Course (Course Learner Group) 2 - Refresher Course (Stage)</p>		
Not valid for renewal of certification through CME.		
Under requirements set by:		
<p>Florida International University</p>		
		
Verify at www.citiprogram.org/verify/?w0566cc1d-2e45-4854-a2a6-d93bdfef775f-49308324		

*Appendix G***FLORIDA INTERNATIONAL UNIVERSITY****CV**

2012	Research Assistant of Psychology Department, University of Miami, Miami, FL
2013	BS, University of Miami, Miami, FL
2013-2015	Lending Lead of the Interlibrary Loan Department, University of Miami, Miami, FL
2016	BSN, University of Miami, Miami, FL
2016-2020	Emergency Department Charge Nurse, West Kendal Baptist Hospital, Miami, FL
2018-2019	Cosmetic & Reconstructive Plastic Surgery Post-Op Per Diem Nurse, Eduardo Barroso, MD, FACS, Miami, FL
2020-2022	Emergency Department Charge Nurse, South Miami Baptist Hospital, Miami, FL
2021	MSN, Florida International University, Miami, FL
2021-	Psychiatric Mental Health Nurse Practitioner, Coastal Health Group, Inc., Miami, FL
2022	DNP, Florida International University, Miami, FL