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Implementing a Staff Education Module for Early Identification of Depression in Intellectually Disabled Individuals

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IMPLEMENTING A STAFF EDUCATION MODULE FOR EARLY IDENTIFICATION OF DEPRESSION IN INTELLECTUALLY DISABLED INDIVIDUALS

by

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ABSTRACT

Depression in a normally developed individual can be easy to identify. Sadness and other mood changes are easily noticed. Even in children, symptoms such as mood swings and crankiness, and the loss of interest in things they used to enjoy can be easily recognized by family, teachers, and other caregivers. What makes depression so hard to diagnose in individuals with conditions such as Autism or other intellectual disabilities is the patient's inability to communicate. Providers must rely on their behavior for diagnostic purposes. This can be difficult for those diagnosed with Autism because the core symptoms of Autism may overlap with depression and anxiety. A key to identifying depression in these individuals lies in getting to know the patient. Identifying individual changes in the person rather than broad symptoms is imperative with this population.

The overall goal of this project was to increase the knowledge of mental health providers and nurses on the importance of identifying signs of depression in persons with intellectual and/or developmental disabilities. Pre-test and post-test surveys were given to approximately 30 healthcare workers over a two-week period. A quantitative analysis was conducted to determine if the healthcare workers gained any knowledge from the training and if additional information was needed to care for these individuals.

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DEDICATION

I would like to thank God for guiding my path and for the strength to get me through this journey. Without Him, this would not have been possible. Thank you to my loving husband, Joshua, and our three beautiful children, Makenzie, Braxton, and Lucy. They are the reason I keep pressing on even on days when I wanted to give up. To my Allied Health Instructor, Sharon Easterling, who saw something special in me all those years ago that I did not. To my oldest sister, Angela. I have always admired your strength, your intelligence, and your immense faith in God. You have the most beautiful soul of anyone I know. Lastly, my late father, Roger Saulters, who left for his Heavenly home last March. Even though you were not my biological father, you gave me a chance at life that I would not have gotten otherwise. You will always be my hero.

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LIST OF ABBREVIATIONS

ADAMS	The Anxiety, Depression, and Mood Scale
BDI	The Beck Depression Inventory
BDI-II	The Beck Depression Inventory-II
CBT	Cognitive Behavioral Therapy
CINHAL	Cumulated Index to Nursing and Allied Health Literature
DD	Developmentally Disabled
DSM-5	Diagnostic and Statistical Manual of Mental Disorders Fifth Edition
DNP	Doctor of Nursing Practice
ID	Intellectually Disabled
U.S.	United States
USM	The University of Southern Mississippi

CHAPTER I - INTRODUCTION

Mental illness has gained a massive amount of awareness over the past few decades, especially during the Covid pandemic. According to the World Health Organization (WHO, 2020), more than 264 million people suffer from depression worldwide, and it significantly contributes to the global burden of disease. According to the Centers for Disease Control and Prevention (CDC, 2021), 18.5% of adults had symptoms of depression that were either mild, moderate, or severe in 2019. Diagnosing depression as early as possible is vital for treatment. If an individual can be treated early in the disease process, they are more likely to live normal lives and function well in society. Early diagnosis and treatment also allow the individual to live a life that does not revolve around their diagnosis of depression. There are several tools, assessments, and depression scales that can be used by clinicians to identify depression early in otherwise healthy individuals. Among these are the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) criteria. This specific tool is widely used and trusted by researchers and providers. The DSM-5 criteria used to diagnose a major depressive episode indicate that the individual must either have a depressed mood or a loss of interest or pleasure in daily activities consistently for at least two weeks (Nedley & Ramirez, 2016).

What about individuals that are intellectually disabled? Evaluating and determining treatment for these individuals can be challenging for healthcare providers. Many individuals with intellectual disabilities live in a group setting. Many times, when these individuals are feeling pain or emotional distress, they lash out at other individuals if the symptoms are not treated early on. The possibility of these occurrences puts a

heavy burden on healthcare providers and can result in high turnover rates among nurses and direct care staff. There are not many tools to assess depression in these individuals and depression is often diagnosed after a person has hurt themselves or someone else. Developing more ways to diagnose depression in these individuals would be beneficial not only to the person suffering from depression but also to the people they reside with as well.

A major concern for those working in mental health is education. Educating staff to successfully care for individuals with mental illness should be made a priority by the administration. For the patient struggling with a mental health illness, the nurse or caregiver can be the person from whom they seek refuge. Nurses understand the practicalities and day-to-day life along with a holistic approach to care. Because of this, nurses must have the ability to communicate effectively with patients. When staff has not been properly educated in communicating with these patients, it can cause stress and burnout for caregivers. Nurses have higher rates of substance abuse (Ivey, 2015, as cited in Sampson et al., 2020) and are more likely to suffer from depression (Batalla et al., 2019, as cited in Sampson et al., 2020) than the national average.

Another factor that plays a role in the caregiver's ability to properly care for an individual with a mental illness is having adequate staff and appropriate patient-to-staff ratios to care for the individual. Inadequate staffing can negatively affect the health of the nurses and other staff members. Appropriate nursing staff reduces patient death and stress on nursing staff. "...every increase in patient-to-nurse ratios was associated with a 7% increase in deaths while having a better-educated nurse workforce is associated with

fewer deaths. Every 10% increase in bachelor's degree nurses is associated with a 7% decline in mortality" (Aiken et al., 2014, as cited in Nickitas, 2014).

Another priority needed for the safety and mental health of the nursing staff is having mental health support on hand in the form of counseling or access to a psychologist or counselor when needed. Studies have consistently reported that nurses are at greater risk of suicide than the gender-matched U.S. population (Davidson et al., 2019, as cited in Davidson et al., 2020). The lack of emotional support for caregivers directly affects patient care in the form of medication errors, inadequate care, and documentation.

Background

Identifying signs of depression in individuals diagnosed with an intellectual disability can be difficult. For those who are non-verbal and have moderate to severe ID, signs may include tantrums, aggression, changes in sleep patterns, and self-injurious behavior. For those with mild to moderate ID, symptoms may be similar to those with normal intellect such as feelings of self-worthlessness, statements about self-being "retarded", and sometimes, thoughts of death.

Patient safety and increased quality in health care reflect the protection of the mental well-being of the caregivers. Job stress can not only cause high turnover rates, but it can also affect the physical and mental health of the employee. Hospitals with quality environments have less burnout and a lower turnover rate (Esposito et al., 2020). As with any other job, many of our healthcare workers are being asked to do more with less. This means long hours with individuals who push them to their breaking point. The prevention of workers' mental health problems is complex and multidimensional, and it is not always possible to protect the person by analyzing personality, psychopathology, and

psychiatric syndrome (Giorgi et al., 2020). Mental health is complex and when a staff member is pushed to their limit, they take their frustrations out on their family, other employees, and sadly, the people they are employed to care for. Increased age and chronic health conditions may also affect the work ethic of employees who are already in a stressful work environment.

PICOT.

Will the implementation of an evidence-based staff education module increase caregivers' early identification and reporting of signs of depression in patients with intellectual disabilities?

Needs Assessment

The prevalence range of depression in the ID population varies from 2.2% to 7.6% (Hermans et al. 2013, as cited in Hamers et al. 2018). The Institution of interest has a population of 1,282. This includes on-campus living, community home settings, supervised/supportive living, and those receiving ID/DD Waiver Support services. Assessing for depression is not new to this facility. However, after staff leave orientation and enter the dorm or group home setting, many staff members become complacent and comfortable with decreased engagement with the individuals they are caring for. The basic needs are met, but tasks that involve emotional support or mental health are often left out. Mental health received an abundance of attention during the pandemic. It is important to assess how the ID population has been affected as well.

Barriers

Barriers would include irregular staffing patterns, insufficient resources, and refusal of specific stakeholders' willingness to promote change within the organization.

Another barrier would be the staff's inability to accept changes in policies and procedures. Advanced practice nurses at the doctorate level have the education and leadership skills to promote change among staff members and make changes to policies, as necessary.

Synthesis of Evidence

A systematic review of the literature was conducted to identify various approaches to identifying depression in persons with intellectual disabilities. The research was also conducted to identify depression in other populations. This information will be used to educate the participants on the differences between the two different populations. This review was completed utilizing the USM library system. Currently, *CINHAL* and *MEDLINE* have been used.

In a study conducted by Nedley and Ramirez (2016), over 100 factors were identified that were associated with an increased risk of depression. These factors were grouped into 10 categories called "hits". The 10 categories examined were (1) Genetic, (2) Developmental, (3) Lifestyle, (4) Circadian Rhythm, (5) Addiction, (6) Nutrition, (7) Toxic, (8) Social/Complicated Grief, (9) Medical Condition, and (10) Frontal Lobe. A person is considered to have an active hit when at least one-third of the characteristics of a particular category hit are met. Among these 10 areas, or hits, genetic and developmental were the only two that could not be reversed. The majority of the hits were directly related to lifestyle choices. While there was a medical condition category, many of the conditions listed were associated with lifestyle choices such as type 2 diabetes and Hepatitis C.

The DSM-5 criteria were mentioned in this study. According to the DSM-5 criteria, a person must either have a depressed mood or a loss of interest or pleasure in daily activities consistently for at least two weeks. The purpose of this study was to evaluate the effectiveness of the Hit program to that of the DSM-5 criteria. It was hypothesized that a person with at least four of the 10 hits active, will likely experience depression. It was found that the Nedley 4 hit hypothesis seems to predict a depressive episode and correlates well with the DSM-5 criteria.

Most of the individuals at Ellisville State School fall into several of these categories due to their medical conditions and the choices made by parents or caregivers. Many are raised by individuals outside of their families. Many in earlier years of their lives were exposed to toxins and a poor diet/exercise program. While these are avoidable in the general population, some of our individuals have not been so fortunate. As a result, these individuals may automatically have 4 or more active “hits” to the brain that could trigger depression.

The DSM-5 criteria indicate that a person must have a loss of interest in daily activities consistently for at least two weeks. A major depressive episode is characterized by 5 of these 9 symptoms: depressed mood most of the day, nearly every day, markedly diminished pleasure in all activities most of the day, significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation nearly every day, fatigue, feelings of worthlessness, inability to concentrate and stay on task, and thoughts of suicide without a plan. These characteristics are fairly easy to assess in the general population but may be difficult to identify in individuals with a communication barrier. Pairing the

DSM-5 criteria with the Hit hypothesis may be helpful for caregivers taking care of individuals with intellectual disabilities and/or communication disorders.

A systematic review exploring non-pharmacological interventions for depression in those with intellectual disabilities was conducted by Hamers et al. (2018). It was found that there are very few studies regarding the effectiveness of non-pharmacological interventions for depression in adults with severe ID. CBT was shown to be too difficult for those with severe ID. Along with cognitive limitations, persons with severe ID have verbal limitations. Cognitive behavior therapy (CBT), which has proven effective in the general population, is challenging in the ID population because of these limitations. However, according to a study in this review, CBT was shown to be an effective non-pharmacological intervention to decrease depressive symptoms in adults with mild or moderate ID. Individual therapy was found to be more effective than group-based therapy as well. Intervention studies with adults with severe ID are scarce. This can be due to ethical dilemmas, specific living conditions of people with ID, dependence on professional staff, and a difficult informed consent procedure.

While antidepressants are regularly prescribed in the ID population, finding the right regimen and dosages can be challenging due to limitations in communication with these individuals. Identifying side effects can also be a challenge for this group. Adults with ID are more prevalent to develop negative side effects from psychoactive medication compared to the general population (Arnold, 1993 et al., as stated in Hamers et al. 2018). Therefore, further research in non-pharmacological interventions and treatments for depression is needed in those with severe ID.

In a study addressing work-related stress and mental health by Giorgi et al. (2020), it was found that stress and mental health disorders that originate in the workplace may have a different developmental pattern and require treatment centered on the specific organization. This study also found that complications of aging employees played a major role in stress and depression in healthcare workers. It was found that promoting health and well-being through active coping and recovery from work are crucial to avoid stress-related problems.

Another study in this review found that physical strains on the job could be related to the lack of job satisfaction. Measures to prevent burnout should consider the educational context to prevent burnout for both the individual and the organization. This includes educating the individuals on the importance of self-efficacy as well as when to ask for help from other team members.

This review was important for this study due to the potential to decrease stress in the workplace by understanding when to ask for help from other team members. This helps reduce stress on the employee and aids in work ethic. The Covid pandemic has placed an increased amount of stress on employees. Therefore, addressing issues with staffing and assisting staff in remaining mentally and physically healthy is vital. When the employee is healthy and confident in the job they are doing, they will be more in tune with the individuals served and their ability to identify signs of depression early in the individuals will be increased.

Another important factor when identifying depression in any population is the effect certain medications can have on a person's mental health. In a study completed by Kaushal et al. (2016), an individual treated with Tamoxifen for breast cancer showed

multiple signs of depression such as self-injurious behavior, aggression towards healthcare workers, and refusal to leave her room. After stopping Tamoxifen and starting pharmacological treatment for depression, the individual made significantly good progress in her mood and behavior and did not experience any adverse effects from the antidepressant.

The Beck Depression Inventory-II tool has proven to be successful in determining depression in individuals with mild to moderate intellectual disabilities. The Beck Depression Inventory (BDI, BDI-II) was developed by Dr. Aaron T. Beck. It is a 21-question multiple-choice self-report inventory. The Beck Depression Inventory is one of the most widely used instruments for measuring the severity of depression. As found by Wang and Gorenstein (2013), the Beck Depression Inventory-II can be easily adapted in most clinical conditions for detecting major depression and recommending an appropriate intervention.

Because the Beck Depression II tool requires self-reporting, it is not optimal for the severe to profound intellectually disabled population. However, it is worth mentioning because many of the components are similar to those that can be assessed in the severe to the profound intellectually disabled population. These include notable sadness, withdrawal, agitation, changes in sleep patterns and appetite, and fatigue.

In a study conducted by Hermans et al. (2011), the Glasgow Depression scale was found to be successful in identifying depression in individuals who had a learning disability. The Glasgow Depression Scale is similar to the Beck Depression Inventory in that it asks similar questions regarding the person's mood and behaviors. As with the Beck Inventory, this tool is more successful with those with mild to moderate disabilities.

In a study conducted by Hamers et al. (2019), researchers found that the Anxiety, Depression, and Mood Scale (ADAMS) showed promise in identifying depression in people with ID. In 2003, Esbensen, Rojahn, Aman, and Ruedrich (2003) published the Anxiety, Depression, and Mood Scale (ADAMS) which is specifically developed for the population with intellectual disabilities. The ADAMS is an acceptable tool to use for identifying depression in the ID population because it measures many objective symptoms. These include the inability to relax, tearfulness, and lack of energy. The ADAMS offer subscales such as anxiety, mood, and depression for ID individuals.

The ADAMS consists of 28 items (4-point scale) and five subscales ("Manic/Hyperactivity Behavior," "Depressive Mood," "Social Avoidance," "General Anxiety" and "Obsessive/Compulsive behavior"). The minimum total score is 0, and the maximum score is 84. The total study population consisted of 198 adults aged between 18 and 49 years (mean age: 34.8 years) with mild, moderate, severe, or profound intellectual disabilities and were recruited from different care provider services in the Netherlands. The participants of sample A (n = 100) lived in different care provider services for people with intellectual disabilities. The participants of sample B (n = 98) lived in residential facilities of a tertiary epilepsy center. All the participants of sample B had epilepsy.

Depression is an epidemic in the United States and the risks and high prevalence are associated with several factors. In the population with intellectual disabilities, identifying depression can be challenging and is quite often missed, especially in understaffed facilities. This creates mental and physical health issues for not only the

patients but the staff who work tirelessly to care for these individuals. Creating awareness of this issue is needed to encourage more research in this area.

Specific Aims

The goal of this study was to create a program educating staff on the importance of early diagnosis of depression. The implementation of various tools and scales used to detect depression could decrease emotional and physical outbursts within the institution. Another focus was to decrease stress on the staff and reduce burnout and turnover rates. Once a new program or tool was shown to be successful, policy changes would be made.

Short-term outcomes that would result from this project include identifying depression in ID patients sooner. This would result in earlier diagnoses and safer work environments for staff. A safer worker environment would result in a decrease in burnout and turnover rate among healthcare providers. A long-term goal of this study included changes in policies and procedures and better quality of life for the patients served.

DNP Essentials

DNP Essential I: Scientific Underpinnings for Practice was met by integrating knowledge from other disciplines, such as psychology into this project. The DNP should understand that to treat a person holistically, mental health needs and treatment should be part of their plan of care. The education provided to health care workers will allow them to have a positive impact on the health status of the patients they serve.

DNP Essential II: Organizational and Systems Learning for Quality Improvement and Systems Thinking was met after identifying the needs of the facility. This facility was not only a mental health facility but a facility for those with intellectual disabilities.

The education provided to the healthcare workers was tailored around this population to improve the quality of care for these individuals.

DNP Essential III: Clinical Scholarship and Analytical Methods for Evidence-based Practice was met by encouraging the use of safe and effective methodologies such as the ADAMS scale as well as developing a good relationship with the patient to improve the quality of care for the individuals served. An abundant amount of literature was examined to determine which method would be appropriate for this project. The healthcare workers who participated in this project were provided with the knowledge to identify depression in persons with an intellectual disability early so that treatment can begin in a timely manner.

DNP Essential V: Healthcare Policy for Advocacy in Healthcare was met by assessing the policies currently in place at this facility related to the assessment of depression of other mental illnesses to compare with the new information that was provided. It is imperative that the DNP act as an advocate for not only the patients but the healthcare workers through activities related to healthcare policy. The purpose of this research was to determine the need for changes in policies to provide up-to-date knowledge to the healthcare workers participating in this project.

DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes were met by collaborating with psychiatrists, psychiatric nurse practitioners, and nurses. Participants discussed issues at the facility that make identifying depression in this population challenging. Team building was facilitated by effective communication through discussing changes that needed made related to identifying depression throughout this project.

DNP Essential VIII: Advanced Nursing Practice was met by supporting other nurses to improve the care they provide and achieve excellence in nursing. The education provided to not only nurses but other members of the healthcare team will allow them to improve their skills and communication techniques with patients as well as develop therapeutic relationships with the people served. Participating in this project allowed the facility to improve patient outcomes and develop or revise policies related to identifying depression in this population.

Summary

The goal of any medical institution is to improve the quality of life for the patients served. Nurses and direct care workers are the backbones of hospitals and other healthcare institutions. An advanced practice nurse at the doctoral level has the ability and obligation to ensure that clinicians are well-educated in properly caring for individuals with mental illness. This includes not only providing education but making changes in policies and procedures as well. Ensuring that staff is properly educated to take care of their patients is vital not only for the patients but also for other members of the health care team. The organization will fail at caring for their patients if the staff is not made a priority as well. This includes mental well-being as well as physical well-being.

CHAPTER II - METHODOLOGY

The type of epidemiological method used was a correlational study because it establishes a relationship between two variables. The statistical analysis method used was descriptive statistics. Descriptive statistics give summaries of the sample and measures of the data. Data from the post-test was obtained from staff who have been educated regarding the importance of using the proper tools and tactics to identify depression. This information was compared to the data from the pre-test to determine if the education was effective.

Population Interest and Setting

The participants included doctors, nurse practitioners, registered nurses, and licensed practical nurses. The recruitment method was word of mouth and email for those that had computer access. The setting of the training was online. An online training session was created for the staff to view at their leisure.

Project Intervention

A recorded PowerPoint presentation was presented to the staff participating in this project. Staff was made aware of when the PowerPoint was available to view. The pretest was given to the participants prior to viewing the presentation. This power point included information from the literature and from facility policies and procedures that supports ways to identify signs of depression among individuals with intellectual disabilities. A depression screening checklist was also given to the staff to aid in identifying depression early in these individuals. After the participants viewed the presentation and reviewed the checklist, a posttest was administered.

Data Collection

Most of the staff at this facility do not have computer access while at the facility. The pre-test and post-test surveys were completed by hand before and after the presentation. The data was analyzed and the results were made available to the director of Ellisville State School. These tests measured how well the caregiver can identify depression in the people served. They also measured how important the caregiver feels self-care is as well as communication with the population served at Ellisville State School.

Ethical Considerations

A letter of support from the facility director and education committee was provided. The proposal for this project was submitted to The University of Southern Mississippi's Institutional Review Board for approval. The participants were informed about pre-test and post-test surveys. Surveys remained anonymous to ensure privacy. All surveys were shredded after the project was completed. Ellisville State School participants were informed that they could end their participation in this project at any time.

Summary

The purpose of this project was to provide the staff with information regarding identifying depression in individuals with intellectual disabilities. The participants were also provided with a checklist to help them identify depression early as they continue to work with these individuals. Having this knowledge will not only allow the patient to be treated early but also decrease stress on the staff caring for these individuals. After the

data from the surveys were analyzed, the findings were scheduled to be presented to the facility director along with any recommendations.

CHAPTER III – RESULTS

Many of the employees who participated in this study had limited internet access. Therefore, results were computed by hand. The total number of employees who received the email was 38. Out of the 38, 20 employees completed the study.

According to the surveys collected before watching the educational module, the results indicated that 100% of the participants understood the importance of early identification of depression. It was also found that 100% of the participants valued effective communication when caring for those with intellectual disabilities. According to the surveys collected before watching the educational module, the results indicated that 100% of the participants understood the importance of early getting to know the individuals served at Ellisville State School.

Prior to watching the module, 96% of the participants felt that body language was extremely important when caring for those with intellectual disabilities, and 4% of the participants felt that it was somewhat important. Also, 96% of the participants felt that changes in dietary habits were extremely important to note when caring for those with intellectual disabilities, and 4% of the participants felt that these changes were somewhat important. After watching the module, 100% of the participants found that noting changes in dietary habits as well as body language was important when caring for these individuals.

According to the surveys collected, non-verbal communication was extremely important to 92% of the participants and somewhat important to 8% of the participants when serving individuals with intellectual disabilities. After watching the module, 100%

of the participants found that non-verbal communication was extremely important. Prior to watching the module, 100% of the participants understood the importance of self-care.

Before watching the educational module, 36% of the participants were extremely confident in their abilities to identify signs of depression in persons with intellectual disabilities, and 44% were somewhat confident in their ability to identify depression in these individuals. After watching the module, 60% of the participants were extremely confident in their abilities to identify signs of depression in persons with intellectual disabilities, and 40% were somewhat confident in their ability to identify depression in these individuals.

Prior to the training module, 92% of the participants found that informing staff of medication changes was extremely important. Medication changes were found to be somewhat important to 8% of the participants. The post-test/survey found that this statistic did not change after the participants watched the educational module.

Before viewing the education module, the need for additional education related to identifying depression was extremely important to 60% of the participants, and 40% felt that the need for additional education was somewhat important. After viewing the training module, 90% felt that the need for additional education was extremely important, and 10% felt it to be somewhat important.

Table 1

Study Results

Outcome Measures	Pre-Test Results	Post-Test Results	N
Importance of early identification of depression	100% -Extremely Important	100% -Extremely Important	20

Table 1 (continued).

Importance of communication when caring for individuals with intellectual disabilities	100% -Extremely Important	100% -Extremely Important	20
Importance of body language when caring for individuals with intellectual disabilities	96% -Extremely Important 4% -Somewhat Important	100% -Extremely Important	20
Importance of changes in dietary habits and daily activities?	96% -Extremely Important 4% -Somewhat Important	100% -Extremely Important	20
Importance of getting to know the individuals cared for	100% -Extremely Important	100% -Extremely Important	20
Importance of non-verbal communication	92% - Somewhat important 8% -Extremely important	100% -Extremely Important	20
Importance of self-care	100% -Extremely Important	100% -Extremely Important	20
Ability to identify signs of depression in persons with intellectual disabilities	36% - Extremely confident 44% - Somewhat Confident	60% - Extremely confident 40% Somewhat confident	20
Importance of staff being aware of medication changes	92% - Extremely important 8% - Somewhat important	92% - Extremely important 8% - Somewhat important	20
Need for additional education	60% Greatly needed 40% Somewhat needed	90% Greatly needed 10% Somewhat needed	20

Summary

After the training, the results indicated that additional education would be effective in identifying depression early in individuals with intellectual disabilities. The results also indicated that after the training, the participants did gain knowledge and awareness in identifying early signs of depression in individuals with intellectual disabilities. Lastly, the results show that overall, the training was effective, and there is a need for additional information and training for employees.

CHAPTER IV – DISCUSSION

The results of the surveys completed after the educational module indicated that training was effective in increasing the knowledge and awareness of mental health professionals. The results also revealed that the module did help mental health professionals in identifying early signs of depression in individuals with intellectual disabilities. In conclusion, participants felt there was a need for additional education.

The limitations included were that participants were not all on the same campuses. Many worked in the main facility and others in the community homes across the state. Most had different schedules and different duties assigned to them. Some of the participants took longer to complete the study because of these limitations. With many not having internet access, they made gathering data difficult. Another limitation was not knowing the history and demographics of the participants. It is believed that having information such as the years in each discipline, mental health, and this particular facility could have been helpful when assessing knowledge and awareness of depression in intellectually disabled individuals

Future implications of this study would be to engage stakeholders about the benefits of additional training by presenting the results of this study. Training should be made available to not only mental health providers but primary care providers as well. This training would be especially beneficial to new employees and could be implemented in the orientation process. Primary care providers would also benefit from using the depression checklist during active treatment with the individuals served.

Improving the lives of the individuals served should be the number one goal of this institution. Including the appropriate training for all employees would not only

benefit the individuals served but also the employees by minimizing the occurrences of violent behavior within the facility. Adequate training provides all providers knowledge, awareness, and increased confidence when caring for intellectually disabled individuals. Utilizing additional training and continuous education will ensure that all steps are being taken to provide the best care for the persons' served as well as the safest work environment for those caring for these individuals.

This research compared and reviewed different studies and analyses that showed various approaches to identifying depression in persons with intellectual disabilities as well as those who are not disabled. From this research, it is evident that one issue surrounding effective care for disabled individuals is the ability of the care provider to become fully acquainted with the individuals they serve. Knowing the individual habits of the person and not boxing all of them together is vital when identifying depression in these individuals. This can be challenging in a facility with a high employee turnover rate. Issues such as this are why the need to implement the appropriate amount of education during the orientation process.

Conclusion

According to the information collected prior to the training, all of the participants were aware of the importance of identifying depression early in intellectually disabled individuals. The participants were also knowledgeable about how important self-care was for the staff and the persons' served. The study also revealed an increase in the participant's ability to identify depression in disabled individuals after completing the education module. It was also found that the participants acknowledged the need for increased education related to identifying depression in disabled individuals.

The DNP Essentials were met through extensive research, completing continuing education, implementation of the intervention, and interpreting data. Continuing education was chosen based on its relativity to the project. Ensuring consent was obtained as well as staff knowing participation was voluntary was also a requirement that involved the participation of stakeholders in this project. DNP Essentials were also met through meeting with stakeholders and discussing aspects of this project and how the results would impact the institution.

Evidence-based training is fundamental in the orientation process of new employees as well as continuing education for seasoned employees. This facility would benefit from adopting a depression checklist similar to the one introduced in this study. Additional education would benefit the persons' served at this institution as well as improve the work environment for the providers who care for these individuals.

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APPENDIX A – Depression Checklist

Name_____ Date_____ File #_____

Has the patient displayed any of the following?	Yes	No
Sleep disturbances (Check sleep scatter plot)		
• **Changes lasting three consecutive nights or more?**		
Increased sadness or loss of interest in favorite things?		
• **Changes lasting three consecutive days or more? (See event log)**		
Decreased energy/lethargy?		
• **Changes lasting three consecutive nights or more? (See event log)**		
• **Medication changes? (See green slips)**		
Change in appetite?		
• **Diet changes in the last 3 days?**		
Increased agitation/aggression?		
• **Changes lasting three consecutive days or more? (See event log)**		
• **Has a behavior report been completed?**		
Self-injurious behavior		
• **Has a behavior report been completed?**		
• **Has the nurse been notified?**		

APPENDIX B – Depression Screening Pre/Post Test/Survey

	1	2	3	4	5
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of early identification of depression?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of communication when caring for individuals with intellectual disabilities?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of body language when caring for individuals with intellectual disabilities?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of changes in dietary habits and daily activities?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of getting to know the individuals we care for here at Ellisville State School?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of non-verbal communication?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not at all important and 5 being extremely important, how would you rate the importance of self-care?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being extremely low and 5 being extremely high, how would you rate your ability to identify signs of depression in persons with intellectual disabilities?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being not important and 5 being very important, how would you rate the importance of staff being aware of medication changes?	◯	◯	◯	◯	◯
On a scale of 1-5, 1 being extremely low and 5 being extremely high, how would you rate your need for additional education?	◯	◯	◯	◯	◯

APPENDIX C –IRB Approval Letter

Office *of*
Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER:	22-780
PROJECT TITLE:	Implementing a Staff Education Module for Early Identification of Depression in Intellectually Disabled Individuals
SCHOOL/PROGRAM	Leadership & Advanced Nursing
RESEARCHERS:	PI: Charlie Higginbotham Investigators: Higginbotham, Charlie~Baskin, LaWanda~
IRB COMMITTEE ACTION:	Approved
CATEGORY:	Expedited Category
PERIOD OF APPROVAL:	14-Sep-2022 to 13-Sep-2023

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

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