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### Adolescents with Depression Capstone Benchmark Project

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Adolescents with Depression Screening Tool Benchmark  
A Paper Submitted in Partial Fulfillment of the Requirements

For NURS 5382: Capstone

In the School of Nursing

The University of Texas at Tyler

by

Myeshia Salter BSN, RN

August 4, 2022

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### **Executive Summary**

“Depression in children is a common mental health disease, especially in mid to late adolescence that due to its particularities, is a challenge and requires effective diagnosis” (Beiro, et al., 2020). This change project benchmark is important to promote engagement and autonomy to adolescent youth receiving treatment for depression. As nurses must stay abreast of diagnosis which affects the patients for which we provide care and promote inclusion within the treatment process to encourage positive patient outcomes. Enhancing nurses’ knowledge regarding the prevalence, pathology, potential signs, and symptoms of depression in our younger patients will aid providers in making a timely and accurate diagnosis thus fostering a heightened opportunity for treatment success. Increased education and discussion surrounding adolescent depression will offer nurses the opportunity to improve the necessary assessment and communication skills needed to effectively implement the adolescent screening tool to elevate continuity of care and patient inclusion.

## Depression in Adolescents

### **Rationale for the Project**

Depression is a common mental health disorder that adolescents face with an occurrence of 4-5% in mid to late adolescence (Glieb & Pine, 2002). Many people, including nurses, are uneducated regarding how routinely depression in adolescents occurs. Often, this mental health diagnosis is either missed or delayed being identified by medical professionals. Adolescence is a challenging time for many children as they begin developing physically, mentally, and emotionally. Bullying continues to be a struggle that many adolescents silently face which presents potential issues with self-image precipitating depression. Studies completed regarding the prevalence of depression in children and adolescents revealed high percentages of depressive symptoms in both groups (Bernaras, Jaureguizar, & Garaigordobil, 2019). This change project promotes the inclusion of adolescent involvement within the informed consenting process for recommended treatment plans. with symptoms of depression. This plan will be inclusive of the adolescent throughout the development of the treatment plan to promote compliance. The incorporation of this plan will promote autonomy to the adolescent and aid with developing a plan that the adolescent agrees with. “The decision-making ability component can be affected in a psychiatric illness as a result of deficits in mental abilities due to impairments in attention, mood, understanding, and reasoning” (Dalal,2020). The current process does not include the desires or opinions of the adolescents which results in poor efficacy of the treatment plan thus exacerbating the symptoms of depression. The projected completion is feasible and realistic and allows adequate time to efficiently train staff. I would however have liked to have completed a survey with our adolescent population to generate subjective data for this change project. My greatest strength related to the project is my 17-year experience working with adolescents with

varying mental health disorders. I have firsthand knowledge of the negative effects of not including the adolescent in the entire treatment planning process.

### **Literature Synthesis.**

A plethora of scholarly articles were synthesized to enhance knowledge base regarding adolescent depression and benefits of incorporating the adolescent within the treatment plan development. Georgakakou-Koutsonikou and Williams (2017) evaluated young people's conceptualization through qualitative, quantitative, and mixed methods research. Qualitative, quantitative, and mixed methods research were used to provide a more holistic approach to young people's concepts of depression. A general description of the study was performed through systematic research to research if young people's depression resembles aspects of adult conceptualizations. The projected study aim was to examine children and adolescents' conceptualizations of depression and health perceptions. 36 qualitative and quantitative studies were completed through a systematic search of six databases revealed 6871 results screened by abstract title, 98 studies identified as eligible -6671 excluded from the 110 studies examined. Database searches conducted through Web of science, Medline, PsycINFO, Embase, CINAHL and Academic Search Elite. Two instruments were used to ensure a thorough review of examination of the studies in addition to inclusion and exclusion criteria. The independent variable was randomized controlled trials in adolescents whereas, the dependent variable was the conceptualization of depression. This is the first review to systematically draw together literature on young people's concepts of depression.

Weersing, et al (2016) distinguished if demographic, clinical, and contextual predictors, and moderators of acute response to cognitive behavioral prevention and to outline clusters of responders and non-responders to the intervention for adolescents with depression. The study design was a randomized intent to treat design. Adolescents were randomized according to cognitive behavioral prevention or usual community care and inclusion criteria. The research hypothesized if parental depression at baseline would emerge as a significant moderator of acute effects, even within this multivariate context for adolescents with depression. Sampling technique, sample size and characteristics included 310 adolescents who were children of parents with depression in 4 site randomized trial. The independent variable included the univariate Cox regression models to assess which of the candidate predictor variables were associated with MDE onset standard errors. The dependent variable revealed neither parent nor adolescent demographic characteristics significantly predicted onset of a depressive episode during the follow-up period. Participants were interviewed with the Longitudinal Interval Follow-up Evaluation (LIFE) and Depression Symptom Rating scale (DSR) weekly during the follow-up period to measure the outcomes validity and reliability.

Lewis-Smith and Reynolds (2021) evaluated how adolescents perceive values and how psychological therapies influence behavior changes. The article hypothesized if knowing how adolescents conceptualize their values provide new insights beyond the existing quantitative explorations of values, as well as informing psychotherapeutic approaches that use individuals' values to enhance psychological wellbeing. The general description of this study was to explore how adolescents understand of the concept of values and how psychological therapies influence behavior changes. The study design included 1:1 semi-structured interviews using a qualitative thematic analysis methodology and linear-sequential approach. Sampling technique, sample size,

and characteristics included 41 adolescents ranging from 8-12 years old with SMFO scores between 1 to 13 with a mean score of 6.5. No independent or dependent variables were identified for this qualitative study.

These articles all evaluate the psychological and behavioral components related to adolescents with depression using various analysis methodologies. The methodology of systematic review meta-analysis to evaluate young people's conceptualization through qualitative, quantitative, and mixed methods research. In comparison a quantitative approach to identify if parental depression at baseline would emerge as a significant moderator of acute effects. Additionally qualitative method were utilized to determine how adolescents perceive values and how psychological therapies influence behavior changes. All studies utilized identifiable sampling techniques, sampling size and characteristics to formulate evidence-based information.

### **. Project Stakeholders**

The collaboration of persons with a vested interest of the care and efficacy of treatment provided within the facility is essential for the effective implementation of this necessary project tool. For the successful implementation of the adolescents with depression screening tool support is needed from the stakeholders including the CEO, CNO, Psychiatrists, Psychologists, Behavior Analyst, Mental Health Clinicians and Nurses. The adolescent patient and their legal guardian are additionally integral stakeholders for the success of this project. The support of all stakeholders will aid with the successful implementation of this needed screening tool into the clinical practice. This screening tool will aid the treating practitioners with developing a treatment plan which is individualized will foster adolescent autonomy simultaneously.

### **Implementation Plan**

This plan proposes the development of a process for adolescent involvement with the implementation of an adolescent screening tools for youth ages 12-17 within the treatment process including inclusion within informed consenting process for recommended treatment plans. This informed consent plan proposal is in addition to current processes for obtaining consent by a guardian or legally authorized representative to facilitate adolescent patient involvement with the treatment process. This plan will aid in determining adolescent patient comprehension and compliance potential regarding recommended treatments while promoting autonomy and inclusion.

**Projected Start Date:** 01/01/2023

#### **Step One**

Each adolescent patient between the ages of 12-17 will be informed of new treatment recommendations prior to initiation by a Behavioral Analyst, Psychologist, or approved designee within 24 hours.

#### **Step Two**

Each component of the recommended treatment plan will be explained in detail in verbiage which can be interpreted by the adolescent patient including but not limited to the following:

Medication name, reason prescribed, dose, duration, and potential side effects

Cognitive Behavioral Therapy risk and benefits (if applicable)

The potential risk associated with refusing treatments as recommended

**Step Three**

The adolescent patient will be requested to restate recommended treatment plan and provide input regarding whether they approve or disagree with the treatment plan. If the patient is not in agreement with the proposed treatment, the assessor will communicate with the patient to determine the reason for disagreement.

**Step Four**

Patient assessment findings will be documented in the electronic health record and forwarded to the Physician for review.

**Timetable/Flowchart**



**Data Collection Methods**

Data collection for this change project was completed by analyzing and synthesizing evidence-based data regarding adolescents with depression. The benefits and risk associated with the implementation of the screening tool within the clinical practice setting were reviewed in

length. Once approval has been obtained from stakeholder's the implementation phase will be initiated and evaluated with clinician and patient survey questionnaires to identify strengths, weaknesses and needed areas of improvement for this benchmark project.

### **Cost/Benefit Discussion**

There will be minimal cost associated with the implementation of the adolescent with depression screening tool. Copy paper, printer ink, clipboards, and pens are the only foreseeable cost associated with the implementation. The estimated startup cost will be approximately \$ 150.00.

### **Discussion of Results**

There are no official results related to this adolescent with depression screening tool benchmark project to date. This project has been discussed within the strategic planning meetings and it is currently in review for implementation tentatively within the next three months. Stakeholders have verbalized support of this adolescent screening tool to promote optimal mental health care.

### **Conclusions/Recommendations**

Adolescent depression is a prevalent disease for the facility's population base. "The decision-making ability component can be affected in a psychiatric illness as a result of deficits in mental abilities due to impairments in attention, mood, understanding, and reasoning" (Dalal,2020). Incorporating the adolescent throughout the treatment plan process will facilitate autonomy and aid with the development of a plan that is patient specific driven. This project has the potential to improve the overall care and patient outcomes for adolescent patients by fostering individualized treatment plans that are in alignment with the adolescents desired

outcomes with treatment. I recommend the implementation phase begin with weekly strategic planning meetings to development a feasible project start date within the next three months.

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## Appendix A

## Synthesis Table

PICOT Question: In adolescents(P) with depression(I) how does cognitive behavioral therapy compared to basic symptom teaching affect psychiatric treatment (O) within 1 year (T)?

Studies	Design	Sample	Intervention	Outcome
A	Systematic Review	N = 36 qualitative and quantitative studies  Sample: 6781 results screened by abstract title –  98 studies identified as eligible  110 studies examined in full text	IV: randomized controlled trials of adolescents DV: Conceptualization of depression	Level I Evidence Strengths: multiple samples reviewed; qualitative and quantitative studies; standardized approach Limitations: limited comparisons Financial Implications: Not discussed Recommendations: additional research needed
B	RCT	4 site randomized controlled trial  Sample: 310 adolescents aged 13–17 years	IV: univariate Cox regression models  HR $\frac{1}{4}$ 0.65, 95% CI $\frac{1}{4}$ 0.41–1.03, p $\frac{1}{4}$ .07	Level II evidence Strengths: comparable studies Weaknesses: no demographic information for parents or participants
C	RCT	Sample: 41 adolescents  Ages: 8 -12  Participants SMFQ scores ranged from 1 to 13 with a mean score of 6.5.	IV: Qualitative thematic analysis methodology DV: N/A	
D	RCT	Randomly assigned Varying demographic areas	Randomized to the NIC DV CDI total score	Level II evidence Further studies are needed to determine the specific active processes responsible for the positive effects of the CB preventative program
E	RCT	4648 adolescent boys and girls between the ages of 10 and 18 years, inclusive, conducted in school settings.	relative to other children, children and adolescents with high degrees of depressive symptoms missed about 1 day more of school in the month preceding the survey ( $P < .05$ )	High levels of depressive symptoms are correlated with serious and significant consequences, even after controlling for life circumstances.
F	SR	20 studies 10 RCT and 10 open trials	<b>No difference between IPT-A and active control interventions</b> <b>IPT-A consistently superior in less structured interventions</b>	Lack of superiority in IPT-A for improving interpersonal difficulties highlights a need for studies to explore the underpinning mechanisms of the change
G	RCT	( $n = 149$ ; 81 boys, 68 girls ( $n = 89$ ; 51 boys, 38 girls).	SCAS from baseline to post-test was $-.71$ (95% CI $-2.48$ to $1.06$ , $p = .43$ ), and the 2–3 month follow-up was $-.49$ (95% CI $-2.60$ to $1.61$ , $p = .64$ ).	implementation of the programme confirmed the partial feasibility of the programme but did not elicit a significant reduction in anxiety scores
H	Qualitative study	Eight female patients participants were offered a total number of 28 sessions. Semi-structured qualitative interviews	<b>Four main themes identified</b>	therapy should be tailored to the needs of adolescents with depression and incorporate the challenges
I	Qualitative Study	Eighty-nine adolescents aged 13-15 years were		intrapersonal strategies, consisted of the subcategories

## DEPRESSION SCREENING TOOL BENCHMARK

		divided into 12 focus groups.		
J	SR	RCTs were eligible for inclusion if they met criteria 1235 participants	odds ratio (OR) to describe dichotomous outcomes, mean difference (MD) to describe continuous outcomes.	limited evidence upon which to base conclusions about the relative effectiveness of psychological interventions, antidepressant medication and a combination of these interventions.
K	RCT	audiotaping or non-disclosure of identity helped in reducing bias	<b>detailed discussion, simplifying the language, breaking the information in components easily understandable by the patients,</b>	Need for a modified informed consent procedure

Legend: A = Georgakakou-Koutsonikou, N., & Williams, J. M., 2017, B = Weersing et al. 2016, C = Lewis-Smith ,2021, D = Possel et al., 2013, E = Glied, S, 2002, F =Duffy et al. 2019 , G= Ohira, Ikuyo et al., 2019, H= Løvgren, A., Røssberg et al., 2019, I= Garmy, P., Berg, A., & Clausson, E. K. ,2015, J= Cox et al., 2012, K=.Dalal, 2020

Appendix B

Flowchart



Appendix C

**Instrument (Adolescent Survey Tool)**

*This screening tool will be completed for adolescents between 12 -17 years of age on a quarterly basis. Parental consent required prior to completion.*

<b>Adolescent Information</b>	Name: _____ Case Number: _____ DOB: _____ Age: _____ Treating Psychiatrist _____
<b>Guardian Information</b>	Name: _____ Address: _____ Phone Number: _____ <input type="checkbox"/> Consent and Signature Obtained – <i>If not STOP here</i>
<b>Adolescent Knowledge (Diagnosis)</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Specify _____
<b>Adolescent Knowledge (Treatment Plan)</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Specify _____ <input type="checkbox"/> Pt in agreement with treatment plan <input type="checkbox"/> Pt not in agreement with treatment plan
<b>Medication Compliance</b>	<input type="checkbox"/> Pt confirms compliance with medication regimen <input type="checkbox"/> Pt denies compliance with medication regimen <i>If so, state reason why:</i> _____
<b>Adolescent Concerns (Treatment Plan)</b>	_____ _____ _____
<b>Adolescent Desired Changes (Treatment Plan)</b>	_____ _____ _____
<b>Referrals Recommended</b>	<input type="checkbox"/> Counseling <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Mental Health Nurse <input type="checkbox"/> Psychiatrist follow-up

**By signing below, the guardian gives consent for the screening tool to be completed with adolescents. Survey findings will be forwarded to appropriate personnel.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Psychiatrist Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_