

# eDASA+APP in Finland: is there any impact on nurses' attitudes towards violence risk assessment?

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# Hospital District of Helsinki and Uusimaa in Finland

- Catchment area 2.2 million citizens
- 26 mental health inpatient units for adults, both general and forensic





### Aim of our study

- Adapt eDASA+APP to our local needs
- To help nurses to prevent violence and coercion
- Standardize use of short-term risk assessment methods (DASA)
- Increase service user involvement in violence risk assessment and management

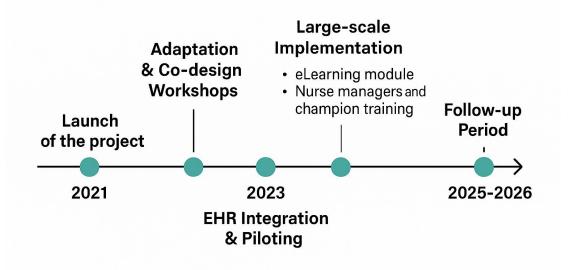


### Methods used in the Finnish eDASA+APP study

 A mixed-method implementation study guided by the CFIR

### •Key elements:

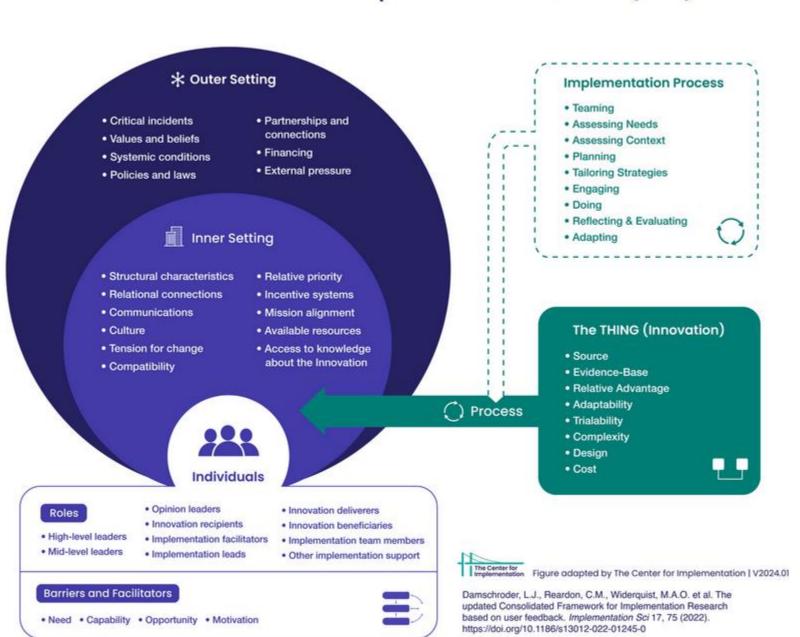
- Co-design workshops for local adaptation (f=6, n=42 nurses, nurse managers, psychologists, people with lived exprience)
- Learning modules for clinicians, and managers & champions
- Quantitative pre-post data (EHR, surveys)
- •Focus group interviews (adaptation & implementation evaluation)





### Consolidated Framework for Implementation Research (CFIR) 2.0

In this project, we focus on making implementation sustainable – that's why we started with individuals



#### **FEATURE ARTICLE**

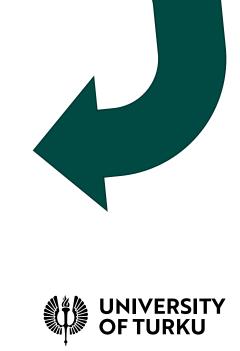
# Implementing the Dynamic Appraisal of Situational Aggression in Mental Health Units

Lantta, Tella MNSc, RN; Daffern, Michael PhD, MPsych (Clin), BSc(Psych), GCHE; Kontio, Raija PhD, RN; Välimäki, Maritta PhD, RN

Author Information ⊗

Clinical Nurse Specialist 29(4):p 230-243, July/August 2015. | DOI: 10.1097/NUR.00000000000140

After 10 years...Are nurses still favouring their clinical judgement?



### Attitude survey – a pre-post design

- "Mental health nurses' attitudes towards risk assessment, risk assessment tools, and positive risk" (Downes et al. 2016)
- 13 statements, Likert- scale
- 26 adult psychiatry inpatient units pre, 23 units post
- Nurses and nurse managers
- Statistical analysis methods













### Attitudes of nurses and nurse managers towards violence risk assessment and management: A cross-sectional study in psychiatric inpatient settings

Jaakko Varpula, Maria Ameel, Tella Lantta 🔀

First published: 07 June 2024 | https://doi.org/10.1111/jpm.13069



## **Participants**



- Pre: n=111 (response rate 24%) – Apr-May 2023
- Post: n=132 (25%) Nov-Dec 2024
- 57%/64% women
- 47%/46% registered nurses, 13/12% managers
- Work experience in the field of mental health on average 13/14 years



# What did the pre-survey tell us?

- Almost all felt that risk assessment was their responsibility and that risk management plans were important
- 2. 1/4 felt that the assessment is the responsibility of the doctor
- 3. More than half preferred their own assessment over validated scales or had not formed an opinion
- 4. A similar distribution when asked whether scales are effective in identifying those at risk
- 5. Older respondents and nurse managers had more positive attitudes vs younger respondents and staff nurses



|                                 | Pre % (n=111)                      | Post % (n=132) |
|---------------------------------|------------------------------------|----------------|
| Validated risk assessment tools | do not identify effectively peop   | le in risk     |
| Strongly agree                  | 1,8 (2)                            | 3,0 (4)        |
| Agree                           | 12,6 (14)                          | 12,1 (16)      |
| Not sure                        | 41,4 (46)                          | 31,1 (41)      |
| Disagree                        | 33,3 (37)                          | 37,9 (50)      |
| Strongly disagree               | 10,8 (12)                          | 15,9 (21)      |
| My own clinical judgement is s  | superior over the validated scales | 3              |
| Strongly agree                  | 3,6 (4)                            | 2,3 (3)        |
| Agree                           | 12,6 (14)                          | 18,2 (24)      |
| Not sure                        | 36,0 (40)                          | 35,6 (47)      |
| Disagree                        | 40,5 (45)                          | 34,1 (45)      |
| Strongly disagree               | 7,2 (8)                            | 9,8 (13)       |



#### Validated risk assessment tools do not identify effectively people in risk Practical nurses Registered nurses Nurse managers Pre % Post % Pre % Post % Pre % Post % (n=36)(n=56)(n=60)(n=60)(n=15)(n=16)21,4 (12) Agree 11,1 (4) 18,3 (11) 11,7 (7) 6,7(1) 6,3(1) 35,7 (20) 6,3 (1) 47,2 (17) 26,7 (4) 41,7 (25) 33,3 (20) Not sure 87,5 (14) 55,0 (33) 66,7 (10) Disagree 42,9 (24) 40,0 (24) 41,7 (15)



### Reflections on the results



- eDASA+APP FI implementation
   → positive impact on nurses
   attitudes towards use of
   validated tools for violence risk
   assessment, especially among
   RN's and nurse managers
- We need to pay more attention to training given to nurses with less education (practical nurses) and identify their learning needs



# Only 5 years to go!



Implementation of DASA started 12 years ago in Finland

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We can see attitudes changing

eDASA+APP is working when fully impelemented



Full implementation needs a culture change in a attitudinal level & organizational commitment



Thank you for your attention!

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