

How implementation science can help us reduce coercion? A Finnish & FOSTREN perspective

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Holmen conference 2024

Coercion

Habits –
both staff
and patient

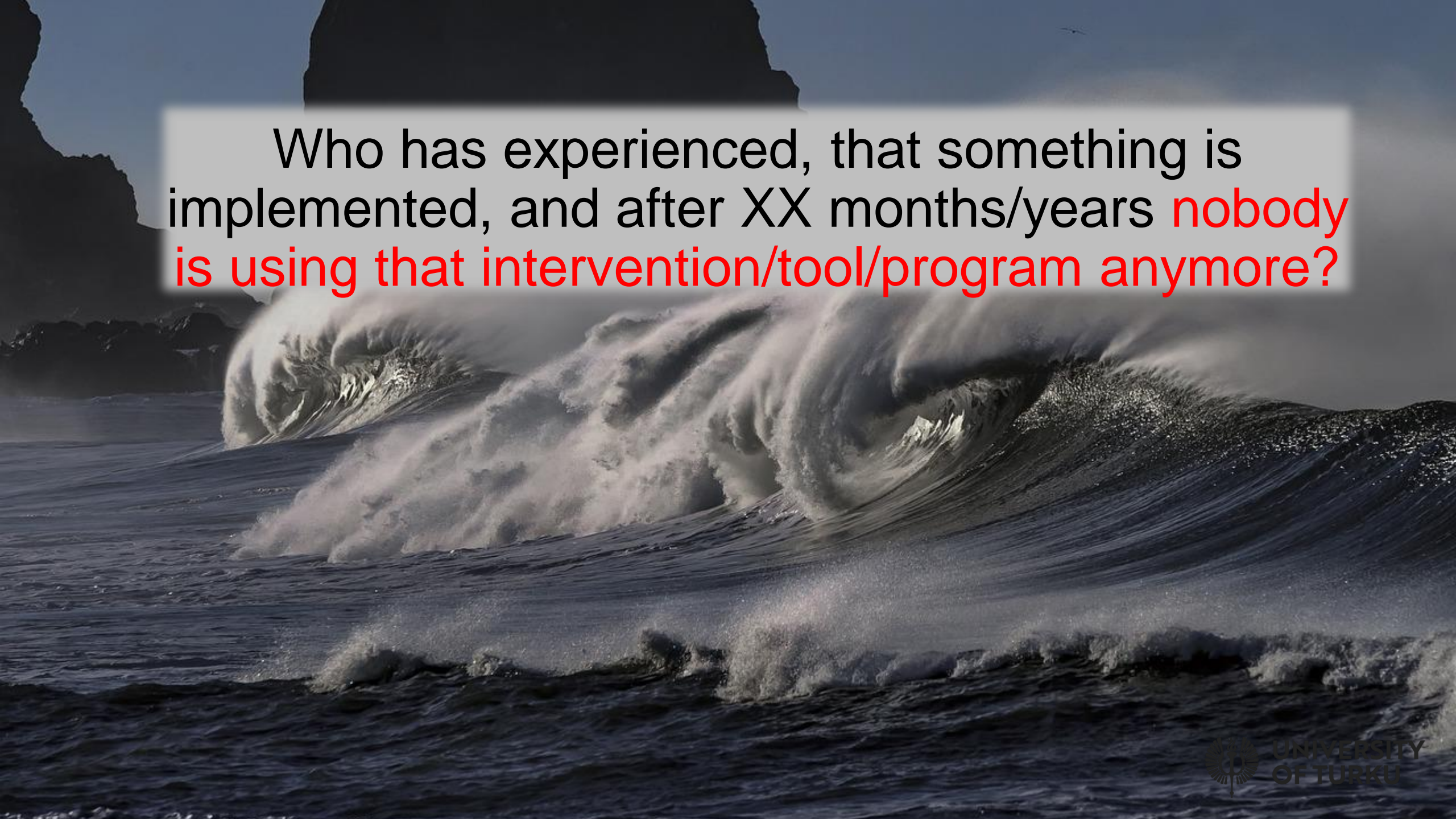
Treatment
failure

Competence

Safety
culture

Physical
environment





Who has experienced, that something is implemented, and after XX months/years **nobody is using that intervention/tool/program anymore?**

Content of this presentation

1. A little bit about the Finnish network
2. FOSTREN results related to implementation science
3. Implementation insights from my Finnish projects



The Finnish network

- Current name: **Eettisyys itsemääräämisoikeuden rajoittamisessa -verkosto**

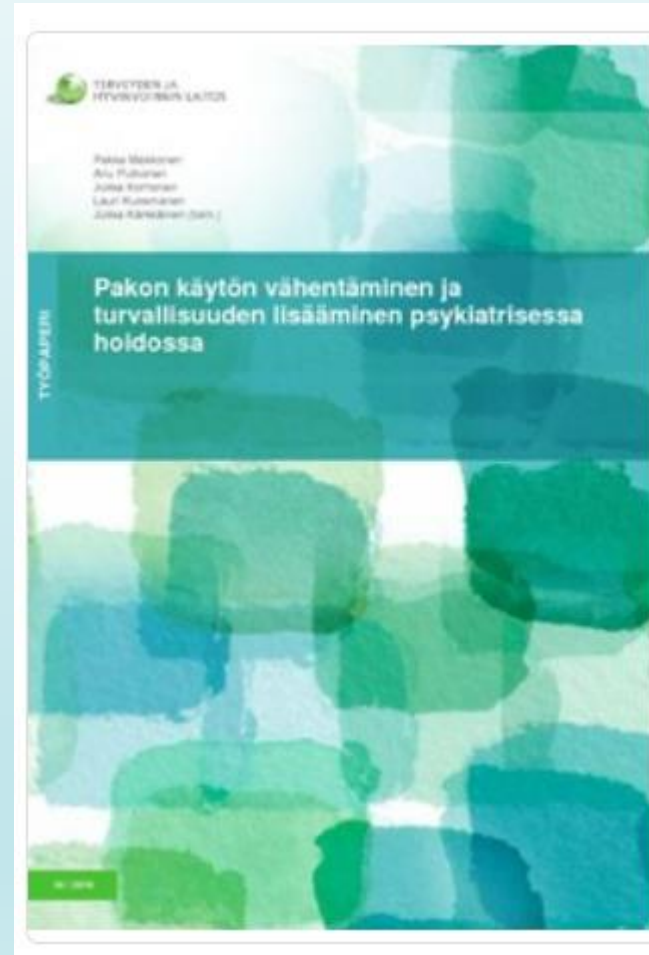
~ Ethical deprivation of self-determination

- Previously: Network for reducing coercion in care, established

- 23 organisations/~70 members involved, including
 - 19 welfare counties/regions
 - All forensic state hospitals (2)
 - Prison health services (1)
 - One University (where I work)
 - National Institute for Health and Welfare

Key activities

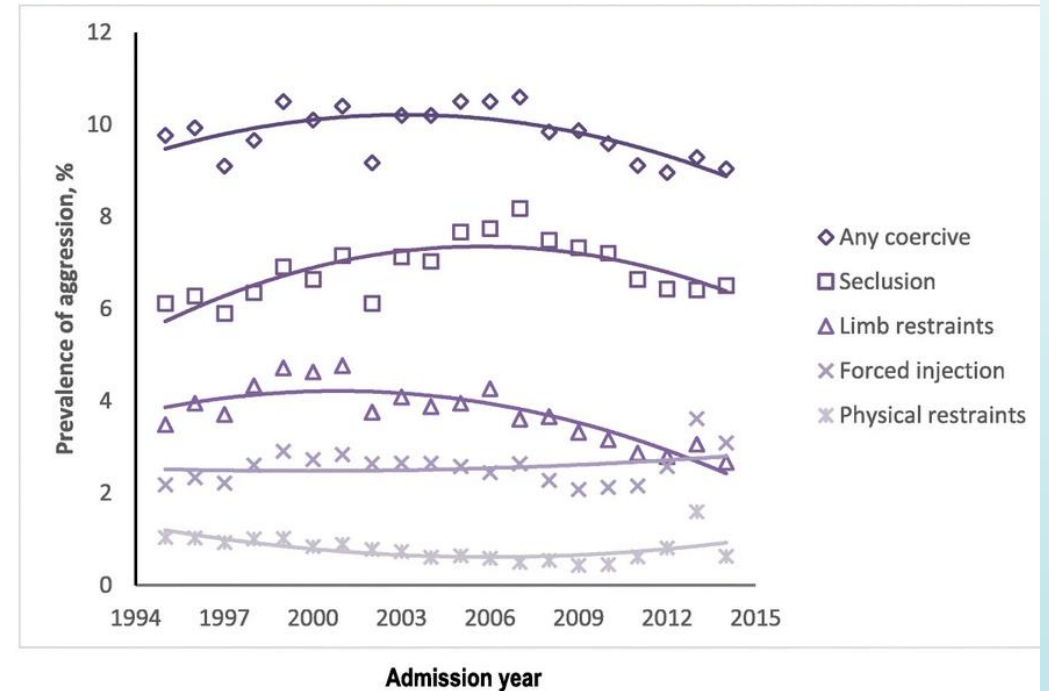
- Established after national target was set to reduce coercion by 40% in 2010
- Member meetings, yearly national congress, working groups (quality standards)
- First (small) budget from ministry in year 2023



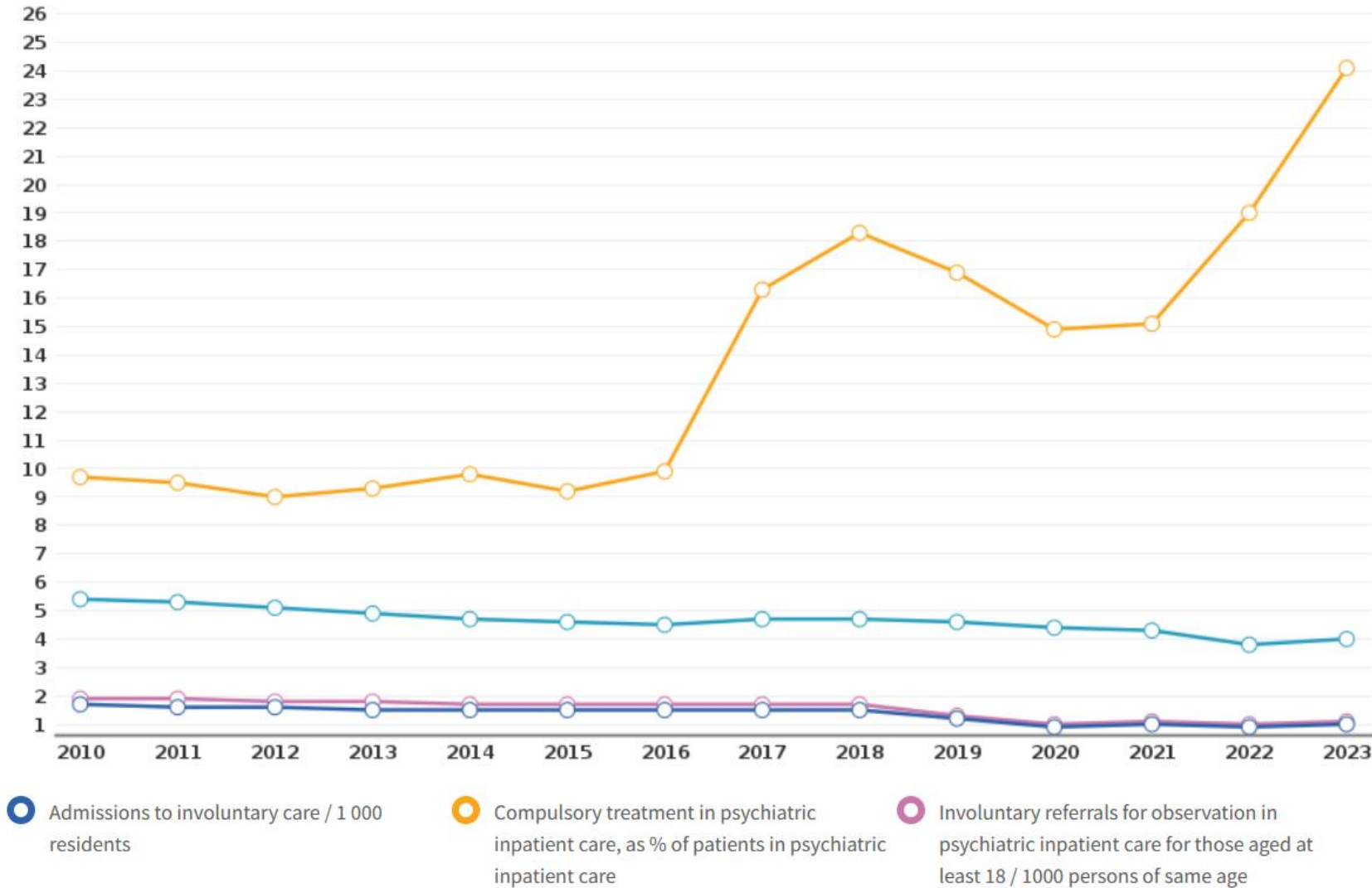
Has this work been successful?

- *Based on our register study: the overall prevalence of coercive treatment on inpatients was 9.8%, **with a small decrease during 2011–2014**. Only the use of limb restraints showed a downward trend over time. Geographic and care provider variations in specific coercive measures used were also observed.*

From: [Trends in the use of coercive measures in Finnish psychiatric hospitals: a register analysis of the past two decades](#)



Time trend of prevalence of different coercive treatment methods: raw data and smoothed curve by quadratic function



Compulsory treatment 2017 ->

Bodily search and physical examination, restrictions on contact, isolation from other patients, applying limb restraints, restraining a patient physically as part of care, involuntary medical procedure / examination, **restrictions on freedom of movement**, confiscation of possessions and inspection of possessions

!! Severe quality issues 2020-2023 in this register

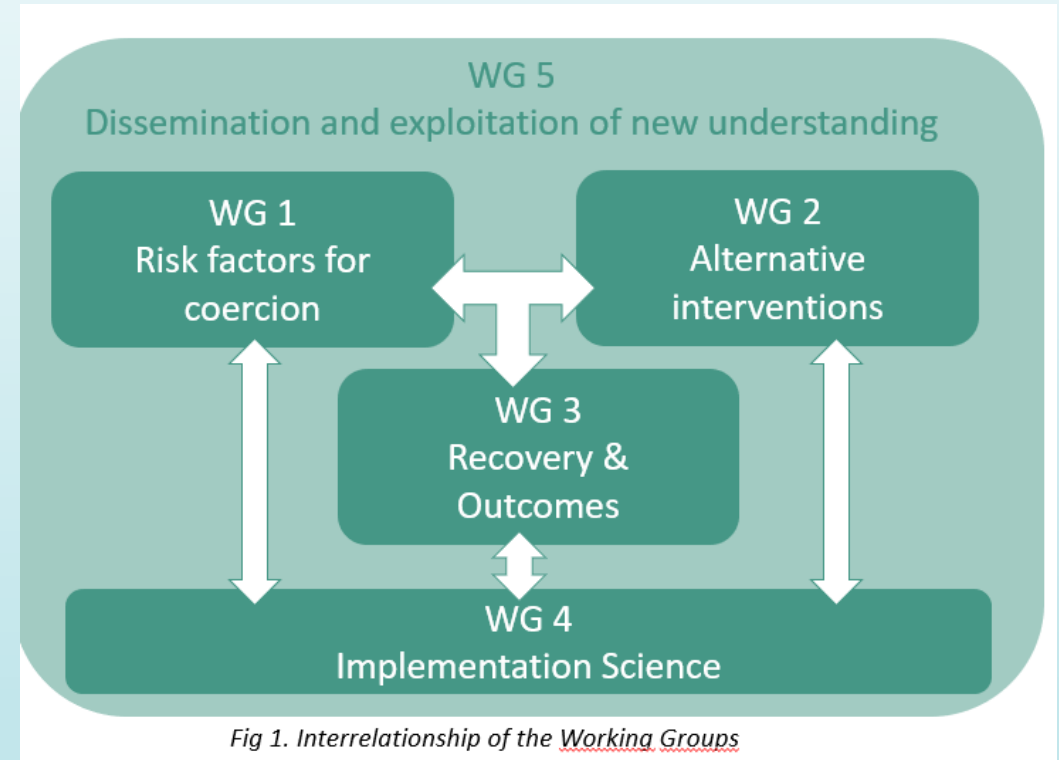
International network – FOSTREN

Working group 4 Implementation science



Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services

- A network of researchers and practitioners focused on reducing the degree to which mental health services use coercion in mental health care
- A COST Action funded by European commission (2020-2024)
- A consortium with currently 38 participating countries and 217 members



Working group 4: Implementation science

- Objective: To summarise current knowledge on the most effective methods for implementation / transformation of health services as it relates to the specific issue of reducing coercion in mental health services.
- An overall implementation model will be formulated based on the analysis of the WG and implementation packages for different contexts (e.g. high vs. low resource services) will be created

Implementation models and coercion reduction programs: results from a systematic review

SYSTEMATIC REVIEW article

Front. Psychiatry, 15 June 2023

Sec. Forensic Psychiatry

Volume 14 - 2023 | <https://doi.org/10.3389/fpsyt.2023.1158145>

Models, frameworks and theories in the implementation of programs targeted to reduce formal coercion in mental health settings: a systematic review



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Richard Whittington^{9,10,11}



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Review questions

- Which are the interventions applied by the studies of implementation?
- Which models, frameworks, or theories (hereafter models) are used by the studies of implementation of coercion reduction programs in mental health settings?
- What are the outcomes of implementation studies of coercion reduction programs?

Definitions

- Models enhance dissemination and implementation (D/I) of health care innovations
- Sometimes called ‘implementation interventions’, ‘implementation packages’, ‘implementation protocols’, ‘knowledge translation’ etc...but they all:
 - ✓ Target on behavioral change (on different levels/phases)
 - ✓ Ensures all essential implementation strategies are included
 - ✓ Makes the process more systematic
 - ✓ Can improve health and intermediate (e.g. attitudes) outcomes, and resource use

Methods

- A systematic review, protocol register 10/2021 (Prospero)
- Database searches: 9 databases; 5295 hits (duplicates removed)
- Abstract and title screening completed January 2022
- Full-text screening (185 full-texts)
 - 5 full-text are included from database search + 4 from manual search, in total 8 studies (9 articles)
- Descriptive and narrative analysis

5 papers are included from databases

Feature Article

Implementing the Dynamic Appraisal of Situational Aggression in Mental Health Units

Tella Lantta, MNsc, RN ■ Michael Daffern, PhD, MPsy (Clin), BSc(Psych), GCHE ■
Raija Kontio, PhD, RN ■ Maritta Välimäki, PhD, RN



Archives of Psychiatric Nursing
Volume 30, Issue 6, December 2016, Pages 722-728



Implementation of a Recovery-Oriented Training Program for Psychiatric Nurses in the Inpatient Setting: A Mixed-Methods Hospital Quality Improvement Study ☆

Renee John R. Repique^{a,✉}, Peter M. Vernig^a, John Lowe^b, Julie A. Thompson^c, Tracey L. Yap^c

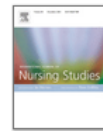
Evidence-Based Practice: Implementing Trauma-Informed Care of Children and Adolescents in the Inpatient Psychiatric Setting

Renae Hale¹ and M. Cecilia Wendler²

Journal of the American Psychiatric Nurses Association
1-10
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International Journal of Nursing Studies
Volume 88, December 2018, Pages 114-120



Implementation of the Safewards model in public mental health facilities: A qualitative evaluation of staff perceptions

Niall Higgins^{a,✉}, Thomas Meehan^{c,d}, Nathan Dart^b, Michael Kilshaw^e, Lisa Fawcett^b

ORIGINAL RESEARCH article

Front. Psychiatry, 24 May 2019 | <https://doi.org/10.3389/fpsy.2019.00340>



Preventing and Reducing Coercive Measures—An Evaluation of the Implementation of the Safewards Model in Two Locked Wards in Germany

Johanna Baumgardt^{1,2*}, Dorothea Jäckel^{1*}, Heike Helber-Böhlen¹, Nicole Stiehm¹, Karin Morgenstern¹, Andre Voigt¹, Enrico Schöppe¹, Ann-Kathrin Mc Cutcheon¹, Edwin Emilio Velasquez Lecca¹, Michael Löhr^{3,4}, Michael Schulz^{3,4}, Andreas Bechdorf^{5,6} and Stefan Weinmann^{1,7}

4 additional papers (3 studies)

Implementing the START:AV in a Dutch Residential Youth Facility: Outcomes of Success [Translational Issues in Psychological Science]

Article in Translational Issues in Psychological Science · June 2019
DOI: 10.1037/tps0000193

CITATIONS
5

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Hogeschool Utrecht

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International Journal of Mental Health Nursing (2020) 29, 608-621

doi: 10.1111/inm.12693

ORIGINAL ARTICLE

‘Why didn’t you just give them PRN?’:
A qualitative study investigating the factors
influencing implementation of sensory modulation
approaches in inpatient mental health units

Lisa Wright,^{1,2} Sally Bennett¹ and Pamela Meredith^{1,3}

Contextual Barriers and Enablers to Safewards Implementation in Victoria, Australia: Application of the Consolidated Framework for Implementation Research

Justine Fletcher^{1†}, Lisa Brophy^{2†}, Jane Pirkis^{1†} and Bridget Hamilton^{3†}

Patient Preference and Adherence

open access to science

Open Access Full Text Article

ORIGINAL

Using the Dynamic Appraisal of Situational Aggression with mental health inpatients: a feasibility study

This article was published in the following Dove Press journal:
Patient Preference and Adherence
28 April 2016
Number of times this article has been viewed

Tella Lantta¹
Raija Kontio¹⁻³
Michael Daffern⁴
Clive E Adams⁵
Maritta Välimäki^{1,6,7}

Purpose: This paper aims to explore the acceptability of Dynamic Appraisal of Situational Aggression (DASA) from the perspective of patients, its actual use by patients and the predictive validity of the DASA instrument.

Methods: A feasibility study design incorporating quantitative and qualitative data was used. The study was conducted in three mental health inpatient units at the

cost
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY

What are the interventions studied

Study	Safewards	Violence risk assessment	Recovery-oriented training for staff	Sensory modulation	Trauma-informed care
Baumgardt 2019	x				
De Beuf 2019		x (START:AV)			
Fletcher 2021	x				
Hale 2020					x
Higgins 2019	x				
Lantta 2015,2016		x (DASA)			
Repique 2016			x		
Wright 2020				x	

What implementation models were found?

	To guide			To evaluate	/analyze			
Study	Ottawa Model of Research Use (OMRU)	Iowa Model for Evidence Based Practice—Revised	Skolarus & Sales implementation approach	Implementa- tion Outcomes Framework (IOF)	Consolida- ted Framework for Implemen- tation Research (CFIR)	Theoreti- cal Domains Frame- work (TDF)	Behavio- ral Change Wheel	Promoting Action on Research Implementation in Health Services (PARIHS)
Baumgardt 2019			x					
De Beuf 2019				x				
Fletcher 2021					x			
Hale 2020		x						
Higgins 2019							x	
Lantta 2015,2016	x							
Repique 2016								y

What implementation outcomes were found?

- We sought implementation outcomes as defined by Proctor et al. (2011)
 - acceptability
 - adoption
 - appropriateness
 - feasibility
 - fidelity
 - implementation costs
 - penetration
 - sustainability
- None of the studies reported all of eight implementation outcomes
- The number of implementation outcomes mentioned varied between 3 and 5 outcomes.
- **Acceptability** (7 out of 9 papers), **appropriateness** (8/9) and **sustainability** (7/9) were most commonly named in the papers, whereas penetration was found in only one of the studies.
- However, most of the studies only mentioned an outcome by the name in their paper and did not report any actual data about the outcomes.



Acceptability and adoption

- In most of these studies (n=4), **acceptability** of the intervention was evaluated from the staff's viewpoint with mixed views towards the intervention
- One study included patient perspective
- Three papers reported data about **adoption**, all from the staff's perspectives
- All three studies found that there is scope for improving adoption of the intervention during and after the implementation period

Appropriateness and feasibility

- Two papers reported data about **appropriateness** from staff viewpoint
- In one study, intervention (START:AV) received mixed views about if it was useful for treatment.
- In one study, evaluation revealed both appropriate and inappropriate ways sensory modulation approaches had been used in care.
- Two papers reported data about **feasibility** from the staff viewpoint
- One study asked staff about their intervention's practicality. Staff thought that they lacked time to use the intervention and it took more time than expected.
- One study evaluated how the intervention actually worked. DASA predicted aggression as expected.

Fidelity and implementation costs

- Two of the included studies provided data on **fidelity** based on staff implementation activities
- Both of the studies reported a high level of fidelity when implementing Safewards
- However, in one study, some wards were only implementing 1-4 interventions (out of 10)
- None of the included studies provided data about **implementation costs**



Penetration and sustainability

- Only one paper provided information about **penetration**.
 - This study evaluated if the intervention (START:AV) was integrated in the setting's treatment plans and case conferences.
 - The integration of the tool into the treatment process seemed to improve over time.
- Only one paper provided information about **sustainability**, from staff viewpoint.
 - According to this study, there was a 9.3% reduction of physical holding and seclusion holds 12 months later after implementing trauma-informed care in children and adolescent inpatient services

Conclusions

- We screened 5295 coercion reduction intervention studies but of those we could only find nine (0.2 %) that had used a named implementation model
- Systematic implementation models appear to be seldom used (or named) when efforts are being made to embed interventions aimed at reducing use of coercive measures in routine mental health care
- Quality of the included studies was mostly quite low (MMAT), with the exception of two qualitative papers
- Based on our review, it is unclear what are the costs and resources needed to implement complex interventions with guidance of a implementation model
- Including service users and carers perspectives needs to be included in future studies



Implementation science approach in my Finnish projects



Turun yliopisto
University of Turku

EVIDENCE-BASED VIOLENCE RISK ASSESSMENT IN PSYCHIATRIC INPATIENT CARE: AN IMPLEMENTATION STUDY

Tella Lantta

2013 - 2016



Focus on the process

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Feature Article

Implementing the Dynamic Appraisal of Situational Aggression in Mental Health Units

Tella Lantta, MNsc, RN ■ Michael Daffern, PhD, MPsy (Clin), BSc(Psy), GCHE ■
Raija Kontio, PhD, RN ■ Maritta Välimäki, PhD, RN

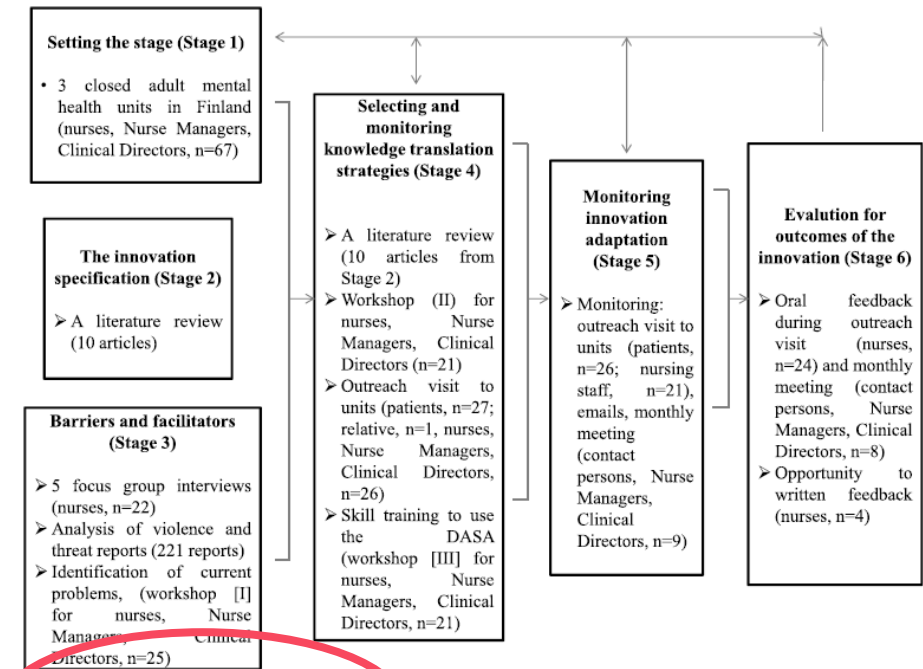


FIGURE. A summary of the stages and methods used in the implementation of the Dynamic Appraisal of Situational Aggression (DASA) by the Ottawa Model of Research Use (OMRU).

Focus on setting the stage



Original Article | [Full Access](#)

Facilitators for improvement of psychiatric services and barriers in implementing changes: From the perspective of Finnish patients and family members

Tella Lantta RN, PhD, Postdoctoral researcher (Academy of Finland)✉, Minna Anttila PhD, Docent, Senior researcher, Jaakko Varpula RN, MNSc, Doctoral candidate, Maritta Välimäki RN, PhD, Docent, Professor

First published: 20 November 2020 | <https://doi-org.ezproxy.utu.fi/10.1111/inm.12815>

We approached the study using the Theoretical Domains Framework (TDF) (Cane *et al.* [2012](#)). The TDF is a healthcare methodological tool that can be used to identify barriers and enablers for behaviour change at the individual and organizational levels (Cane *et al.* [2012](#); Sargent *et al.* [2017](#)). Furthermore, the framework explains facilitators and implementation barriers from different viewpoints (Sargent *et al.* [2017](#); Shaw *et al.* [2016](#)). An explanatory

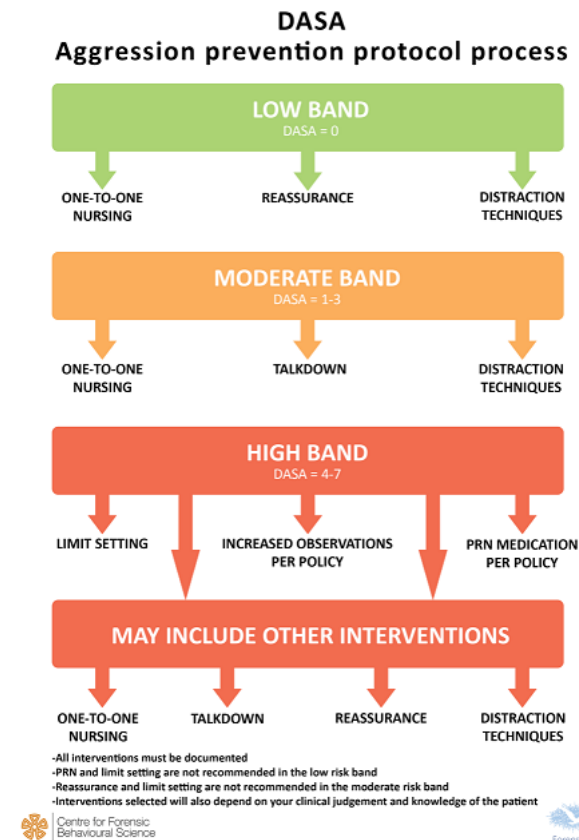
Focus on planning

- eDASA+APP FI project (2022-2026) - NCT06342531
- Electronic Dynamic Appraisal of Situational Aggression + Aggression Prevention Protocol



eDASA + APP

- Electronic DASA (Dynamic Appraisal of Situational Aggression, Ogloff & Daffern 2006)
- Aggression Prevention Protocol (APP)
- The APP offers recommendations for aggression prevention strategies or nursing interventions that correspond to the low, medium or high risk level (as measured using the eDASA)
- Based on two Australian studies the use of the eDASA+APP helps to reduce incidents of aggression and restrictive practices in mental health units



Developing and testing eDASA + APP FI

1. Exploring nurses' attitudes towards risk assessment, management, and positive risk*
2. Modifying eDASA + APP to Finnish context in workshops – co-production
4. Development of eTraining module
5. Integrating eDASA to Apotti (EPIC based patient data management system) and testing FI version in inpatient wards (~30 units)
6. Patient engagement will be realized through "bed-side" assessments i.e. by using a tablet-computer or a laptop



SAIRAANHOITAJIEN
KOULUTUSSÄÄTIÖ

HUS*



Työsuojelurahasto
Arbetskyddsfonden
The Finnish Work Environment Fund



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* Downes C, et al. Survey of mental health nurses' attitudes towards risk assessment, risk assessment tools and positive risk. J Psychiatr Ment Health Nurs. 2016;23(3-4):188-97.

Focus on planning

+ co-design of the Finnish eDASA+APP

- The Johns Hopkins Evidence Based Nursing Model (JHEBNM)*

→ Starting from a clinical problem – already familiar environment – simple 3-stage process: 1) need, 2) evidence-based knowledge, 3) translating evidence to practice, implementation, continuous evaluation, dissemination

- CFIR Card Game**

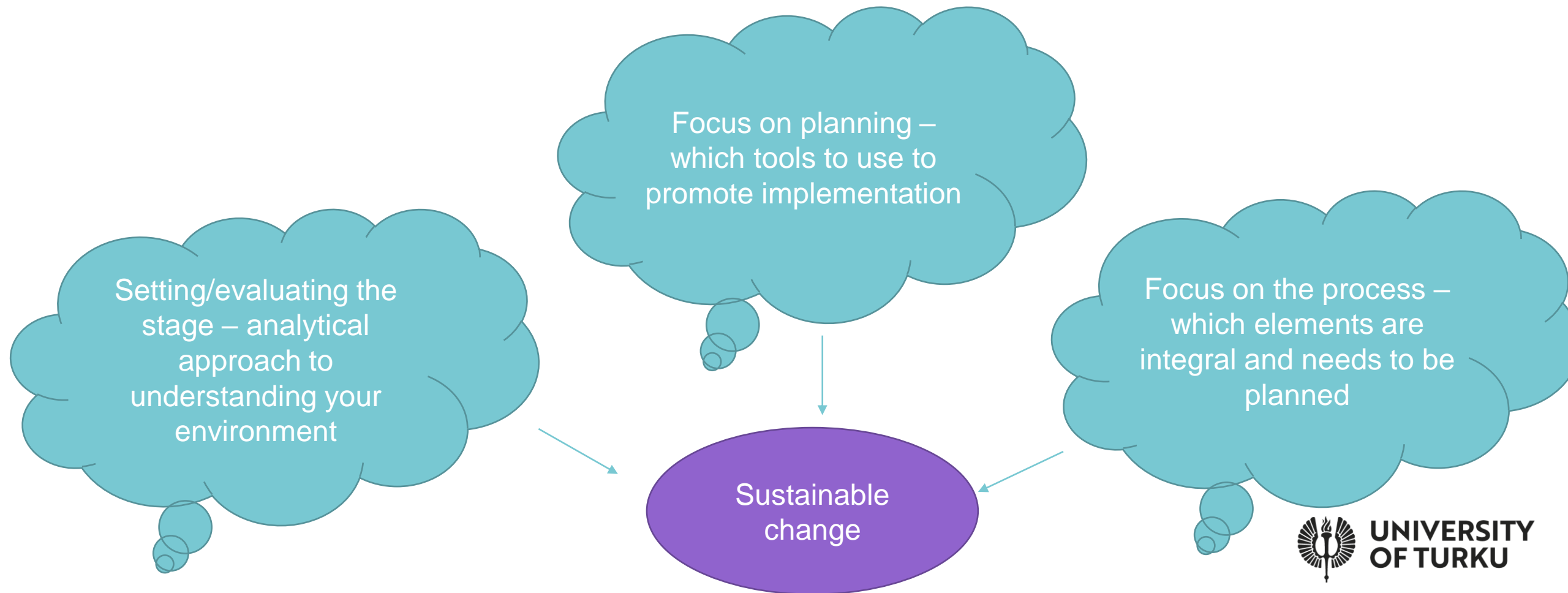
→ Pre-implementation workshop for nurse managers and champions: barriers and facilitators

*Dang D, Dearholt S. 2017. Johns Hopkins nursing evidence-based practice: model and guidelines. 3rd ed. Indianapolis, IN: Sigma Theta Tau International.

Piat M, Wainwright M, Sofouli E, Albert H, Casey R, Rivest MP, Briand C, Kasdorf S, Labonté L, LeBlanc S, O'Rourke JJ. The CFIR Card Game: a new approach for working with implementation teams to identify challenges and strategies. Implement Sci Commun. 2021;2(1):1.



To conclude— how implementation science can help us to reduce coercion





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Thank you for your attention!

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