Advancing use of coercion reduction programs in mental health services: A systematic review of implementation tools

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Content of the presentation

- What is COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services)?

- Results from FOSTREN's work package 4 'Implementation Science'

FOSTREN network

FOSTREN is:

- 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 26 participating countries and ~~200 members

Aims to:

- Exchange international expertise from all stakeholder groups - service users, practitioners, health service managers, educators, researchers, and policy makers
- Create an integrated framework for effective implementation of most successful initiatives to reduce coercion
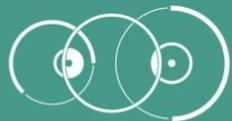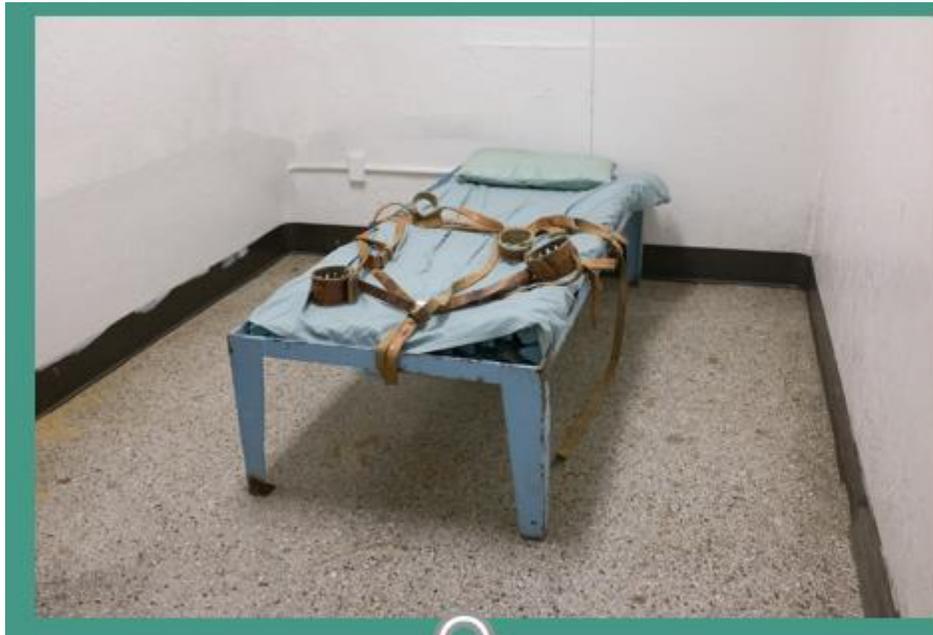
Why do we need FOSTREN?

- Many people receiving mental health care are subjected to coercive practices
- These practices can violate human rights and there is a growing international policy momentum to stop using them urgently
- Good clinical practice in this area is inconsistent across globe
- Research on effectiveness is fragmented
- Understanding of the barriers and facilitators for real-world service transformation is limited

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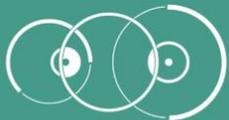
What we do in FOSTREN?

- Work Groups around different topics related to coercive practices (Fig 1)
- Training schools
- Network meetings across Europe and online
- Produce outputs, like a glossary, a mapping exercise, recommendations, state-of-art reviews and an implementation model
- Fund Short Term Scientific Missions (STSM) and Inclusiveness Target Country (ITC) Conference Grants

WG 5
Dissemination and exploitation of new understanding

WG 1
Risk factors for coercion

WG 2
Alternative interventions

WG 3
Recovery & Outcomes

WG 4
Implementation Science
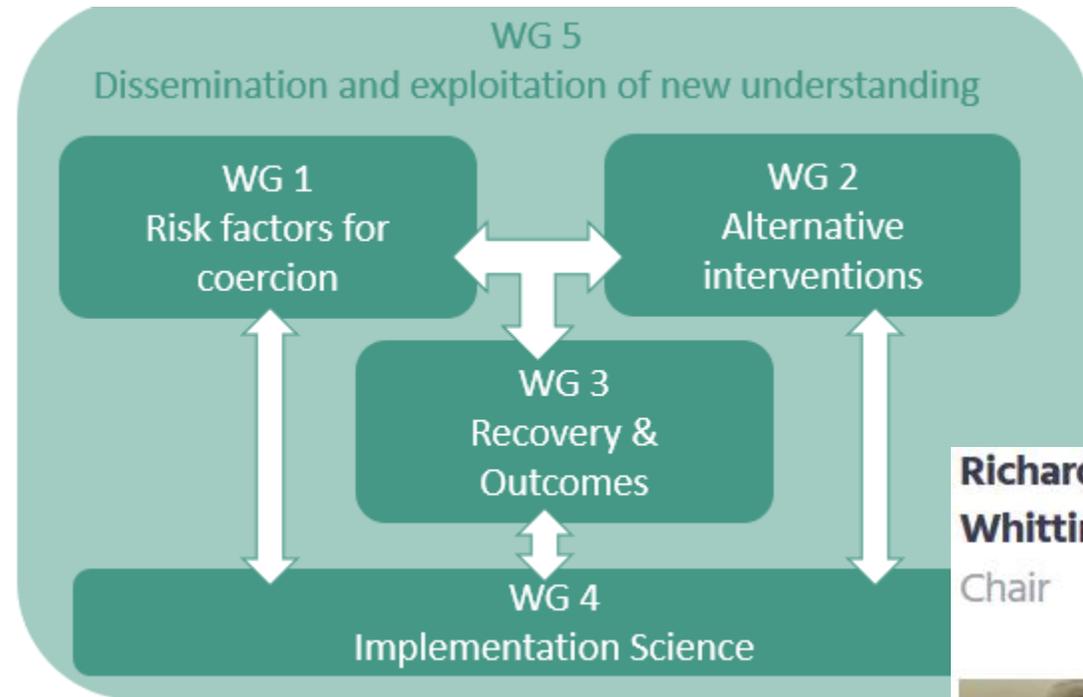
Fig 1. Interrelationship of the Working Groups

Richard Whittington
Chair
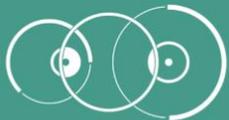
WG 4 Implementation science

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

Tella Lantta[1,2]*   Joy Duxbury[2]   Alina Haines-Delmont[2]   Anna Björkdahl[3]

Tonje Lossius Husum[4,5]   Jakub Lickiewicz[6]   Athanassios Douzenis[7]   Elaine Craig[2]

Katie Goodall[2]   Christina Bora[8]   Rachel Whyte[2]   Richard Whittington[9,10,11]
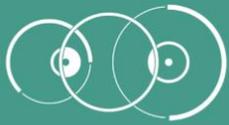
Briefly about the key terms

- **Implementation science** utilises analytical tools, which are theories, frameworks and models, such as I-PARISH, Behaviour Change Wheel and Normalization Process Theory. These provide insights into the mechanisms by which implementation is more likely to succeed. They can guide the process or they can be used to analyse or evaluate implementation.

- Conversely, **improvement science** utilises quality improvement (QI) interventions, such as PDSA cycles and Root Cause Analysis. These are more practical tools.

- In this review, focus on on implementation science only
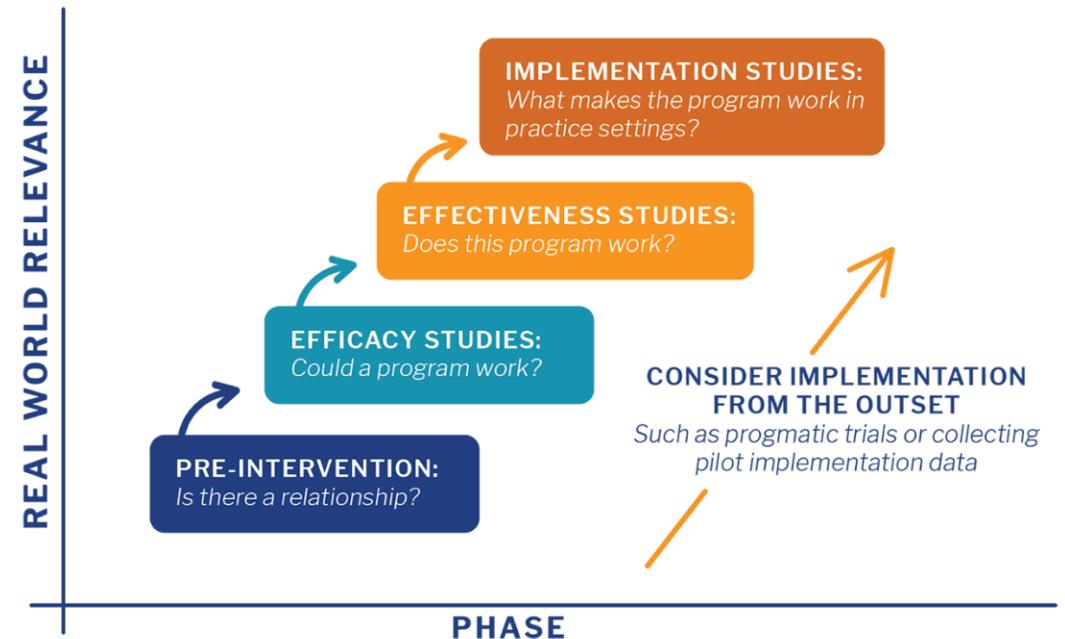
Picture: Implementation Science - Harvard Catalyst

Review questions

- Which models, frameworks, or theories are used by the studies of implementation of coercion reduction programs in mental health settings?

- Which are the interventions applied by the studies of implementation?

- What are the outcomes of implementation studies of coercion reduction programs?
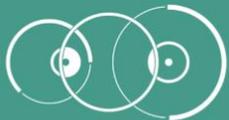
Review methods

- A systematic review, protocol register 10/2021 (Prospero)
- Database searches: PubMed, CINAHL, PsycINFO, Cochrane, Scopus, and Web of Science; 5295 hits (duplicates removed) + manual search
- Abstract and title screening completed January 2022

- Full-text screening (185 full-texts)
- →5 full-text included + 4 from manual search
- →in total 8 studies (9 articles)
- Descriptive and narrative analysis: interventions, models, implementation outcomes
- Quality appraisal: MMAT tool
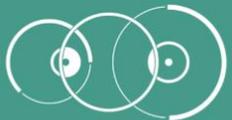
5 papers are included from databases

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Feature Article

Implementing the Dynamic Appraisal of Situational Aggression in Mental Health Units

Tella Lantta, MNSc, RN ■ Michael Daffern, PhD, MPsych (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

ELSEVIER

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 Hale[1] and M. Cecilia Wendler[2]

International Journal of Nursing Studies
Volume 88, December 2018, Pages 114-120

ELSEVIER

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

Niall Higgins [a, b] ✉, 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/fpsyt.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-Böhlen[1], Nicole Stiehm[1], Karin Morgenstern[1], Andre Voigt[1], Enrico Schöppe[1], Ann-Kathrin Mc Cutcheon[1], Edwin Emilio Velasquez Lecca[1], Michael Löhr[3,4], Michael Schulz[3,4], Andreas Bechdolf[1,5,6] and Stefan Weinmann[1,7]

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4 additional papers (3 studies)

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

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

Justine Fletcher [†], Lisa Brophy [2†], Jane Pirkis [1†] and Bridget Hamilton [3†]*

International Journal of Mental Health Nursing

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 Bennett[1] and Pamela Meredith[1,3]

Patient Preference and Adherence

Open Access Full Text Article

ORIGIN

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

Tella Lantta[1]
Raija Kontio[1–3]
Michael Daffern[4]
Clive E Adams[5]
Maritta Välimäki[1,6,7]

Purpose: This paper aims to explore the acceptability of Dynamic A Aggression (DASA) from the perspective of patients, its actual use by and the predictive validity of the DASA instrument.
Methods: A feasibility study design incorporating quantitative and quali used. The study was conducted in three mental health inpatient units at t

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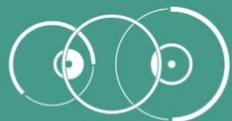
What are the interventions studied

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 are found?

Study	To guide			To evaluate	/analyze			
	Ottawa Model of Research Use (OMRU)	Iowa Model for Evidence Based Practice– Revised	Skolarus & Sales implementation approach	Implementation Outcomes Framework (IOF)	Consolidated Framework for Implementation Research (CFIR)	Theoretical Domains Framework (TDF)	Behavioral 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		x						x
Wright 2020						x		

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.
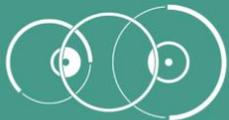
Acceptability and adoption

- **Acceptability** of the intervention was evaluated from the staff's viewpoint with mixed views towards the intervention (n=4)
- 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
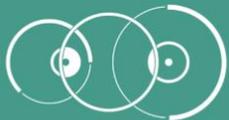
Appropriateness and feasibility

- 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.
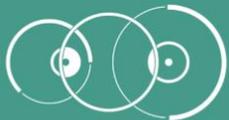
Fidelity and implementation costs

- 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, but there is variation

- 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**
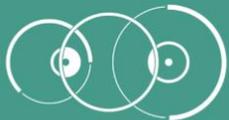
Penetration and sustainability

- 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 the staff viewpoint.
- According to this study, there was a 9.3% reduction in physical holding and seclusion holds 12 months later after implementing trauma-informed care in children and adolescent inpatient services
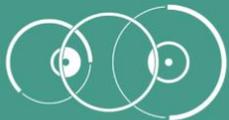
Conclusions

- We screened 5295 coercion reduction intervention studies but of those we could only find nine (0.2 %) that had used a named implementation model

- Implementation models appear to be seldom used when efforts are being made to embed interventions aimed at reducing the use of coercive measures in routine mental health care settings

- 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 the guidance of an implementation model

- Including consumers and carers perspectives needs to be included in future studies

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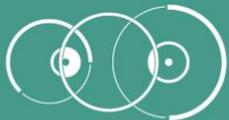
What does this mean for managing risk and consumer safety?

- How do we plan our implementation efforst?Are our efforts to implement interventions successful? And do we measure the success of the implementation?

→ Questions for both research and practice

- FOSTREN WP4 will recommend models to guide and evaluate implementation – for all kinds of mental health settings
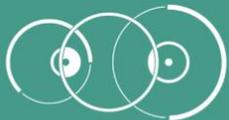
FOSTREN contact details

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- Web pages: https://fostren.eu/ (blogs etc.)
- Joining us: https://www.cost.eu/actions/CA19133/
- LinkedIn: https://www.linkedin.com/company/cost-action-fostren-coercion-mental-health-europe/

Richard Whittington
Chair

Thank you for your attention!