

EPV0776

Examination of the psychometric properties of the FORensic Outcome Measure (FORUM): a new outcome measure for forensic mental health services

H. Ryland^{1*}, J. Cook², R. Fitzpatrick³ and S. Fazel¹

¹University of Oxford, Department Of Psychiatry, Oxford, United Kingdom; ²University of Oxford, Nuffield Department Of Orthopaedics, Rheumatology And Musculoskeletal Sciences, Oxford, United Kingdom and ³University of Oxford, Nuffield Department Of Population Health, Oxford, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1541

Introduction: Forensic mental health services provide care to people in secure psychiatric hospitals and specialised community teams. Measuring outcomes is important to ensure such services perform optimally, however existing measures are not sufficiently comprehensive and are rarely patient reported.

Objectives: To examine a novel instrument for measuring outcomes in forensic mental health services, the FORensic Outcome Measure (FORUM), which consists of a complementary patient reported questionnaire (FORUM-P) and clinician reported questionnaire (FORUM-C).

Methods: Inpatients at a forensic psychiatric service based in a regional healthcare organization in the UK completed the FORUM-P, while members of their clinical teams completed the FORUM-C. Patients and clinicians also provided feedback on the questionnaires.

Results: Sixty-two patients participated with a mean age of 41.0 years (standard deviation 11.3). For internal consistency, Cronbach's alpha for the FORUM-P was 0.87 (95% confidence interval (CI) 0.80-0.93) and for the FORUM-C was 0.93 (95% CI 0.91-0.96). For test-retest reliability the weighted kappa for the FORUM-P was 0.44 (95% CI 0.24-0.63) and for the FORUM-C was 0.78 (95% CI 0.73-0.85). For interrater reliability of the FORUM-C the Spearman correlation coefficient was 0.47 (95% CI 0.18-0.69). The FORUM-P received an average rating of 4.0 out of 5 for comprehensiveness, 4.6 for ease of use and 3.9 for relevance, while the FORUM-C received 4.1 for comprehensiveness, 4.5 for ease of use and 4.3 for relevance.

Conclusions: Outcome measures in forensic mental health can be developed with good measures of reliability and validity, and can be introduced into services to monitor patient progress.

Disclosure: No significant relationships.

Keywords: forensic psychiatry; outcome measurement; Psychometrics; Quality Improvement

EPV0775

Which predictive variables are emphasized when violence risk assessments are performed in Norway?

K. Seljenes and R. Wynn*

UiT The Arctic University of Norway, Department Of Clinical Medicine, Tromsø, Norway

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1542

Introduction: Violence is considered both a societal issue and a public health issue. Due to the high economic, societal, and

individual cost associated with exposure to violence, clinical risk assessment-tools are now being implemented in the public health care system as well as outside of it. To ensure early identification and prevention, various professional groups perform structured risk assessments in Norway, including police, doctors, and psychologists.

Objectives: There is a need to examine competence and organizational factors, which may affect the ability to make accurate assessments in different levels of the health service, as well as in the police who often are involved in early identification and action-taking concerning violent individuals. Based on variation in risk assessment competencies, and characteristics of different work environments, our project aims to investigate whether some factors seem to be more important than others in clinical assessments when comparing different professional groups with or without a professional background in health care.

Methods: In our study, we will be able to tell if there is a significant difference in how different professional groups emphasize different risk factors, and in which way individual factors such as formal competencies, years of experience, and personal and professional attitudes to violence affect the risk violence assessments performed.

Results: We hypothesize that retrospective, clinical, and dynamic risk-factors are interpreted differently by different professional groups, and therefore entail significant variations in assessments, and the health care provided.

Conclusions: In this planned study, we will examine variations in the practice of violence risk assessment in Norway.

Disclosure: No significant relationships.

Keywords: Violence risk assessment; Primary health care; Norway; Emergency psychiatry

EPV0776

Description of a clinical intervention among patients admitted to the medium secure forensic psychiatric services in Central Denmark Region

C. Jentz^{1*}, A. Sandbæk², A. Andersen², H. Kennedy^{3,4} and L. Sørensen¹

¹Aarhus University Hospital Psychiatry, Department Of Forensic Psychiatry, Aarhus N, Denmark; ²Steno Diabetes Center Aarhus, Research And Development, Aarhus, Denmark; ³Trinity College Dublin, Department Of Psychiatry, Dublin, Ireland and ⁴Central Mental Hospital, Department Of Forensic Psychiatry, Dublin, Ireland

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1543

Introduction: Patients with schizophrenia suffer from increased mortality rates equivalent to 15-20 years shorter life expectancy. Up to 60% of this excess mortality can be explained by preventable, somatic conditions like cardiovascular, metabolic, and respiratory comorbidities. As forensic psychiatric (FP) patients often experience the triple stigmatization of mental illness, substance misuse and criminal conviction, the risk of suboptimal diagnosis and treatment may be high. Although benefits from the addition of general practitioner (GP) services to non-FP wards have been shown elsewhere, this cross-sectoral approach has never been attempted in a Danish FP ward.