

P-683 - DEVELOPMENT AND VALIDATION OF A SCALE TO EVALUATE TREATMENT PROGRESS IN SECURE MENTAL HEALTH SETTINGS

M.Baliouis^{1,2}, N.Huband³, C.Duggan^{1,3}, L.McCarthy^{2,3}, B.Völlm^{1,3,4}

¹School of Community Health Sciences, University of Nottingham, Nottingham, ²Arnold Lodge Regional Secure Unit, Nottinghamshire Healthcare NHS Trust, Leicester, ³Institute of Mental Health, University of Nottingham, Nottingham, ⁴Rampton Hospital, Nottinghamshire Healthcare NHS Trust, Retford, UK

Introduction: Forensic Mental Health provision in secure healthcare is complex. The availability of a short and quantifiable, yet comprehensive instrument for summarising patient progress encompassing multi-professional clinical input would facilitate clinical decision-making.

Objectives: To develop and validate a Progress Rating Scale (PRS) for use in secure healthcare to assess patient course in treatment.

Aims: PRS items will reflect multi-professional clinical input. Measurement will be valid and reliable.

Method:

Scale items

Development was undertaken at the Personality Disorder Service, Arnold Lodge Regional Secure Unit. Thematic analysis of 5 randomly selected archived treatment reviews resulted in a preliminary list of items. This scale was then piloted and refined via independent rating of further anonymised reports.

Validation and further development

To assess content validity, 3 independent raters applied the scale on archived treatment reviews of 12 randomly selected patients. Following examination of single-rating intra-class correlations (ICCs), items were revised to achieve greater content validity.

Results: The domains of the scale were: Engagement, Behaviour, Mental State, Interactions with Peers and Staff, Insight, Supportive relationship, Employment, Leave, Violence/risk, Psychometric score and Final outcome (upon discharge). Initial inter-rater agreement ranged from fair to substantial (ICCs: 0.37-0.82). Following revisions, agreement improved ranging from moderate to substantial (ICCs: 0.63-0.92), the latter applying to most items.

Conclusions: A scale for evaluating patient progress was developed based on multi-professional clinical input. The scale was refined to improve content validity. Internal consistency and factorial structure are under scrutiny and results will be available at the conference.