RMA REDUCING SERIOUS HARM

Name of Tool	Oxford Mental Illness and Violence Tool (OxMIV)
Category	Responsivity (Awaiting Validation)
Author / Publisher	Fazel, Wolf, Larsson, Lichtenstein, Mallett and Fanshawe
Year	2017

Description

- OxMIV predicts violent offending for individuals with schizophrenia-spectrum and bipolar disorders within the next 12 months (Fazel et al., 2017).
- The tool is designed to be used as an adjunct to clinical assessment. The prediction score can be used to identify those who are at low risk of violent offending. Individuals with a greater than 5% risk are categorised as 'increased risk' (Fazel et al., 2017).
- The sixteen variables included in the tool: sex, age, previous drug abuse, previous alcohol abuse, previous self-harm, highest education, parental drug or alcohol use, parental violent crime conviction (lifetime), sibling violent crime conviction (lifetime), current episode, recent antipsychotic treatment (within the last six months), recent antidepressant treatment (within the last six months), recent dependence treatment (within the last six months), personal income, benefit recipient (Fazel et al., 2017).
- To make the tool less time-consuming and complex, and also more reliable, OxMIV does not include information about risk factors that need to be collected from an interview, such as anger and victimisation issues and comorbid personality traits (Fazel et al., 2017).
- As the tool consists of mainly static factors, it should not be used to monitor within-individual change in risk over time; instead it should be used as a cross-sectional score at a particular time point (Fazel et al., 2017).

Age Appropriateness

16+

Assessor Qualifications

No specific training or qualifications are required to use the OxMIV. The determination of appropriate application and scoring to specific cases requires the judgement of a clinician (medical doctor, clinical psychologist or nurse). Since it relies on diagnostic and treatment information, it should not be administered by non-clinical staff (Fazel et al., 2017).

Tool Development

- The variables considered for inclusion in the OxMIV were drawn from the existing body of evidence relating to criminal history and sociodemographic and clinical factors (Bonta, Blais and Wilson, 2014; Witt, van Dorn and Fazel, 2013).
- Using a sample of 75 158 Swedish individuals with a severe mental illness (schizophrenia spectrum or bipolar disorder, the OxMIV was developed to predict violent offending within 1 year of

hospital discharge for inpatients or clinical contact with psychiatric services for outpatients. External validation carried out on 16 387 individuals showed good discrimination with a c-index (equivalent to an AUC score) of 0.89. Calibration was also good (Brier score = 0.013). For risk of violent offending at 1 year, the sensitivity was 62% and the specificity was 94% (Fazel et al., 2017).

• Fazel et al. (2017) found that the strongest predictors of reoffending were convictions for previous violent crime, gender, and age. The weakest predictors were personal income and benefit receipt.

• Negatsch and colleagues (2019) applied the OxMIV to 474 male patients in a hospital in Germany with schizophrenia-spectrum or bipolar disorder. These patients were classified into two groups: a violent group with 191 patients, where violence was defined as the aggressive behaviour of a patient that necessitated special observation; a non-violent group with 283 patients. The OxMIV score was significantly higher in the violent group compared to the non-violent one, showing the tool succeeded in predicting violent behaviour in male patients in imprisoned psychiatric settings. In particular, the items of 'previous violent crime,' 'previous drug abuse' and 'previous alcohol abuse' were all significant in predicting violent behaviour.

General Notes

• OxMIV can be used at any point in a patient's pathway. It cannot be used to detain individuals or extend their detention in the absence of other clinical factors and detailed assessment (Fazel et al., 2017).

• The sixteen items in the OxMIV are all of a retrospective nature and are not specifically designed for mapping an individual's treatment process (Negatsch et al., 2019).

• It is not recommended for use in forensic psychiatric patients and released prisoners, as baseline risks and effect of risk factors could be different. The population in which the tool was tested was individuals with diagnosed with schizophrenia spectrum or bipolar disorder (Fazel et al., 2017).

• OxMIV could be particularly useful for screening out low violent risk in general adult psychiatric services. The tool has a high negative predictive value (99.5%) – in other words, of 200 individuals identified as low risk by the tool, 199 did not offend violently within in 1 year.

• The tool is available in English, Greek, German, French and Chinese.

• The tool is freely available online: https://oxrisk.com/oxmiv/