BACKGROUND
The COVID-19 pandemic has and continues to present many challenges that pose complex legal, ethical, and practical concerns related to public health. Response to such challenges has required rapid implementation of adapted practices to prioritize public safety. One example is the forensic psychiatric system transitioning from in-person to virtual Review Board (RB) hearings. RBs are held to determine the disposition (custody or discharge) of people Unfit to stand trial and/or Not Criminally Responsible on Account of Mental Disorder (NCRMD) in a quasi-judicial proceeding. Given the relative novelty of the use of virtual health in the domain of forensic mental health services (Batista et al., 2016) and judicial processes, and mixed findings in the research that does exist (Ng et al., 2016; Orlando et al., 2019), the purpose of this study was to explore the experiences and preferences of key stakeholders with virtual versus in-person RB hearings.

METHODS
- Participants were recruited from a large, Western forensic mental health system.
- Inclusion criteria required participation in at least one in-person RB hearing at any time and at least one virtual RB hearing since March 2020.
- Hospital/agency staff, RB members and patients were invited to complete a survey evaluating various aspects of their experience with video and in-person RB hearings.
- We conducted descriptive, chi-square, and Kruskal-Wallis analyses using SPSS to report findings by participant group.

RESULTS

**RB Decision Making**
- Participants often reported the format does not affect the outcome (63%).
- The majority of participants (88%) reported that the RB format (video vs. in-person) had no affect or positively affected the RB decision.
- No participants reported that the virtual format had a significantly negative impact on the RB decision.

**Format Preference**
- Overall, there was a slight preference for in-person RB hearings (n = 40) over video hearings (n = 31).
- RB members preferred video-hearings over in-person RB hearings.
- Staff had no preference for in-person vs. virtual hearings.
- Almost three times as many patients preferred in-person over video hearings.

**Perceived Burden/Pressure**
- A third of the participants reported no difference in level of burden or stress experienced by unstable patients.
- Compared to the RB members, patients and staff reported a wider range of level of perceived burden/stress (from significantly more to significantly less) suggesting it may vary for different individuals.

CONCLUSIONS & DISCUSSION
- The majority of the stakeholders reported no perceived change or a positive change in RB decisions associated with the hearing format, suggesting the maintenance of procedural fairness.
- Patients preferred in-person hearings, citing reasons such as elements of in-person hearings (e.g., body language, greater personal contact) that are difficult to replicate in a virtual setting.
- Patients reported a greater sense of validation and an opportunity to demonstrate their progress during in-person vs. video hearings.
- RB members reported preferring video hearings, for reasons such as greater convenience (e.g., less travel) and accessibility of resources and documents (e.g., being in office during hearings).

DIRECTIONS: RESEARCH and PRACTICE
- Fostering a patient-centered approach to the implementation and future use of virtual modes of practice will require further evaluation of why many patients perceive that they are not afforded the same recognition through video hearings compared to in-person hearings.
- Data collection is ongoing and expanding (family, lawyers); we are also extending data collection to other provinces.
- We are also examining RB dispositions and the RB reasons to evaluate whether RB dispositions (e.g., custody or conditional or absolute discharge) differed or not following the transition to video-hearings (if format affects outcomes).