

# Review of the Health of the Nation Outcome Scales (HoNOS)

Mick James  
National HoNOS Advisor  
Royal College of Psychiatrists

# Overview

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# Background

- Over 20 years since the initial publication
- At least 12 different translations
- Used routinely in clinical practice and research globally
- 2 decades of training, routine use and analysis of data
- Desire to update the scales/use knowledge to improve
- International HoNOS Summit, Glasgow 2006
- Review by Tom Trauer and Bill Buckingham 2006
- International collaboration on a meta analysis to inform a development agenda

# Scope

- Participation from countries that have mandated the use of HoNOS
- Australia, England and New Zealand
- Versions to be considered HoNOS and HoNOS65+
- Apparently separate discussions going on about HoNOSCA
- Other versions excluded (e.g. LD, ABI)

# Review Team

- Representation from England, Australia and New Zealand
- Required to have extensive experience in either>
  - Major programmes of training staff in use of HoNOS/65+
  - Large scale use of HoNOS in routine clinical practice
  - Using HoNOS data at a macro level
  - Providing oversight of implementation and use at service, professional or governmental level
- Members used professional networks to canvas widely for clinical opinions to inform review agenda
- Agreed themes and issues highlighted by Trauer and Buckingham's 2006 paper should also be considered
- Summary of 'issues to be considered' was agreed

# Rationale and objectives

- No resources to support a full research/revalidation project and infrastructure issues ruled out substantial change programme
- Hence the review's brief was limited to improving the utility of the HoNOS in contemporary mental healthcare, whilst remaining true to its **original aims** and maintaining comparability with existing HoNOS datasets
- The original aims were:-
  1. be short and simple for routine use and acceptable to a range of mental health professionals;
  2. have adequate coverage of clinical and social functions;
  3. be sensitive to improvement, deterioration, or lack of change over time;
  4. have demonstrable and acceptable reliability;
  5. have a known relationship to more established scales

# Rationale and objectives

- Development of scope of review and criteria against which to assess proposals for change.
- Changes needed to represent a tangible improvement (e.g. removal of anachronisms, ambiguities or simplifying the instrument's use) whilst also:
  - maintaining the original instrument's integrity;
  - ensuring individual and aggregated outputs were likely to remain comparable with existing data;
  - supporting HoNOS as a summary of clinical assessment(s);
  - adhering to the HoNOS 'core rules'
  - rate problems regardless of cause .

# HoNOS core rules

- each item is a behaviourally anchored 5-point scale;
- rate items in order (1-12);
- use all available information to make a rating;
- do not include information already rated in an earlier item;
- rate the most severe problem/worst manifestation from the preceding two weeks;
- a problem is rated according to the degree of distress caused and/or its impact on behaviour;
- must be rated by a mental health professional trained in clinical assessment;
- rate problems regardless of cause.

# Process

- The review was undertaken on a scale-by-scale basis, considering the issues raised, possible solutions and agreeing an outcome
- Upon investigation, some issues had consequences/implications for other items and hence an iterative process of minuted teleconference and email discussions evolved, between Oct 2014 and Jan 2016.
- At this point a review of HoNOS 65+ was also undertaken (in press) hence the advisory board delayed approval of the revised HoNOS proposals until Oct 2016 as this presented an opportunity to maximise alignment between these two versions of the instrument. Although relatively modest, this concurrent review did yield a small number of additional refinements

# Outcomes - introduction

- Rate each scale in order from 1 to 12.
- Rate the MOST SEVERE problem that occurred during the previous TWO WEEKS, unless otherwise specified.
- A clinical assessment should enable the rater to score all HoNOS scales.
- Use all available information in making your rating.
- Take into account factors such as culture and context when assessing whether specific behaviours, experiences or beliefs are problematic.
- Consider the impact on behaviour and/or the degree of distress that the problem causes.
- Do not include information rated in an earlier item except for item 10 which is an overall rating.
- All scales follow the format:
  - 0 = no problem
  - 1 = minor problem requiring no action
  - 2 = mild problem but definitely present
  - 3 = moderately severe problem
  - 4 = severe to very severe problem
- This glossary provides guidance as to the meaning of each rating level.
- The glossary contains examples of behaviours to be rated but these are examples NOT exhaustive lists of things to be considered. Therefore, at times, referring to the underlying rating format above may be helpful.
- As a guide, ratings of 0 and 1 are not clinically significant, requiring no specific action other than possible monitoring for change. Ratings of 2 and above are regarded as clinically significant and would warrant recording in the clinical record for ongoing monitoring. A rating of 2 may be incorporated in the care plan. Ratings 3 and 4 should always be incorporated in the patient's care plan.
- When a lack of information from assessment means rating is not possible, a 9 is used to denote this. Where possible, this should be avoided, because missing data make scores less comparable over time or between settings.

# Outcomes – scale 1

- 1. Overactive or aggressive or disruptive or agitated behaviour**
  - *Rate any of the behavioural components that this scale covers from overactive or aggressive or disruptive or agitated behaviours.*
  - *Include such behaviour due to any cause (e.g. drugs; alcohol; dementia; psychosis; depression).*
  - *Do not include bizarre behaviour to be rated at Scale 6, unless it is aggressive, destructive or overactive.*

# Outcomes – scale 2

- *Do not include accidental self-injury (due e.g. to dementia or severe learning disability); the cognitive problem is to be rated at Scale 4 and the injury at Scale 5.*
- *Do not include illness or injury as a direct consequence of drug/alcohol use (e.g. cirrhosis of the liver or injury resulting from drink driving) to be rated at Scale 5.*

2 Mild risk during the period rated; includes more frequent thoughts or talking about self-harm or suicide (including ‘passive’ ideas of self-harm such as not taking avoiding action in a potentially life threatening situation e.g. while crossing a road).

3 Moderate to serious risk of deliberate self-harm; includes frequent/persistent thoughts or talking about self-harm; includes preparatory behaviours (e.g. collecting tablets).

# Outcomes – scale 3

- *Include psychological as well as behavioural impacts of drug (illicit and/or prescription) and alcohol use.*
- *Do not include aggressive/destructive behaviour due to alcohol or drug use already rated at Scale 1.*
- *Do not include physical illness or disability due to alcohol or drug use to be rated at Scale 5.*
- *Do not include dependence on tobacco products unless there are severe and adverse consequences arising from that addiction above and beyond the known long-term harms to physical health.*

- 0            No problem of this kind during the period rated.
- 1            Some excessive consumption but no adverse consequences.
- 2            Excessive and/or harmful consumption resulting in adverse consequences, but no obvious craving or dependency.
- 3            Definite craving and/or dependence on alcohol or drugs.
- 4            Severe craving/dependence resulting in severe adverse consequences from alcohol/drug problems.

# Outcomes – scale 4

- *Include problems of orientation, memory, language, thought disorder and problem solving associated with any disorder: dementia, learning disability, schizophrenia, etc.*
- *Do not include temporary problems (e.g. hangovers) which are clearly associated with alcohol, drug or medication use, rated at Scale 3.*
- *Do not rate disorders of thought content (e.g. eccentric or delusional thinking) that will be rated at Scale 6.*

0 No problem of this kind during the period rated.

1 Minor problems with orientation (e.g. occasionally disorientated to time); memory (e.g. occasionally forgets names); language (e.g. on occasions unable to clearly express ideas; or has to have questions and instructions repeated); problem solving (e.g. able to solve simple problems but some difficulty with complex tasks).

2 Mild but definite problems with orientation (e.g. lost way in an unfamiliar place); memory (e.g. some difficulty remembering events; learning new material); language (e.g. some difficulty understanding and/or expressing ideas); mild thought disorder; problem solving (e.g. sometimes mixed up about simple decisions.)

3 Moderate problems with orientation (e.g. lost way in a familiar place; often disorientated to time); memory (e.g. new material rapidly lost; only highly learned material retained); language (e.g. speech can be incoherent; fails to understand common words/phrases); moderate thought disorder evident; problem solving (e.g. frequently unable to think clearly or solve simple problems).

4 Severe difficulties with orientation (e.g. consistently disorientated to time, person and place); memory (e.g. loss of distant and recent memory; unable to learn new information); language (e.g. very limited receptive or expressive communication); severe thought disorder; no effective problem solving.

# Outcomes – scale 7

- *Include cognitive, affective or behavioural aspects of depressed mood (e.g. loss of interest or pleasure; lack of energy; loss of self-esteem; feelings of guilt).*
- *Do not include overactivity or agitation, already rated at Scale 1.*
- *Do not include suicidal ideation or attempts, already rated at Scale 2.*
- *Do not include delusions or hallucinations, already rated at Scale 6.*
- *Do not include other symptoms of depression as described at Scale 8 (i.e. changes in sleep, appetite or weight; anxiety symptoms).*

- 0 No problem associated with depressed mood during the period rated.
- 1 Gloomy or minor changes in mood.
- 2 Mild but definite depressed mood and distress (e.g. loss of interest or pleasure; feelings of guilt; loss of self-esteem).
- 3 Moderate depressed mood on subjective or objective measures (depressive symptoms more marked).
- 4 Severe depressed mood on subjective or objective grounds (e.g. profound loss of interest or pleasure; preoccupation with ideas of guilt or worthlessness).

# Outcomes – scale 8

- *Rate only the most severe mental and behavioural problem not considered in previous items.*
- *Specify the type of problem by entering the appropriate letter from the following table.*

<b>A</b>	<b>Phobic</b>	<b>Fear or avoidance behaviour in response to specific situations/objects that is out of proportion to actual threat.</b>
<b>B</b>	<b>Anxiety</b>	Patient experiences general anxiety, panic or similar experiences.
<b>C</b>	<b>Obsessive-compulsive</b>	Recurrent obsessions or compulsive acts that are distressing and typically perceived by the patient as irrational.
<b>D</b>	<b>Reactions to stressful events or trauma.</b>	Acute stress reactions and/or response to traumatic events.
<b>E</b>	<b>Dissociative</b>	Mental process where the patient disconnects from their thoughts, feelings, memories or sense of identity.
<b>F</b>	<b>Somatoform</b>	Persistent perceived physical health problems that have no known medical basis.
<b>G</b>	<b>Eating</b>	Excessive intake or persistent restriction of food intake; includes related disordered behaviours to manage weight e.g. purging, excessive exercise, dieting etc.
<b>H</b>	<b>Sleep</b>	Problems with the quality, timing or duration of sleep that impact on sense of fatigue, cognitive function or mood.
<b>I</b>	<b>Sexual</b>	Disturbance of the patient's ability to respond sexually or experience sexual pleasure.
<b>K</b>	<b>Elated mood</b>	Feelings of euphoria, excitement, expansive mood or optimism that do not reflect person's actual circumstances.
<b>O</b>	<b>Other</b>	Any other mental or behavioural problem, not rated elsewhere, that is significant that results in patient distress or impacts upon their behaviour.

# Outcomes – scale 8

N.B. J has been deliberately omitted to allow compatibility with the previous version of the HoNOS.

- 0 No evidence of any of these problems during period rated.
- 1 Minor non-clinical problems.
- 2 A problem is clinically present, but at a mild level (e.g. the problem is intermittent; the patient maintains a degree of control or is not unduly distressed).
- 3 Moderately severe clinical problem (e.g. more frequent, more distressing or more marked symptoms).
- 4 Severe problem which dominates or seriously affects many activities

# Outcomes – scale 10

- *Rate the overall level of functioning in activities of daily living (ADL) (e.g. problems with basic activities or self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, organising where to live, occupation and recreation, mobility and use of transport, shopping, self-development, etc.).*
- *Rate what the person is capable of doing, independently of current support from others.*
- *Include any lack of motivation, including the use of self-help opportunities, since this contributes to a lower overall level of functioning.*
- *Do not include lack of opportunities for exercising intact abilities and skills, to be rated at Scales 11-12.*

1            Minor problems only with self-care without significantly adverse consequences (e.g. untidy; disorganised), and / or minor difficulty with complex skills but still able to function independently.

2            Self-care and basic activities adequate (though some prompting may be required) but major lack of performance of one or more complex skills (see above).

3            Major problems in one or more areas of self-care (e.g. eating; washing; dressing; toilet) as well as major inability to perform several complex skills.

# Outcomes – scale 11

## 11. Problems with housing and living conditions

- **NB: Rate patient's usual housing and living conditions.** In general, try to rate the housing and living conditions most relevant to the patient's situation (e.g. if a brief stay in an acute ward is anticipated, rate the patient's home environment; if discharge is imminent, rate the patient's destination accommodation; if a lengthy hospital stay (e.g. over 6 months) is anticipated, rate the suitability of the ward).
- Rate the overall severity of problems with the quality of housing and living conditions. Are the basic necessities met (e.g. adequate heat; light; sanitation; cooking facilities)?
- In addition to basic necessities, consider how well the patient's housing and living conditions match their current needs.
- Do not rate the level of functional disability itself, already rated at Scale 10.

0 Housing and living conditions are acceptable; helpful in keeping any disabilities rated at Scale 10 to the lowest level possible and supportive of self-help.

1 Housing and living conditions are reasonably acceptable although there are minor or transient problems (e.g. not ideal location; not preferred option etc.).

2 Problem with one or more aspects of housing or living conditions (e.g. limited facilities to improve patient's independence).

3 Multiple significant problems with housing or living conditions (e.g. some basic necessities absent; housing or living conditions have minimal or no facilities to improve patient's independence).

4 Housing or living conditions are unacceptable (e.g. lack of basic necessities; patient is at risk of eviction or 'roofless'; or living conditions are otherwise intolerable) making patient's problems worse.

# Outcomes – scale 12

## 12. Problems with occupation and activities

- **NB: Rate patient's usual situation.** *In general, try to rate the occupation and activities most relevant to the patient's situation (e.g. if a brief stay in an acute ward is anticipated, rate the patient's usual occupation and activities; if discharge is imminent, rate the occupation and activities of the patient's destination; if a lengthy hospital stay (e.g. over 6 months) is anticipated, rate the suitability of the ward's provision).*
- *Rate the overall level of problems with the quality of meaningful occupation and activities. Is there help to cope with disabilities, and opportunities for maintaining or improving occupational and recreational skills and activities? Consider factors such as stigma; lack of suitably skilled staff; access to supportive facilities (e.g. staffing and equipment of day centres, workshops, social clubs, etc.).*
- *Consider how well the patient's occupation and activities match their current needs.*
- *Do not rate the level of functional disability itself, already rated at Scale 10.*

0 Patient's occupation and activities are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible and supportive of self-help, and maximising autonomy and role functioning.

1 Minor or temporary problems (e.g. reasonable facilities available but not always at desired times, etc.).

2 Limited choice of activities to maintain or improve autonomy and role functioning (e.g. there is a lack of reasonable tolerance such as unfairly refused entry to public facilities; or insufficient skilled services; or helpful service is available but for very limited hours).

3 Marked deficiency in skilled services available to help minimise level of disability and help optimise autonomy and role functioning. No opportunities to use intact skills or add new ones; unskilled care difficult to access.

4 Lack of any opportunity for meaningful activities, or complete inability of services to involve the patient in such activities, may make patient's problems worse.

# Outcomes – scales 5, 6 & 9

## **Scale 5**

- No changes to this scale were deemed necessary.

## **Scale 6**

- This scale only required minor linguistic changes

## **Scale 9**

- Changes to this scale were limited to modest re-wording of descriptions again intended to increase clarity.

# Next steps

- Paper on the adult version currently being written up ready for publication
- Paper re 65+ will follow
- Need to debate changes and whether they should (or indeed could) be introduced across all three countries