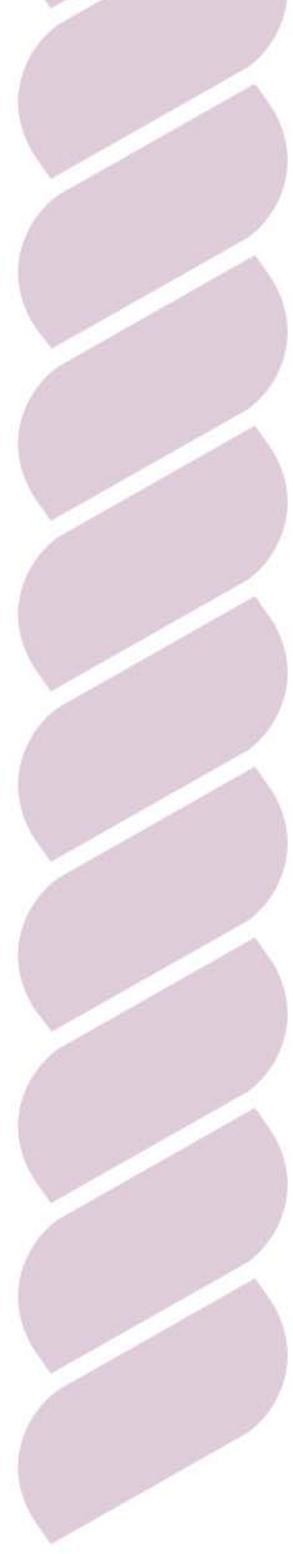


# National outcomes collection

Clinician's reference guide

Version 2.1, 2014.



**Te Pou**  
o Te Whakaaro Nui

# Document control

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# Version control

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# Introduction

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The following clinician's reference guide focuses on what clinicians need to know to collect and use the HoNOS family of measures appropriately, that is HoNOS, HoNOSCA, HoNOS65+, HoNOS LD and HoNOS secure. The guide provides some notion of how this can be useful clinically using the score interpretation table.

Subsequent versions of this guide will have more information on what clinicians need to collect in conjunction with outcomes data (that is activity, seclusion, co-existing problems (CEP), Know the People Planning (KPP), mental health Key Performance indicator (KPI) data and other outcome measures (such as ADOM). Further information can be found on the Te Pou website ([www.tepou.co.nz](http://www.tepou.co.nz)).

This guide draws on material from the Information Collection protocol (ICP) for the HoNOS family of measures published by Te Pou (June 2012, version 2.1) and the glossaries for the various measures acknowledged and referenced in the guide.

Please note, the ICP information for HoNOS (pages 8-12) applies to HoNOS65+, HoNOS LD and HoNOS secure.

## Copyright

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The UK Department of Health has advised that: "HoNOS may be reused in any format, free of charge under licence". New Zealand is registered and has been issued license number C02W0002447. The principal authors of the HoNOS, HoNOSCA, HoNOSLD, HoNOS secure and HoNOS65+ also advise that the instruments are in the public domain and may be used free of cost.

Where HoNOS is used copyright should be acknowledged with the following:

Health of the Nation Outcome Scales (HoNOS) ©Royal College of Psychiatrists 1996.

For further information on HoNOS copyright please visit

[www.rcpsych.ac.uk/traininpsychiatry/eventsandcourses/courses/honos/copyright.asp](http://www.rcpsych.ac.uk/traininpsychiatry/eventsandcourses/courses/honos/copyright.asp)



## HoNOS outcome tool

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Adult services

# Acknowledgments for use of instruments

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## HoNOS instruments

Health of the Nation Outcome Scales (HoNOS) ©Royal College of Psychiatrists 1996

### Key sources:

#### HoNOS:

Wing, J.K., Beevor, A.S., Curtis, R.H., Park, S.B.G., Hadden, S. & Burns, A. (1998). Health of the Nation Outcome Scales (HoNOS). Research and development. *British Journal of Psychiatry*, 172, 11-18.

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#### HoNOS65+

Burns, A., Beevor, A., Lelliot, P., Wing, J., Blakey, A., Orrell, M., Mulinga, J. & Hadden, S. (1999a). Health of the Nation Outcome Scales for Elderly People (HoNOS 65+). *British Journal of Psychiatry*, 174, 424-427.

Burns, A., Beevor, A., Lelliot, P., Wing, J., Blakey, A., Orrell, M., Mulinga, J. & Hadden, S. (1999b) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+): Glossary for HoNOS 65+ score sheet. *British Journal of Psychiatry*, 174, 435-438.

# Data collection triggered by admission, review and discharge from service setting

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**Inpatient mental health service settings** include care at a public psychiatric facility or a designated psychiatric unit in a public hospital. Psychiatric hospitals are establishments devoted primarily to the treatment and care of admitted service users with psychiatric, mental or behavioural disorders. Designated psychiatric units are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of service users affected by mental disorder.

**Community mental health service settings** are dedicated to the assessment, treatment, rehabilitation or care of non-admitted service users. They may include mental health day programs, psychiatric outpatient and outreach services (e.g. home visits) together with care provided by hospital-based consultation-liaison services to admitted service users in non-psychiatric and hospital emergency settings. Same-day admitted non-procedural (e.g. not ECT) care is also included, as is care provided by community workers to clients in staffed supported accommodation settings. Community mental health care provided by non-government organisations (NGOs) which include non-admitted care such as mental health day programs and psychiatric outpatients are also included here.

**Admission** refers to the beginning of an inpatient or community episode of care. For the purposes of the study, episodes may start for a number of reasons. These include, for example, a new referral to community care, admission to an inpatient unit, transfer of care from an inpatient unit to a community team and so forth. Regardless of the reason, the commencement of a new episode acts as a 'trigger' for a specific set of data to be collected. In general, the information collected at admission includes the basic socio-demographic data on the service user, details about the episode and clinical ratings.

**Discharge** refers to the closure of an inpatient or community episode of care. As per admission, episodes may end for a variety of reasons such as discharge from an inpatient unit, case closure of a service user's community care, admission to hospital of a service user previously under community care. Regardless of the reason, the end of an episode acts as a 'trigger' for a specific set of clinical data to be collected. In general, the information collected at discharge primarily comprises the clinical ratings.

**Three month (90-day) review** signals two events - the end of a period of care that was started 90 days ago and the start of another. The 90-day review prevents duplication of data collection effort and removes the implication that the collection is segmenting continuing streams of care for individual service users.

# What type of episode for this setting?

- Inpatient - where the service user is admitted to a bed within a psychiatric inpatient unit with an expectation that he/she will stay overnight.
- All other = 'Community' episode.

Scenario	What type of episode?
Prisoners treated in correctional facilities.	Community episode.
Inpatients of general medical units seen on a consultation-liaison basis.	Community episode.
Service users living in the community treated by inpatient day programs.	Community episode.
Service users living in NGO residential facility treated by community mental health team.	Community episode.

# Reasons for collection

Collection occasion	Reason for collection	Definition
Assessment only - Community setting only	01. Admission for Assessment only	This collection occasion is utilised in the community setting only, and applies when:  1. The person is seen in the community for a maximum of two face-to-face occasions only for assessment (services also delivered 'on behalf of' the service user are not counted as face to face contacts) and the outcome of the assessment was:  <i>'No further intervention by this health care agency (DHB) was planned'</i> .  2. When a person is a shared care service user who is being reviewed and whose previous contact with the mental health community service occurred more than 91 days previously.
Admission to mental health care	02. New referral	Admission to a new inpatient or community mental health service episode of care of a service user not currently under the active care <sup>1</sup> of the DHB.
	03. Admitted from other treatment setting	Transfer of care between an inpatient or community mental health setting of a service user currently under the active care of the DHB.
	04. Admission - Other	Admission to a new inpatient or community mental health setting episode of care for any reason other than defined above.
Review of mental health care	05. Three (3) month review	Standard review conducted at three(3) months (91 days) following admission to the current episode of care or 91 days subsequent to the preceding review
	06. Review – Other	Standard review conducted for reasons other than the above.
Discharge from mental health care	07. No further care	Discharge from an inpatient or community mental health setting episode of care of a service user for whom no further care is planned by the <i>Mental Health Service Organisation</i> .
	08. Discharge to change of treatment setting	Transfer of care between an inpatient or community mental health setting of a service user currently under the care of the <i>Mental Health Service Organisation</i> .
	09. Discharge – lost to care	Lost to care due to absent without leave and discharged at own risk
	10. Death	Completion of an episode of care following the death of the service user.
	11. Discharge following brief episode of care	Completion of a brief episode of care (<3 days in inpatient care and < 14 days in community mental health care)
	12. Discharge - Other	Discharge from an inpatient or community mental health setting for any reason other than defined above.

<sup>1</sup> The concept of 'active care' is necessary to promote consistency in the development of guidelines for the regular review and closure of cases under ongoing community care.

A person is defined as being under 'active care' at any point in time when:

- they have not been discharged from care *and*
- some services (either direct to or on behalf of the service user) have been provided over the previous 3 months *and*
- a future appointment has been made to provide a service within the next 3 months.

Thus, where no future services are planned in the next 3 months, the person is not considered to be under 'active care'.

## Period of care information

'Principal diagnosis' is defined as the diagnosis established at the end of the episode that is chiefly responsible for occasioning the service users care during that episode of care. In cases where another diagnosis is also a contributing factor to the episode then provision has been made for the collection of an 'other relevant diagnosis'.

# Information Collection Protocol (ICP) for adult episodes:

Information Collection Protocol (ICP) adult (scales collected and reviewed by clinicians)	Inpatient			Community			
	Admission	Review	Discharge	Assessment only	Admission	Review	Discharge
<b>Clinical information scales</b>							
Principal diagnosis*	x	✓	✓	✓	x	✓	✓
Other relevant diagnosis * <sup>1</sup>	x	✓	✓	✓	x	✓	✓
Focus of care	x	✓	✓	✓	x	✓	✓
Mental health legal status*	✓	✓	✓	✓	✓	✓	✓
<b>Standard outcome measures</b>							
HoNOS/65+	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>
<b>Administrative data scales</b>							
Reason for collection	✓	✓	✓	✓	✓	✓	✓
Collection occasion date	✓	✓	✓	✓	✓	✓	✓
Collection status	✓	✓	✓	✓	✓	✓	✓
Mode of administration	✓	✓	✓	✓	✓	✓	✓

<sup>1</sup> Other relevant diagnosis is not a mandatory collection requirement, however, should be collected at the points indicated, if appropriate.

<sup>2</sup> HoNOS/HoNOS65+ is not required to be collected if the discharge reason is following death (RFC 10) or following a brief period of care (RFC 11 - < 3 days in inpatient setting - < 14 days in community setting).

\*Collected but not as part of the outcome collection.

## Key to symbols

- ✓ Indicates the information will be collected at the specified collection occasion.
- ✗ Indicates that no information will be collected at the specified collection occasion.

# Focus of care rating guidelines

The table below has been developed as an indicative to assist clinicians in making Focus of care ratings. It separately considers both the service user's current characteristics and their service requirements. Focus of care is rated retrospectively. Clinicians are asked to identify which of one of four types of care focus best describes the goals of care provided to a service user over the episode of care. There are four options.

Service user characteristics				Service requirements	
Symptoms	Functioning	Primary goal	Indicative time to achieve primary goal	Indicative treatment intensity	Examples of typical documentation in care plan to support the rating
<b>1. Acute:</b> Short-term reduction in severity of symptoms and/or personal distress associated with recent onset or exacerbation of psychiatric disorder.					
High and of recent onset	Low-High	Reduce symptoms	Days to weeks	Daily contact over a short period	Interventions designed to reduce the intensity of positive symptoms (e.g. reduce hallucinations and delusions, ameliorate thought disorder; reduce severity of depressive symptoms or the level of anxiety manage hostile or aggressive behaviour related to mental illness).
<b>2. Functional gain</b> Improve personal, social or occupational functioning or promote psychosocial adaptation in a client with impairment arising from a psychiatric disorder.					
Low	Low-Medium	Improve functioning	Weeks to months	Weekly contact, or more multiple attendances per week in a structured rehabilitation programme	Interventions designed to result in a significant improvement in the service users personal, social and/or occupational functioning in the short term (weeks to months). This may include the development of basic 'community survival' skills (e.g. shopping, cooking), social skills (e.g. conversation) or vocational skills (e.g. job seeking or job maintenance).
<b>3. Intensive extended</b> Prevent or minimise further deterioration and reduce risk of harm in a client who has a stable pattern of severe symptoms/frequent relapses/severe inability to function independently, and is judged to require care over an indefinite period.					
High and unremitting	Low	Reduce risk that arises from symptoms and/or low functioning	Months to years	Minimum of multiple weekly contacts, more frequent as required; delivered over an indefinite period	Inpatient or outreach-based interventions (the latter typically in the service user's own environment) aimed to (1) minimise the risks and handicaps associated with the on-going symptoms and psychosocial dysfunctions arising from a psychiatric disorder (2) strengthen the service user's capacity to use supportive professional and non-professional networks.
<b>4. Maintenance</b> Maintain level of functioning, minimise deterioration or prevent relapse where the client has stabilised and functions relatively independently.					
Low	Low-High	Improve functioning	Months to years	Scheduled weekly to monthly contact	Interventions designed to consolidate the service user's current functioning (at least in the short-term) while working toward improvement in the long-term or planning for the service users exit from the service.
<b>5. Assessment only</b> The primary goal is only to assess the client.					
High-low	Low-High	Assessment	Days	Assessment only	Assessment documentation only

Clinicians should choose the main Focus of care on the basis of the goal that consumed the most treatment effort during the period being rated. For example, if the Focus of care was 'Maintenance' for most of the episode and 'Acute' for just a few days, the clinician would rate the main Focus of care as 'Maintenance'.

# Health of the Nation Outcome Scales (HoNOS)

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## HoNOS rating guidelines

- rate scales in order from 1 to 12
- use all available information in making your rating
- do not include information already rated in an earlier scale
- consider both the degree of distress the problem causes and the effect it has on behaviour
- rate the most severe problem that occurred in the period rated
- the rating period is generally the preceding two weeks, except at discharge from inpatient care, when it is the previous three (3) days
- each scale is rated on a five point scale of severity (0 to 4) as follows:
  0. No problem.
  1. Minor problem requiring no formal action.
  2. Mild problem. Should be recorded in a care plan or other case record.
  3. Problem of moderate severity.
  4. Severe to very severe problem.
  7. Not known or not applicable.

As far as possible, the use of rating point seven (7) should be avoided, because missing data make scores less comparable over time or between settings.

Specific information on how to rate each point on each scale is provided in the Glossary.

**Note:** The Glossary is reprinted from Wing et al (1999) with the following modifications: Additional notes provided for each scale represent a modified version of the 'systematic run through the scales' presented in the publication *HoNOS: Report on Research (1996)*, College Research Unit, Royal College of Psychiatrists, London, United Kingdom. These additional notes are included in these guidelines and in the study manual because previous experience in training has proved them to be helpful in conveying understanding of the subtleties of each scale. The following 'score interpretation table' is not part of the original UK package.

# HoNOS Scores: Clinical significance and recommended action

		Monitor	Active treatment or management plan
Clinically Significant	<b>4 Severe to very severe problem</b> Most severe category for service users with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note: Service user can get worse.	✓	✓
	<b>3 Moderate problem</b> Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	<b>2 Mild problem</b> Warrants recording in clinical notes. May or may not be incorporated in care plan.	✓	Maybe
Not clinically significant	<b>1 Minor problem</b> Requires no formal action. May or may not be recorded in clinical file.	Maybe	X
	<b>0 No problem</b> Problem not present	X	X

# HoNOS Glossary

## 1. Overactive, aggressive, disruptive or agitated behaviour

*Include* such behaviour due to any cause, e.g. drugs, alcohol, dementia, psychosis, depression, etc.

Do not include bizarre behaviour, rated at scale 6.

0. No problems of this kind during the period rated.
1. Irritability, quarrels, restlessness etc. not requiring action.
2. Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup or window); marked overactivity or agitation.
3. Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity or destruction of property.
4. At least one serious physical attack on others or on animals; destruction of property (e.g. fire-setting); serious intimidation or obscene behaviour.

### Additional notes for scale 1

This scale is concerned with a spectrum of behaviours. The short title is 'Aggression', for convenience, but the full title is broader and more accurate. All four types of behaviour are included, whether or not there is intention, insight or awareness. However, the context must be considered since disagreement, for example, can be expressed more vigorously, but still acceptably, in some social contexts than in others.

Possible causes of the behaviour are not considered in the rating and diagnosis is not taken into account. For example, the severity of disruptive behaviour by someone with dementia or learning disability is rated here, as is aggressive overactivity associated with mania, or agitation associated with severe depression, or violence associated with hallucinations or personality problems. Bizarre behaviour is rated at scale 6.

## 2. Non-accidental self-injury

Do not include accidental self-injury (due for example to dementia or severe learning disability); the cognitive problem is rated at scale 4 and the injury at scale 5.

Do not include illness or injury as a direct consequence of drug or alcohol use rated at scale 3, (for example, cirrhosis of the liver or injury resulting from drunk driving are rated at scale 5).

0. No problem of this kind during the period rated.
1. Fleeting thoughts about ending it all, but little risk during the period rated; no self-harm.
2. Mild risk during period; includes non-hazardous self-harm e.g. wrist-scratching.
3. Moderate to serious risk of deliberate self-harm during the period rated; includes preparatory acts e.g. collecting tablets.
4. Serious suicidal attempt or serious deliberate self-injury during the period rated.

### **Additional notes for scale 2**

This scale deals with ideas or acts of self-harm in terms of their severity or impact. As in the clinical situation, the issue of intent during the period, though sometimes difficult to assess (such as when service user is slowed by depression), is part of the current risk assessment. Thus, severe harm caused by an impulsive overdose could be rated at severity point 4, even though the clinician judged that the service user had not intended more than a moderate demonstration.

In the absence of strong evidence to the contrary, clinicians should assume that the results of self-harm were all intended. Risk of future self-harm is not part of this rating; although it should be part of the wider clinical assessment.

## **3. Problem drinking or drug-taking**

Do *not* include aggressive or destructive behaviour due to alcohol or drug use, rated at scale 1.

Do *not* include physical illness or disability due to alcohol or drug use, rated at scale 5.

0. No problem of this kind during the period rated.
1. Some over-indulgence, but within social norm.
2. Loss of control of drinking or drug-taking; but not seriously addicted.
3. Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking under the influence, etc.
4. Incapacitated by alcohol or drug problems.

### **Additional notes for scale 3**

Consider characteristics such as craving or tolerance for alcohol or drugs, priority over other activities given to their acquisition and use, impaired capacity to control the quantity taken, frequency of intoxication, and drunk driving or other risk-taking. Temporary effects such as hangovers should also be included here. Longer term cognitive effects such as loss of memory are rated at scale 4, physical disability (for example from accidents) or disease (such as liver damage) at scale 5, mental effects at scales 6, 7 and 8, problems with relationships at scale 9.

## **4. Cognitive problems**

*Include* problems of memory, orientation and understanding associated with any disorder: learning disability, dementia, schizophrenia etc.

Do *not* include temporary problems (such as hangovers) resulting from drug or alcohol use, rated at scale 3.

0. No problem of this kind during the period rated.
1. Minor problems with memory or understanding, for example forgets names occasionally.
2. Mild but definite problems such as: has lost way in a familiar place or failed to recognise a familiar person, sometimes mixed up about simple decisions.
3. Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent, mental slowing.
4. Severe disorientation for example: unable to recognise relatives, at risk of accidents, speech incomprehensible, clouding or stupor.

#### **Additional notes for scale 4**

Intellectual and memory problems associated with any disorder, including dementia, learning disability, schizophrenia, very severe depression, are taken into account. For example: problems in naming or recognising familiar people or pets or objects; not knowing the day, date or time; difficulties in understanding or using speech (in own language); failure to remember important matters; not recognising common dangers (gas taps, ovens, crossing busy roads); clouding of consciousness and stupor.

### **5. Physical illness or disability problems**

*Include illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning.*

*Include side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drunk driving etc.*

Do not include mental or behavioural problems rated at scale 4.

0. No physical health problem during the period rated.
1. Minor health problem during the period (e.g. cold, non-serious fall).
2. Physical health problem imposes mild restriction on mobility and activity.
3. Moderate degree of restriction on activity due to physical health problem.
4. Severe or complete incapacity due to physical health problem.

#### **Additional notes for scale 5**

Consider the impact of physical disability or disease on the service user in the recent past. Problems likely to clear up fairly rapidly, without longer term consequences (such as a cold or bruising from a fall), are rated at point 0 or 1. A service user in remission from a possibly long-term illness is rated on the worst state in the period, not on the prospective level. The rating at points 2 to 4 is made in terms of degree of restriction on activities, irrespective of the type of physical problem. Include impairments of the senses, unwanted side effects of medication, limitations on movement from whatever cause, injuries associated with the effects of drugs or alcohol. The physical results of accidents or self-injury in the context of severe cognitive problems should also be rated here.

## 6. Problems associated with hallucinations and delusions

*Include hallucinations and delusions irrespective of diagnosis.*

*Include odd and bizarre behaviour associated with hallucinations or delusions.*

Do *not* include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions, rated at scale 1.

0. No evidence of hallucinations or delusions during the period rated.
1. Somewhat odd or eccentric beliefs not in keeping with cultural norms.
2. Delusions or hallucinations (for example voices, visions) are present, but there is little distress to service user or manifestation in bizarre behaviour, that is, moderately severe clinical problem.
3. Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem.
4. Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on service user.

### **Additional notes for scale 6**

Rate such phenomena irrespective of diagnosis. Rating point 1 is reserved for harmless eccentricity or oddness. If a service user has a delusional conviction of royal descent but does not act accordingly and is not distressed, the rating is at point 2. If the service user is distressed, or behaves bizarrely in accordance with the delusion (such as acting in a grandiose manner, running up large debts, dressing the part, expecting to be admitted to a royal palace) the rating is at points 3 or 4. Any violent, overactive and disruptive behaviour, however, has already been rated at scale 1 and should not be included again. Similar considerations apply to other kinds of delusion and to hallucinations.

## 7. Problems with depressed mood

Do *not* include overactivity or agitation, rated at scale 1.

Do *not* include suicidal ideation or attempts, rated at scale 2.

Do *not* include delusions or hallucinations, rated at scale 6.

0. No problems associated with depressed mood during the period rated.
1. Gloomy; or minor changes in mood.
2. Mild but definite depression and distress: for example feelings of guilt; loss of self-esteem.
3. Depression with inappropriate self-blame, preoccupied with feelings of guilt.
4. Severe or very severe depression, with guilt or self-accusation.

### **Additional notes for scale 7**

Depressed mood and symptoms closely associated with it often occur in disorders other than depression. Consider symptoms only: for example loss of self-esteem and guilt. These are rated at scale 7 irrespective of diagnosis. The more such symptoms there are the more severe the problems tend to be. Overactivity and agitation are rated at scale 1; self-harm at scale 2; stupor at scale 4; delusions and hallucinations at scale 6. Note that the rule is followed that symptoms, not diagnoses, are rated. Sleep and appetite problems are rated separately at scale 8.

## 8. Other mental and behavioural problems

*Rate only the most severe clinical problem not considered at scales 6 and 7 as follows:*

*specify the type of problem by entering the appropriate letter: A - phobic; B - anxiety; C - obsessive-compulsive; D - stress; E - dissociative; F - somatoform; G - eating; H - sleep; I - sexual; J - other, specify.*

0. No evidence of any of these problems during period rated.
1. Minor non-clinical problems.
2. A problem is clinically present at a mild level, for example service user has a degree of control.
3. Occasional severe attack or distress, with loss of control such as has to avoid anxiety provoking situations altogether, call in a neighbour to help. That is, a moderately severe level of problem.
4. Severe problem dominates most activities.

### **Additional notes for scale 8**

This scale provides an opportunity to rate symptoms not included in the previous clinical scales. Several types of problem are specified, distinguished by the capital letters A to J, as specified above. Only the single most severe problem occurring during the period is rated. This procedure is repeated at Time 2 (T2). In this way, the most severe problem is always rated for each succeeding time period and the contribution to the total score reflects severity at Time 1 (T1) and T2 even if the symptom type changes.

## 9. Problems with relationships

*Rate the service user's most severe problem associated with active or passive withdrawal from social relationships, and/or non-supportive, destructive or self-damaging relationships.*

0. No significant problems during the period.
1. Minor non-clinical problems.
2. Definite problems in making or sustaining supportive relationships: service user complains and/or problems are evident to others.
3. Persisting major problems due to active or passive withdrawal from social relationships, and/or to relationships that provide little or no comfort or support.
4. Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships.

### **Additional notes for scale 9**

This scale concerns the quality as well as the quantity of service user's communications and social relationships with others. Both active and passive relationships are considered, as are problems arising from the service users own intrusive or withdrawn behaviour. Take into account the wider social environment as well as the family or residential scene. Is the service user able to gain emotional support from others? If service user with dementia or learning disability (including the autistic spectrum) are over-friendly, or unable to interpret or use language (including body language) effectively, communication and relationships are likely to be affected. People with personality problems (rated independently of diagnosis) can find it difficult to retain supportive friendships or make useful allies. If the person is rather solitary, but self-sufficient, competent when with others, and satisfied with the level of social interaction, the rating would be 1.

Near-total isolation (whether because the person withdraws, or is shunned by others, or both) is rated 4. Take the degree of the service user's distress about personal relationships, as well as degree of withdrawal or difficulty, into account when deciding between points 2 and 3. Aggressive behaviour by the service user towards another person is rated at scale 1

## 10. Problems with activities of daily living (ADL)

*Rate the overall level of functioning in activities of daily living (ADL): problems with basic activities of 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.*

*Include any lack of motivation for using 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, rated at scale 11 and scale 12.*

0. No problems during period rated; good ability to function in all areas.
1. Minor problems only, for example untidy, disorganised.
2. Self-care adequate, but major lack of performance of one or more complex skills (see above).
3. Major problems in one or more areas of self-care (eating, washing, dressing, toilet) as well as major inability to perform several complex skills.
4. Severe disability or incapacity in all or nearly all areas of self-care and complex skills.

### **Additional notes for scale 10**

Consider the overall level of functioning achieved by the service user during the period rated. Rate the level of actual performance, not potential competence. The rating is based on the assessment of three kinds of problem:

- First, a summary of the effects on personal and social functioning of the problems rated at scales 1 to 9
- Second, a lack of opportunities in the environment to use and develop intact skills
- Third, a lack of motivation or encouragement to use opportunities that are available.

The overall level of performance rated may therefore be due to lack of competence, lack of opportunities in the environment, lack of motivation, or due to a combination of all these.

Two levels of functioning are considered when deciding the severity of problems:

- The *basic level* includes self-care activities such as eating, washing, dressing, toileting and simple occupations. If performance is moderately or seriously low, rate 3 or 4.
- The *complex level* includes the use of higher level skills and abilities in occupational and recreational activities such as, money management, household shopping, child care, as appropriate to the service user's circumstances. If these are normal or as adequate as they can be, rate 0 or 1. Ratings 2 and 3 are intermediate.

## 11. Problems with living conditions

*Rate the overall severity of problems with the quality of living conditions and daily domestic routine.*

*Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and a choice of opportunities to use skills and develop new ones?*

*Do not rate the level of functional disability itself, rated at scale 10.*

*Note: Rate service user's usual accommodation. If in acute ward, rate the home accommodation. If information not obtainable, rate 7.*

0. Accommodation and living conditions are acceptable; helpful in keeping any disability rated at scale 10 to the lowest level possible, and supportive of self-help.
1. Accommodation is reasonably acceptable although there are minor or transient problems (e.g. not ideal location, not preferred option, doesn't like food, etc.).
2. Significant problems with one or more aspects of the accommodation and/or regime (e.g. restricted choice; staff or household have little understanding of how to limit disability, or how to help develop new or intact skills).
3. Distressing multiple problems with accommodation (e.g. some basic necessities absent); housing environment has minimal or no facilities to improve service user's independence.
4. Accommodation is unacceptable (e.g. lack of basic necessities, service user is at risk of eviction, or 'roofless', or living conditions are otherwise intolerable making service user's problems worse).

### **Additional notes for scale 11**

This scale requires knowledge of the service user's usual domestic environment during the period rated, whether at home or in some other residential setting. If this information is not available, rate 7 (not known). Consider the overall level of performance this service user could reasonably be expected to achieve given appropriate help in an appropriate domestic environment. Take into account the balance of skills and disabilities. How far does the environment restrict, or support, the service user's optimal performance and quality of life? Do staff know (as they should) what the service users capacities are?

The rating must be realistic, taking into account the overall problem level during the period, ratings on scales 1 to 10, and information on the following points:

- Are the basics provided for – heat, light, food, money, clothes, security and dignity? If the basic level conditions are not met, rate 4.
- Consider the quality and training of staff; relationships with staff or with relatives or friends at home; degree of opportunity and encouragement to improve motivation and maximise skills, including: interpersonal problems; provision for privacy and indoor recreation; problems with other residents; helpfulness of neighbours. Is the atmosphere welcoming? Are there opportunities to demonstrate and use skills: e.g. to cook, manage money, exercise talents and choice, and maintain individuality?
- If full autonomy has been achieved, i.e. the environment does not restrict optimum performance overall, rate as 0. A less full, but adequate regime is rated 1.
- Between these poles, an overall judgement is required as to how far the environment restricts achievable autonomy during the period; 2 indicates moderate restriction and 3 substantial.

## 12. Problems with occupation and activities

*Rate the overall level of problems with quality of day-time environment. 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 qualified staff, access to supportive facilities, e.g. staffing and equipment of day centres, workshops, social clubs, etc.*

Do not rate the level of functional disability itself, rated at scale 10.

Note: Rate the service user's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 7.

0. Service users daytime environment is acceptable; helpful in keeping any disability rated at scale 10 to the lowest level possible, and supportive of self-help
1. Minor or temporary problem e.g. late pension cheques, reasonable facilities available but not always at desired times etc.
2. Limited choice of activities e.g. there is a lack of reasonable tolerance (e.g. unfairly refused entry to public library or baths etc.); or handicapped by lack of a permanent address; or insufficient carer or professional support; or helpful day setting available but for very limited hours.
3. Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills or add new ones; unskilled care difficult to access.
4. Lack of any opportunity for daytime activities makes service user's problem worse.

### Additional notes for scale 12

The principles considered at scale 11 also apply to the outside environment. Consider arrangements for encouraging activities such as: shopping; using local transport; amenities such as libraries; understanding local geography; possible physical risks in some areas; use of recreational facilities. Take into account accessibility, hours of availability, and suitability of the occupational environment provided for the service user at day hospital, drop-in or day centre, sheltered workshop, etc. Are specific (e.g. educational) courses available to correct deficits or provide new skills and interests? Is a sheltered outside space available if the service user is vulnerable in public (e.g. because of odd mannerisms, talking to self, etc.)? For how long is the service user unoccupied during the day? Do staff know what the service user's capacities are?

The rating is based on an overall assessment of the extent to which the daytime environment brings out the best abilities of the service user during the period rated, whatever the level of disability rated at scale 10. This requires a judgement as to how far changing the environment is likely to improve performance and quality of life and whether any lack of motivation can be overcome.

- If the level of autonomy in daytime activities is not restricted, rate 0. A less full but adequate regime is rated 1.
- If minimal conditions for daytime activities are not met (with the service user severely neglected and/or with virtually nothing constructive to do), rate 4.
- Between these poles, a judgement is required as to how far the environment restricts achievable autonomy; 2 indicates moderate restriction and 3 substantial.

# Important variations in rating guidelines

Scale	Core rules	
	Rate the worst manifestation	Rate over the past 2 weeks
Scales 1-8	Always	Always
Scales 9,10	Based on usual or typical	Always
Scales 11,12	Based on usual or typical	May need to go back beyond two weeks to establish the usual situation

## HoNOSCA Outcomes Tool:

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Child and youth services

# Acknowledgements for use of instruments

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## HoNOS instruments

Health of the Nation Outcome Scales (HoNOS) ©Royal College of Psychiatrists 1996

Key sources:

### HoNOSCA:

Gowers, S.G., Harrington, R.C., Whitton, A., Lelliott, P., Beevor, A., Wing, J.K. & Jezzard, R. (1999a). Brief scale for measuring the outcomes of emotional and behavioural disorders in children: Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). *British Journal of Psychiatry*, 174, 413-416.

Gowers, S.G., Harrington, R.C., Whitton, A., Beevor, A., Lelliott, P., Jezzard, R. & Wing, J.K. (1999b). Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA): Glossary for HoNOSCA score sheet. *British Journal of Psychiatry*, 174, 428-433.

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# Data collection triggered by admission, review and discharge from service setting

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**Inpatient mental health service settings** include care at a public psychiatric facility or a designated psychiatric unit in a public hospital. Psychiatric hospitals are establishments devoted primarily to the treatment and care of admitted service users with psychiatric, mental or behavioural disorders. Designated psychiatric units are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of service users affected by mental disorder.

**Community mental health service settings** are dedicated to the assessment, treatment, rehabilitation or care of non-admitted service users. They may include mental health day programs, psychiatric outpatient and outreach services (e.g. home visits) together with care provided by hospital-based consultation-liaison services to admitted service users in non-psychiatric and hospital emergency settings. Same-day admitted non-procedural (e.g. not ECT) care is also included, as is care provided by community workers to clients in staffed supported accommodation settings. Community mental health care provided by non-government organisations (NGOs) which include non-admitted care such as mental health day programs and psychiatric outpatients are also included here.

**Admission** refers to the beginning of an inpatient or community episode of care. For the purposes of the initiative, episodes may start for a number of reasons. These include, for example, a new referral to community care, admission to an inpatient unit, transfer of care from an inpatient unit to a community team and so forth. Regardless of the reason, the commencement of a new episode acts as a 'trigger' for a specific set of data to be collected. In general, the information collected at admission includes the basic socio-demographic data on the service user, details about the episode and clinical ratings.

**Discharge** refers to the closure of an inpatient or community episode of care. As per admission, episodes may end for a variety of number of reasons such as discharge from an inpatient unit, case closure of a service user's community care, admission to hospital of a service user previously under community care. Regardless of the reason, the end of an episode acts as a 'trigger' for a specific set of clinical data to be collected. In general, the information collected at discharge primarily comprises the clinical ratings.

**3-month (90-day) review** signals two events - the end of a period of care that was started 90 days ago and the start of another. The 90-day review prevents duplication of data collection effort and removes the implication that the collection is segmenting continuing streams of care for individual service users.

# What type of episode for this setting?

- Inpatient - where the service user is admitted to a bed within a psychiatric inpatient unit with an expectation that he/she will stay overnight
- All other = 'Community' episodes

Scenario	What type of episode?
Inpatient of general medical units seen on a consultation-liaison basis	Community episode
Service users living in the community treated by inpatient day programs	Community episode
Service users living in NGO residential facility treated by community mental health team	Community episode

# Reasons for collection

Collection occasion	Reason for collection	Definition
Assessment only – community setting only	01. Admission for assessment only	<p>This collection occasion is utilized in the community setting only, and applies when:</p> <p>1. The person is seen in the community for a maximum of two face-to-face occasions only for assessment (services also delivered ‘on behalf of’ the service user are not counted as face to face contacts) and the outcome of the assessment was:</p> <p style="text-align: center;"><i>‘No further intervention by this health care agency (DHB) planned’.</i></p> <p>2. When a person is a shared care service user who is being reviewed and whose previous contact with the mental health community service occurred more than 91 days previously.</p>
Admission to mental health care	02. New referral	Admission to a new inpatient or community mental health service episode of care of a service user not currently under the active care <sup>2</sup> of the DHB.
	03. Admitted from other treatment setting	Transfer of care between an inpatient or community mental health setting of a service user currently under the active care of the DHB.
	04. Admission - other	Admission to a new inpatient or community mental health setting episode of care for any reason other than defined above.
Review of mental health care	05. Three (3)-month review	Standard review conducted at three (3) months (91 days) following admission to the current episode of care or 91 days subsequent to the preceding review.
	06. Review – other	Standard review conducted for reasons other than the above.
Discharge From mental health care	07. No further care	Discharge from an inpatient or community mental health setting .Episode of care of a service user for whom no further care is planned by the <i>Mental Health Service Organisation</i> .
	08. Discharge to change of treatment setting	Transfer of care between an inpatient or community mental health setting of a service user currently under the care of the <i>Mental Health Service Organisation</i> .
	09. Discharge – lost to care	Lost to care due to absent without leave and discharged at own risk.
	10. Death	Completion of an episode of care following the death of the service user.
	11. Discharge following brief episode of care	Completion of a brief episode of care (<3 days in inpatient care and < 14 days in community mental health care).
	12. Discharge - other	Discharge from an inpatient or community mental health setting for any reason other than defined sure.

<sup>2</sup> The concept of ‘active care’ is necessary to promote consistency in the development of guidelines for the regular review and closure of cases under ongoing community care.

A person is defined as being under ‘active care’ at any point in time when:

- they have not been discharged from care *and*
- some services (either direct to or on behalf of the service user) have been provided over the previous 3 months *and*
- a future appointment has been made to provide a service within the next three (3) months.

Thus, where no future services are planned in the next three (3) months, the person is not considered to be under ‘active care’.

## Period of care information

'Principal diagnosis' is defined as the diagnosis established at the end of the episode that is chiefly responsible for occasioning the service users care during that episode of care. In cases where another diagnosis is also a contributing factor to the episode then provision has been made for the collection of an 'other relevant diagnosis'.

# Information Collection Protocol (ICP) for child & youth episodes:

Information Collection Protocol (ICP) child & youth (Scales collected by clinicians)	Inpatient			Community			
	Admission	Review	Discharge	Assessment only	Admission	Review	Discharge
<b>Clinical information scales</b>							
Principal diagnosis *	×	✓	✓	✓	×	✓	✓
Other relevant diagnosis * <sup>1</sup>	×	✓	✓	✓	×	✓	✓
Focus of Care	Focus of Care not required for child & youth						
Mental health legal status *	✓	✓	✓	✓	✓	✓	✓
<b>Standard outcome measures</b>							
HoNOSCA	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>
<b>Administrative data scales</b>							
Reason for collection	✓	✓	✓	✓	✓	✓	✓
Collection occasion date	✓	✓	✓	✓	✓	✓	✓
Collection status	✓	✓	✓	✓	✓	✓	✓
Mode of administration	✓	✓	✓	✓	✓	✓	✓

<sup>1</sup> other relevant diagnosis is not a mandatory collection requirement, however, should be collected at the points indicated, if appropriate.

<sup>2</sup> HoNOSCA is not required to be collected if the discharge reason is following death (RFC 10) or following a brief period of care (RFC 11 - < 3 days in inpatient setting - < 14 days in community setting)<sup>3</sup>.

\*Collected but not as part of the outcome collection.

## Key to symbols

- ✓ Indicates the information will be collected at the specified collection occasion.
- ×

# Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

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## HoNOSCA rating guidelines

- rate scales in order from 1 to 15
- use all available information in making your rating
- do not include information already rated in an earlier scale
- consider both the degree of distress the problem causes and the effect it has on behaviour
- rate the most severe problem that occurred in the period rated
- the rating period is generally the preceding two weeks, except at discharge from inpatient care, when it is the previous three (3) days
- each scale is rated on a 5-point scale of severity (0 to 4) as follows:
  0. No problem
  1. Minor problem requiring no formal action
  2. Mild problem. Should be recorded in a care plan or other case record
  3. Problem of moderate severity
  4. Severe to very severe problem
  7. Not known or not applicable

Where possible, the use of rating point seven (7) should be avoided, because missing data make scores less comparable over time or between settings.

Specific information on how to rate each point on each scale is provided in the Glossary.

**Note:** The Glossary is reprinted from Wing et al (1999) with the following modifications: Additional notes provided for each scale represent a modified version of the 'Systematic run through the scales' section presented in the publication *HoNOS: Report on Research (1996)*, College Research Unit, Royal College of Psychiatrists, London, United Kingdom. These Additional notes are included in these guidelines and in the Study Manual because previous experience in training has proved them to be helpful in conveying understanding of the subtleties of each scale. The following 'score interpretation table' is not part of the original UK package.

# HoNOSCA scores: Clinical significance and recommended actions

		Monitor	Active treatment or management plan
Clinically Significant	<b>4 Severe to very severe problem</b> Most severe category for service users with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note: Service user can get worse.	✓	✓
	<b>3 Moderate problem</b> Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	<b>2 Mild problem</b> Warrants recording in clinical notes. May or may not be incorporated in care plan.	✓	Maybe
Not clinically significant	<b>1 Minor problem</b> Requires no formal action. May or may not be recorded in clinical file.	Maybe	✗
	<b>0 No problem</b> Problem not present	✗	✗

# HoNOSCA Glossary

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## 1. Problems with disruptive, antisocial or aggressive behaviour

*Include* behaviour associated with any disorder, such as hyperkinetic disorder, depression, autism, drugs or alcohol.

*Include* physical or verbal aggression (e.g. pushing, hitting, vandalism, teasing), or physical or sexual abuse of other children.

*Include* antisocial behaviour (e.g. thieving, lying, cheating) or oppositional behaviour (e.g. defiance, opposition to authority or tantrums).

*Do not include:* Over-activity rated at scale 2; Truancy, rated at scale 13; Self-harm rated at scale 3.

0. No problems of this kind during the period rated.
1. Minor quarrelling, demanding behaviour, undue irritability, lying, etc.
2. Mild but definitely disruptive or antisocial behaviour, lesser damage to property, or aggression, or defiant behaviour.
3. Moderately severe aggressive behaviour such as fighting, persistently threatening, very oppositional, more serious destruction of property, or moderately delinquent acts.
4. Disruptive in almost all activities, or at least one serious physical attack on others or animals, or serious destruction of property.

### Additional notes for scale 1

This scale is concerned with a spectrum of behaviours. All three types of behaviour are included, whether or not there is intention, insight or awareness. However, the context must be considered since disagreement, for example, can be expressed more vigorously, but still acceptably, in some social contexts than in others.

Possible causes of the behaviour are not considered in the rating and diagnosis is not taken into account. For example, severity of disruptive behaviour by a child with hyperactivity is rated here, as is aggressive overactivity associated with psychotic disorder or violence associated with conduct disorder.

## 2. Problems with over-activity, attention or concentration

*Include* overactive behaviour associated with any disorder such as hyperkinetic disorder, mania, or arising from drugs.

*Include* problems with restlessness, fidgeting, inattention or concentration due to any cause, including depression.

0. No problems of this kind during the period rated.
1. Slight over-activity or minor restlessness, etc.
2. Mild but definite over-activity or attention problems, but can usually be controlled.
3. Moderately severe over-activity or attention problems that are sometimes uncontrollable.
4. Severe over-activity or attention problems that are present in most activities and almost never controllable.

### **Additional notes for scale 2**

This scale is concerned with all attentional problems associated with any cause such as hyperkinetic disorder, mood disorder or arising from drugs. Although children with Attention Deficit Disorder, with Hyperactivity are likely to score highly here, this scale is not intended to refer to a narrow range of diagnoses, restlessness or inattention due to obsessional ruminations for example, should also be rated here.

## **3. Non-accidental self-injury**

*Include self-harm such as hitting self and self-cutting, suicide attempts, overdoses, hanging, drowning, etc.*

*Do not include scratching, picking as a direct result of physical illness rated at scale 6.*

*Do not include accidental self-injury due, for example to severe learning or physical disability, rated at scale 6.*

*Do not include illness or injury as a direct consequence of drug or alcohol use, rated at scale 6.*

0. No problems of this kind during the period rated.
1. Occasional thoughts about death, or of self-harm not leading to injury. No self-harm or suicidal thoughts.
2. Non-hazardous self-harm, such as wrist scratching, whether or not associated with suicidal thoughts.
3. Moderately severe suicidal intent (including preparatory acts, e.g. collecting tablets) or moderate non-hazardous self-harm (e.g. small overdose).
4. Serious suicidal attempt (e.g. serious overdose), or serious deliberate self-injury.

### **Additional notes for scale 3**

This scale deals with ideas or acts of self-harm in terms of their severity or impact. As in the clinical situation, the issue of intent during the period, though sometimes difficult to assess is part of the current risk assessment. Thus, harm caused by an impulsive overdose could be rated at severity point 3 rather than 4 if the clinician judged that the child had not intended more than a moderate demonstration. Conversely, an adolescent who acquired a gun with clear intent to commit suicide, but was prevented in time, would be rated at point 4 (although rated 0 at scale 6). However, in the absence of strong evidence to the contrary, clinicians will usually assume that the results of self-harm were all intended. Non-hazardous self-harm without suicidal intent should also be included here with the exception of scratching or picking as a direct result of a physical illness.

## **4. Problems with alcohol, substance or solvent misuse**

*Include problems with alcohol, substance or solvent misuse taking into account current age and societal norms.*

*Do not include aggressive or disruptive behaviour due to alcohol or drug use, rated at scale 1.*

*Do not include physical illness or disability due to alcohol or drug use, rated at scale 6.*

0. No problems of this kind during the period rated.
1. Minor alcohol or drug use, within age norms.
2. Mildly excessive alcohol or drug use.
3. Moderately severe drug or alcohol problems significantly out of keeping with age norms.
4. Severe drug or alcohol problems leading to dependency or incapacity.

#### **Additional notes for scale 4**

Consider characteristics such as craving or tolerance for alcohol or drugs, priority over other activities given to their acquisition and use, impaired capacity to control the quantity taken, frequency of intoxication and risk-taking. Dependence on alcohol and drugs is rare in children and adolescents thus this scale addresses substance misuse out with the norms for a child's age. Aggressive and disruptive behaviour due to alcohol or drug use should not be included here as they are rated at scale 1, whilst physical illness or disability due to alcohol or drug use would be rated at scale 6.

### **5. Problems with scholastic or language skills**

*Include problems in reading, spelling, arithmetic, speech or language associated with any disorder or problem, such as specific developmental learning problems, or physical disability such as hearing problems.*

*Include reduced scholastic performance associated with emotional or behavioural problems.*

*Children with generalised learning disability should not be included unless their functioning is below the expected level.*

*Do not include temporary problems resulting purely from inadequate education.*

0. No problems of this kind during the period rated.
1. Minor impairment within the normal range of variation.
2. Minor but definite impairment of clinical significance.
3. Moderately severe problems, below the level expected on the basis of mental age, past performance, or physical disability.
4. Severe impairment, much below the level expected on the basis of mental age, past performance, or physical disability.

#### **Additional notes for scale 5**

This scale is concerned with problems with reading, spelling, arithmetic, speech or language associated with any disorder or problem such as a specific developmental learning problem or physical disability such as a hearing problem. Emphasis is on under-performance with respect to expectation thus, children with generalised learning disability should not be included unless their functioning is less than optimal. It is often helpful to take into account past performance in deciding the appropriate rating, for example, a child achieving at average level could be rated as having a problem if his prior performance was in the superior range.

### **6. Physical illness or disability problems**

*Include physical illness or disability problems that limit or prevent movement, impair sight or hearing, or otherwise interfere with personal functioning.*

*Include movement disorder, side effects from medication, physical effects from drug or alcohol use, or physical complications of psychological disorders such as severe weight loss.*

*Include self-injury due to severe learning disability or as of consequence of self-injury such as head banging.*

*Do not include somatic complaints with no organic basis, rated at scale 8.*

0. No incapacity as a result of physical health problems during the period rated.
1. Slight incapacity as a result of a health problem during the period (e.g. cold, non-serious fall, etc.).
2. Physical health problem that imposes mild but definite functional restriction.
3. Moderate degree of restriction on activity due to physical health problems.
4. Complete or severe incapacity due to physical health problems.

#### **Additional notes for scale 6**

Consider the impact of physical disability or disease on the child in the recent past. Problems likely to clear up fairly rapidly, without longer term consequences (e.g. a cold or bruising from a fall), are rated at point 0 or 1. A child in remission from a possibly long-term illness is rated on the worst state in the period, not on the prospective level. The rating at points 2 to 4 is made in terms of degree of restriction on activities, irrespective of the type of physical problem. Include impairments of the senses, unwanted side effects of medication, limitations on movement from whatever cause, injuries associated with the effects of drugs or alcohol etc. The physical results of accidents or self-injury in the context of severe cognitive problems should also be rated here. Include also physical complications of psychological disorders such as severe weight loss in anorexia nervosa.

## **7. Problems associated with hallucinations, delusions or abnormal perceptions**

*Include hallucinations, delusions or abnormal perceptions irrespective of diagnosis.*

*Include odd and bizarre behaviour associated with hallucinations and delusions.*

*Include problems with other abnormal perceptions such as illusions or pseudo-hallucinations, or overvalued ideas such as distorted body image, suspicious or paranoid thoughts.*

*Do not include disruptive or aggressive behaviour associated with hallucinations or delusions, rated at scale 1.*

*Do not include overactive behaviour associated with hallucinations or delusions, rated at scale 2.*

0. No evidence of abnormal thoughts or perceptions during the period rated.
1. Somewhat odd or eccentric beliefs not in keeping with cultural norms.
2. Abnormal thoughts or perceptions are present (e.g. paranoid ideas, illusions or body image disturbance), but there is little distress or manifestation in bizarre behaviour i.e. clinically present but mild.
3. Moderate preoccupation with abnormal thoughts or perceptions or delusions; hallucinations, causing much distress, or manifested in obviously bizarre behaviour.
4. Mental state and behaviour is seriously and adversely affected by delusions or hallucinations or abnormal perceptions, with severe impact on the person or others.

#### **Additional notes for scale 7**

This scale addresses all hallucinations, delusions or abnormal perceptions irrespective of diagnosis, as well as odd and bizarre behaviours associated with psychotic symptoms. Problems with other abnormal perceptions should also be included here such as illusions or pseudo-hallucinations or over-valued ideas such as suspicious or paranoid thoughts or abnormalities of body image in eating disorders. Disruptive or aggressive behaviour associated with hallucinations or delusions should not be rated here (see scale 1). Overactive behaviour, for example in hypomania should also be rated elsewhere (scale 2).

## 8. Problems with non-organic somatic symptoms

*Include* problems with gastrointestinal symptoms such as non-organic vomiting or cardiovascular symptoms or neurological symptoms or non-organic enuresis and encopresis or sleep problems or chronic fatigue.

*Do not* include movement disorders such as tics, rated at scale 6.

*Do not* include physical illnesses that complicate non-organic somatic symptoms, rated at scale 6.

0. No problems of this kind during the period rated.
1. Slight problems only, such as occasional enuresis, minor sleep problems, headaches or stomach aches without organic basis.
2. Mild but definite problem with non-organic somatic symptoms.
3. Moderately severe, symptoms produce a moderate degree of restriction in some activities.
4. Very severe problems or symptoms persist into most activities. The child or adolescent is seriously or adversely affected.

### Additional notes for scale 8

This should include difficulties with gastro-intestinal symptoms such as non-organic vomiting or cardiovascular symptoms or neurological symptoms without demonstrable organic cause. Non-organic enuresis or encopresis should also be included here. Include also sleep symptoms and those related to chronic fatigue. Movement disorders such as tics or those related to the side-effects of medication should not be included and should be rated under scale 6.

## 9. Problems with emotional and related symptoms

*Rate only the most severe clinical problem not considered previously.*

*Include* depression, anxiety, worries, fears, phobias, obsessions or compulsions, arising from any clinical condition including eating disorders.

*Do not* include aggressive, destructive or over-activity behaviours attributed to fears or phobias, rated at scale 1.

*Do not* include physical complications of psychological disorders, such as severe weight loss, rated at scale 6.

0. No evidence of depression, anxiety, fears or phobias during the period rated.
1. Mildly anxious, gloomy, or transient mood changes.
2. A mild but definite emotional symptom is clinically present, but is not preoccupying.
3. Moderately severe emotional symptoms, which are preoccupying, intrude into some activities, and are uncontrollable at least sometimes.
4. Severe emotional symptoms which intrude into all activities and are nearly always uncontrollable.

### Additional notes for scale 9

Only the most severe clinical problem not considered previously should be rated here. This might include depression, anxiety, worries, fears, phobias, obsessions or compulsions arising from any clinical condition including eating disorders. Aggressive destructive or overactive behaviours attributed to fears or phobias should be rated at scale 1. Physical complications of psychological disorders such as severe weight loss should be rated at scale 6. If a child has two or more symptoms in this category, choose only the most severe. Scales 10 to 13 (ratings of social functioning and of autonomy) address the mean level of functioning during the rating period.

For example, in considering peer relationships (scale 10) the general level of friendships should be considered rather than giving undue weight to a child who has fallen out with one friend. Conversely scales 1 to 9 are concerned with the most severe example of difficulty occurring in the time period.

## 10. Problems with peer relationships

*Include problems with school mates and social network. Problems associated with active or passive withdrawal from social relationships or problems with over intrusiveness or problems with the ability to form satisfying peer relationships.*

*Include social rejection as a result of aggressive behaviour or bullying.*

*Do not include aggressive behaviour, bullying, rated at scale 1.*

*Do not include problems with family or siblings rated at scale 12.*

0. No significant problems during the period rated.
1. Either transient or slight problems, occasional social withdrawal.
2. Mild but definite problems in making or sustaining peer relationships. Problems causing distress due to social withdrawal, over-intrusiveness, rejection or being bullied.
3. Moderate problems due to active or passive withdrawal from social relationships, over-intrusiveness, or to relationships that provide little or no comfort or support, for example, as a result of being severely bullied.
4. Severe social isolation with hardly any friends due to inability to communicate socially or withdrawal from social relationships.

### Additional notes for scale 10

This should include problems with school friends and the social network. This scale is concerned with absence of friendships or social contacts with peers, as well as problems with over-intrusiveness and inappropriate play. Aggressive behaviour and bullying by the child however, should not be rated here but under scale 1. Difficulties within the family or with siblings are rated under scale 12. Difficulties making or sustaining friendships should be included as well as passive withdrawal from social relationships.

## 11. Problems with self-care and independence

*Rate the overall level of functioning, e.g. problems with basic activities of self-care such as feeding, washing, dressing, toilet, and also complex skills such as managing money, travelling independently, shopping etc.; taking into account the norm for the child's chronological age.*

*Include poor levels of functioning arising from lack of motivation, mood or any other disorder.*

*Do not include lack of opportunities for exercising intact abilities and skills, as might occur in an over-restrictive family, rated at scale 12.*

*Do not include enuresis and encopresis, rated at scale 8.*

0. No problems of this kind during the period rated; good ability to function in all areas.
1. Minor problems, e.g. untidy, disorganised.
2. Self-care adequate, but major inability to perform one or more complex skills (see above).
3. Major problems in one or more areas of self-care (eating, washing, dressing) or major inability to perform several complex skills.
4. Severe disability in all or nearly all areas of self-care or complex skills.

#### **Additional notes for scale 11**

The overall level of functioning should be rated here, taking into account the norm for the child's chronological age. The child's actual performance should be rated not their potential competence.

## **12. Problems with family life and relationships**

*Include parent-child and sibling relationship problems.*

*Include relationships with foster parents, social workers or teachers in residential placements. Relationships in the home with separated parents and siblings should both be included. Parental personality problems, mental illness, marital difficulties should only be rated here if they have an effect on the child or adolescent.*

*Include problems such as poor communication, arguments, verbal or physical hostility, criticism and denigration, parental neglect or rejection, over-restriction, sexual or physical abuse.*

*Include sibling jealousy, physical or coercive sexual abuse by sibling.*

*Include problems with enmeshment and overprotection.*

*Include problems with family bereavement leading to reorganisation.*

*Do not include aggressive behaviour by the child or adolescent, rated at scale 1*

0. No problems during the period rated.
1. Slight or transient problems.
2. Mild but definite problem, e.g. some episodes of neglect or hostility or enmeshment or overprotection.
3. Moderate problems, e.g. neglect, abuse, hostility. Problems associated with family or carer breakdown or reorganisation.
4. Serious problems with the child or adolescent feeling or being victimised, abused or seriously neglected by family or carer.

#### **Additional notes for scale 12**

Usually this scale will refer to relationships with parents and siblings in the family home but if the normal home is with foster parents or in residential placements, relationships there should be rated. Where the child is living away from home, relationships within the institution and with separated parents and siblings should both be rated. Parental personality problems, mental illnesses and marital difficulties should only be rated here if they have an effect on the child, though this will usually be the case. Problems associated with physical, emotional or sexual abuse should be included but this scale is not intended to address abusive or neglectful features alone. Difficulties arising from over-involvement and overprotection should be included, as well as difficulties arising from family re-organisation as a result of relocation or bereavement. Sibling jealousy or physical coercion by a sibling should be included but aggressive behaviour by the child should be rated under scale 1.

## 13. Poor school attendance

*Include truancy, school refusal, school withdrawal or suspension for any cause.*

*Include attendance at type of school at time of rating, e.g. hospital school, home tuition, etc. If school holiday, rate the last two weeks of the previous term.*

0. No problems of this kind during the period rated.
1. Slight problems, e.g. late for two or more lessons.
2. Definite but mild problems e.g. missed several lessons because of truancy or refusal to go to school.
3. Marked problems, absent several days during the period rated.
4. Severe problems, absent most or all days. Include school suspension, exclusion or expulsion for any cause during the period rated.

### **Additional notes for scale 13**

School non-attendance for any reason should be included. This will include truancy, school refusal, school withdrawal or suspension for any cause. Where the child is an inpatient or day service user, attendance at the appropriate educational facility at the time of rating should be recorded. This may include the hospital school or home tuition. During school holidays, the last two weeks of the previous term should be rated. As with other scales, future intentions should not be rated, thus a school refusing a child expressing intention to return after the school holidays would score on this scale until satisfactory school attendance had been achieved.

## Scales 14 and 15

The above 13 scales in section A are generally summed to give a total score. The additional 2 scales (section B) may be used for children seen for brief interventions, where the main problem is of diagnostic uncertainty or lack of familiarity with appropriate services.

Scales 14 and 15 are concerned with problems for the **child, parent or carer** relating to lack of information or access to services. These are not direct measures of the child's mental health but changes here may result in long-term benefits for the child.

## 14. Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)

*Include lack of useful information or understanding available to the child or adolescent, parents or carers.*

*Include lack of explanation about the diagnosis or the cause of the problem or the prognosis.*

0. No problems during the period rated. Parents and carers have been adequately informed about the child or adolescent's problems.
1. Slight problems only.
2. Mild but definite problems.
3. Moderately severe problems. Parents and carers have very little or incorrect knowledge about the problem which is causing difficulties such as confusion or self-blame.
4. Very severe problems. Parents have no understanding about the nature of their child or adolescent's problems.

### **Additional notes for scale 14**

This scale is concerned with difficulties the child might be experiencing due to a lack of understanding within the family, about the nature of his difficulties. Difficulties may arise because the parents ascribe a wrong diagnosis or attribute problems to the wrong cause.

## 15. Problems with lack of information about services or management of the child or adolescent's difficulties

*Include lack of useful information or understanding available to the child or adolescent, parents or carers or referrers. Include lack of information about the most appropriate way of providing services to the child or adolescent, such as care arrangements, educational placements, or respite care.*

0. No problems during the period rated. The need for all necessary services has been recognised.
1. Slight problems only.
2. Mild but definite problems.
3. Moderately severe problems. Parents and carers have been given very little information about appropriate services, or professionals are not sure where a child should be managed.
4. Very severe problems. Parents have no information about appropriate services or professionals do not know where a child should be managed.

### **Additional notes for scale 15**

This scale is concerned with difficulties arising out of a lack of knowledge of appropriate services or management. Included here would be a child with a learning difficulty whose family were unaware of routes to special educational provision.

# Important variations in rating guidelines

Core rules		
Scale	Rate the worst manifestation	Rate over the past 2 weeks
Scales 1-9	Always	Always
Scales 10-15	Based on usual or typical	Always

# HoNOSCA summary scores

Data element	HoNOSCA scale number and description	Scale score	Summary score
<b>HoNOSCA behavioural problems summary score</b>		4 scales	0 – 16
HoNOSCA scale 01	1. Disruptive, antisocial, or aggressive behaviour.	0 – 4	
HoNOSCA scale 02	2. Problems with overactivity, attention or concentration.	0 – 4	
HoNOSCA scale 03	3. Non-accidental self-injury.	0 – 4	
HoNOSCA scale 04	4. Alcohol, substance or solvent misuse.	0 – 4	
<b>HoNOSCA impairment summary score</b>		2 scales	0 – 8
HoNOSCA scale 05	5. Problems with scholastic or language skills.	0 – 4	
HoNOSCA scale 06	6. Physical illness or disability problems.	0 – 4	
<b>HoNOSCA symptomatic problems summary score</b>		3 scales	0 – 12
HoNOSCA scale 07	7. Problems associated with hallucinations, delusions, or abnormal perceptions.	0 – 4	
HoNOSCA scale 08	8. Problems with non-organic somatic symptoms.	0 – 4	
HoNOSCA scale 09	9. Problems with emotional and related symptoms.	0 – 4	
<b>HoNOSCA social problems summary score</b>		4 scales	0 – 16
HoNOSCA scale 10	10. Problems with peer relationships.	0 – 4	
HoNOSCA scale 11	11. Problems with self-care and independence.	0 – 4	
HoNOSCA scale 12	12. Problems with family life and relationships.	0 – 4	
HoNOSCA scale 13	13. Poor school attendance.	0 – 4	
<b>HoNOSCA information summary score</b>		2 scales	0 – 8
HoNOSCA scale 14	14. Problems with lack of knowledge or understanding about the nature of the child or adolescent's difficulties.	0 – 4	
HoNOSCA scale 15	15. Problems with lack of information about services or management of the child or adolescent's difficulties.	0 – 4	
<b>HoNOSCA Total (13–scale) score</b>			0–52
<b>HoNOSCA Total (15 –scale) score</b>			0-60





## HoNOS65+ outcome tool

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Older persons services

# Health of the Nation Outcomes Scales for elderly people (HoNOS65+)

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The 65+ variant of the HoNOS consists of the same scale set and is scored in the same way as the general adult HoNOS; however the accompanying glossary has been modified to better reflect the problems and symptoms likely to be encountered when rating older persons.

## HoNOS65+ rating guidelines

- rate scales in order from 1 to 12
- use all available information in making your rating
- do not include information already rated in an earlier scale
- consider both the degree of distress the problem causes and the effect it has on behaviour
- rate the most severe problem that occurred in the period rated
- the rating period is generally the preceding two weeks, except at discharge from inpatient care, when it is the previous three (3) days.
- each scale is rated on a 5-point scale of severity (0 to 4) as follows:
  0. No problem.
  1. Minor problem requiring no formal action.
  2. Mild problem. Should be recorded in a care plan or other case record.
  3. Problem of moderate severity.
  4. Severe to very severe problem.
  7. Not known or not applicable.

As far as possible, the use of rating point seven (7) should be avoided, because missing data make scores less comparable over time or between settings.

# HoNOS65+ Scores: Clinical significance and recommended actions

		Monitor	Active treatment or management plan
Clinically Significant	<b>4 Severe to very severe problem</b> Most severe category for service users with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note: Service user can get worse.	✓	✓
	<b>3 Moderate problem</b> Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	<b>2 Mild problem</b> Warrants recording in clinical notes. May or may not be incorporated in care plan.	✓	Maybe
Not clinically significant	<b>1 Minor problem</b> Requires no formal action. May or may not be recorded in clinical file.	Maybe	✗
	<b>0 No problem</b> Problem not present	✗	✗

# HoNOS65+ Glossary

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## 1. Behavioural disturbance (e.g. overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour)

*Include such behaviour due to any cause, e.g. dementia, drugs, alcohol, psychosis, depression, etc.*

*Do not include bizarre behaviour, rated at scale 6.*

0. No problems of this kind during the period rated.
1. Occasional irritability, quarrels, restlessness etc. but generally calm and cooperative and not requiring any specific action.
2. Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup, window); significant overactivity or agitation; intermittent restlessness or wandering (day or night); uncooperative at times, requiring encouragement and persuasion.
3. Physically aggressive to others or animals (short of rating 4); more serious damage to, or destruction of, property; frequently threatening manner, more serious or persistent overactivity or agitation; frequent restlessness or wandering; significant problems with cooperation, largely resistant to help or assistance.
4. At least one serious physical attack on others (over and above rating of 3); major or persistent destructive activity (e.g. fire-setting); persistent and threatening behaviour; severe overactivity or agitation; sexually disinhibited or other inappropriate behaviour (e.g. deliberate inappropriate urination or defecation); virtually constant restlessness or wandering; severe problems related to noncompliant or resistive behaviour.

## 2. Non-accidental self-injury

*Do not include accidental self-injury (due e.g. to dementia or severe learning disability); any cognitive problem is rated at scale 4 and the injury at scale 5.*

*Do not include illness or injury as a direct consequence of drug or alcohol use rated at scale 3 (e.g. cirrhosis of the liver or injury resulting from drunk-driving are rated at scale 5).*

0. No problem of this kind during the period rated.
1. Fleeting thoughts of self-harm or suicide; but little or no risk during the period rated.
2. Mild risk during period; 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 during the period rated; includes frequent or persistent thoughts or talking about self-harm; includes preparatory behaviours, e.g. collecting tablets.
4. Suicidal attempt or deliberate self-injury during period.

### 3. Problem drinking or drug-taking

Do not include aggressive or destructive behaviour due to alcohol or drug use, rated at scale 1.

Do not include physical illness or disability due to alcohol or drug use, rated at scale 5.

0. No problem of this kind during the period rated.
1. Some over-indulgence but within social norm.
2. Occasional loss of control of drinking or drug-taking; but not a serious problem.
3. Marked craving or dependence on alcohol or drug use with frequent loss of control, drunkenness, etc.
4. Major adverse consequences or incapacitated due to alcohol or drug problems.

### 4. Cognitive problems

Include problems of orientation, memory, and language 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.

0. No problem of this kind during the period rated.
1. Minor problems with orientation (e.g. some difficulty with orientation to time) or memory (e.g. a degree of forgetfulness but still able to learn new information), no apparent difficulties with the use of language.
2. Mild problems with orientation (e.g. frequently disorientated to time) or memory (e.g. definite problems learning new information such as names, recollection of recent events; deficit interferes with everyday activities); difficulty finding way in new or unfamiliar surroundings; able to deal with simple verbal information but some difficulties with understanding or expression of more complex language.
3. Moderate problems with orientation (e.g. usually disorientated to time, often place) or memory (e.g. new material rapidly lost, only highly learned material retained, occasional failure to recognise familiar individuals); has lost the way in a familiar place; major difficulties with language (expressive or receptive).
4. Severe disorientation (e.g. consistently disorientated to time and place, and sometimes to person) or memory impairment (e.g. only fragments remain, loss of distant as well as recent information, unable to effectively learn any new information, consistently unable to recognise or to name close friends or relatives); no effective communication possible through language or inaccessible to speech.

## 5. Physical illness or disability problems

Include illness or disability from any cause that limits mobility, impairs sight or hearing, or otherwise interferes with personal functioning (e.g. pain).

Include side effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drunk driving etc.

Do not include mental or behavioural problems rated at scale 4.

0. No physical health, disability or mobility problems during the period rated.
1. Minor health problem during the period (e.g. cold); some impairment of sight or hearing (but still able to function effectively with the aid of glasses or hearing aid).
2. Physical health problem associated with mild restriction of activities or mobility (e.g. restricted walking distance, some degree of loss of independence); moderate impairment of sight or hearing (with functional impairment despite the appropriate use of glasses or hearing aid); some degree of risk of falling, but low and no episodes to date; problems associated with mild degree of pain.
3. Physical health problem associated with moderate restriction of activities or mobility (e.g. mobile only with an aid – stick or Zimmer frame – or with help); more severe impairment of sight or hearing (short of rating 4); significant risk of falling (one or more falls); problems associated with a moderate degree of pain.
4. Major physical health problem associated with severe restriction of activities or mobility (e.g. chair or bed bound); severe impairment of sight or hearing (e.g. registered blind or deaf); high risk of falling (one or more falls) because of physical illness or disability; problems associated with severe pain; presence of impaired level of consciousness.

## 6. Problems associated with hallucinations and delusions

Include hallucinations and delusions (or false beliefs) irrespective of diagnosis.

Include odd and bizarre behaviour associated with hallucinations or delusions (or false beliefs).

Do not include aggressive, destructive or overactive behaviours attributed to hallucinations, delusions or false beliefs, rated at scale 1.

0. No evidence of delusions or hallucinations during the period rated.
1. Somewhat odd or eccentric beliefs not in keeping with cultural norms.
2. Delusions or hallucinations (e.g. voices, visions) are present, but there is little distress to service user or manifestation in bizarre behaviour, that is, a present, but mild clinical problem.
3. Marked preoccupation with delusions or hallucinations, causing significant distress or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem.
4. Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with a major impact on service user or others.

## 7. Problems with depressive symptoms

Do not include overactivity or agitation, rated at scale 1.

Do not include suicidal ideation or attempts, rated at scale 2.

Do not include delusions or hallucinations, rated at scale 6.

Rate associated problems (e.g. changes in sleep, appetite or weight; anxiety symptoms) at scale 8.

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

## 8. Other mental and behavioural problems

Rate only the most severe clinical problem not considered at scales 6 and 7 as follows:

Specify the type of problem by entering the appropriate letter: **A** phobic; **B** anxiety; **C** obsessive-compulsive; **D** stress; **E** dissociative; **F** somatoform; **G** eating; **H** sleep; **I** sexual; **J** other, specify.

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, for example the problem is intermittent, the service user maintains a degree of control or is not unduly distressed.
3. Moderately severe clinical problem, for example, more frequent, more distressing or more marked symptoms.
4. Severe persistent problems that dominates or seriously affects most activities.

## 9. Problems with relationships

Problems associated with social relationships, identified by the service user or apparent to carers or others. Rate the service user's most severe problem associated with active or passive withdrawal from, or tendency to dominate, social relationships or non-supportive, destructive or self-damaging relationships.

0. No significant problems during the period.
1. Minor non-clinical problems.
2. Definite problems in making, sustaining or adapting to supportive relationships (e.g. because of controlling manner, or arising out of difficult, exploitative or abusive relationships), definite but mild difficulties reported by service user or evident to carers or others.
3. Persisting significant problems with relationships; moderately severe conflicts or problems identified within the relationship by the service user or evident to carers or others.
4. Severe difficulties associated with social relationships (e.g. isolation, withdrawal, conflict, abuse); major tensions and stresses (e.g. threatening breaking down of relationship).

## 10. Problems with activities of daily living (ADL)

*Rate the overall level of functioning in activities of daily living (ADL): e.g. problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, recreation and use of transport, etc.*

*Include any lack of motivation for using 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, rated at scales 11 and scale 12.*

0. No problems during period rated; good ability to function effectively in all basic activities (e.g. continent – or able to manage incontinence appropriately, able to feed self and dress) and complex skills (e.g. driving or able to make use of transport facilities, able to handle financial affairs appropriately).
1. Minor problems only without significantly adverse consequences, for example, untidy, mildly disorganised, some evidence to suggest minor difficulty with complex skills but still able to cope effectively.
2. Self-care and basic activities adequate (though some prompting may be required), but difficulty with more complex skills (e.g. problem organising and making a drink or meal, deterioration in personal interest especially outside the home situation, problems with driving, transport or financial judgements).
3. Problems evident in one or more areas of self-care activities (e.g. needs some supervision with dressing and eating, occasional urinary incontinence or continent only if toileted) as well as inability to perform several complex skills.
4. Severe disability or incapacity in all or nearly all areas of basic and complex skills (e.g. full supervision required with dressing and eating, frequent urinary or faecal incontinence).

## 11. Problems with living conditions

*Rate the overall severity of problems with the quality of living conditions; accommodation and daily domestic routine, taking into account the service user's preferences and degree of satisfaction with circumstances.*

*Are the basic necessities met (heat, light, hygiene)? If so, does the physical environment contribute to maximising independence and minimising risk, and provide a choice of opportunities to facilitate the use of existing skills and develop new ones?*

*Do not rate the level of functional disability itself, rated at scale 10.*

*Note: Rate service user's usual accommodation. If in acute ward, rate the home accommodation. If information not obtainable, rate 7.*

0. Accommodation and living conditions are acceptable; helpful in keeping any disability rated at scale 10 to the lowest level possible and minimising any risk, and supportive of self-help; the service user is satisfied with their accommodation.
1. Accommodation is reasonably acceptable with only minor or transient problems related primarily to the service user's preferences rather than any significant problems or risks associated with their environment (e.g. not ideal location, not preferred option, doesn't like food).
2. Basics are met but significant problems with one or more aspects of the accommodation or regime (e.g. lack of proper adaptation to optimise function relating for instance to stairs, lifts or other problems of access); may be associated with risk to service user (e.g. injury) which would otherwise be reduced.
3. Distressing multiple problems with accommodation; e.g. some basic necessities are absent (unsatisfactory or unreliable heating, lack of proper cooking facilities, inadequate sanitation); clear elements of risk to the service user resulting from aspects of the physical environment.
4. Accommodation is unacceptable: e.g. lack of basic necessities, insecure, or living conditions are otherwise intolerable, contributing adversely to the service user's condition or placing them at high risk of injury or other adverse consequences.

## 12. Problems with occupation and activities

*Rate the overall level of problems with quality of day-time environment. 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 qualified staff, lack of access to supportive facilities, e.g. staffing and equipment of day centres, social clubs, etc.*

*Do not rate the level of functional disability itself, rated at scale 10.*

*Note: Rate the service user's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 7.*

0. Service user's day-time environment is acceptable; helpful in keeping any disability rated at scale 10 to the lowest level possible, and maximising autonomy.
1. Minor or temporary problems e.g. good facilities available but not always at appropriate times for the service user.
2. Limited choice of activities e.g. insufficient carer or professional support, useful day setting available but for very limited hours.
3. Marked deficiency in skilled services and support available to help optimise activity level and autonomy, little opportunity to use skills or to develop new ones; unskilled care difficult to access.
4. Lack of any effective opportunity for daytime activities makes the service user's problems worse or service user refuses services offered which might improve their situation.

# Summary score scales

The individual HoNOS scales (scales) constituting both variants (HoNOS and HoNOS65+) of the measure and the summary scores.

Data element	HoNOS scale number and description	Scale score	Summary score
<b>HoNOS behavioural problems summary score</b>		2 scales	0 - 8
HoNOS scale 01	1. Overactive, aggressive, disruptive or agitated behaviour	0 - 4	
HoNOS scale 03	3. Problem drinking or drug-taking	0 - 4	
<b>HoNOS impairment summary score</b>		2 scales	0 - 8
HoNOS scale 04	4. Cognitive problems	0 - 4	
HoNOS scale 05	5. Physical illness or disability problems	0 - 4	
<b>HoNOS delusions/hallucinations problems summary score</b>		1 scale	0 - 4
HoNOS scale 06	6. Problems associated with hallucinations and delusions	0 - 4	
<b>HoNOS depression problems summary score</b>		4 scales	0 - 16
HoNOS scale 02	2. Non-accidental self-injury	0 - 4	
HoNOS scale 07	7. Problems with depressed mood	0 - 4	
HoNOS scale 08	8. Other mental and behavioural problems	0 - 4	
HoNOS scale 09	9. Problems with relationships	0 - 4	
<b>HoNOS social problems summary score</b>		4 scales	0 - 16
HoNOS scale 09	9. Problems with relationships	0 - 4	
HoNOS scale 10	10. Problems with activities of daily living	0 - 4	
HoNOS scale 11	11. Problems with living conditions	0 - 4	
HoNOS scale 12	12. Problems with occupation and activities	0 - 4	
<b>HoNOS total (12-scale) score</b>		12 scales	0 - 48

## HoNOS-LD outcome tool

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Intellectual disability services

# Acknowledgements

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Health of the Nation Outcome Scales (HoNOS) ©Royal College of Psychiatrists 1996

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# Rating guidelines and glossary

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## General rating guidelines

- perform a full clinical assessment of the service user's clinical history and current problems
- rate scales in order from 1 to 18
- do not include information already rated in an earlier scale
- rate the most severe problem that occurred in the previous four (4) weeks
- the exception is at discharge from acute inpatient care, in which case the rating period should generally be the preceding three (3) days
- each scale is rated on a 5-point scale of severity (0 to 4) as follows:
  0. No problem during period rated
  1. Mild problem
  2. Moderate problem
  3. Severe problem
  4. Very severe problem
  7. Not known/Unable to rate

Specific help for rating each point on each scale is provided in the Glossary.

As far as possible, the use of rating point seven (7) should be avoided, because missing data make scores less comparable over time or between settings.

***Note:** The 5-point scale definitions in the LD documentation from UK are slightly different than the existing HoNOS scales (See HoNOS). This may mean systems which display definitions will need to be modified for the HoNOS LD. It will also require different combinations of values for analysis as it has potential impact on clinical significance and how this is defined for HoNOS LD.*

# HoNOS-LD scores: Clinical significance and recommended actions

		Monitor	Active treatment or management plan
Clinically Significant	<b>4 Severe to very severe problem</b> Most severe category for service users with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note: Service user can get worse.	✓	✓
	<b>3 Moderate problem</b> Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	<b>2 Mild problem</b> Warrants recording in clinical notes. May or may not be incorporated in care plan.	✓	Maybe
Not clinically significant	<b>1 Minor problem</b> Requires no formal action. May or may not be recorded in clinical file.	Maybe	X
	<b>0 No problem</b> Problem not present	X	X

# HoNOS-LD glossary

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## 1. Behavioural problems - directed to others

*Include* behaviour that is directed to other persons. Do *not* include behaviour that is directed towards self (scale 2) or primarily at property or other behaviours (scale 3). Rate risk as it is currently perceived.

0. No behavioural problems directed to others during the period rated.
1. Irritable, quarrelsome, occasional verbal abuse.
2. Frequent verbal abuse, verbal threats, occasional aggressive gestures, pushing or pestering (harassment).
3. Risk or occurrence of, physical aggression resulting in injury to others requiring simple first aid, or requiring close monitoring for prevention.
4. Risk or occurrence of, physical aggression producing injury to others serious enough to need casualty treatment and requiring constant supervision or physical intervention for prevention (e.g. restraint, medication or removal).

## 2. Behavioural problems - directed towards self (self-injury)

*Include all forms of self-injurious behaviour. Do not include behaviour directed towards others (scale 1), or behaviour primarily directed at property, or other behaviours (scale 3).*

0. No self-injurious behaviour during the period rated.
1. Occasional self-injurious behaviour (e.g. face-tapping); occasional fleeting thoughts of suicide.
2. Frequent self-injurious behaviour not resulting in tissue damage (e.g. redness, soreness, wrist-scratching).
3. Risk or occurrence of self-injurious behaviour resulting in reversible tissue damage and no loss of function (e.g. cuts, bruises, hair loss).
4. Risk or occurrence of self-injurious behaviour resulting in irreversible tissue damage and permanent loss of functions (e.g. limb contractures, impairment of vision, permanent facial scarring) or attempted suicide.

## 3. Other mental and behavioural problems

*This is a global rating to include behavioural problems not described in scales 1 or 2.*

Do *not* include behaviour directed towards others (scale 1), or self-injurious behaviour (scale 2).

*Rate the most prominent behaviours present. Include: **A**, behaviour destructive to property; **B**, problems with personal behaviours, for example, spitting, smearing, eating rubbish, self-induced vomiting, continuous eating or drinking, hoarding rubbish, inappropriate sexual behaviour; **C**, rocking, stereotyped and ritualistic behaviour; **D**, anxiety, phobias, obsessive or compulsive behaviour; **E**, others.*

0. No behavioural problem(s) during the period rated.
1. Occasional behavioural problem(s) that are out of the ordinary or socially unacceptable.
2. Behaviour(s) sufficiently frequent and severe to produce some disruption of and impact on own or other peoples functioning.
3. Behaviour(s) sufficiently frequent and severe to produce significant disruption and impact on own or other people's functioning, requiring close monitoring for prevention.
4. Constant, severe problem behaviour(s) producing major disruption of and impact on functioning requiring constant supervision or physical intervention for prevention.

#### 4. Attention and concentration

*Include problems that may arise from under activity, overactive behaviour, restlessness, fidgeting or inattention, hyperkinesis or arising from drugs.*

0. Can sustain attention and concentration in activities/programmes independently during the period rated.
1. Can sustain attention and concentration in activities/programmes with occasional prompting and supervision.
2. Can sustain attention and concentration in activities/programmes with regular prompting and supervision.
3. Can sustain attention and concentration in activities/programmes briefly with constant prompting and supervision.
4. Cannot participate in activities and programmes even with constant prompting and supervision.

#### 5. Memory and orientation

*Include recent memory loss and worsening of orientation for time, place and person in addition to previous difficulties.*

0. Can reliably find their way around familiar surroundings and relate to familiar people.
1. Mostly familiar with environment/person, but with some difficulty in finding their way.
2. Can relate to environment/person with occasional support and supervision.
3. Can relate to environment/person with regular support and supervision.
4. Not apparently able to recognise or relate to people and environments.

#### 6. Communication (problems with understanding)

*Include all types of responses to verbal, gestural and signed communication, supported if necessary with environmental cues.*

0. Able to understand first language (mother tongue) about personal needs and experience during the period rated.
1. Able to understand groups of words/short phrases/signed communication about most needs.
2. Able to understand some signs, gestures and single words about basic needs and simple commands (food, drink, come, go, sit, etc.).
3. Able to acknowledge and recognise attempts at communication with little specific understanding (pattern of response is not determined by nature of communication).
4. No apparent understanding or response to communication.

## 7. Communication (problems with expression)

*Include all attempts to make needs known and communicate with others (words, gestures, signs). Rate behaviour under scales 1, 2 and 3.*

0. Able to express needs and experience during the period rated.
1. Able to express needs to familiar people.
2. Able to express basic needs only (food, drink, toilet, etc.).
3. Able to express presence of needs, but cannot specify (e.g. cries or screams when hungry, thirsty or uncomfortable).
4. Unable to express need or presence of need.

## 8. Problems associated with hallucinations and delusions

*Include hallucinations and delusions irrespective of diagnosis. Include all manifestations suggestive of hallucinations and delusions (responding to abnormal experiences, for example. invisible voices when alone).*

0. No evidence of hallucinations or delusions during period rated.
1. Occasional odd or eccentric beliefs or behaviours suggestive of hallucinations or delusions.
2. Manifestations of hallucinations or delusions with some distress or disturbance.
3. Manifestations of hallucinations or delusions with significant distress or disturbance.
4. Mental state and behaviour are seriously and adversely affected by hallucinations or delusions with severe distress or disturbance.

## 9. Problems associated with mood changes

*Include problems associated with low mood states, elated mood states, mixed moods and mood swings (alternating between unhappiness, weeping and withdrawal on one hand and excitability and irritability on the other).*

0. No evidence of mood change during period rated.
1. Mood present but with little impact (e.g. gloom).
2. Mood change producing significant impact on self or others (e.g. weeping spells, decrease in skills, withdrawal and loss of interest).
3. Mood change producing major impact on self or others (e.g. severe apathy and unresponsiveness, severe agitation and restlessness).
4. Depression, hypomania or mood swings producing severe impact on self and others (e.g. severe weight loss from anorexia or over activity, agitation too severe to allow time to be engaged in meaningful activity).

## 10. Problems with sleeping

Do not rate intensity of behaviour disturbance - this should be included in scale 3. Include daytime drowsiness, duration of sleep, frequency of waking and diurnal variation of sleep pattern.

0. No problem during the period rated.
1. Occasional mild sleep disturbance with occasional waking.
2. Moderate sleep disturbance with frequent waking, or some daytime drowsiness.
3. Severe sleep disturbance or marked daytime drowsiness (e.g. restlessness/over activity/waking early) on some nights.
4. Very severe sleep disturbance with disturbed behaviour (e.g. restlessness/over activity/waking early most nights).

## 11. Problems with eating and drinking

Include both increase and decrease in weight. Do not rate pica, which should be rated in scale 3. This scale does not include problems experienced by people who cannot feed themselves (for example. people with severe physical disability).

0. No problem with appetite during the period rated.
1. Slight alteration to appetite.
2. Severe alteration in appetite with no significant weight change.
3. Severe disturbance with some weight change during the period rated.
4. Very severe disturbance with significant weight change during the period rated.

## 12. Physical problems

Include illnesses from any cause that adversely affects mobility, self-care, vision and hearing (for example. dementia, thyroid dysfunction, tremor affecting dexterity). Do not include relatively stable physical disability (for example. cerebral palsy, hemiplegia). Behavioural disorders caused by physical problems should be rated under scales 1, 2 and 3 (for example. constipation producing aggression).

0. No increased incapacity due to physical problems during the period rated.
1. Mildly increased incapacity, for example, viral illness, sprained wrist.
2. Significant incapacity requiring prompting and supervision.
3. Severe incapacity requiring some assistance with basic needs.
4. Total incapacity requiring assistance for most basic needs such as eating and drinking, toileting (fully dependent).

## 13. Seizures

*Include all types of fits (partial, focal, generalised, mixed etc.) to rate the short-term effect on the individual's daily life. Rate the effects of the fits. Do not include behavioural problems caused by, or associated with, fits (use scales 1, 2 and 3).*

0. No increased incapacity due to physical problems during the period rated.
1. Occasional seizures with minimal immediate impact on daily activities (e.g. resumes after seizures).
2. Seizures of sufficient frequency or severity to produce a significant immediate impact on daily activities (e.g. resumes activity after a few hours).
3. Seizures of sufficient frequency or severity producing a severe immediate impact on daily activities requiring simple first aid for injuries etc. (e.g. resumes activities next day).
4. Frequent poorly controlled seizures (may be accompanied by episodes of status epilepticus) requiring urgent clinical attention.

## 14. Activities of daily living at home

*Include such skills as cooking, cleaning and other household tasks. Do not rate problems with daily living outside the home (scale 15). Do not rate problems with self-care (scale 16). Rate what is seen regardless of cause, for example, disability, motivation etc. Rate performance not potential. Rate the current level achieved with the existing support.*

0. Performs or contributes towards activities of daily living at home.
1. Some limitations in performing or contributing towards household tasks.
2. Significant limitations in performing or contributing towards household tasks (e.g. failure to wash or tidy up, difficulty in preparing meals).
3. Major limitations in performing or contributing towards household tasks (e.g. home neglected, dirty, untidy; no domestic routine).
4. Gross neglect or danger resulting from no apparent contribution to daily living activities.

## 15. Activities of daily living outside the home

*Include skills such as budgeting, shopping, mobility and the use of transport, etc. Do not include problems with activities of daily living at home (scale 14). Do not rate problems with self-care (scale 16). Rate the current level with the existing support.*

0. Regular use of facilities and public amenities (e.g. shopping).
1. Some limitation in activity (e.g. difficulty with the use of public amenities or transport).
2. Significant limitations of activity relating to any one of: shopping, use of transport, public amenities.
3. Major restrictions in activity relating to more than any one of: shopping, use of transport, public amenities.
4. Severe restrictions in the use of shops, transport, facilities, etc.

## 16. Level of self-care

*Rate the overall level of functioning in activities of self-care such as eating, washing, dressing and toileting. Rate the current level achieved with the existing support. Rate appearance not motivation.*

0. Appearance and personal hygiene maintained.
1. Some deficits in personal appearance, personal hygiene or attention to health (e.g. poor grooming).
2. Significant deficits in personal appearance, personal hygiene or attention to health causing a problem with social acceptability, but not sufficient to pose a health risk (e.g. body odour, unkempt hair or nails).
3. Major deficits in personal appearance, personal hygiene or attention to health posing a health risk (e.g. skin rashes, gum infection, not fully dressed).
4. Gross self-neglect with severe difficulties relating to appearance, hygiene and diet posing a major health risk (e.g. pressure sores).

## 17. Problems with relationships

*Include effects of problems with relationships with family, friends and carers (in residential and day/leisure settings). Measure what is occurring regardless of cause, for example, somebody who is known to have good relationships may still display problems.*

0. Positive and frequent contact with family or friend or carers.
1. Generally positive relationships, but some strain or limitations in contact.
2. Some positive relationships, but current disruptions of contact or worsening of relationships.
3. Difficulties in relationships with risk of breakdown or infrequent contact.
4. Significant relationships broken down with no current contact.

## 18. Occupation and activities

*Rate the overall level of problems with quality of daytime environment. Take account of frequency and appropriateness of, and engagement with, daytime activities. Consider factors such as lack of qualified staff, equipment and appropriateness with regard to age and clinical condition. Do not rate problems with self-care (scale 16).*

0. Fully engaged with acceptable range of activities.
1. Uses reasonable range of activities, but some limitation of access or appropriateness.
2. Uses limited range of activities, limited availability or appropriateness.
3. Attends daytime activity irregularly.
4. No engagement with daytime activity.

# Important variations in rating guidelines

Unlike other HoNOS measures which are rated over the past two weeks (with the exception of those at the end of an inpatient episode), the HoNOS LD requires rating the most severe problem that occurred in the previous four weeks.

## HoNOS-LD total score

Data element	HoNOS-LD scale number and description	Scale score	Summary score
HoNOS-LD Total (18-scale) score			0 – 72





## HoNOS-secure outcome tool

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Forensic services

# Acknowledgements

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Health of the Nation Outcome Scales (HoNOS) ©Royal College of Psychiatrists 1996

College Research Unit, Royal College of Psychiatrists, London, UK HoNOS Secure 2009 International Version – (excludes CPA). Authors: Philip Sugarman and Lorraine Walker, St Andrew’s Healthcare, Billing Road, Northampton, NN1 5DG. Development from HoNOS (Royal College of Psychiatrists Research Unit, London) and HoNOS-MDO (Philip Sugarman and Hazel Everest) originally commissioned by the UK Department of Health.

# Rating guidelines and glossary

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The security ratings are completed first. Starting at scale A, work through scales A to G in alphabetical order. Choose a severity rating for each scale.

## HoNOS-secure glossary security scales A-G

### 2009 international version

- Update clinical history and risk assessment of the service user.
- Review past incidents/behaviours, attitudes held, current progress etc.
- Assess the most serious potential problem in the 'near future' (weeks or months). **Where relevant, consider if living unsupported in the community.** 'Potential' implies significant likelihood. Where outcome is unpredictable (e.g. overdose, fire), assess in proportion to degree of risk likely to occur.
- Rate the conclusions of the risk assessment and the **current** need for secure care. *Note – this may or may not be the same as care currently provided.*
- Rate seven (7) if unable to rate or no information available.

### A. Rate risk of harm to adults or children

0. Nil significant.
1. 'Minor' e.g. altercation: non-contact sex offence; damage to property; waste bin fire.
2. Significant injury; major fire; sex assault.
3. Serious - wounding; arson endangering life; rape; disability.
4. Grave – including homicide, near-fatal injury, profound trauma.

### B. Rate risk of self-harm (deliberate or accidental)

0. Nil significant.
1. For example minor self-harm/overdose; marked neglect of hygiene, undernourished.
2. Significant injury or disfigurement; inpatient medical treatment for overdose; burns; starvation, etc.
3. Disability by any form of self-harm.
4. Actual or near suicide; jumping from height.

### C. Rate need for building security to prevent escape

0. Open community residence.
1. Open facility on psychiatric campus.
2. Low security; PICU; high dependency; restricted exit with security features.
3. Medium security; airlock; secure building design and compound.
4. High security, security features comparable to closed prison.

## D. Rate need for a safely-staffed living environment

0. No need – unstaffed residence appropriate.
1. Day care; home treatment; 24-hr staff/inpatient, but with unescorted community leave.
2. 24 hour staff/inpatient care, without unescorted community leave.
3. Enhanced/continuous/special observation measures.
4. Occasional or frequent seclusion; more than one staff continuously.

## E. Rate need for escort on leave (beyond secure perimeter).

Do *not* include need for a driver.

0. No inclination to abscond; alert individual; behave appropriately.
1. One escort as may wander, fall, be run over, return late, behave inappropriately.
2. Maximum two escorts to contain behaviour or deter absconsion.
3. Maximum three escorts to contain behaviour or deter absconsion.
4. Requires special arrangements; four escorts, special vehicle; police assistance.

## F. Rate risk to individual from others

0. Nil significant.
1. Bullying; disempowerment; unwanted attention; disadvantage.
2. Abuse; assault; swindle; serious harassment; prostitution.
3. Serious victimisation or injury; rape; severe media hostility.
4. Death, serious disability, profound trauma.

## G. Rate the need for risk management procedures

0. Basic care planning.
1. On-going team clinical risk assessment.
2. Specialist clinical risk management; relapse prevention or other special therapy.
3. Requires **compulsory** check, search or test re drugs; weapons; visits; mail/phone.
4. Invasive or intensive checks, searches, tests or similar restriction.

# General rating guidelines

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- Perform a full clinical assessment of the service user's clinical history and current problems.
- Do not include information already rated in an earlier scale, unless stated otherwise.
- Rate the **most severe** problem that occurred in the previous two (2) weeks.
- The exception is at discharge from acute inpatient care, in which case the rating period should generally be the preceding three (3) days.
- Each scale is rated on a 5-point scale of severity (0 to 4) as follows:
  0. No problem
  1. Minor problem requiring no formal action
  2. Mild problem. Should be recorded in a care plan or other case record
  3. Problem of moderate severity
  4. Severe to very severe problem
  7. Not known/unable to rate.

Specific help for rating each point on each scale is provided in the Glossary.

As far as possible, the use of rating point seven (7) should be avoided, because missing data make scores less comparable over time or between settings.

# HoNOS security scale scores: Clinical significance and recommended actions

		Monitor	Active treatment or management plan
Clinically Significant	<b>4 Severe to very severe problem</b> Most severe category for service users with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note: Service user can get worse.	✓	✓
	<b>3 Moderate problem</b> Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	<b>2 Mild problem</b> Warrants recording in clinical notes. May or may not be incorporated in care plan.	✓	<i>Maybe</i>
Not clinically significant	<b>1 Minor problem</b> Requires no formal action. May or may not be recorded in clinical file.	<i>Maybe</i>	✗
	<b>0 No problem</b> Problem not present	✗	✗

# HoNOS-secure 12-Scale glossary

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## 1. Overactive, aggressive, disruptive or agitated behaviour

*Include* behaviour due to any cause, e.g. drugs, alcohol, dementia, psychosis, depression, etc.

Do *not* include bizarre behaviour, rated at scale 6. Rate sexual behaviours at scale 8 (I) but rate any violence/intimidation here.

0. No problems of this kind during the period rated.
1. Some irritability, quarrels, restlessness, disruptive behaviour, etc.
2. Includes occasional aggressive gestures, pushing, pestering or provoking others; threats or verbal aggression; lesser damage to property (e.g. broken cup or window, cigarette burns); marked over-activity or agitation.
3. Physically aggressive to others or animals (short of rating 4); persistently threatening manner; more serious over-activity or destruction of property (e.g. broken doors, minor fire setting to bins/ashtrays etc.).
4. At least one serious physical attack on others or on animals; destruction of property (e.g. dangerous fire-setting); use of weapons; persistent serious intimidation behaviour.

### Additional notes for scale 1

This scale is concerned with a spectrum of behaviours. The short title is 'Aggression', for convenience, but the full title is broader and more accurate. All four types of behaviour are included, whether or not there is intention, insight or awareness. However, the context must be considered since disagreement, for example, can be expressed more vigorously, but still acceptably, in some social contexts than in others. Possible causes of the behaviour are not considered in the rating and diagnosis is not taken into account. For example, the severity of disruptive behaviour by someone with dementia or learning disability is rated here, as is aggressive over activity associated with mania, or agitation associated with severe depression, or violence associated with hallucinations or personality problems. Bizarre behaviour is rated at scale 6.

## 2. Non-accidental self-injury

Do *not* include *accidental* self-injury (due for example to dementia or severe learning disability); the cognitive problem is rated at scale 4 and the injury at scale 5.

Do *not* include illness or injury as a direct consequence of drug or alcohol use rated at scale 3 (e.g. cirrhosis of the liver or injury resulting from drunk driving are rated at scale 5).

0. No problem of this kind during the period rated.
1. Fleeting thoughts about self-harm or suicide, but little risk; no self-harm.
2. Mild risk during period; includes non-hazardous self-harm e.g. wrist-scratching, not requiring physical treatment; persistent or worrying thoughts about self-harm.
3. Moderate to serious risk of deliberate self-harm; includes preparatory acts (e.g. collecting tablets, secreting razor blade, making nooses, suicide notes).
4. Serious suicidal attempt and/or serious deliberate self-harm during period (i.e. person seriously harmed self, or intended to, or risk death by their actions).

### **Additional notes for scale 2**

This scale deals with ideas or acts of self-harm in terms of their severity or impact. As in the clinical situation, the issue of intent during the period, though sometimes difficult to assess (for example, when service user is slowed by depression), is part of the current risk assessment. Thus, severe harm caused by an impulsive overdose could be rated at severity point 4, even though the clinician judged that the service user had not intended more than a moderate demonstration.

In the absence of strong evidence to the contrary, clinicians should assume that the results of self-harm were all intended. Risk of future self-harm is not part of this rating; although it should be part of the wider clinical assessment.

## **3. Problem drinking or drug-taking**

Do not include aggressive or destructive behaviour due to alcohol or drug use, rated at scale 1.

Do not include physical illness or disability due to alcohol or drug use, rated at scale 5.

0. No problem of this kind during the period rated (e.g. minimal cannabis use, drinking within health guidelines).
1. Some over-indulgence, but within social norm (e.g. significant cannabis use, other low risk activity).
2. Loss of control of drinking or drug-taking; but not seriously addicted (e.g. regular cannabis use, drinking above health guidelines); (in controlled settings – occasional positive urine tests, loss of leave or delayed discharge on account of attitude or behaviour towards drink and drugs).
3. Marked dependence on alcohol or drugs with frequent loss of control, drunk driving; (in controlled settings – drug debts, frequent attempts to obtain drugs; persistent pre-occupation with drink/drugs; repeated intoxication or positive urine tests).
4. Incapacitated by alcohol or drug problems.

### **Additional notes for scale 3**

Consider characteristics such as craving or tolerance for alcohol or drugs, priority over other activities given to their acquisition and use, impaired capacity to control the quantity taken, frequency of intoxication, and drunk driving or other risk-taking. Temporary effects such as hangovers should also be included here. Longer-term cognitive effects such as loss of memory are rated at scale 4, physical disability (e.g. from accidents) or disease (e.g. liver damage) at scale 5, mental effects at scales 6, 7 and 8, problems with relationships at scale 9.

## 4. Cognitive problems

*Include* problems of memory, orientation and understanding associated with any disorder: learning disability, dementia, schizophrenia, etc.

Do *not* include temporary problems (e.g. hangovers) resulting from drug or alcohol use, rated at scale 3.

0. No problem of this kind during the period rated.
1. Minor problems with memory or understanding (e.g. forgets names occasionally).
2. Mild but definite problems (e.g. has lost the way in a familiar place or failed to recognise a familiar person); sometimes mixed up about simple decisions; major impairment of long term memory.
3. Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent, mental slowing.
4. Severe disorientation (e.g. unable to recognise relatives, at risk of accidents, speech incomprehensible); clouding or stupor.

### Additional notes for scale 4

Intellectual and memory problems associated with any disorder, including dementia, learning disability, schizophrenia, very severe depression, etc. are taken into account. For example problems in naming or recognising familiar people or pets or objects; not knowing the day, date or time; difficulties in understanding or using speech (in own language); failure to remember important matters; not recognising common dangers (gas taps, ovens, crossing busy roads); clouding of consciousness and stupor.

## 5. Physical illness or disability problems

*Include* illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning (e.g. pain).

*Include* side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drunk driving etc.

Do *not* include mental or behavioural problems rated at scale 4.

0. No physical health problem during the period rated.
1. Minor health problem during the period (e.g. cold, non-serious fall, etc.).
2. Physical health problem imposes mild restriction on mobility and activity (e.g. sprained ankle, breathlessness).
3. Moderate degree of restriction on activity due to physical health problem (e.g. has to give up work or leisure activity).
4. Severe or complete incapacity due to physical health problems.

### Additional notes for scale 5

Consider the impact of physical disability or disease on the service user in the recent past. Problems likely to clear up fairly rapidly, without longer term consequences (for example. a cold or bruising from a fall), are rated at point 0 or 1. A service user in remission from a possibly long-term illness is rated on the worst state in the period, not on the prospective level.

The rating at points 2 to 4 is made in terms of degree of restriction on activities, irrespective of the type of physical problem. Include impairments of the senses, unwanted side effects of medication, limitations on movement from whatever cause, injuries associated with the effects of drugs or alcohol, etc. The physical results of accidents or self-injury in the context of severe cognitive problems should also be rated here.

## 6. Problems associated with hallucinations and delusions

*Include hallucinations and delusions irrespective of diagnosis.*

*Include odd and bizarre behaviour associated with hallucinations or delusions, such as thought disorder.*

*Do not include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions, rated at scale 1.*

0. No evidence of hallucinations or delusions during the period rated.
1. Somewhat odd or eccentric beliefs not in keeping with cultural norms.
2. Delusions or hallucinations (e.g. voices, visions) present, but there is little distress to service user or manifestation in bizarre behaviour (i.e. clinically present but mild).
3. Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour (i.e. moderately severe clinical problem).
4. Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on service user/others.

### **Additional notes for scale 6**

Rate such phenomena irrespective of diagnosis. Rating point 1 is reserved for harmless eccentricity or oddness. If a service user has a delusional conviction of royal descent but does not act accordingly and is not distressed, the rating is at point 2. If the service user is distressed, or behaves bizarrely in accordance with the delusion (for example acting in a grandiose manner, running up large debts, dressing the part, expecting to be admitted to a royal palace, etc.) the rating is at points 3 or 4. Any violent, overactive and disruptive behaviour, however, has already been rated at scale 1 and should not be included again. Similar considerations apply to other kinds of delusion and to hallucinations.

## 7. Problems with depressed mood

*Do not include over activity or agitation, rated at scale 1.*

*Do not include suicidal ideation or attempts, rated at scale 2.*

*Do not include delusions or hallucinations, rated at scale 6.*

0. No problems associated with depressed mood during the period rated.
1. Gloomy or minor changes in mood (not regarded as 'depression').
2. Mild but definite depression and distress: (for example feelings of guilt; loss of self-esteem, but not amounting to a clinical episode of depression); troublesome mood swings.
3. Depression with inappropriate self-blame, preoccupied with feelings of guilt, at a level likely to attract diagnosis and treatment; clinically problematic swings of mood.
4. Severe or very severe depression, with guilt or self-accusation.

### **Additional notes for scale 7**

Depressed mood and symptoms closely associated with it often occur in disorders other than depression. Consider symptoms only: For example loss of self-esteem and guilt. These are rated at scale 7 irrespective of diagnosis. The more such symptoms there are the more severe the problems tend to be. Over activity and agitation are rated at scale 1; self-harm at scale 2; stupor at scale 4; delusions and hallucinations at scale 6.

Note that the rule is followed that symptoms, not diagnoses, are rated. Sleep and appetite problems are rated separately at scale 8.

## 8. Other mental and behavioural problems

Rate only the most severe clinical problem not considered at scales 6 and 7 as follows:

Specify the type of problem by entering the appropriate letter: **A** phobic; **B** anxiety; **C** obsessive–compulsive; **D** stress; **E** dissociative; **F** somatoform; **G** eating; **H** sleep; **I** sexual (for sexual behaviour problem, see guidance in brackets); **J** other, specify.

0. No evidence of any of these problems during period rated.
1. Minor non–clinical problems (*impolite sexual talk/gestures*).
2. A problem is clinically present, but there are relatively symptom–free intervals and service user has degree of control i.e. mild level; (excessively tactile or non-contact sexual offence or very provocative, e.g. exposes self, walks around semi-naked, peeping into bedrooms, etc.).
3. Constant preoccupation with problem; occasional severe attack or distress, with loss of control e.g. avoids anxiety provoking situations, calls neighbour to help etc.; moderately severe level of problem; (*sexual assault, e.g. touching breast/buttock/genitals over clothing*).
4. Severe, persistent problem dominates most activities; (*more serious sexual assault i.e. genital contact, sexual touching under clothing*).

### Additional notes for scale 8

This scale provides an opportunity to rate symptoms not included in the previous clinical scales. Several types of problem are specified, distinguished by the capital letters A–J, as specified above. Only the single most severe problem occurring during the period is rated. This procedure is repeated at Time 2 (T2).

In this way, the most severe problem is always rated for each succeeding time period and the contribution to the total score reflects severity at Time 1 (T1) and T2 even if the symptom type changes.

## 9. Problems with relationships

Rate the service user’s most severe problem associated with active or passive withdrawal from social relationships, and/or non–supportive, destructive or self–damaging relationships. Take into account limited access to outside relationships in secure settings; include service users/inmates/staff relationships.

0. No significant problems during the period.
1. Minor non–clinical problems.
2. Definite problems in making or sustaining supportive relationships: service user complains and/or problems are evident to others.
3. Persisting major problems due to active or passive withdrawal from social relationships, and/or to relationships that provide little or no comfort or support.
4. Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships.

### Additional notes for scale 9

This scale concerns the quality as well as the quantity of service users’ communications and social relationships with others. Both active and passive relationships are considered, as are problems arising from service users’ own intrusive or withdrawn behaviour. Take into account the wider social environment as well as the family or residential scene. Is the service user able to gain emotional support from others? If service users with dementia or learning disability (including the autistic spectrum) are over-friendly, or unable to interpret or use language

(including body language) effectively, communication and relationships are likely to be affected. People with personality problems (rated independently of diagnosis) can find it difficult to retain supportive friendships or make useful allies. If the service user is rather solitary, but self-sufficient, competent when with others, and satisfied with the level of social interaction, the rating would be 1. Near-total isolation (whether because the service user withdraws, or is shunned by others, or both) is rated 4. Take the degree of the service user's distress about personal relationships, as well as degree of withdrawal or difficulty, into account when deciding between points 2 and 3. Aggressive behaviour by the service user towards another person is rated at scale 1.

## 10. Problems with activities of daily living (ADL)

*Rate the overall level of functioning in activities of daily living (ADL): e.g. problems with basic activities of self-care such as eating, washing, toilet; also complex skills such as budgeting, organising where to live, recreation, mobility and use of transport, self-development, etc.*

*Include any lack of motivation for using 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 (e.g. in secure settings), rated at scales 11 and 12.*

0. No problems during period rated; good ability to function in all areas.
1. Minor problems only (for example. untidy, disorganised).
2. Self-care adequate, but major lack of performance of one or more complex skills (see above); needs occasional prompting.
3. Major problems in one or more areas of self-care (eating, washing, dressing, toilet, etc.). Has a major inability to perform several complex skills; needs constant prompting or supervision.
4. Severe disability or incapacity in all or nearly all areas of self-care and complex skills.

### Additional notes for scale 10

Consider the overall level of functioning achieved by the service user during the period rated. Rate the level of actual performance, not potential competence. The rating is based on the assessment of three kinds of problem:

- First, a summary of the effects on personal and social functioning of the problems rated at scales 1 to 9
- Second, a lack of opportunities in the environment to use and develop intact skills
- Third, a lack of motivation or encouragement to use opportunities that is available.

The overall level of performance rated may therefore be due to lack of competence, to lack of opportunities in the environment, to lack of motivation, or to a combination of all these.

Two levels of functioning are considered when deciding the severity of problems:

- The basic level includes self-care activities such as eating, washing, dressing, toileting and simple occupations. If performance is moderately or seriously low, rate 3 or 4.
- The complex level includes the use of higher level skills and abilities in occupational and recreational activities, money management, household shopping, child care, etc., as appropriate to the service user's circumstances. If these are normal or as adequate as they can be, rate 0 or 1. Ratings 2 and 3 are intermediate.

## 11. Problems with living conditions

*Rate the overall severity of problems with the quality of living conditions and daily domestic routine.*

*Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and a choice of opportunities to use skills and develop new ones?*

*Do not rate the level of functional disability itself, rated at scale 10.*

*Note: Rate service user's usual accommodation whether community, open or secure setting (hospital or prison). If in acute ward/other temporary care, rate the home accommodation. If information not obtainable, rate 7.*

0. Accommodation and living conditions are acceptable; help to keep disability rated at scale 10 to the lowest level possible, and supportive of self-help.
1. Accommodation is reasonably acceptable although there are minor or transient problems, for example not ideal location, not preferred option, doesn't like food, etc.
2. Significant problems with one or more aspects of the accommodation and/or regime. For example, restricted choice; inflexible programme; staff or household have little understanding of how to limit disability, or how to help develop new or intact skills.
3. Distressing multiple problems with accommodation/regime. For example: some basic necessities absent, environment has minimal/no facilities to improve service user's independence; unnecessarily restrictive physical security (e.g. no access to outdoors, awaiting transfer to less secure facilities).
4. Environment unacceptable e.g. lack of basic necessities or service user at risk of eviction/arbitrary transfer; 'roofless' or highly restrictive living conditions otherwise intolerable making service user's problems worse; severe physical confinement e.g. much of daytime locked in room/cell, confined unnecessarily in seclusion or unfurnished room.

### **Additional notes for scale 11**

This scale requires knowledge of the service user's usual domestic environment during the period rated, whether at home or in some other residential setting. If this information is not available, rate 7 (not known). Consider the overall level of performance this service user could reasonably be expected to achieve given appropriate help in an appropriate domestic environment. Take into account the balance of skills and disabilities. How far does the environment restrict, or support, the service user's optimal performance and quality of life? Do staff know (as they should) what the service user's capacities are?

The rating must be realistic, taking into account the overall problem level during the period, ratings on scales 1 to 10, and information on the following points:

- Are the basics provided for – heat, light, food, money, clothes, security and dignity? If the basic level conditions are not met, rate 4.
- Consider the quality and training of staff; relationships with staff or with relatives or friends at home; degree of opportunity and encouragement to improve motivation and maximise skills, including: interpersonal problems; provision for privacy and indoor recreation; problems with other residents; helpfulness of neighbours. Is the atmosphere welcoming? Are there opportunities to demonstrate and use skills: For example, to cook, manage money, exercise talents and choice, and maintain individuality?
- If full autonomy has been achieved, i.e. the environment does not restrict optimum performance overall, rate as 0. A less full, but adequate regime is rated 1.

Between these poles, an overall judgement is required as to how far the environment restricts achievable autonomy during the period – 2; indicates moderate restriction and 3 substantial.

## 12. Problems with occupation and activities

*Rate the overall level of problems with quality of day–time environment. 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 appropriate qualified staff, access to supportive facilities, (e.g. staffing and equipment at Day Centres, workshops, social clubs) etc.*

*Do not rate the level of functional disability itself, rated at scale 10.*

*Note: Rate the service user's usual situation, whether in community, open or secure setting (hospital or prison). If in acute ward/temporary care, rate activities during period before admission. If information not available, rate 7.*

0. Service user's day–time environment is acceptable; helps to keep any disability rated at scale 10 to the lowest level possible, and supportive of self–help.
1. Minor or temporary problems (for example, late pension cheques, reasonable facilities available but not always at desired and appropriate times, etc.).
2. Limited choice of activities; e.g. lack of reasonable tolerance (for example unfairly refused entry to public library/baths; lack of day areas); lack of facilities in large establishment; handicapped by lack of a permanent address; insufficient carer/professional support; or helpful day setting available but for very limited hours.
3. Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills or develop new ones; unskilled care difficult to access; no activity areas available; leave withheld from small establishment causes restriction.
4. Lack of opportunity for daytime activities makes service user's problem worse; long periods of enforced inactivity each day (e.g. prison cell).

### **Additional notes for scale 12**

The principles considered at scale 11 also apply to the outside environment. Consider arrangements for encouraging activities such as: shopping; using local transport; amenities such as libraries; understanding local geography; possible physical risks in some areas; use of recreational facilities. Take into account accessibility, hours of availability, and suitability of the occupational environment provided for the service user at day hospital, drop-in or day centre, sheltered workshop, etc. Are specific (e.g. educational) courses available to correct deficits or provide new skills and interests? Is a sheltered outside space available if the service user is vulnerable in public (for example, because of odd mannerisms, talking to self, etc.)? For how long is the service user unoccupied during the day? Do staff know what the service user's capacities are?

The rating is based on an overall assessment of the extent to which the daytime environment brings out the best abilities of the service user during the period rated, whatever the level of disability rated at scale 10. This requires a judgement as to how far changing the environment is likely to improve performance and quality of life and whether any lack of motivation can be overcome.

- If the level of autonomy in daytime activities is not restricted, rate 0. A less full but adequate regime is rated 1.
- If minimal conditions for daytime activities are not met (with the service user severely neglected and/or with virtually nothing constructive to do), rate 4.
- Between these poles, a judgement is required as to how far the environment restricts achievable autonomy; 2 indicates moderate restriction and 3 substantial.

# Important variations in rating guidelines

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	Core rules	
Scale	Rate the worst manifestation	Rate over the past two weeks
Scales 1-8	Always	Always
Scales 9, 10	Based on usual or typical	Always
Scales 11, 12	Based on usual or typical	May need to go back beyond two weeks to establish the usual situation

# HoNOS-secure Summary score scales

When reporting on Total scores for HoNOS-secure, the HoNOS Secure 12 scales plus the 7 HoNOS Security scales A-G need to be reported separately rather than as an aggregated total score.

Data element	HoNOS scale number and description	Scale score	Summary score
<b>HoNOS Behavioural problems summary score</b>		2 scales	0 - 8
HoNOS scale 01	1. Overactive, aggressive, disruptive or agitated behaviour	0 - 4	
HoNOS scale 03	3. Problem drinking or drug-taking	0 - 4	
<b>HoNOS Impairment summary score</b>		2 scales	0 - 8
HoNOS scale 04	4. Cognitive problems	0 - 4	
HoNOS scale 05	5. Physical illness or disability problems	0 - 4	
<b>HoNOS Delusions/Hallucinations problems summary score</b>		1 scale	0 - 4
HoNOS scale 06	6. Problems associated with hallucinations and delusions	0 - 4	
<b>HoNOS Depression problems summary score</b>		4 scales	0 - 16
HoNOS scale 02	2. Non-accidental self-injury	0 - 4	
HoNOS scale 07	7. Problems with depressed mood	0 - 4	
HoNOS scale 08	8. Other mental and behavioural problems	0 - 4	
HoNOS scale 09	9. Problems with relationships	0 - 4	
<b>HoNOS Social problems summary score</b>		4 scales	0 - 16
HoNOS scale 09	9. Problems with relationships	0 - 4	
HoNOS scale 10	10. Problems with activities of daily living	0 - 4	
HoNOS scale 11	11. Problems with living conditions	0 - 4	
HoNOS scale 12	12. Problems with occupation and activities	0 - 4	
<b>HoNOS Secure Total (12-scale) score</b>		12 scales	0 - 48
<b>HoNOS Secure scales</b>		7 scales	0 - 28
HoNOS Secure scale	A. Risk of harm to adults or children	0 - 4	
HoNOS Secure scale	B. Risk of self-harm	0 - 4	
HoNOS Secure scale	C. Need for building security	0 - 4	
HoNOS Secure scale	D. Need for a safely-staffed environment	0 - 4	
HoNOS Secure scale	E. Need for escort on leave	0 - 4	
HoNOS Secure scale	F. Risk to individuals from others	0 - 4	
HoNOS Secure scale	G. Need for risk management procedures	0 - 4	
<b>HoNOS Secure</b>	<b>Total Score ( 7-scale Secure scale)</b>	<b>7 scales</b>	<b>0 - 28</b>