

**HoNOSCA:**

**HEALTH OF THE NATION OUTCOME SCALES  
FOR CHILDREN & ADOLESCENTS**

**Raters' Pack**

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University of Liverpool

# College Research Unit

## **HoNOSCA Basic Principles**

- 1) RATE EACH ITEM IN ORDER FROM 1 TO 13**
- 2) EACH SYMPTOM/PROBLEM IS RATED ONLY ONCE**
- 3) RATE THE MOST SEVERE POINT DURING THE PERIOD RATED**

### **HOW TO USE HoNOSCA: SOME COMMON QUESTIONS ANSWERED**

#### **What is HoNOSCA?**

It is a numerical record of a routine clinical assessment, a set of 13 scales plus a further 2 optional scales in Section B, completed by the keyworker/CPA team or equivalent. Each scale measure a type of problem commonly presented by children in mental health services. A completed HoNOSCA score sheet is a measure of present state and provides a profile of 13 severity ratings which can be added together to make a total score. HoNOSCA does not replace clinical notes or standardised measures. It is intended that it become an integral part of a minimum data set.

#### **How are outcomes measured using HoNOSCA?**

By comparing any two HoNOSCA records of a patient. For example, the ratings recorded at a discharge assessment can be compared with those made at presentation to give a 'change score' or outcome measure. Trend can be shown by comparing more than two HoNOSCA records.

#### **How frequently should HoNOSCA be rated?**

This is a matter for local decision depending on the type of service in which it is used. HoNOSCA should be used as part of routine practice and not imposed separately.

#### **What period should each assessment cover?**

The most severe problems present during the 2 previous weeks or a locally agreed relevant time period (e.g. 'condition at discharge', since last review or during the last month) are rated.

#### **Who fills in HoNOSCA and when?**

HoNOSCA should be rated by a qualified mental health professional or team, e.g. at a clinical review. (The data can be recorded by a non-mental health professional (secretary, data entry clerk etc). As a general rule, the same team or the same qualified professional should make the follow-up ratings as well. However, this may not always be possible, particularly in acute inpatient settings.

### **What questions are asked in the assessment?**

HoNOSCA is not a structured interview. It may be completed at or after a routine clinical interview or team meeting. Information from all sources, including case notes, school, other informants etc., should be used.

### **What information should not be included in making the ratings?**

Do not take into account the cause of the problem, its duration, the effect on others, future risk, the diagnosis or aspects of the treatment plan. Simply record the worst level of the problem in terms of impact on the patient that occurred during the chosen period rated. In Items 11-13, a more general level of impact is usually rated.

### **Are child or parent views included in the ratings?**

All information from all sources, including case notes, other informants, etc., is taken into account but the ratings are based solely on clinical judgement. Children's or parents own perspectives can be recorded using other instruments. An adolescent and parental version of HoNOSCA are in development.

### **How is the HoNOSCA Score Sheet filled in?**

Each item is described in the Glossary, and there is some guidance on each severity point. Always start at Item 1 and work down through the score sheet, choosing the most appropriate severity point for each item. Enter the score in the corresponding item box and score sheet.

### **How do I know where on the score sheet to rate a particular problem?**

It is important to rate HoNOSCA items in order from 1 to 13. After each item is rated, the content of that item is not taken into account when considering subsequent items. For example, if a child is both aggressive and overactive, only the severity of aggression is rated at Item 1. The severity of the overactivity is then rated at Item 2 without considering aggression again. Similarly, suicidal behaviour is rated at Scale 3 and the severity of depressed mood, if present, at Scale 9. Guidance is provided in the Glossary.

### **How is severity measured?**

Severity is measured on the following five point **Scale** where

<b>0</b>	<b>=</b>	<b>no problem</b>
<b>1</b>	<b>=</b>	<b>minor problem requiring no action</b>
<b>2</b>	<b>=</b>	<b>mild problem but definitely present</b>
<b>3</b>	<b>=</b>	<b>moderately severe problem</b>

**4 = severe to very severe problem**

The Glossary provides brief examples of each severity point for each of the 13 scales.

**What if two problems are present on the same item but of different severity?**

This happens quite often because some scales represent a wide range of problems. Always rate **the most severe problem** that has occurred during the chosen rating period.

**What rating is given if a problem like serious violence or serious suicidal attempt has occurred only once during the period rated?**

Such events are always rated (4), even if they only occur once in the period.

**Why should I rate a second time if I know there will be no clinical improvement?**

Because it is as important to rate lack of change as to rate improvement or deterioration.

**What if there is insufficient information available to make a rating?**

If it is impossible to make an informed estimate of the severity of an item, enter the rating point '9'. This should be avoided if possible. If used, ratings of 9 are **not** included in the total score.

**Where are targets and interventions recorded?**

HoNOSCA does not set targets or specify interventions. It is used to rate 'health outcomes' not 'health care' outcomes, so interventions are not taken into consideration when rating items. Having rated an item at levels 2-4, this will normally indicate that an intervention should be considered.

# **HoNOSCA:**

## **HEALTH OF THE NATION OUTCOME SCALES FOR CHILDREN & ADOLESCENTS**

The scales were developed in response to the Department of Health's commission to provide a measure for the first target in the Health of the Nation strategy for mental health: "to improve significantly the health and social functioning of mentally ill people."

There are 13 scales, plus 2 further optional scales, completed in a few minutes by clinicians after routine assessments/clinical reviews etc.

They:

- are designed for use in secondary or tertiary Child and Adolescent Mental Health Services;
- cover clinical and social areas relevant to child mental health problems;
- are practical for routine use in any setting;
- provide a brief numerical record of the clinical assessment;
- have a variety of uses for clinicians, administrators and researchers.

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