



The HoNOSCA as a process and outcome tool for a Health Board CAMHs Service

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TARANAKI DISTRICT HEALTH BOARD



Population of Taranaki from 2006 Census

The Taranaki Region has a total recorded
population of 104,124

males = 51,144

females = 52,983

Population of Taranaki from 2006 Census

Ethnic groups identified in census

- European - 77,166
- Maori - 15,798
- Pacific Peoples - 1,368
- Asian - 2,154
- Middle East/Latin Amer/African- 225
- New Zealander - 13,611
- Other - 18

Population of Taranaki from 2006 Census

The Taranaki region had a population of 30,288 aged between 0 & 19 years at the time of the census.

male = 15,618

female = 14,673

HoNosca

Health of the Nation Outcome Scales - Child and Adolescent Mental Health

HoNOSCA is a routine outcome measurement tool that assesses the behaviours, impairments, symptoms, and social functioning of children and adolescents with mental health problems. HoNOSCA therefore provides a global measure of an individual's current mental health status, and thus provides a means of evaluating the success of attempts to improve the health and social functioning of mentally ill children and adolescents.

<http://www.liv.ac.uk/honosca/>

MH Smart

Mental Health Standard Measures of Assessment and Recovery Initiative

A key focus for MH-SMART is developing, and training people to use, a suite of outcome measures. These measures allow information about the changes in mental health status of service users to be collected.

The outcomes information that accrues from around the country will be collected, analysed, interpreted and used to assist service users, clinicians, managers, planners and funders in a range of ways to support service improvement.

The first outcome tool to be implemented in this country is the Health of the Nation Outcomes Scale (HoNOS) family of measures, which was developed around 10 years ago in the UK by the Royal College of Psychiatrists Research Unit.

The HoNOS family of measures consists of:

HoNOS - used for people between the age 18 and 65 years.

HoNOSCA - designed for use with children and adolescents between the age of 4 and 18 years.

HoNOS65+ - an amended version of the HoNOS designed for use with adults over the age of 65.

<http://www.tepou.co.nz/page/83-Outcome-Measures+HoNOS-Family-of-Measures>

HoNOSCA

- **Scale 0 - 4 Rate 9 if not known**
- **Section A**
 - 1. Disruptive, antisocial or aggressive behaviour
 - 2. Overactivity attention and concentration
 - 3. Non accidental self injury
 - 4. Alcohol, substance/solvent misuse
 - 5. Scholastic or language skills
 - 6. Physical illness or disability problems
 - 7. Hallucinations and delusions
 - 8. Non-organic somatic symptoms
 - 9. Emotional and related symptoms
 - 10. Peer relationships
 - 11. Self care and independence
 - 12. Family life and relationships
 - 13. Poor school attendance
- **SECTION A TOTAL SCORE**
- **Section B**
 - 14. Lack of knowledge - nature of difficulties
 - 15. Lack of information - services/management
- **SECTION A + B TOTAL SCORE**

HoNOSCA as a test measure

Research

Brann, Coleman, & Luke (2001)

routine outpatient use, n=305 with n=145
paired 3mnths rating.

Niels (2003)

15 field trials n=173 paired 3 mnth ratings

Gowers, Harrington, Whitton, Lelliot, Beevor, Wing & Jezzard (1999)

36 field sited n=1276 with n=906 outcome
data.

Yates, Kramer & Garralda (2006)

n=64

Garralda, Yates & Higginson (1999)

n=203

HoNOSCA as a test measure

Comentary

Garralda & Yates (2000)

Jaffa (2000)



HoNOSCA as a research measure

Vitiello, Rohde, Silva et al (2006)

HoNOSCA used as an outcome measure in a comparative treatments research for adolescent depression

Mcshane, Bazzano, Walter & Barton (2007)

HoNOSCA as an outcome measure to evaluate a service for social anxiety

Vostanis, Anderson & Window (2006)

HoNOSCA as an outcome measure for family support service

Callaghan, Young, Pace & Vostanis (2004)

Honosca as an outcome measure for Child and Adolescent mental Health Service

Manderson & McClure (2003)

Honosca as an outcome measure for Child and Adolescent mental Health Service

Summary

- HoNOSCA seems a Reliable and Valid measure of child and adolescent functioning.
- The HoNOSCA requires regular training, and auditing and is likely to require some revision in the future.
- The HoNOSCA is not only useful as an outcome measure to examine the effectiveness of a service
but
may have some usefulness to look at particular clinical populations and clinical processes.

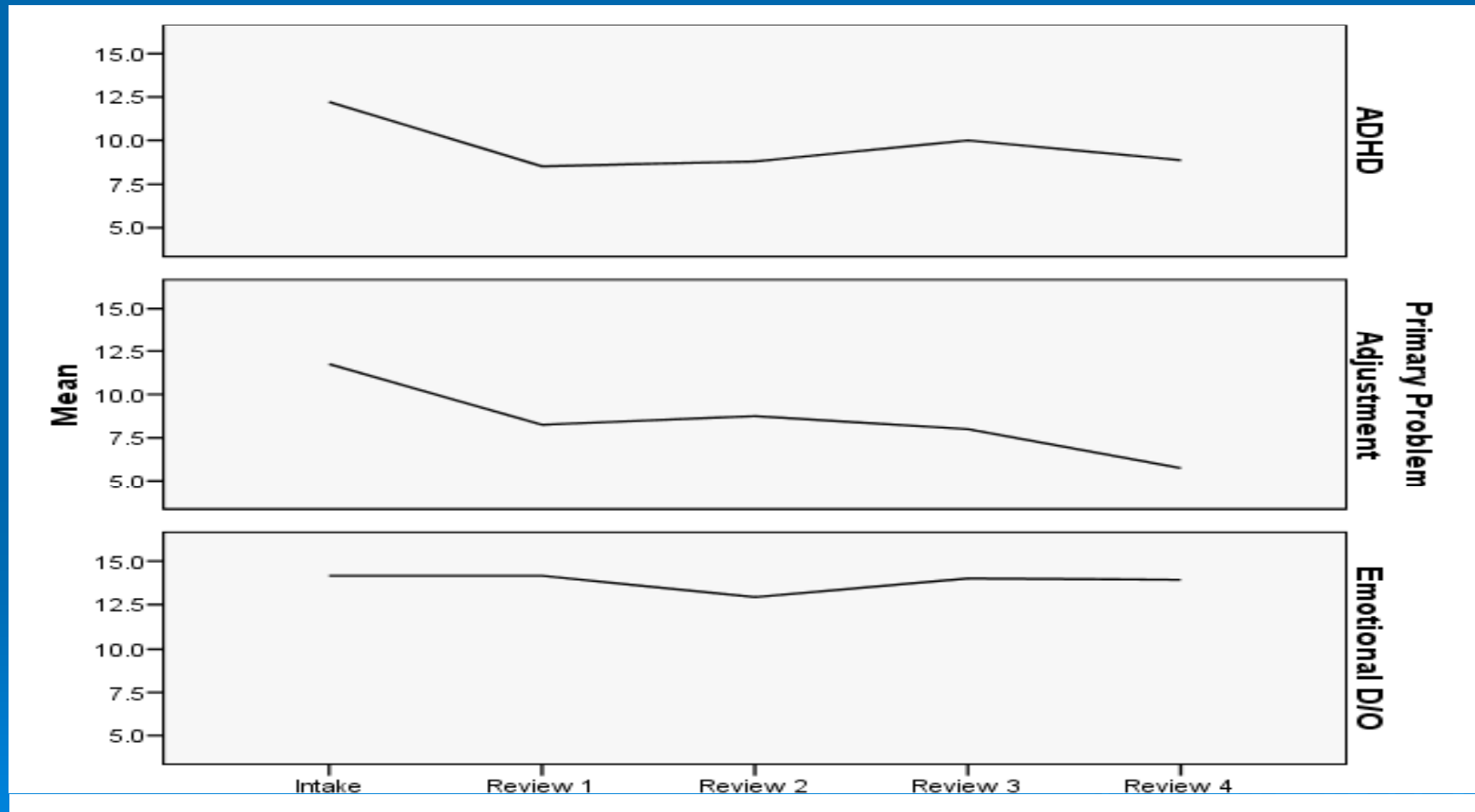
Current Project

- The CAMHS service in TDHB has been using The Health of a Nation Outcome Scales for Children and Adolescent (HONOSCA) at intake and three month reviews since July 2005.
- Clinical staff attended a standard training in the use of the HONOSCA (MHSMART). A refresher training was provided after one year of use.
- 11 staff who took part in the initial standard training and refresher regularly completed HONOSCA ratings for their clients. Reliability for this group was adequate (.70)
- 445 clients who had initial ratings were included. 52% were male, 48% were female. The average age was 14 years 5 months.
- Various reviews of the rating data were provided to the team to address several service or team level issues through discussions and planning.
- This project developed from these team discussions.

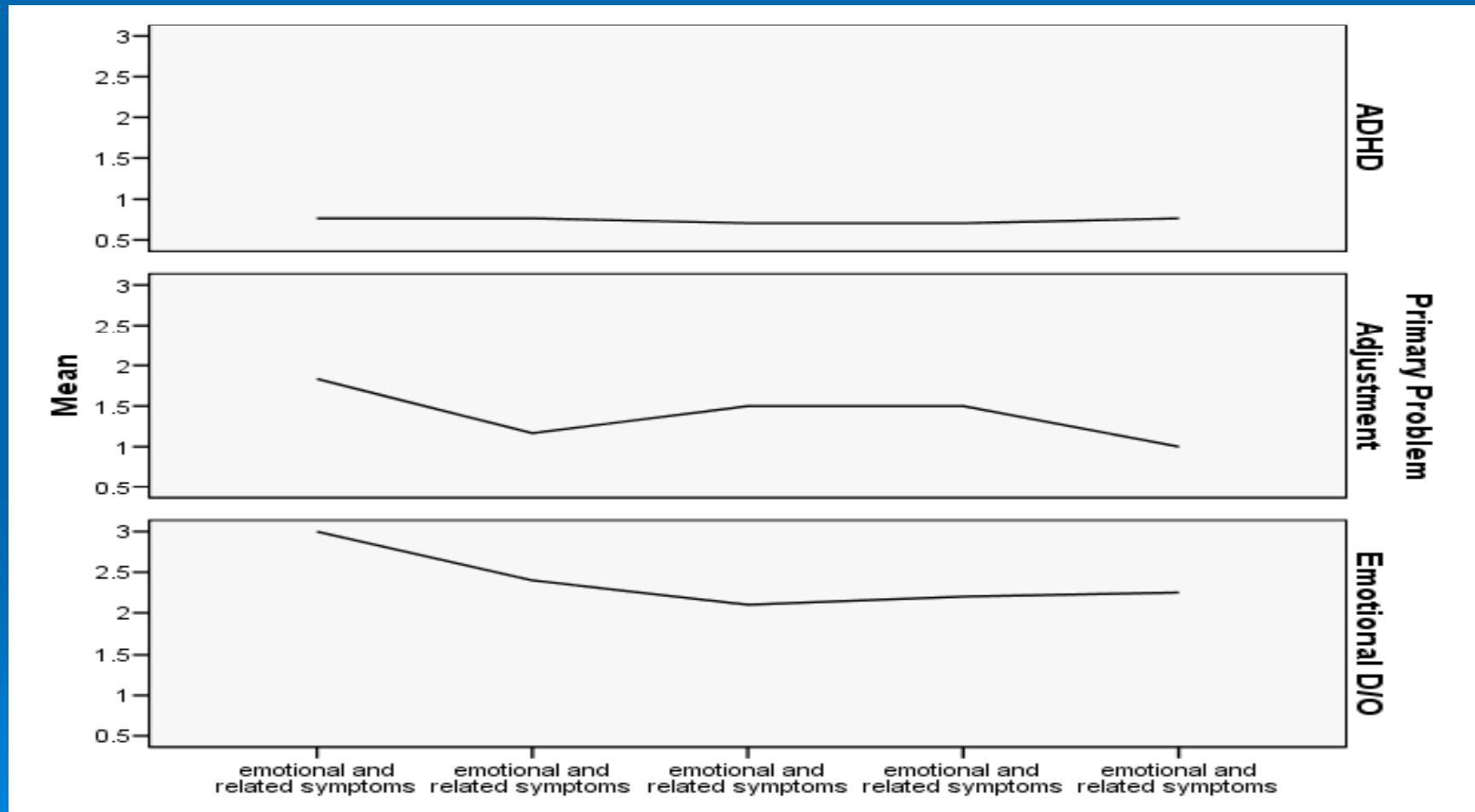
Changes for clients seen for one year- 5 Observations (n=50)

- This group of clients was chosen as change appeared difficult and longer term for them.
- Further treatment considerations were suggested due to long term nature of problem functioning and inability of interventions to be more effective.
- Primary problems- 21 had emotional problems (diagnosis involving mood or anxiety disorder), 20 had ADHD, and 9 had adjustment related disorders.
- In general total HONOSCA scores showed improvement over the intervention.
- Trajectories of change were different for each group, with those young people with mood and anxiety problems showing less improvement. Ratings of emotional problems reflect the lack of improvement in this group.
- No gender or age differences in change were noted.

Rates of change over one year by presenting problem n=50



Rating of emotional problem level by presentation n=50



Relationships between level of emotional, peer socialization, and family relationships for Emotional and ADHD presenting concerns

- Level of emotional problems does not appear related to peer socialization with clients with ADHD in this group.
- It appears that the quality of peer relationship has a strong influence on the outcomes of clients with difficulties with mood and anxiety. Lower peer relationships needs to be addressed among this group of young people to help improve outcomes.
- Results are different for a group of clients with ADHD. The group of longer term clients with emotional problems does appear unique.

Relationship between level of emotional problem and level of peer socialization (n=20) for EM

level of emotional problem

Peer socialization	.73
Family relationships	ns



Relationship between level of emotional problem and level of peer socialization (n=20) for ADHD

level of emotional problem

Peer socialization	ns
Family relationships	ns

level of disruptiveness

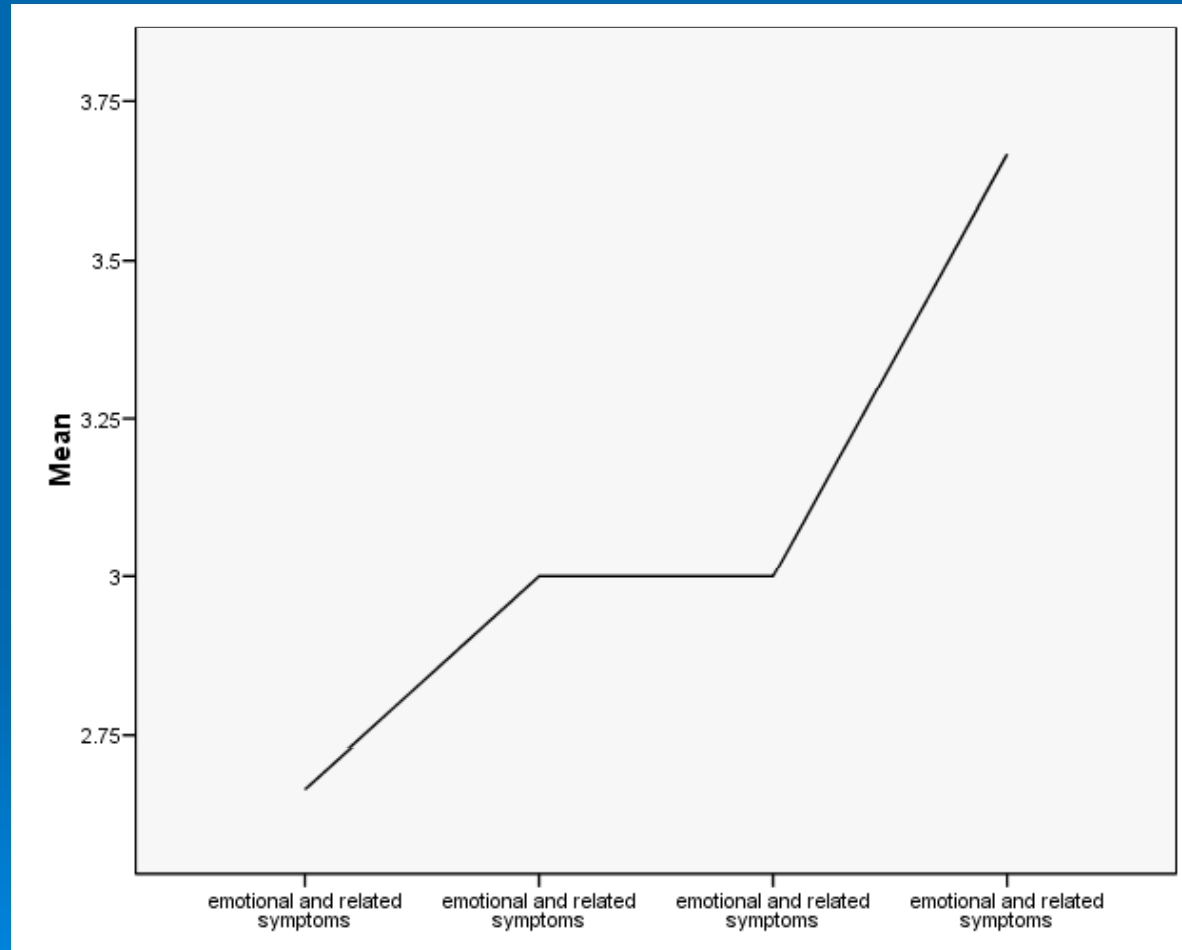
Peer socialization	.66
Family relationships	ns

Ratings of level of emotional problems for a sub group of clients who participated in a day treatment activity 1 x wk.


(n=6)

- The HONOSCA ratings for level of emotional problems from a smaller group was selected. This group had among the highest level of social and emotional problems and had limits with individually oriented treatment.
- This group participated in a peer oriented day long group program (1 x per week). One goal was to improve peer relationships.
- Ratings indicate that this group's level of emotional problems did not improve.
- This observations suggests that emotional/social problems are proving resistant to change and future interventions will require further consideration to address this difficulty proactively.

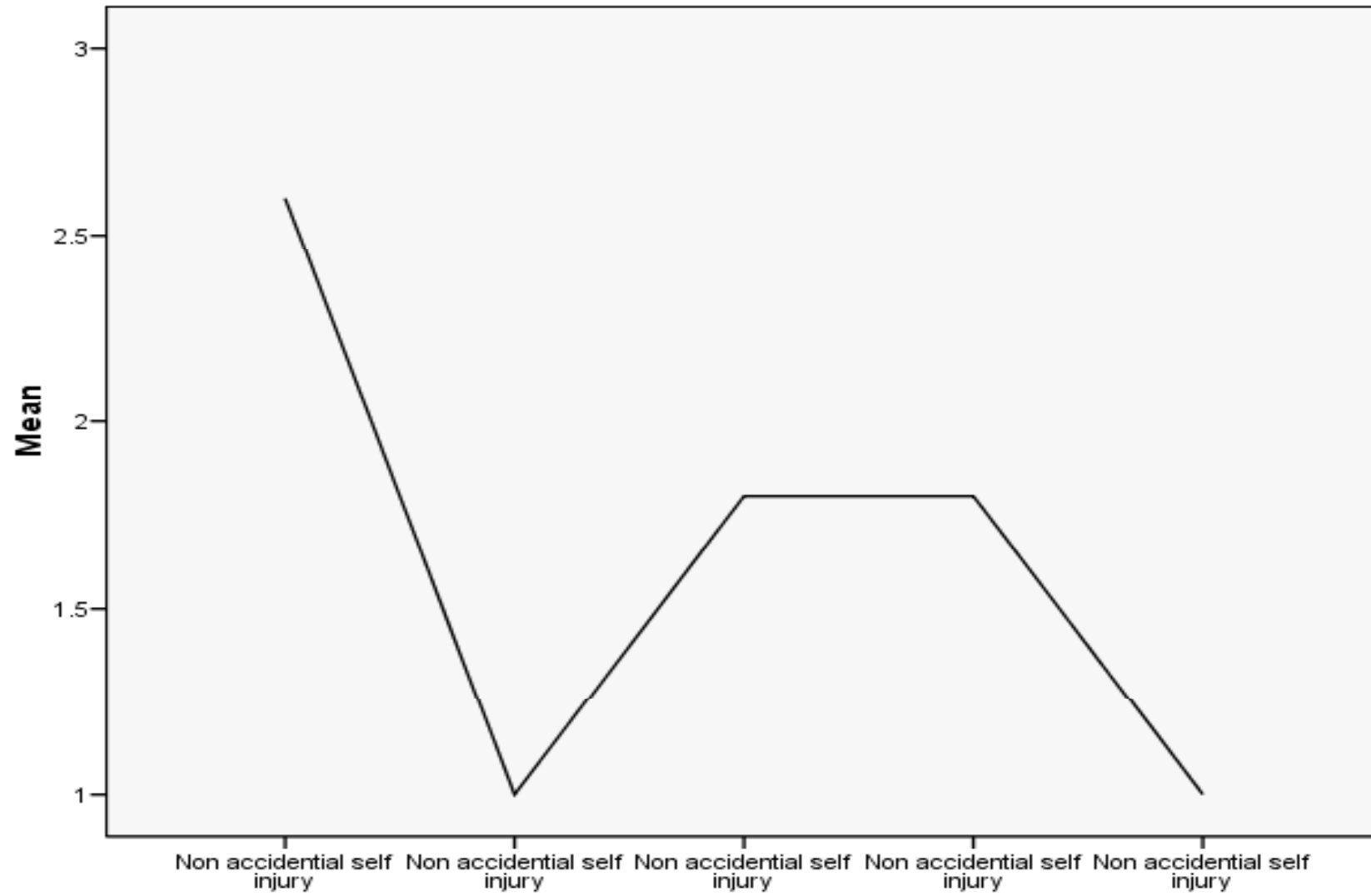
Ratings for level of emotional problems for clients seen in day treatment over 4 periods (n=6)



Observations of self Harm

- A subgroup of these young people who were rated as a showing a clinical problem with self harm at intake were followed for a year
 - Almost all of these young people were rated as no longer showing a clinical problem with self harm during the intervention
 - Most of the young people showed this reduction within the initial rating period
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Change in Self Harm for those with a Clinical Problem at Intake (n=52)



Observations to date

- HONOSCA ratings can be observed in a systematic manner to address questions a service has about the effectiveness of interventions
- In this case, young people who continued to show high levels of emotional problems also show high levels of problems socialization. Improvements appear difficult at least in the medium term (over 4 review periods) even despite general efforts to address this problem combination.
- Further interventions which address socialization with social skills specific interventions or the peer climate in school settings could be attempted. HONOSCA ratings could be applied systematically to address effectiveness.
- Another possibility is that a small group of clients will require more long term interventions despite several efforts. HONOSCA ratings might be useful in predicting such a group.
- One positive outcome of this intervention was that self harm was reduced and mostly was not a clinical concern

Conclusions

- The HONOSCA has utility for services to help evaluate questions at a service/team level.
 - This experience suggests that that individual CAMHS services can find ways to gather outcome rating data from the MHSMART collect process and develop action research to more finely question, understand change among their clients and revise clinical practice.
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