

# Example HoNOS profiles for different Mental Health services

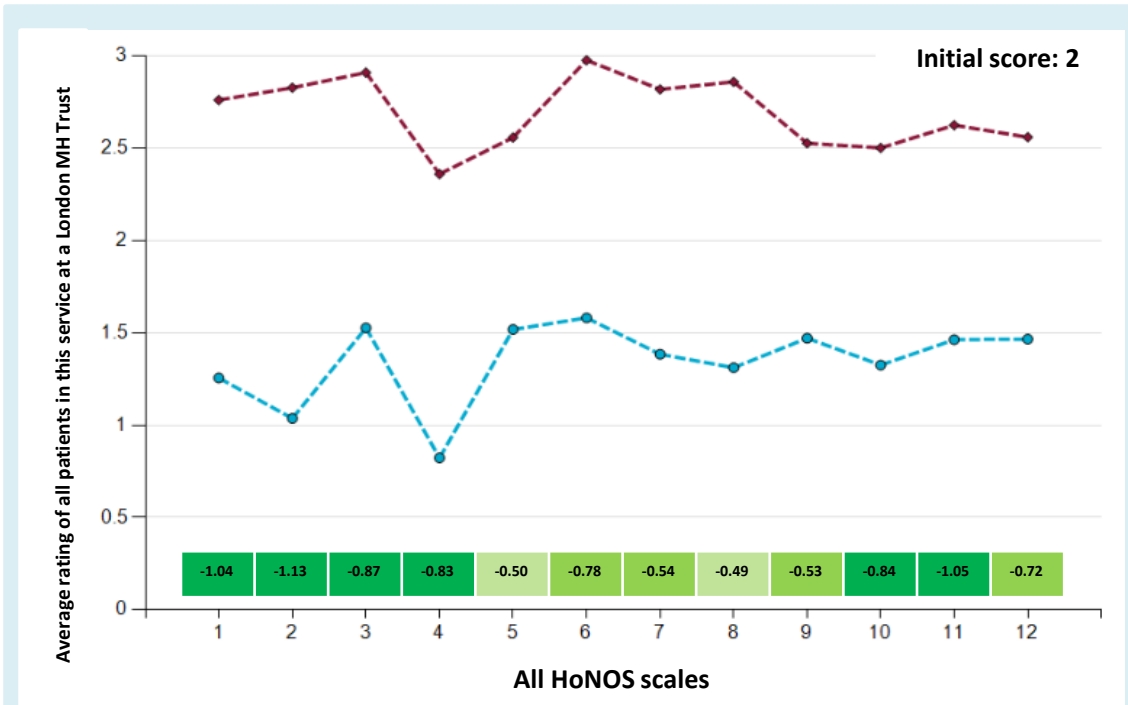
The purpose of these slides is to provide example HoNOS profiles for different mental health services, to better understand how the profiles differ for each service. The slides provide suggestions for how the data can be reviewed.



**Please note:** There is no established pattern of change in HoNOS scores along the patient journey, therefore service profiles may differ across Trusts. The context in which the data is being analysed should always be taken into consideration.

# Adult Acute

This data shows the improvement or progress people have made whilst in an inpatient unit (using aggregated profiles).



- The red line shows the aggregation of initial ratings
- The blue line shows the aggregation of ratings at discharge.
- Effect size (Cohen's *d*)

**N.B** the above graph only includes ratings with an initial minimum score of 2.



Looking at the HoNOS profiles and effect size for adult acute inpatients, the most significant improvements are in agitated behaviour (1), self-harm (2) and living conditions (11).

This might be expected, as people who are admitted to acute wards are more likely to be agitated or distressed, and/or have recently experienced an incident or thoughts of self-harm. It would be expected that treatment on the ward would help reduce scores for both of these.

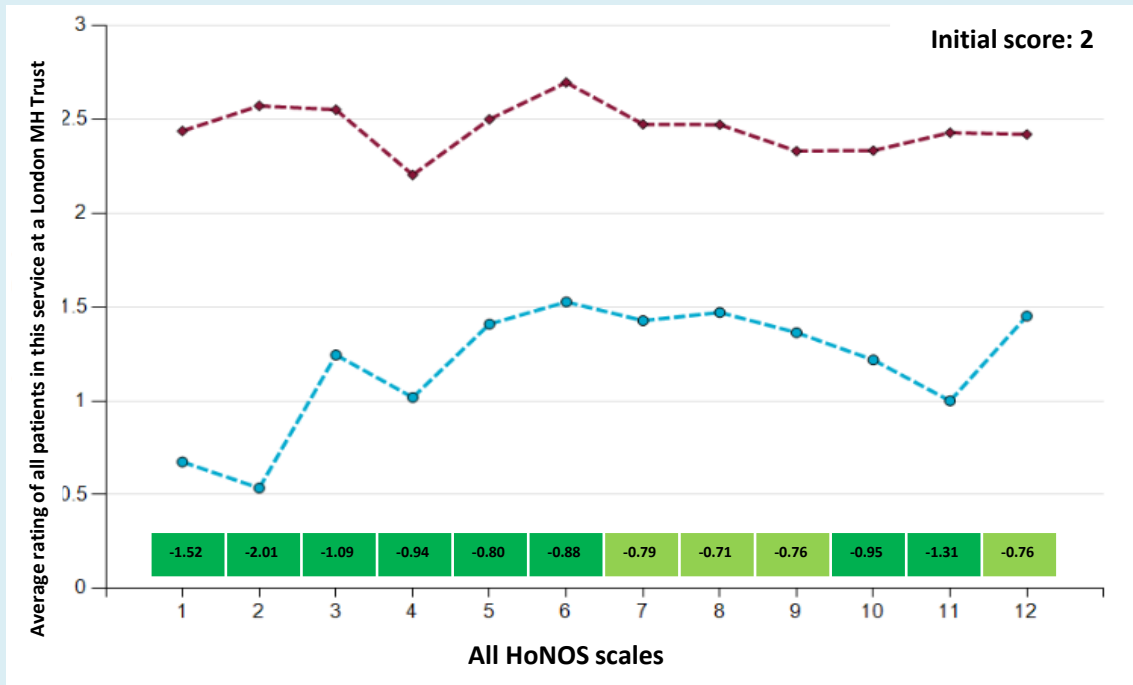
N.B Treatment from an inpatient unit would not necessarily directly improve accommodation but in order to support discharge planning there would be need to be stable accommodation and so accommodation status (11) should improve during an admission.

# Early Intervention

This data shows the improvement or progress made whilst using in Early Intervention in Psychosis (EIP) services (using aggregated profiles).



As seen on this chart, the change from initial scores (red line) and discharge scores (blue line) as measured by effect size, are similar to those seen in adult acute. The initial scores are slightly lower than for adult acute across all HoNOS scales.



- The red line shows the aggregation of initial ratings
- The blue line shows the aggregation of ratings at discharge.
- Effect size (Cohen's  $d$ )

**N.B** the above graph only includes ratings with an initial minimum score of 2.

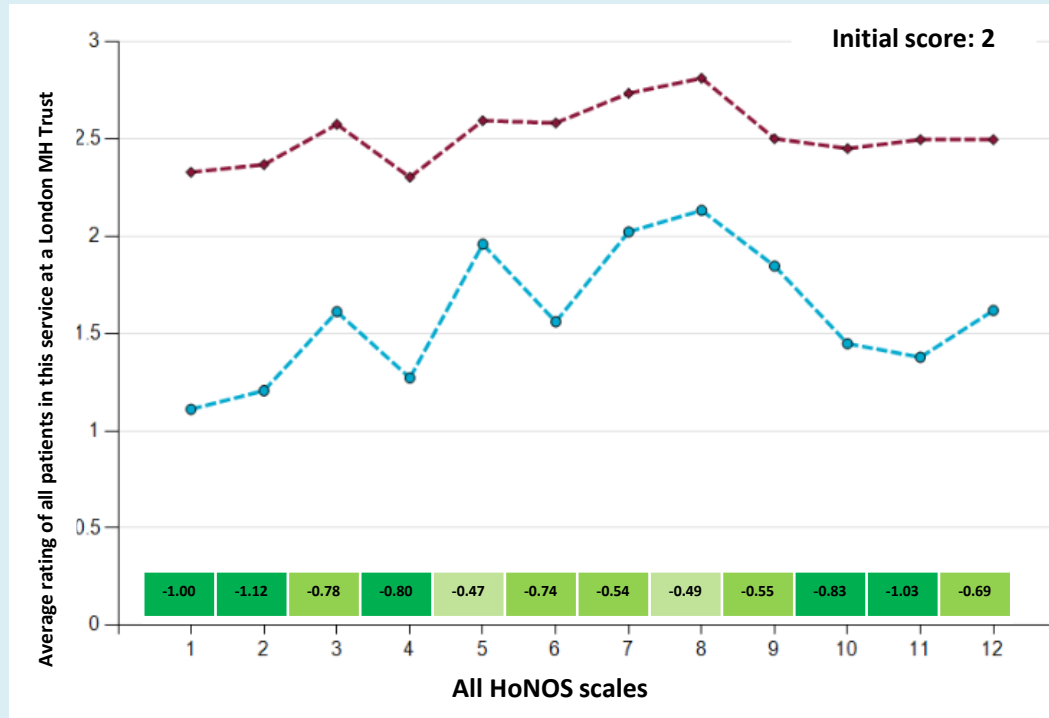


Looking at the HoNOS profiles and effect size for EIP in this example, there are clinically significant improvements across every HoNOS scale.

The most significant improvements are in agitated behaviour (1), self-harm (2), problem drinking and drug use (3) and living conditions (11). On this chart there is also improvement in psychotic symptoms (6) but perhaps surprisingly this is not the largest improvement.

# Adult CMHT

This data shows the improvement or progress people have made whilst in a community mental health team (CMHT) using aggregated service profiles.



- The red line shows the aggregation of initial ratings
- The blue line shows the aggregation of ratings at discharge.

■ Effect size (Cohen's  $d$ )

**N.B** the above graph only includes ratings with an initial minimum score of 2.



One would expect that the initial scores (when a person enters the service) would generally be lower than for adult acute services.

The case-mix of CMHT teams is likely to be broad, with a wide range of needs. This graph provides an aggregated view of a London Trust CMHT service, covering all diagnoses. Trusts may wish to further analyse their CMHT data cut by diagnostic code.

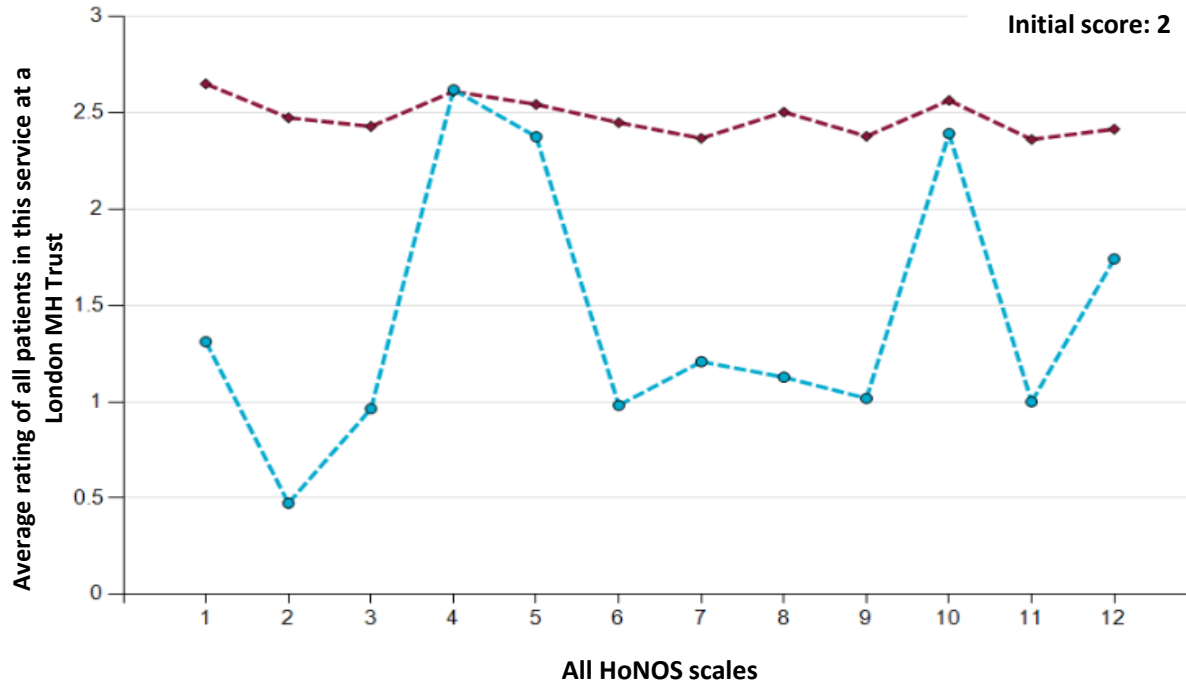


Looking at the HoNOS profiles and effect size for people using CMHT in this example, there are clinically significant improvements across many HoNOS scales.

There are clinically significant improvements in some areas such as agitated behaviour (1), self-harm (2), cognitive problems (4), ADLs (10) and living conditions (11).

# Older Adult

This data shows the improvement or progress people have made whilst in an Older Adults service (aggregated scores), which is a service for treating mood and psychotic disorders as well as cognitive disorders.



- The red line shows the aggregation of initial ratings
- The blue line shows the aggregation of the last HoNOS ratings completed within the last 12 months.

**N.B** the above graph only includes ratings with an initial minimum score of 2.



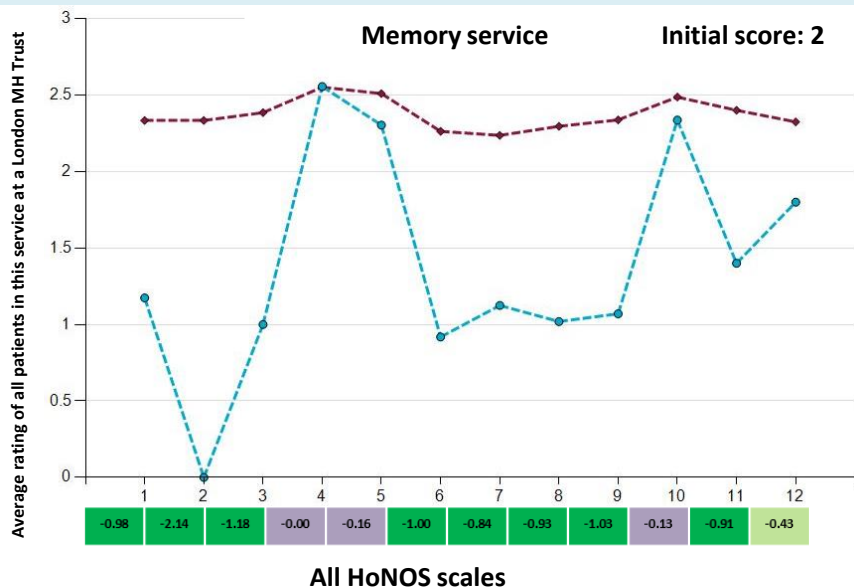
Looking at the HoNOS profiles and effect size for Older Adults in this example, there are clear improvements on some symptoms such as self-harm (2), hallucinations and delusions (6), relationships (9) and living conditions (11).



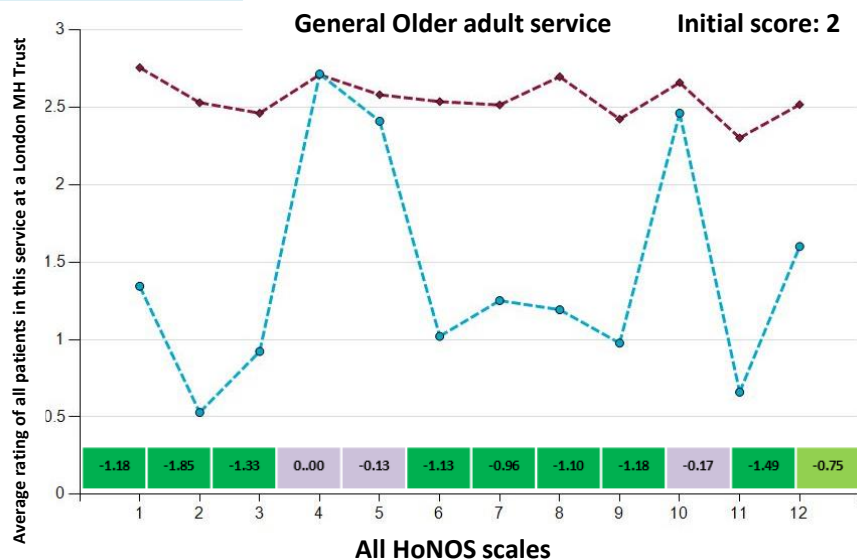
There may be no (or limited) improvement in scales such as cognitive problems (4), physical health problems (5) and activities of daily living (10). This may be due to the nature and life course of conditions in older people. For example, Dementia is a progressive illness where some of the symptoms may not improve or may even deteriorate following the initial assessment and treatment.

# Splitting the data

The case-mix of older adult services is likely to be broad, as it treats both mood and psychotic disorders as well as cognitive disorders. Trusts may wish to split their data into 'memory service', which would primarily treat cognitive disorders, and 'general older adult service' to see if there are different profiles and outcomes. We have done this here, as an example.



On review, the profiles for both graphs are very similar, however this may not be the case for Older Adult services within other Trusts. Trusts can carry out analysis and decide whether it is worthwhile to split up the data for individual services, for example by team type or diagnosis.



- The red line shows the aggregation of initial ratings
- The blue line shows the aggregation of ratings at discharge.
- Effect size (Cohen's *d*)

**N.B** the graphs only include ratings with an initial minimum score of 2.

**N.B** this data includes Older Adult CMHTs and the Older Adult challenging needs service which may also include people with Dementia.