
Health of the Nation Outcome Scales for Users of Secure and Forensic Services



HoNOS-secure: Security Scales A to G

Bring up-to-date the fullest available 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.

Then, 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.

HoNOS-secure v.2.b Feb 2007. Authors: Philip Sugarman and Lorraine Walker, St Andrew's Hospital, Billing Road, Northampton, NN1 5DG. Developed from HoNOS (Royal College of Psychiatrists Research Unit, London) and HoNOS-MDO (Philip Sugarman and Hazel Everest), originally commissioned by the Department of Health.

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. E.g., minor self-harm/overdose; marked neglect of hygiene; undernourished.
2. Significant injury or disfigurement; in-patient 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/in-patient, but with unescorted community leave.
2. 24-hr staff/in-patient 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; behaves 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 need for risk management procedures

0. Nil; or standard CPA, i.e., basic care planning.
1. Enhanced CPA; ongoing 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.

Next step - in adult secure/forensic setting, complete Scales 1-12. In other settings use HoNOS-LD, HoNOS-65, HoNOS-CA, HoNOS-ABI, etc.

HONOS-secure ~ Scales 1 to 12

Rating instructions HoNOS-secure ~ Scales 1 to 12

1. Do not include information rated in an earlier item, unless stated otherwise.
2. Rate the MOST SEVERE problem during the period rated, e.g., the last two weeks.
3. Note that for these scales:-

- 0 = no problem
- 1 = minor problem requiring no action
- 2 = mild problem but definitely present
- 3 = moderately severe problem
- 4 = severe to very severe problem
- 9 = no information available

1. Overactive, aggressive, disruptive or agitated behaviour

Include behaviour due to any cause (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; destructive of property (e.g., dangerous fire setting); use of weapons; persistent serious intimidation behaviour.

2. Non-accidental self-injury

Do not include accidental self-injury (due to dementia or severe learning disability); the cognitive problem is rated at Scale 4 and injury at Scale 5. Do not include illness/injury as a direct consequence of drug/alcohol use rated at Scale 3 (e.g., cirrhosis of 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).

3. Problem drinking or drug taking

Do not include aggressive/destructive behaviour due to alcohol/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 the 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/drug problems.

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/alcohol use, rated at Scale 3.

0. No problem of this kind during the period rated.
 1. Minor problems with memory and 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.

Formatted: Bullets and Numbering

HONOS-secure ~ Scales 1 to 12

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-injury associated with cognitive problems, drink 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 rated (e.g., cold, non-serious fall).
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 activities).
4. Severe or complete incapacity due to physical health problems.

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/delusions during period rated.
1. Somewhat odd or eccentric beliefs not in keeping with cultural norms.
2. Delusions or hallucinations (e.g., voices, visions) present, but little distress to patient 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 patient/others.

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 period rated.
1. Gloomy or minor changes in mood (not regarded as “depression”).
2. Mild but definite depression and distress (e.g., 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.

8. Other mental and behavioural problems

Rate only the most severe clinical problem not considered at items 6 and 7. Specify 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 patient/client 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*).

9. Problems with relationships

Rate the patient'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 patients/inmates/staff relationships.

0. No significant problems during the period.
1. Minor non-clinical problem.
2. Definite problems in making or sustaining supportive relationships; patient 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.

HONOS-secure ~ Scales 1 to 12

10. Problems with activities of daily living

Rate the overall level of functioning in activities of daily living (ADL) (e.g., problems with basic activities of self-care; eating, washing, toilet), also complex skills; budgeting, organising where to live, recreation, mobility, use of transport, self-development, etc. Include any lack of motivation for using self-help opportunities, as 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 levels 11 and 12.

0. No problems during period rated; good ability to function in all areas.
1. Minor problems only (e.g., 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 area 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/incapacity in all or nearly all areas of self-care and complex skills.

11. Problems with living conditions

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

N.B. Rate patient's usual accommodation whether community, open or secure setting (hospital or prison). If in acute ward/other temporary care, rate home accommodation.

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

12. Problems with occupation and activities

Rate overall level of problems with quality of day-time environment. Is there help to cope with disabilities, opportunities for maintaining or improving occupational and recreational skills and activities? Consider factors - stigma, lack of appropriate Qualified Staff, access to supportive facilities (e.g., staffing/equipment at Day Centres, workshops, social clubs). Do not rate level of functional disability itself, rated at Scale 10.

N.B. Rate patient'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.

0. Patient's day time environment acceptable; helps to keep disability rated at Scale 10 to lowest level possible; supportive of self-help.
1. Minor or temporary problems (e.g., late giro cheques; reasonable facilities available but not always at desired and appropriate times, etc.).
2. Limited choice of activities; lack of reasonable tolerance (e.g., unfairly refused entry to public library/baths; lack of day areas); lack of facilities in large establishment; handicapped by lack of 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 problem worse; long periods of enforced inactivity each day (e.g., prison cell).