HoNOS Training Session - Agenda

- HoNOS - what it is and what it is not
- Benefits of using HoNOS
- Contents and structure of HoNOS
- Practical experience of using HoNOS
- Limitations of HoNOS
- Features of HoNOS
- A word on outcomes
- Questions and answers
- Evaluation

HoNOS Training: aims and objectives

- To explain the rules of HoNOS
- To explore the HoNOS glossary
- To demonstrate how to use HoNOS
- To point out the limitations of HoNOS
- To provide experience in HoNOS rating

HoNOS is.....

Scale	Scale description
1	Overactive, aggressive, disruptive or agitated behaviour
2	Non-accidental self-injury
3	Problem-drinking or drug-taking
4	Cognitive problems
5	Physical illness or disability problems
6	Problems associated with hallucinations and delusions
7	Problems with depressed mood
8	Other mental and behavioural problems
9	Problems with relationships
10	Problems with activities of daily living
11	Problems with living conditions
12	Problems with occupation and activities

HoNOS is…..

- A set of 12 **ITEMS** with 5-point scales which are completed in a few minutes by mental health professionals after routine assessments, CPA reviews etc
- The scales:
    - Are designed for use in any setting in secondary mental heath care services
    - Are based on a rating of the worst symptoms/problems within a specified time period
    - Provide a brief numerical record of the clinical assessment
    - Are ratings of mental health outcome, not health care outcomes

HoNOS is not:

- A structured clinical assessment tool or interview guide
- A substitute or replacement for clinical notes
- An assessment of future risk
- A measure of health care outcomes or clinical effectiveness (e.g. interventions)
- A decision-making tool
- A substitute for more specific standardised assessment tools/rating scales
- A substitute for a MDS (minimum data set)

The Clinical Benefits of HoNOS

- A standard record of progress across 12 common types of problem
- A quick checklist for mental health professionals
- Comparison of health outcomes against clinical intervention
- A tool for audit
- Easy to incorporate into existing services/structures, e.g. CPA reviews, admission and discharge
- A method of matching patient needs to practitioner skills, casemix and caseload
- A standard record for clinical research

Using HoNOS

- HoNOS is not a clinical assessment but a clinical assessment is a pre-requisite for rating HoNOS
- A rating of HoNOS is a rating of the patient's current problems in terms of impact on the patient of the problem
- Not included in making a rating is:
  - The diagnosis
  - The cause of the problem
  - The intervention
  - The risk to others or the effect on others of the problem

HoNOS Contents

- HoNOS contains 12 **ITEMS**
- Each **ITEM** must be rated in order from 1 to 12
- Each **ITEM** is rated using a 5-point **SEVERITY SCALE**
- The glossary provides further information on each ITEM and examples of each point on the **SEVERITY SCALE**

HoNOS Structure

- **12 ITEMS**, each with 5-point severity scales (0 - 4)
- 0 = no problem
- 1 = minor problem requiring no action
- 2 = mild problems but definitely present
- 3 = problem of moderate severity
- 4 = severe to very severe problem

- When no information is available to score an **ITEM**, the figure '9' is used to indicate 'not known'. The '9' is not added to the 0-4 scores. Further information should be collected again and a 0-4 score given

HoNOS General Guidelines

- There is no absolute 'correct' rating
- Rating is the clinical judgement of the rater
- Serial ratings should be made by the same rater wherever possible
- Each of the **ITEMS** must be rated only once in order from 1 to 12
- Each mental health/social problem is rated only once
- Problems occurring over the past two weeks are included
- Rate the most severe problem that occurred during the period

Scoring HoNOS

- Since HoNOS contains **12 ITEMS** which can be scored from 0 to 4 on the **SEVERITY SCALE**, the range of total scores is 0 to 48

- HoNOS **ITEMS** can be grouped into 4 sections: behavioural (1 to 3), impairment (4 & 5), symptomatic (6 to 8) and social (9 to12) problems. Sub-scores can be identified for each section, but each section has different ranges

- Subscores and totals cannot be used if there are ratings of '9'

What Does HoNOS Provide?

- **A single 'rating' is completion of the 12 ITEMS**

- **A single rating provides:**
- A profile of the individual patient and measure of severity of mental health problems
- **Two ratings provide:**
- Measure of health outcomes when two or more ratings are compared
- **Three or more ratings provide:**
- A means of examining trends over time; for individuals or groups when three or more ratings are compared

- HoNOS ratings cannot be compared if any of the items are scored at '9'

HoNOS 2018

- Despite being used widely for 20 years, the glossary has not been revised to reflect clinicians' experiences or changes in service delivery.
- The Royal College of Psychiatrists convened an international advisory board, with UK, Australian and New Zealand expertise, to identify desirable amendments.
- The aim was to improve rater experience by removing ambiguity and inconsistency in the glossary rather than more radical revision.
- The Council of the Royal College of Psychiatrists agreed to the changes proposed, but acknowledged that the perceived benefits of the changes be subject to empirical testing through assessment of inter-rater reliability and re-validation of the measure in the field.
- Currently developing proposals to do this testing and secure funding to support this

https://www.cambridge.org/core/journals/bjpsych-bulletin/article/review-and-update-of-the-health-of-the-nation-outcome-scales-honos/85ED388E4268748F59BCB4BCC43C7BEE#

HoNOS Limitations

- HoNOS was not constructed to measure mental health problems in the general population or in general practice
- HoNOS cannot be used to compare wards, districts, treatment regimes etc. Unless context/background information is also collected (e.g. MDS) and like is compared with like
- HoNOS was designed for use in general adult mental health services. There are separate HoNOS versions for mental health specialities: old age (HoNOS65+), child and adolescent (HoNOSCA) and others are in development: mentally disordered offenders (HoNOS MDO), learning disability services (HoNOS LD) and acquired brain injury (HoNOS-ABI)

HoNOS Limitations Continued

- HoNOS is not directly concerned with costs or the statistics of care settings or the use of professional time
- A brief one-off training course is not sufficient to guarantee comparability between individual raters or between groups of raters. Practice is required to maintain reliability and efficiency
- Every HoNOS item is designed to measure the problems experienced by people who are mentally ill
- Ratings that include '9' cannot be used to measure outcomes

HoNOS Features

- Is short, simple, acceptable and useful to mental health professionals
- Provides an overview of clinical and social problems
- Has a variety of uses for mental health professionals, administrators and researchers
- Is sensitive to improvement, deterioration or lack of change
- Has known relationship to more established scales such as BPRS, role functioning scales
- Is a simple indicator for local and national use of health outcome if like is compared with like using context information (e.g. MDS)

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 problem 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, 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; destructive of property (e.g. fire-setting); serious intimidation or obscene behaviour.

Rate 9 if not known

2. Non-accidental self-injury

- *Do not include accidental self-injury (due e.g. 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/alcohol use rated at Scale 3 (e.g. cirrhosis of the liver or injury resulting from drink 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 the period rated; 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 and/or serious deliberate self-injury during the period rated.

Rate 9 if not known

3. Problem-drinking or drug-taking

- *Do not include aggressive/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.

4 Incapacitated by alcohol/drug problem.

Rate 9 if not known

Any questions?

Case Study - Paula

- For this exercise you will work on your own to score a vignette.

- You will need to access the following online materials:-
- A copy of the Health of the Nation Outcome Scales Glossary

Case Study - Paula

- Paula is a 28 year old woman with a diagnosis of Paranoid Schizophrenia who is frequently uncompliant with her treatment and during these times often misuses alcohol and cannabis. She is well known to local mental health services and has just been assessed following admission to an acute inpatient ward. She was brought to the hospital A+E department by the police as she had been involved in a disturbance in a local pub, assaulting another customer with a broken glass causing severe facial injury. She is very agitated on interview and despite denying any thoughts of self-harm has clearly been making superficial cuts to her forearms. Despite being involved in an incident in a pub, she has clearly not been drinking at the time. She denies any drug misuse and says that until today she has not had a drink for several weeks due to financial problems. Given her history this appears to be unlikely, but there is no evidence to contradict her version of events.
- **Now rate items 1, 2, and 3.**

Paula – suggested scores

Item	Score	Evidence
1	4	She had been involved in a disturbance in a local pub, assaulting another customer with a broken glass causing severe facial injury.
2	2	Despite denying any thoughts of self-harm has clearly been making superficial cuts to her forearms.
3	0	She has clearly not been drinking. She denies any drug misuse and says that until today she has not had a drink for several weeks due to financial problems. Given her history this appears to be unlikely, but there is no evidence to contradict her version of events.

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 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.

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.

Rate 9 if not known

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, 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 problems during the period (e.g. cold, non-serious fall, etc.).

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.

Rate 9 if not known

Any questions?

Case Study - Paula

- For this exercise you will work on your own to score a vignette.

- You will need to access the following online materials:-
- A copy of the Health of the Nation Outcome Scales Glossary

Case Study - Paula

- During the admission interview her speech is rambling and at times incoherent and she appears markedly disorientated in time and place. Other than the scratches to her arm, she has no serious physical health problems but is thin and unkempt. She reports that she stopped taking her medication three weeks ago as she was experiencing a very bad tremor.
- **Now rate items 4 and 5.**

Paula – suggested scores

Item	Score	Evidence
4	3	Her speech is rambling and at times incoherent and she appears markedly disorientated in time and place.
5	1	Other than the scratches to her arm, she has no serious physical health problems but is thin.

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 (e.g. voices, visions) are present, but there is 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.

Rate 9 if not known

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 problem associated with depressed mood during the period rated.

1 Gloomy; or minor changes in mood.

2 Mild but definite depression and distress (e.g. 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.

Rate 9 if not known

8. Other mental and behavioural problems

- *Rate only the most severe clinical problem not considered at items 6 and 7 as follows.*
- *Specify the type of problem by the entering the appropriate letter: A phobic; B anxiety; C obsessive-compulsive; D mental strain/tension; 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 problems only.

2 A problem is clinically present at a mild level (e.g. patient has a degree of control).

3 Occasional severe attack or distress, with loss of control (e.g. has to avoid anxiety provoking situations altogether, call in a neighbour to help, etc.) i.e. moderately severe level of problem.

4 Severe problem dominates most activities.

Rate 9 if not known

Any questions?

Case Study - Paula

- For this exercise you will work on your own to score a vignette.

- You will need to access the following online materials:-
- A copy of the Health of the Nation Outcome Scales Glossary

Case Study - Paula

- She says she carried out the assault because the individual concerned was part of a network of people who had been plotting against her. She believes that they have been poisoning her water supply and entering her home to contaminate the flat. This is part of a long-standing delusional system that sometimes leads her to stop eating and drinking altogether. It has been difficult to assess her mood so far because she is rambling and at times incoherent, but she normally experiences periods of severe depression when she presents in these crisis situations. She has not slept for over a week as she has not returned to her flat and has been wandering the streets.
- **Now rate items 6, 7 and 8.**

Paula – suggested scores

Item	Score	Evidence
6	4	She says she carried out the assault because the individual concerned was part of a network of people who had been plotting against her. She believes that they have been poisoning her water supply and entering her home to contaminate the flat. This is part of a long-standing delusional system that sometimes leads her to stop eating and drinking altogether.
7	9	It has been difficult to assess her mood so far
8	4 (H)	She has not slept for over a week as she has not returned to her flat and has been wandering the streets.

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.*

0 No significant problem during the period.

1 Minor non-clinical problems.

2 Definite problem in making or sustaining supportive relationships: patient complains and/or problems are evident to others.

3 Persisting major problem 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.

Rate 9 if not known

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 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 Scales 11-12.

Rate 9 if not known

10. Problems with activities of daily living cont.

0 No problem 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).

3 Major problem 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.

Rate 9 if not known

11. Problems with living condition

- 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.

NB: Rate patient's usual situation. If in acute ward, rate activities during period before admission. If plan of care for client to remain in current environment for next 6 months or more rate, current placement not home setting. If information not available, rate 9.

Rate 9 if not known

11. Problems with living conditions cont.

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 the food, etc.).

2 Significant problem 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 use or 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 patient's independence.

4 Accommodation is unacceptable (e.g. lack of basic necessities, patient is at risk of eviction, or 'roofless', or living conditions are otherwise intolerable) making patient's problems worse.

Rate 9 if not known

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.*

NB: Rate patient's usual situation. If in acute ward, rate activities during period before admission. If plan of care for client to remain in current environment for next 6 months or more rate, current placement not home setting. If information not available, rate 9.

Rate 9 if not known

12. Problems with occupation and activities cont.

0 Patient's day-time 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 problems (e.g. late giro cheques): reasonable facilities available but not always at desired times, etc.

2 Limited choice of activities; lack of reasonable tolerance (e.g. unfairly refused entry to public library or baths, etc.); handicapped by lack of a permanent address; insufficient carer or professional support; 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 patient's problems worse.

Rate 9 if not known

Any questions?

Case Study - Paula

- For this exercise you will work on your own to score a vignette.

- You will need to access the following online materials:-
- A copy of the Health of the Nation Outcome Scales Glossary

Case Study - Paula

- Paula has a very limited social network, relying heavily on casual acquaintances, who frequently abuse her financially or sexually. Her only real supports come from the local mental health services but Paula has had no contact with the staff from the CMHT for three weeks now. As she has been wandering the streets for some time now she is dirty and dishevelled. The police report that they were called to her flat to investigate an alleged break in, and found the flat door open and the flat was very squalid. In addition there appeared to be no electricity supply. The flat is in a rundown area and many of the neighbours prey on Paula's vulnerability. The area is however well served with day services.

- **Now rate items 9, 10, 11 and 12.**

Paula – suggested scores

Item	Score	Evidence
9	4	Paula has a very limited social network, relying heavily on casual acquaintances, who frequently abuse her financially or sexually. Her only real supports come from the local mental health services but Paula has had no contact with the staff from the CMHT for three weeks now
10	3	As she has been wandering the streets for some time now she is dirty and dishevelled.
11	4	Her flat is very squalid with no electricity supply. It is in a rundown area and many of the neighbours prey on Paula's vulnerability.
12	0	The area is well served with day services.

Case Study – Rose time 1

- For this exercise you will work on your in small groups to score a vignette.

- You will need to have already downloaded or be able to access online the following materials. One person in each group will be able to share their screen which may make group work easier:-

- A copy of the Health of the Nation Outcome Scales Glossary
- A copy of the case study – Rose time 1.

Case Study Rose – time 1

Rose is a nurse working in a local general hospital. She was initially referred to the Perinatal Mental Health team due to low mood in the early postnatal period. She had a past history of low mood and was managed by GP on Fluoxetine. Whilst under the perinatal service she was recommenced on Fluoxetine and did really well. She was discharged from perinatal service at 4 months postnatal.

However, within a few weeks of discharge from perinatal services she started to become unwell and the GP has contacted mental health services, concerned that Rose may be displaying psychotic symptoms. She was admitted to the acute psychiatric ward under Section 2 of the Mental Health Act two days ago and a full multi-disciplinary assessment has now been completed.

She has been displaying psychotic symptoms for the past 4 days and commenced on antipsychotic medicine 2 days ago. It was noted by the nursing team that she has been really preoccupied and distressed by her psychotic symptoms but it is felt that the antipsychotic medication may already be improving her presentation. Since admission she also had a brief episode of mania (possibly precipitated by poor sleep) resulting in marked overactivity. It is reported that immediately after admission the longest period of sleep was around 1 hour although that is starting to improve now.

There is no evidence of any self-harm or suicidal ideation. Because of her mania and psychotic experiences she has not attended to her personal hygiene or changed her clothes since admission. She has agreed to shower and get changed today with prompting.

On interview she has been complaining that she has not been able to bond with her baby and that she is not a good mother. She is very preoccupied with her guilt about this and is feeling very worthless. The team are concerned that there is a very severe impact on her mood and feel that the cessation of her antidepressants at admission needs to be reviewed. She also seems to have some difficulty understanding things in conversation and she is getting muddled over simple decisions on the ward, which could be a result of her lack of sleep.

Her partner has taken over the care of the baby at home. They live in a pleasant, comfortable home but previously staff involved with the family have noted that her partner could be derogatory towards Rose at times and he has been openly critical with services about her need to be admitted as he views it as unnecessary. Rose doesn't appear to have much support from either her own family or her partner's family. Since admission her only visitor is her line manager from work who is also a close friend and is obviously very supportive and provides Rose with reassurance.

There is no evidence of drug or alcohol misuse and she is currently physically fit.

Case Study Rose – time 1 suggested scores

Scale	Score	Evidence
1	**2**	Brief episode of mania (possibly precipitated by poor sleep) resulting in marked overactivity.
2	**0**	There is no evidence of any self-harm or suicidal ideation
3	**0**	There is no evidence of drug or alcohol misuse
4	**2**	She seems to have some difficulty understanding things in conversation and is getting muddled over simple decisions. It doesn't matter whether or not this is as a result of her lack of sleep.
5	**0**	She is currently physically fit.
6	**3**	She has been really preoccupied and distressed by her psychotic symptoms. It doesn't matter that they are quickly improving with medication.
7	**4**	She is very preoccupied with her guilt…… and is feeling very worthless. The team are concerned that there is a very severe impact on her mood
8	**4H**	Immediately after admission the longest period of sleep was around 1 hour although that is starting to improve now.
9	**2**	Previously staff involved with the family have noted that her partner could be derogatory towards Rose at times and he has been openly critical with services about her need to be admitted as he views it as unnecessary. Rose doesn't appear to have much support from either her own family or her partner's family. Since admission her only visitor is her line manager from work who is also a close friend and is obviously very supportive and provides Rose with reassurance. The fact that the derogatory behaviour is historical with no recent report means we shouldn't include this but the partner has been critical about her need to be admitted which isn't helpful or supportive.
10	**3**	She has not attended to her personal hygiene or changed her clothes since admission. She has agreed to shower and get changed today with prompting. This is about the impact of the person's problems on their ADL and we include any lack of motivation.
11	**2**	Although the physical home environment is good we also need to consider whether her partner's attitude is likely to be helpful in improving her mental wellbeing, helping her to cope with her mental health problems and develop a bond/parenting skills.
12	**0**	There isn't really much evidence to rate this from the vignette but in considering this we would include the fact that from a work perspective she has a supportive line manager who is also a good friend.

Case Study - Lisa

- For this exercise you will work on your in small groups to score a vignette.

- You will need to have already downloaded or be able to access online the following materials. One person in each group will be able to share their screen which may make group work easier:-

- A copy of the Health of the Nation Outcome Scales Glossary
- A copy of the case study – Lisa.

Case Study - Lisa

Lisa first presented to perinatal mental health service at 3 months postnatal. She had no previous contact with mental health services but had suffered from mild depression and anxiety and was managed by GP. She presented to perinatal service with features of postnatal depression- low mood, anhedonia, irritability, anxiety, poor sleep, severe anxiety and suicidal thoughts. She was struggling to bond and felt that she was not a good enough mother. She was started on an antidepressant, propranolol and diazepam but her mental health continued to deteriorate. On one occasion she tried to drown herself in the bath and this resulted in an admission to an acute psychiatric ward and subsequently to a mother and baby unit. Whilst in the mother and baby unit her medications were altered, her mood and bonding improved.

She was discharged from the MBU a week ago and is now back at home under the care of the team. She lives alone with baby in a Local Authority flat in a high rise building, but she feels very isolated here and it is clearly not an ideal location for her. The flat is very untidy and the environment suggests that Lisa is struggling to keep on top of some activities of daily living. The baby's father does make an occasional appearance in their lives but he is very unreliable and does little by way of providing any support. Her mother and sister live quite close but they too seem to provide limited support to Lisa and seem to struggle with problems of their own. She doesn't appear to have kept in contact with friends and is very isolated. There are services available locally that would potentially provide Lisa with significant amount of help and support but to date she has been reluctant to engage and has a habit of letting things reach a crisis point before asking the professionals involved in her care for help.

She has been reviewed today, and she continues to experience significant anxiety symptoms which are having an impact on some of her day-to-day functioning. Since discharge she has also disclosed having violent thoughts of self-harm that include regularly thinking about trying to jump from her balcony. Her mood also deteriorated soon after discharge and she is preoccupied with feelings of guilt.

Additionally, she has also disclosed drinking significant amount of alcohol every day to cope with her anxiety. It seems that her drinking is leading her to neglect baby's needs on occasion and she is spending more money on alcohol than she can realistically afford leading to other aspects of neglect. Her drinking has also resulted in some minor memory problems as well as significant hangovers, but there is no significant cognitive defect. She has also disclosed impulsively putting her hands on baby's neck for a second. A child safe guarding referral has been completed.

There is no evidence of any hallucinations or delusions.

Case Study Lisa – suggested scores

Scale	Score	Evidence
1	**3**	She impulsively put her hands on baby's neck for a second
2	**3**	She has been having violent thoughts of self-harm that include regularly thinking about trying to jump from her balcony
3	**3**	Her drinking is leading her to neglect baby's needs on occasion and she is spending more money on alcohol than she can realistically afford leading to other aspects of neglect. Significant hangovers.
4	**1**	Her constant drinking has resulted in some minor memory problems. However, hangovers are rated at scale 3
5	**1**	Despite a very poor diet and heavy drinking Lisa does not appear to have any significant physical health problems. Hangovers are not rated here.
6	**0**	There is no evidence of any hallucinations or delusions
7	**3**	Her mood deteriorated soon after discharge from the MBU and she is preoccupied with feelings of guilt.
8	**3B**	She continues to experience significant anxiety symptoms which are having an impact on some of her day-to-day functioning.
9	**3**	The baby's father does make an occasional appearance in their lives but he is very unreliable and does little by way of providing any support. Her mother and sister live quite close but they too seem to provide limited support to Lisa and both seem to struggle with problems of their own. She doesn't appear to have kept in contact with friends and is very isolated.
10	**2**	The flat is very untidy and the environment suggests that Lisa is struggling to keep on top of some activities of daily living. Also she is spending more money on alcohol than she can realistically afford leading to other aspects of neglect
11	**1**	She lives alone with baby in a Local Authority flat in a high rise building, but she feels very isolated here and it is clearly not an ideal location for her.
12	**0**	There are services available locally that would potentially provide Lisa with significant amount of help and support but to date she has been reluctant to engage

Case Study – Rose – Time 2

- For this exercise you will work on your in small groups to score a vignette.

- You will need to have already downloaded or be able to access online the following materials. One person in each group will be able to share their screen which may make group work easier:-

- A copy of the Health of the Nation Outcome Scales Glossary
- A copy of the case study – Rose time 2.

Case Study Rose Time 2

Rose responded to her spell on the acute ward well and following her discharge, she did well for the first couple of weeks but gradually her mental state started deteriorating. She was unable to look after herself and her baby and so her partner had to take over again. Her bonding with the baby was affected and she started complaining of not being a good enough mother again. It was felt that she would benefit from an inpatient admission to a Mother and Baby Unit in England but Rose was reluctant to consider admission. Her partner also found it very difficult to understand her mental health difficulties and was not supportive of an admission to MBU. He was also noted that he continued to be derogatory towards her.

With a number of medication changes and regular support from the perinatal team her mental health has gradually improved. She is now maintained on Lithium and all the other medications have been gradually discontinued. She has started functioning better and is able to look after her baby. It is now 7 months from the initial breakdown and she has returned to work on a graded return.

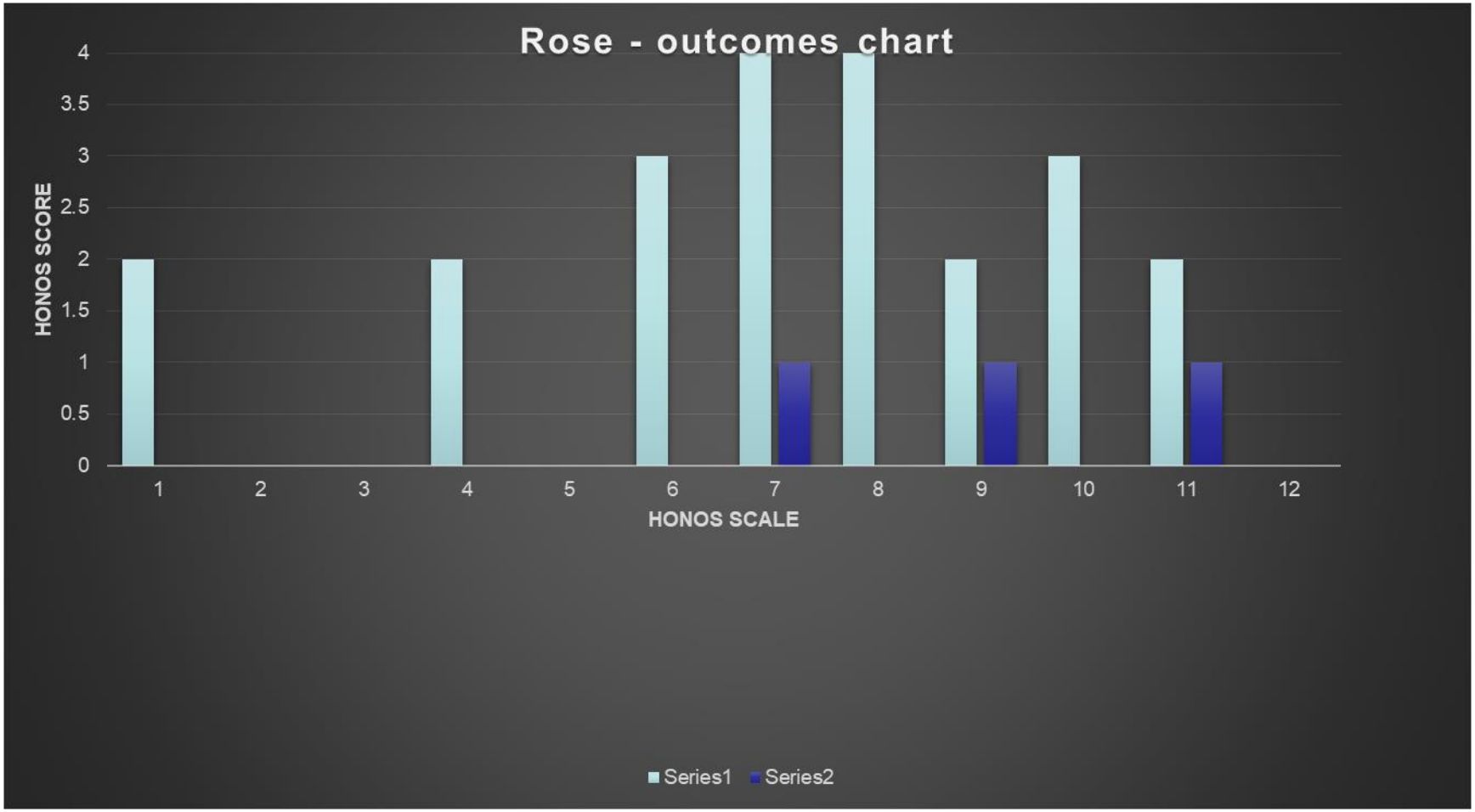
She has been reviewed today with a view to discharge from the service. She admits that there still occasionally mornings when she feels a slightly low in mood and lacking in motivation but these are transitory and she is generally feeling well and optimistic for the future. She is getting great pleasure in looking after her baby and is now getting some help and support from her mother. She admits that things can still be a little difficult with her partner but she is able to cope.

There is no evidence of any periods of overactivity and she is now sleeping well helped by the fact that baby is too. There is no evidence of any self-harm or suicidal ideation and she remains in good physical health. Since she returned to work she has also managed to make time to go to the gym with a work friend. There is no evidence of any other behavioural or symptomatic problems and she is on the whole clearly coping well with life at home and work.

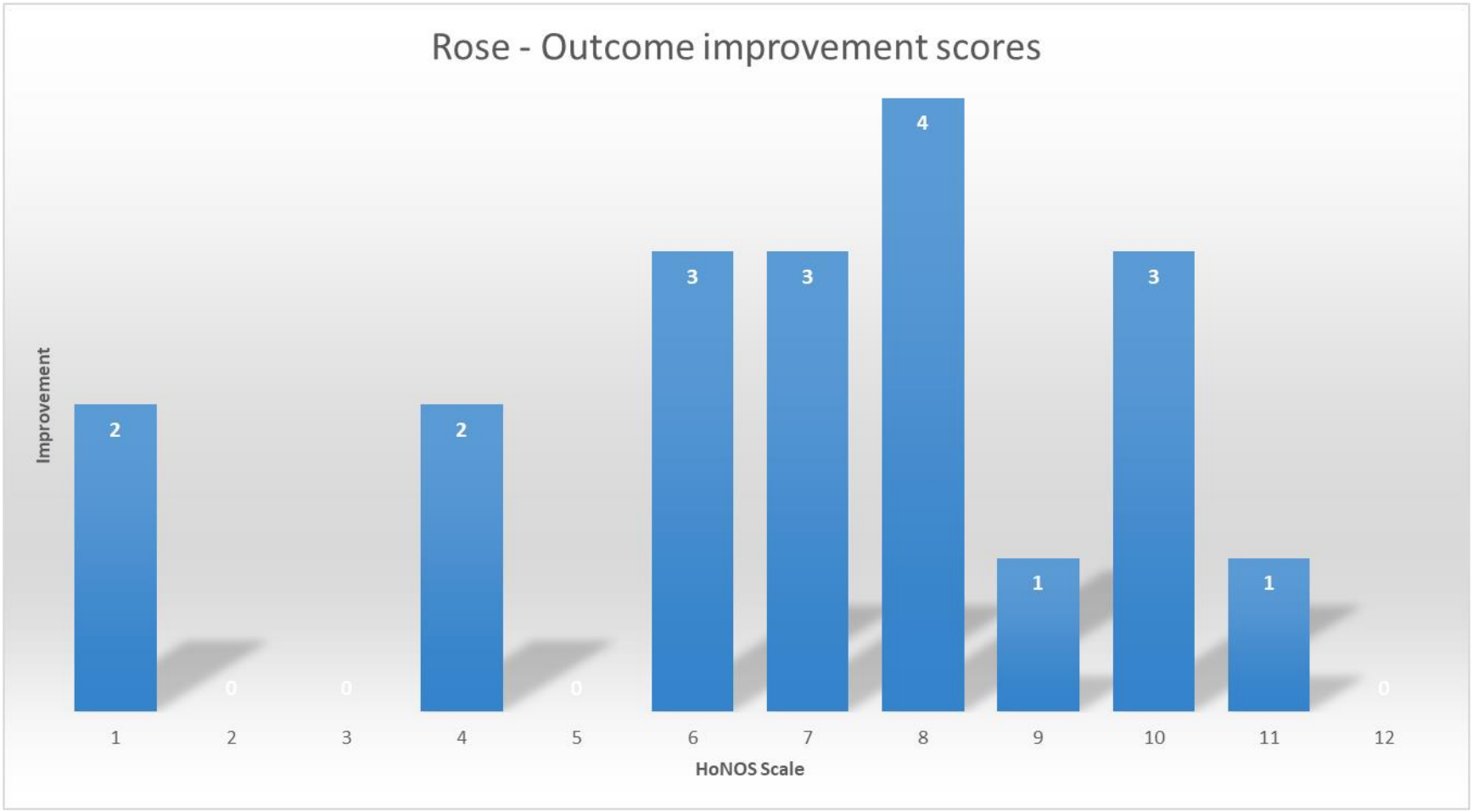
Case Study Rose time 2 – suggested scores

Scale	Score	Evidence
1	**0**	No evidence of any periods of overactivity.
2	**0**	No evidence of any self-harm or suicidal ideation
3	**0**	No evidence of drug or alcohol misuse
4	**0**	No evidence of any problems
5	**0**	She is currently physically fit.
6	**0**	No problems
7	**1**	There still occasionally mornings when she feels a slightly low in mood and lacking in motivation but these are transitory and she is generally feeling well and optimistic for the future.
8	**0**	No problems
9	**1**	Still some issues with her partner but she is able to cope. Since she returned to work she has also managed to make time to go to the gym with a work friend. Things seem to have improved with her mother.
10	**0**	No problems reported
11	**1**	We can assume that the physical home environment remains good. She is now getting some help and support from her mother. She admits that things can still be a little difficult with her partner but she is able to cope.
12	**0**	There isn't really sufficient evidence to rate this from the vignette but in considering this we would include the fact that from a work perspective she has a job to go back to, a supportive line manager who is also a good friend. She is also going to the gym with a work friend.

Case Study - Rose



Case Study - Rose



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