

**Using the HoNOS  
to measure the impact of a  
structured psychosocial  
intervention:  
Outcomes and implications  
for clinical practice.**

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# Overview

- Who are we?
- What do we do?
- A pilot study
  - Psychosocial interventions in Mental Health Services
  - Using the HoNOS in clinical research
- Outcomes
- Implications



# Who are we?

- Monica Gilbert :** Psychiatric Nurse - Manager
- K.C. Crowley :** Psychiatric Nurse – Senior Research Clinician
- Carolynne White:** Occupational Therapist -Senior Research Clinician
- Brendan Pawsey:** Psychologist – Senior Research Clinician
- Marieke Van Regteren Altena:**  
Occupational Therapist – Research Clinician
- Thao Nguyen** Research Assistant
- Jamie Chamberlain:** Statistician



# What do we do?

**Research & Program development**

**Implementation & Training**

**Consultation & Support**



# A pilot study

- Frameworks for Health (FFH) conducted a pilot study in the ACT (2005-2008).
- Does a self-management program delivered by case managers in clinical mental health services improve mental health outcomes for consumers?



# Psychosocial interventions in MHS

- Case management:
  - is the primary means for delivering mental health care in the community
  - varied approaches
  - Provision of psychosocial care is based on clinician's professional training, skills and judgment rather than using a common approach
  - Self management is an approach which offers promise for people in mental health services



# Self-management

- Self management has been identified as an important patient-focused approach to managing ongoing health conditions such as diabetes, asthma and cardiac disease (Gilbert et al, 2008)
- Evidence to support this approach with people with mental illness eg. Illness Management and Recovery
- Self-management programs are often offered as an addition rather than an integral part of care (Jordan et al 2008)



# Optimal Health Program (OHP)

- Manualised program, 8 sessions
- Delivered in a group or individual format
- Aims to support self management through:
  - understanding the relationship between stress, vulnerability and health using the “I Can Do” model.
  - developing strategies to maintain optimal health and prevent episodes of illness/relapse.
- **Resources:** Participant Workbook, Health Journal



# Using HoNOS in clinical research

- HoNOS is a clinician rated measure of mental health and social functioning.
- Completed by clinicians/case managers on admission, review and transfer/discharge.
- Often viewed by clinicians as an administrative task rather than a clinical task.
- HoNOS has been shown to have value in informing questions of service quality and effectiveness (Burgess et al, 2006)



# Measuring outcomes

- Using outcome measures already in place: MH-NOCC and service use data
- The purpose of using HoNOS was two-fold:
  - a) to foster the engagement of clinicians in the process without burdening them with more administrative tasks; and
  - b) to show the value of HoNOS as a clinical tool to measure change when delivering a structured intervention.

# A controlled trial: the Canberra experience

**Treatment**  
(Case Mx + OHP)

**Control**  
(Case Mx)

**Site A**

**Site C**

**Site B**

**Site D**

**Outcome measures:**

**Baseline**

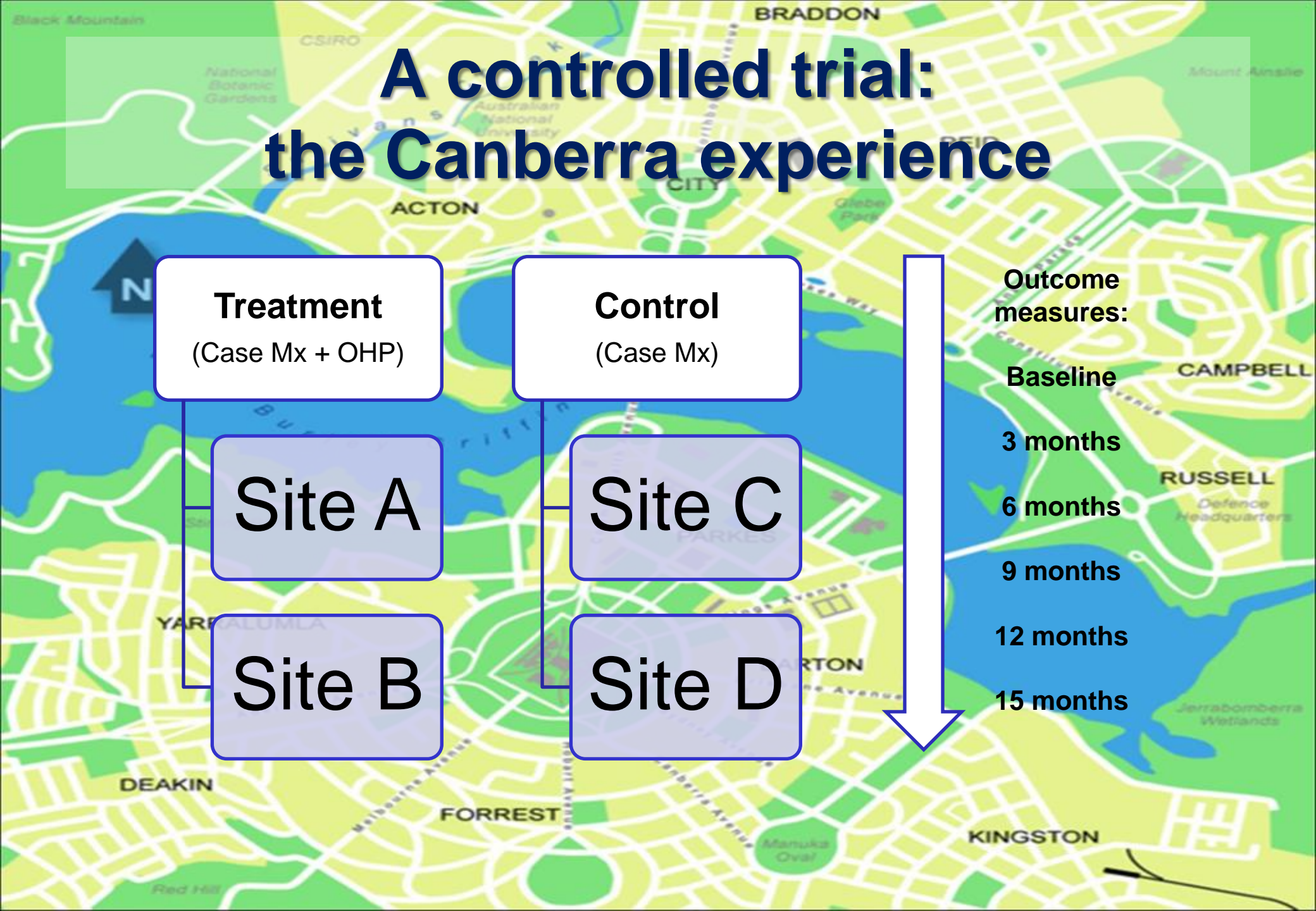
**3 months**

**6 months**

**9 months**

**12 months**

**15 months**





# Treatment: Training Clinicians

- Two day training conducted by FFH
- Topics covered:
  - Facilitating the OHP with clients: using a manualised intervention and maintaining fidelity
  - Implementing the OHP in clinical practice: engaging clients, integrating the program into case management, follow up
  - Evaluating the OHP including use of the HoNOS to measure outcomes

# Results

Change scores for HoNOS (post minus baseline)			
	Mean	95% CI	
Treatment	-1.79	-3.00 to -0.57	
Control	0.52	-0.55 to 1.59	
Difference (treatment minus control)	-2.31	-3.92 to -0.69	p=0.005

In addition to a reduction in average HoNOS score, the intervention was associated with a reduction in hospitalisation costs in excess of \$4,000 per participant per year.



# Outcomes for clients: Mary

- 44 year old woman, married with 3 children
- English as a second language
- Experiences depression but otherwise doesn't believe she has a mental illness, acknowledges she has been diagnosed with schizophrenia
- Current positive psychotic symptoms e.g.. grandiose and somatic delusions.
- Potential barriers to engagement:
  - Language and culture
  - Childcare



# Outcomes for clients: Mary

- Participated in Optimal Health Program on an individual basis, during home visit.
- Completed all sessions.
- Improvements in social functioning were clear; Case manager also reported improvements in her mental health:
  - Able to achieve goals she set for her self e.g. attending a beginner's computer class at her local neighbourhood house. Used problem-solving as a coping strategy to organise child-care.
  - More pro-active in her care e.g.. monitoring medication and discussing medication difficulties with her case manager.



# Outcomes for clinicians

- FFH now conducts training workshops to services throughout Australia in our programs
- Clinicians report a greater understanding of the clinical relevance of the HoNOS after seeing research outcomes.
- Specific training in how to use outcome measures in clinical settings to inform and evaluate practice.



# Implications

- Burgess et al (2006) found that people accessing public mental health services in Australia do get better.
- This study shows that when a structured psychosocial intervention is incorporated into usual care, **people can do even better.**



# Building on this pilot study

- FFH has been working with mental health services throughout Australia to implement this program and evaluate it's effectiveness using the HoNOS and other measures.
- In particular FFH has been focussing on the new step-up, step-down facilities that deliver prevention and recovery care in the community.



# Evaluating the OHP in PARC

- Bairnsdale PARC is run by SNAP Gippsland (PDRSS) and La Trobe Regional Hospital (Clinical service).
- Chose OHP as their primary approach to delivering services in PARC.
- Retrospective, mixed methods study of clients admitted to PARC during its first year of operation.
  - Collecting HoNOS, LSP, service use and recovery measures.
  - Using historical controls 12 months prior to first admission and 12 months afterwards.

## First PARC Admission

- HoNOS
- LSP
- Service Use

12 months prior

- Measures on admission and discharge:
  - HoNOS
  - LSP
  - Stages of Recovery measure
  - CANSAS
  - Mental Health recovery measure
  - Recovery assessment scale

- HoNOS
- LSP
- Service Use

12 months post

Focus groups with clients and staff.



# Future directions

- This approach has generated interest from other PARCS in Victoria and similar services interstate e.g.. ICCs in South Australia.
- Multi-site, prospective study
- Mixed methods
- Using routine outcome measures to develop a body of evidence evaluating the effectiveness of innovative approaches to service delivery.



# For further information:

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