

Outcome Measure	Health of the Nation Outcome Scales – Acquired Brain Injury Version (HoNOS-ABI)
Sensitivity to Change	Not enough evidence
Population	Adults
Domain	Psychological Status
Type of Measure	Clinician rated
ICF-Code/s	
Description	<p>The Health of the Nation Outcome Scales (HoNOS) was initially developed for use with adult psychiatric patients to measure their health and social functioning, then later adapted for use with individuals who had sustained an ABI (HoNOS-ABI; Coetzer & Bu Toit, 2001). The HoNOS-ABI contains the same items as the HoNOS, but the glossary is more targeted to the typical manifestation characteristics of ABI as opposed to those of psychiatric disorders (Tate, 2010).</p> <p>The HoNOS-ABI was intended to be easy to use so that it could be used routinely by mental health in everyday practice (Orrell, Yard, Handysides & Schapira, 1999; Tate 2010), and to specifically target sequelae of brain injury (Coetzer & Bu Toit, 2001).</p> <p>The HoNOS-ABI consists of 12 items covering functions and outcomes in four domains:</p> <ol style="list-style-type: none"> 1. Behavioural: aggression and overactivity; self-harm, substance abuse 2. Impairment: cognition, physical health 3. Symptoms: hallucinations and delusions, depression, other symptoms 4. Social: social relations, general functioning, housing, activities <p>Each item is rated on a scale of 0 (equivalent of no problem) to 4 (equivalent of severe to very severe problem. Total scores range from 0 to 48, unless information is not available on the final two items (housing and activities) then total scores range from 0 to 40, with higher scores indicating more severe problems.</p>
Properties	<p>Psychometric data for the HoNOS-ABI are limited, although papers reporting reliability and validity show promising results for the HoNOS (Tate, 2010):</p> <p><u>Test-retest reliability</u>: Field trials (HoNOS-3)- 35 days- ICC (intraclass correlations)= .82 (range- .61-.88; ICC \geq .75 in 10/12 items) (Wing et al., 1998); few studies have examined the test-retest reliability but the studies that have reported fair to moderate overall reliability (Pirkis et al., 2005)</p> <p><u>Inter-rater reliability</u>: HoNOS-ABI: Weighted kappa values ranged from 0.43 to 0.84 and ICC (intraclass correlation coefficients) from 0.58 to 0.97 for the ten items (Fleminger et al., 2005).</p>

	<p><u>Construct validity</u>: Cronbach's alpha ranged from 0.59 to 0.76 for the HoNOS (moderately high internal consistency and low item redundancy; Pirkis et al., 2005). However, it is generally agreed the HoNOS is not a singular scale with 4-5 factors identified.</p> <p><u>Concurrent validity</u>: HoNOS with the Brief Psychiatric Rating Scale (BPRS) $r = .49-.71$ (Orrell, Yard, Handysides, & Schapira, 1999; Shergill, Shankar, Seneviratna, & Orrell, 1999; Wing et al., 1998); with the Role Functioning Scale (RFS) $.65$ (Wing et al., 1998); HoNOS-ABI with Portland Adaptability Index ($r = .75$) and with Grafton Manor Study Hierarchy of Placements (GMHP) ($r = .45$) (Coetzer and Du Toit, 2001) ; Pirkis et al (2005) found in their review that the HoNOS performs well with clinician rated instruments but not with self-report instruments (with a few exceptions in each case).</p> <p><u>Sensitivity to change</u>: Audin et al (2001) found that only three items of the HoNOS (7 Problems with depressed mood), 8 (Other mental and behavioural problems) and 9 (Problems with relationships)) showed enough variability to assess pre- to post-treatment change in psychiatric out-patients, and they suggested that the majority of the HoNOS items are irrelevant for this population but more appropriate for individuals with severe, enduring mental illness.</p>
Advantages	<p>Extensive rater training is not necessary: the authors of the test recommend one day of training initially then a half day every two years to maximise inter-rater reliability.</p> <p>Quick to complete (<10 minutes; Tate, 2010)</p>
Disadvantages	<p>Psychometric data are limited for the HoNOS-ABI, though promising for the HoNOS.</p> <p>Audin et al (2001) suggested that the HoNOS does not provide adequate coverage of the range of problems presented by psychiatric patients, and that its usefulness in measuring change is limited.</p>
Additional Information	
Reviewers	Jennie Ponsford

References

- Audin, K., Margison, F. R., Mellor Clark, J., and Barkham, M. (2001). Value of the HoNOS in assessing patient change in NHS psychotherapy and psychological treatment services. *British Journal of Psychiatry*, 178, 561-566.
- Coetzer, R., and Du Toit, P. L. (2001). HoNOS-ABI; a clinically useful outcome measure? *Psychiatric bulletin*, 25, 421-422.
- Fleminger, S., Leigh, E., Eames, P., Langrell, L., Nagraj, R., and Logsdail, S. (2005). HoNOS-ABI: A reliable outcome measure of neuropsychiatric sequelae to brain injury? *Psychiatric Bulletin*, 29, 53-55.
- Orrell, M., Yard, P., Handysides, J., and Schapira, R. (1999). Validity and reliability of the Health of the Nation Outcome Scales in psychiatric patients in the community. *British Journal of Psychiatry*, 174, 409-412.
- Pirkis, J. E., Burgess, P. M., Kirk, P. K., Dodson, S., Coombs, T. J., and Williamson, M. K. (2005). A review of the psychometric properties of the Health of the Nation Outcome Scales (HoNOS) family of measures. *BioMed Central*, 3 (76). doi:10.1186/1477-7525-3-76.
- Shergill, S. S., Shankar, K. K., Seneviratna, K., & Orrell, M. W. (1999). The validity and reliability of the Health of the Nation Outcome Scales (HoNOS) in the elderly. *Journal of Mental Health (UK)*, 8. doi: 10.1080/09638239917201
- Tate, R. L. (2010). A compendium of tests, scales and questionnaires: The practitioner's guide to measuring outcomes after acquired brain impairment. Psychology Press: New York, New York.
- Wing, J. K., Beevor, A. S., Curtis, R. H., Park, S. B., Hadden, S., & Burns, A. (1998). Health of the Nation Outcome Scales (HoNOS). Research and development. *Br J Psychiatry*, 172, 11-18.