

SUGGESTED PROCESS FOR USING THE HONOS(CA) IN TEAM MEETINGS TO PLAN FOR CARE AND RECOVERY

BEFORE MEETING

HoNOS(CA) completed prior to meeting at which client presented

If previous HoNOS(CA)s have been completed for this person, clinician notes any changes

Do any items score 2 or more?

NO

Clinician to consider and take to team meeting why client should remain with service or whether discharge/toc most appropriate (and where to)

YES

For each item with a score of 2

Clinician to consider if there should be an intervention plan in place for this item, and if so what is/could be that plan.

For each item with a score of 3 or 4

There should be a plan in place for these items. Clinician to identify if there is a plan and what is/could be that plan.

AT MEETING

Clinician presents HoNOS summary sheet

Brief opportunity to express opinion if staff think an item score does not reflect the client's current state. (*Concordance*)

Suggest that this process should involve stating an opinion about the score but minimal discussion should be held to avoid the process becoming stuck. In most cases the original scores should be maintained unless the completing clinician feels they should be changed. The opinions will inform further discussion even if they are not reflected in the item scores.

Brief description of items that have changed - and any brief thoughts about what might have caused the change. (*Change*)

If no item scores greater than 2, clinician can discuss whether or not the person should remain in the service.

In this instance the clinician would be expected to give clear reasons why the client should be maintained in the service if they believe the client should continue. Whether to discharge or not may be a topic discussed at the meeting.

For each item score of 2, clinician mention whether a plan is in place, and whether they believe there needs to be a plan (*Concerns*)

Most of the discussion on a client in any meeting is likely to be either discussing or developing these plans. However, if thought has been given to these plans in advance, this discussion should be able to be kept quite short, thereby making the meeting quicker and more effective.

For each item score of 3 or 4, the clinician should describe any plans in place (*Concerns*)

Identify one (or two) area(s) that the team believes change in would most enhance recovery.

The areas chosen here may not be the area with the highest scores (although they often will be). The chosen areas are those which, on the basis of the shared understanding of the person's difficulties, are seen as most likely to help to substantially improve the persons' wellbeing and mental health.

