

service. Length of stay of women in our service compare unfavourably to women in mixed wards. But perhaps the task of a specialist service should be to respond to complex needs.

The most important debate has been whether a district should have a specialist psychiatric service for women or whether districts should offer generic single gender services for males and females separately. It is rewarding to see that the Department of Health has a strong interest in the subject and has supported the establishment of single gender wards. However, it is difficult to predict which practice will yield better results in the form of patient/carer satisfaction, decreased violence, decreased length of stay in hospital, re-hospitalisation rates and eventually more successful community care.

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Usefulness of HoNOS

Sir: Since 1997 we have been using Health of the Nation Outcome Scales (HoNOS) for those in

long-term supported accommodation and community care. There are limitations, but in a pragmatic sense we are finding them very useful and increasingly so with experience. In some cases we also use the self-report Avon Scale. We would like to see more use locally of HoNOS (and perhaps the Avon Scale) in the acute sector teams and the in-patient settings, also the depot clinics and so on. Such use, we find, fosters good practice and improves communication about patients between professionals.

HoNOS often indicates clear improvement on the introduction of new interventions (such as the use of clozapine) and we have also found purchasers of health care taking an interest. The rumour is that they will insist on the use of HoNOS as a condition of funding in future.

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