

Screening &
assessment in
psychiatric settings,
including suicide
risk: opportunities
for brief
intervention, and
for referral to
specialist services

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**RCPsych Addictions Webinar Series: Alcohol Use
Disorders – an update for psychiatrists**
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Be aware & know it's there!

- General consumption. (24% of adults drank at hazardous or harmful levels – Scottish Health Survey 2018)
- High prevalence of alcohol use disorders in most major mental illnesses
- Remember older people
- Speak to others/ relatives

Weaver, T., Madden, P., Charles, V., Stimson, G., Renton, A., Tyrer, P., . . . Ford, C. (2003). Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. *British Journal of Psychiatry*, 183(4), 304-313.
doi:10.1192/bjp.183.4.304

Guy, N., Newton-Howes, G., Ford, H., Williman, J. and Foulds, J., 2018. The prevalence of comorbid alcohol use disorder in the presence of personality disorder: systematic review and explanatory modelling. *Personality and mental health*, 12(3), pp.216-228.

Alcohol use disorders - a spectrum of problems

- Intoxication – may hide other problems
- Withdrawal/ delirium
- Harmful use
- Dependence
- Alcohol related brain damage
- Physical sequelae
- Psychiatric sequelae
- Stigma

Training

- Informed enquiry
- Interpretation of symptoms, signs or investigations
- Suspend belief (if necessary) if someone tells you they are not drinking or underplays it
- Always ask about other drugs too

Screening tools

- AUDIT-C
- AUDIT
- Motivational interviewing style

Bush K, Kivlahan DR, McDonnell MB, et al (1998) The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. *Archives of Internal Medicine*, 158: 1789–95.

Saunders JB, Aasland OG, Babor TF, et al (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-II. *Addiction*, 88: 791–804.

Rollnick S, Miller WR (1995) What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23: 325–34.

Brief interventions & more

- Any intervention
- Brief feedback on screening
- More formalized psychosocial intervention
- If more concerning levels of drinking, offer further input – whatever community services are available. But make it easy to access! No wrong door...
- Dependent – must be identified as will require detox

National Confidential
Inquiry into Suicide and
Safety in Mental Health
(Prof Appleby, University of
Manchester)

Annual Report 2019: England Northern Ireland, Scotland
and Wales (In-patient and post discharge care) – quote
below:

57% of patients who died by suicide in 2017 had a history of drug or alcohol misuse.

Clinical measures that could help reduce risk are:

- substance misuse assessment skills in frontline staff;
- specialist substance misuse clinicians within mental health services;
- joint working with local drug and alcohol services.

Suicide risk

- ASK & LISTEN
- May be more likely to attempt or complete suicide if drinking plus mental illness
- Explore risk and protective factors
- Treat mental illness
- Connect with community supports
- TREAT BOTH

Final thoughts

- Co-location of services
- Movement of staff between services
- Training opportunities
- Specific and properly resourced services – eg nurse-led liaison
- Dual diagnosis services – may be beneficial but won't solve everything
- There can be limited opportunities to gain experience in addictions when training in general adult psychiatry – may be more realistic currently to improve this within general psychiatry



Management of alcohol withdrawal in psychiatric settings (including liaison psychiatry roles)

Dr Nicola Kalk

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