Intoxication Testing In Mental Health Assessments:

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Aims

To examine the reasons why an intoxication testing procedure may be useful in crisis care

Examine some options to test intoxication

- North West Boroughs (5 Borough Partnership)
- Oxleas NHS Trust

Views of staff using an established procedure in crisis situations

- North West Boroughs

Dual Diagnosis Guidance (DH, 2002)

Intoxication a major cause of concern as during mental health assessments it has been highlighted as an issue of risk, as intoxication clouds the assessment process (DOH, 2002 p.17).

Intoxication has an impact on whether medication can be administered (such as a depot injection or oral medication) or if someone is under the influence of substances it may increase the risk of respiratory depression (alcohol, heroin, benzodiazepines).

Mental Health Service Issues

Intoxication can mimic mental health presentations and this in turn affects future effective interventions for mental health difficulties

People have been turned away from a mental health assessment if they score high on alcohol breathalyser, but could be assessed if they still have capacity or are coherent on questioning .

Respiratory depressant effects of alcohol, benzodiazepines, opiates, anti-psychotics and physical consequences of cocaine and alcohol all pose physical health threats unable to be addressed in a mental health unit.

Lucidity to answer questions, transient mood (including effective safety arrangements to manage mood) and the capacity to understand information to make decisions are vitally important

This is a judgement call and an objective test may aid the decision making process.

Judgement Call

Service user safety is paramount in all service responses and intoxication can jeopardise patient safety.

Dilemma

The combination of depressive symptoms and substance misuse presents important management issues both at the level of the individual patient and regarding service provision.

A frequent management dilemma is the intoxicated patient in the middle of the night who has self harmed or is threatening to do so.

The assessment process should ensure that mental health service staff can reliably detect alcohol intoxication.

If the patient is intoxicated it may be very difficult to obtain any form of coherent history.

Field Sobriety Tests

Common method of testing that has been used since the advent of drunk driving laws are FST (Field Sobriety Test).

Some common FSTs are HGN (Horizontal Gaze Nystagmus), one-leg-stand, walk-and-turn, finger-to-nose, and counting backwards.

Each test has its own advantages and disadvantages.

However, they all share the same disadvantage of relying on basic physical abilities that not all people possess

Appropriate for mental health services to use?

Lets see……Your turn

https://www.youtube.com/watch?v=7g7vA_qlcko

https://www.youtube.com/watch?v=5BG48Bt2_u8

Lets think about other causes

https://www.youtube.com/watch?v=cs2rNyAVIHQ

ICD-10 Acute Intoxication

Transient condition following the administration of alcohol or other psychoactive substance, resulting in disturbances in levels of consciousness, cognition, perception, affect (mood) or behaviour, or other psychophysiological functions and response.

This should be a main diagnosis only in cases where intoxication occurs without more persistent alcohol or drug related problems being present at the same time.

Do people appear intoxicated within your service/practice area and if so how do you evidence this?

What options do you have to manage Mental Health and Substance Misuse Following (or before) Crisis Presentations within the trust and Acute hospitals?

What are the barriers?

What is working well?

Group work

What should an intoxication test format look like?

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What is available to help?

There was NO one intoxication test to assess people presenting and documented that has been widely used in mental health services nationally and internationally

Alcometers or blood test, saliva testing or urine testing

Capacity testing (ability to retain, understand, weigh-up and communicate the information about making a decision)

Will capacity to make a decision return after a period of sobriety?

Decisions should be made in the best interests of the person

Defining the presentation in terms of substance misuse and mental health (Drug induced psychosis?)

Liaison with Dr. Rob Poole regarding his input due to his experience with drug induced psychosis

What should it look like?

Best interests – if there is a chance that the person will regain capacity to make a decision, then it may be possible to put off the decision until later, if it is not urgent and an estimation of the timescale when capacity is likely to be regained. (In an emergency this decision would have to be taken immediately)

Can a later time to be seen be given because of intoxication?

What arrangements have been made to secure the patient's safety between now and reassessment?

There are notes on the back of the format to help potential assessors

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Intoxication and Capacity Test in Mental Health Assessment

(This test is to help secure the patient's safety, even if they are intoxicated.)

1. Does the person appear intoxicated? Yes / No
Evidence – Slurred speech / smell of alcohol / unsteady gait / other/ (no smell of alcohol=no intoxication with alcohol)
……

2. What does the person say they have taken?
……
……

3. Consent to provide Alcohol Breathalyser Test? Yes / No **Signed** ……
If yes, result indicates score ……
Drink drive limit / stupor / refused (Please circle) / other:……

4. Consent to illicit urine drug test? Yes / No **Signed** ……
If Yes, Positive Results (Please circle) Cannabis / Amphetamine / Cocaine

5. Can the person maintain a 3 to 4 minute conversation without repetition? Yes / No

6. Spatial awareness – Can the person complete a three order command? (for example, print / write on a piece of paper - **'fold this paper in half and place it on the table'**) Yes / No

7. Can the person retain information? Yes / No
Provide (non-complex) information and ask the person to repeat after a few / five minutes, for example, a made up name and address

8. Can the person understand information after a few minutes? Yes / No

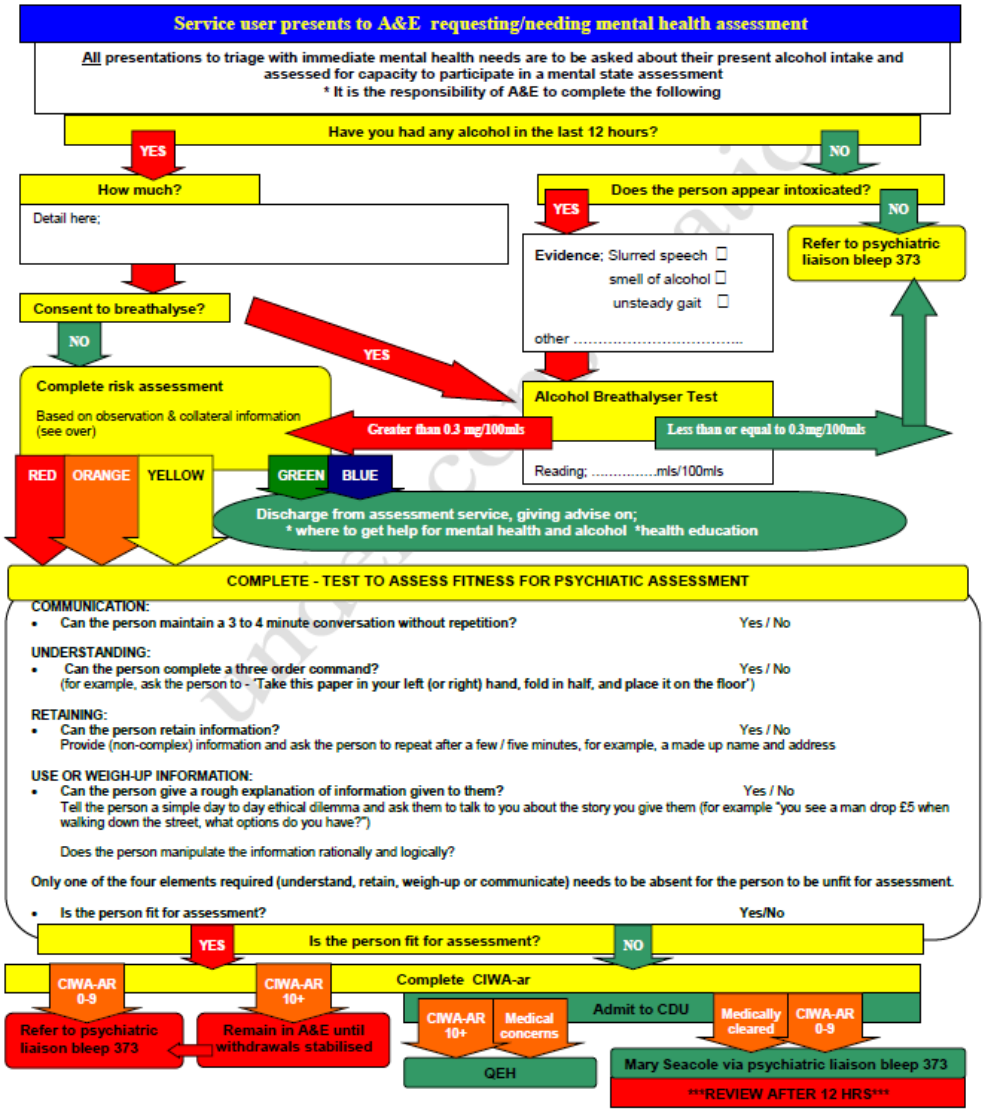
Check the understanding after 'a few' minutes (MCA, 2005)
The person should be able to retain and communicate / give a rough explanation of the information and weigh up the information that was explained (Use open questions to avoid yes / no responses)

9. Can the person give a rough explanation (Communication) of the information given?
Yes / No

Only one of the four elements required (understand, retain, weigh-up or communicate) needs to be absent for the person to lack capacity.

Patient Name: …… DOB: …… Hospital no: ……..

ALCOHOL INTOXICATION PROTOCOL – GREENWICH



Assessor (Print Name)…… Sign: ……Date: ……..

Adapted from 5 Borough Partnership NHS Trust intoxication profile

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SW London & St George's Mental Health NHS Trust and St George's Healthcare NHS Trust

Accident & Emergency Department
Mental Health Assessment Form

Factors to be considered when undertaking an initial assessment of a person with a suspected mental health problem:

- Has a physical cause for the problem(s) been ruled out?
- Has drug and/or alcohol intoxication been ruled out as a cause?
- Is the person physically well enough (eg: not sedated, intoxicated, vomiting or in pain) to undertake a detailed interview with mental health staff?
- If the person has a known mental health history, always check the mental health folder (located in the liaison cupboard in Majors) for background assessment and care planning information.

Assessment categories		
1. Background history and general observations	**Yes**	**No**
• Is the person currently aggressive and/or threatening?		
• Does the person pose an immediate risk to self, you or others?		
• Does he/she have specific ideas or plans to harm anyone else?		
• Does the person have any ***immediate*** (ie: within the next few minutes or hours) plans to harm self?		
• Is there any suggestion, or does it appear likely that the person may try and abscond?		
• Does he/she have a history of violence?		
• Has the person got a history of self-harm?		
• Does the person have a history of mental health problems or psychiatric illness?		
• Does the person appear to be experiencing any delusions or hallucinations?		
• Does the person feel controlled or influenced by external forces?		
If yes to any of the above, record details below:		
2. Appearance and behaviour	**Yes**	**No**
• Is the person obviously distressed, markedly anxious or highly aroused?		
• Is the person behaving inappropriately to the situation?		
• Is the person quiet and withdrawn?		
• Is the person attentive and co-operative?		

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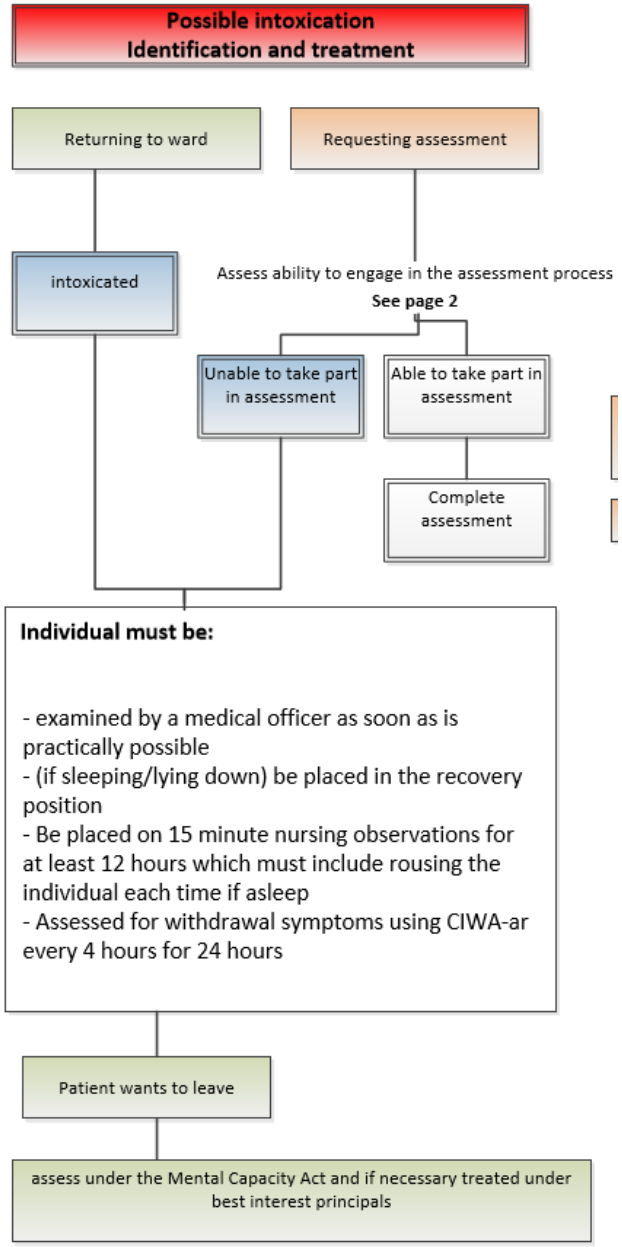
Mental capacity act



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Impact of introducing a protocol

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Crisis team manager views

"Section 136 – initial suspicion of alcohol misuse then a breath test is used and if a score is above 0 an AMHP will question appropriateness of assessment. When the intoxication procedure is used the team have been able to evidence that the person is coherent to be assessed or not."

"Self presentation - When people decline a breath test for alcohol the procedure supports a decision not to assess and to arrange an alternative plan to support the person's safety"

"Using the procedure has allowed the team to remove the issue of services declining assessments inappropriately or trying to admit people to mental health wards who are clearly intoxicated as using mental capacity has become the norm within our crisis service"

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Inpatient staff views

(Using the procedure) *“Has proven to dramatically reduce incidents of people being admitted intoxicated from accident and emergency department.”*

“the format makes me feel more comfortable in assessing people as it is both research based and objective. It reduces their fear of being held accountable”

“It is vital both (mental capacity and breathalyser) are tested, not just relying on an breathalyser”

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Crisis team views

"It is a good tool to have as it demonstrates reason and rationale behind a person being deemed not fit for assessment whether this be due to intoxication or an undiagnosed physical problem."

"The opinion of staff is very positive and it may be beneficial for accident and emergency staff or the police to use it prior to a psychiatric referral being made."

"Not sure if the testing is necessary if the intoxication and capacity testing is done thoroughly."

"Mental capacity is useful, but what if there is a dependent drinker presenting high levels of alcohol in the breath, yet appears to have capacity should the assessment still go ahead?"

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Options to Manage Mental Health and Substance Misuse Following (or before) Crisis Presentations within the trust and Acute hospitals

Nurse Consultant (Dual Diagnosis)

Senior Nurse Practitioner (Dual Diagnosis) in all community mental health recovery teams

Regular meetings with alcohol services in all 5 geographic areas in our mental health Trust to facilitate smooth transition in to services

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Summary

You have now examined the reasons why such a test may be useful.

Looked at options to assess intoxication and access timely support.

Looked at the views of those using the procedure

Can these protocols be adapted for use in your service?

What support is needed?

Group work