

# S.U.F.A.R.I.

## ANNUAL AUDIT OF SUBSTANCE USE in MENTAL HEALTH IN-PATIENTS

### Identification of drugs and alcohol use by people admitted to mental health wards, 2014 to 2017

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#### BACKGROUND

The Substance Use in Mental Health ops group (SUMH) works across mental health services provided by Central and North West London (CNWL) to promote better care for people who use alcohol or drugs.

Local SUMH or Dual Diagnosis teams do not provide an alternative to addiction recovery services, nor are they the sole mental health service for people with drugs or alcohol problems. We work with those services to provide training that enhances the knowledge of both services and so facilitates pathways to care for service users. These audits monitor prevalence and quality of care.

During our consultation, service users said there was a lot of repetition during assessment processes, especially about alcohol and drug use. They also added that this did not encourage people to be open about their substance use.

During 2017, inspired by findings from early cycles of this audit, the SUMH group modified and updated the screening tool, now called SUFARI.

#### METHOD SUMMARY

Since 2014, the SUMH team has checked completion of substance use screening tools with an annual "snapshot" audit of admissions to adult mental health wards.

Total cases = 400, ie 100 cases were audited - the first 20 people admitted to wards in each borough in May of that year. Electronic records were reviewed for any details of the subject's substance use, including the following information:

##### • Screening Tool:

- Was it fully completed?
- Was it positive or negative to drugs?
- What was the alcohol score?
- Was it positive to alcohol?

##### • Risk Assessment:

- Did it mention substance-related risk?

##### • Initial Assessment:

- Any mention of substance use?

##### • Urine Drug Screen (UDS) completed?

Some additional information was taken from concurrent notes, and in 2017 a physical health form was introduced with questions about alcohol and drug use.

#### LIMITATIONS

No attempt was made to correlate the cases against local populations, nor to adjust for complexity of admissions. People who were admitted for less than 24 hours were not excluded, and it is not always appropriate to complete assessment during that time.

It should be noted that all wards were required to complete a drug and alcohol screening tool on admission to hospital, under local key performance indicators.

#### NEXT STEPS

We will re-audit at the same time next year but in the mean time alcohol screening is reported as part of a national CQUIN, which has replaced the KPIs. This will allow us to analyse differences between wards more closely.

#### KEY FINDINGS

While most boroughs had been able to meet targets for completion of screening prior to 2017, a significant proportion of cases had incomplete or contradictory information on the forms (see accompanying notes).

As can be seen from Fig.1, there was an improvement in recording of substance use across the Trust after the first audit, followed by a fall in 2017. The latter follows a change from key performance indicators to CQUIN.

The introduction of SUFARI in two boroughs gives a screening rate of 77.5% (31/40) for 2017, while the others show 40% (24/60) compliance with Bromley tool.

Within data to be published, it is shown that risk assessment forms suggest that 50% of in-patients have "severe risk" from substance use, but some people have other entries in their notes that contradict the risk form.

**CONCLUSION:** The system for screening and documenting substance use on patient records is too complicated, and prone to errors.

Fig.2 Levels of substance screening

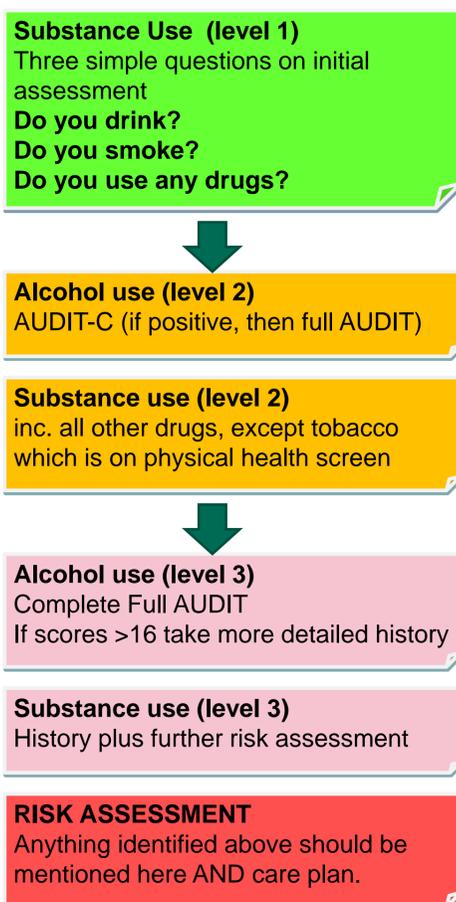
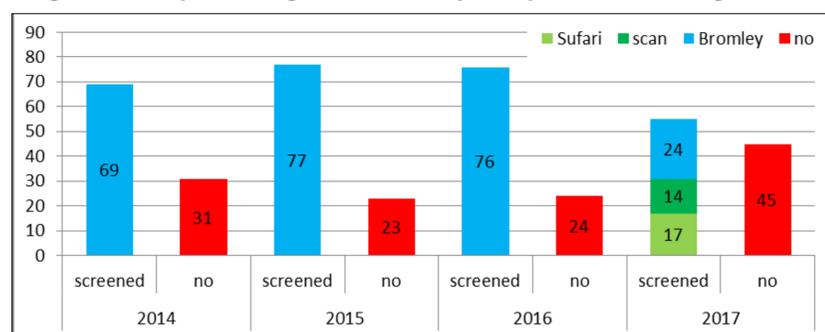


Fig.1 Annual percentages of correctly completed screening tools



#### WHAT IS SUFARI ?

A three step process to help detect problem drug and alcohol use among mental health service users (Fig.2).

1. It begins with **S**ubstance **U**se:  
Do they drink alcohol, use drugs, smoke tobacco?
2. If so, next step asks for **F**requency and **A**mount followed by service user's perception of any **R**isk.
3. Assessors then use this for **I**dentification of risks and intention to change, informing care plans.

**Substance Use**  
**Frequency Amount Risk Identification**  
**S. U. F. A. R. I.**

#### What screening told us about substance use among people admitted to mental health wards

285 out of 400 people had a screening recorded. 66% (188/285) were reported as not using drugs (16 people said no drug use on screening forms, but showed evidence elsewhere – UDS or notes.)

- 51% (129/253) of people drink alcohol; 26% (65) drinking at increasing risk levels; 50% (126) non-drinkers, and 64 who drank below trigger scores for hazardous/ harmful use.
- (92/253) people reported using Cannabis, 44 of whom used no other drugs; 26 did not drink alcohol.
- 29 used benzodiazepines, mostly prescribed (22/29).
- 43 people used Cocaine or Crack, 12 people reported using other stimulants.
- 28 people used Opiates: 13 heroin, 4 methadone, 2 codeine, others not specified.
- Other drugs named include: Khat (5), Hallucinogens (12), Spice/ Novel Psychoactives (3).

These figures seem to represent significant under-reporting based on other substance use surveys.

#### Key references

- The Dual Diagnosis Good Practice Guide (Department of Health 2002)
- Dual Diagnosis in a Primary Care Group (Strathdee et al, 2005. Drugs: Education, Prevention & Policy)
- New Horizons: A Shared Vision for Mental Health (Department of Health 2009)
- CG120 Coexisting severe mental illness (psychosis) and substance misuse (NICE 2011)
- No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages (Department of Health 2011) [replaced New Horizons]
- Care Package for Care Cluster 16: Dual diagnosis (CNWL Policy 2013)
- NICE NG58 Coexisting Severe Mental Illness and Substance Misuse: Community Health and Social Care Services (November 2016)
- Better care for people with co-occurring mental health and alcohol/drug use conditions – A guide for commissioners and service providers (Public Health England 2017)
- CNWL Substance Use in Mental Health Policy (Nov 2017, updates previous Trust strategy and policies in line with new NICE, Public Health England and Department of Health guidelines. Includes SUFARI tool as standard process for monitoring alcohol and drugs use.)

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**CONFLICT OF INTEREST STATEMENT**  
There were no conflicts of interest or ethical issues related to this audit.