



SUFARI

asking mental health service in-patients about alcohol & drug use



Central and
North West London
NHS Foundation Trust



COURTESY OF KITH AND TORIA ILLMAN

Adrian Brown

Treating Addiction conference 5th December 2019

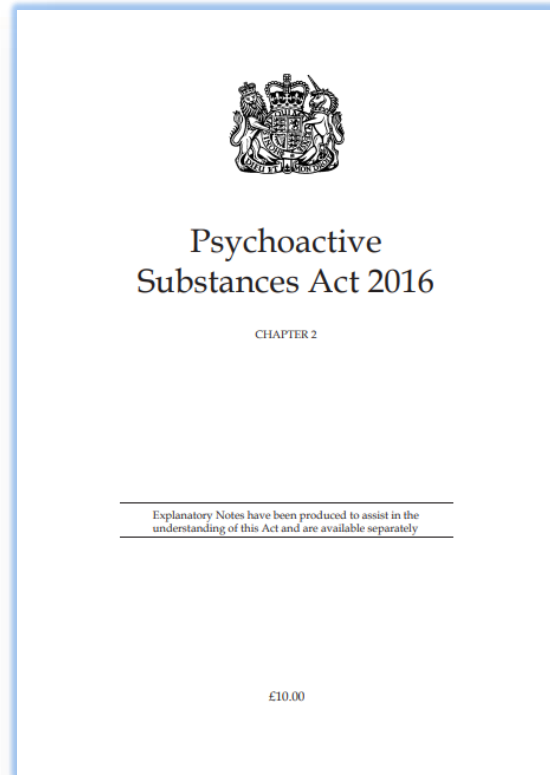
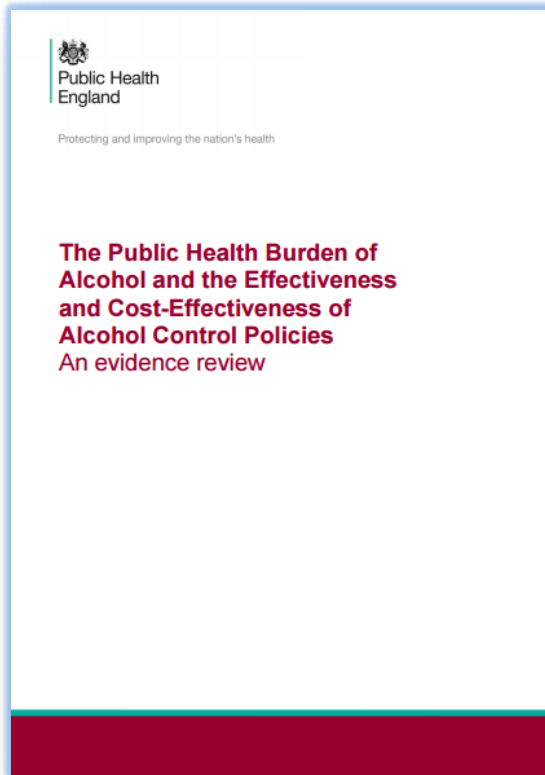
Wellbeing for life





- Brief overview of National Guidance and Policy on Substance Use in Mental Health
- CNWL policy
 - Physical Health Assessments (includes substance use)
 - Service User Involvement
- S.U.F.A.R.I.
- Our latest findings
- What next?

Substance Use Policies in ENGLAND



- Alcohol 2016: mental health as an afterthought?
- Drugs 2016: (Novel Psychoactives) maybe in the small print?
- Smoking 2016: Specific policies for different MH settings.

NICE CG120, 2011

- RECOGNITION ... screen & identify

1.2 Recognition of psychosis with coexisting substance misuse

1.2.1 Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:

- particular substance(s) used
- quantity, frequency and pattern of use
- route of administration
- duration of current level of use.

In addition, conduct an assessment of dependency (see [Drug misuse: opioid detoxification](#) [NICE clinical guideline 52] and [Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) [NICE clinical guideline 115]) and also seek corroborative evidence from families, carers or significant others^[3], where this is possible and permission is given.

NICE NG58, 2016

- RECOGNITION ... screen & identify

Coexisting severe mental illness and substance misuse: community health and social care services (NG58)

1.2 Referral to secondary care mental health services

1.2.1 Ensure secondary care mental health services:

- Do not exclude people with severe mental illness because of their substance misuse.
- Do not exclude people from physical health, social care, housing or other support services because of their coexisting severe mental illness and substance misuse.
- Undertake a comprehensive assessment of the person's mental health and substance misuse needs (see also NICE's guideline on coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings – the section 'recognition of psychosis with coexisting substance misuse' and the recommendations on assessment in 'secondary care mental health services').

PHE, 2017

- COMMISSIONING – Mental Health and Substance use services in joined up thinking?



Guidance for commissioning and delivery of care

To support the principles of 'everyone's job' and 'no wrong door'

Suggested priorities to guide commissioning and delivery of care

Commissioning for Quality and Innovation (CQUIN)

Guidance for 2017-2019

Publications Gateway Reference 06023

November 2016



9. Preventing ill health by risky behaviours – alcohol and tobacco

Goal: To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.

Preventing ill health by risky behaviours – alcohol and tobacco

- There are five parts to this CQUIN indicator, two for alcohol:

9d Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems.

9e Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral.

Achievement of targets for these indicator attract 25% of 0.25% (0.0625%)



CNWL Policy 2017

- Originally written in 2010
 - Required in-patient admissions to include record of service user's alcohol and drugs use
 - Set out guidance for all staff about dual diagnosis training and responsibilities.
 - By 2015 out of date because several commonly used substances (NPS) were not included.
- Substance Use in Mental Health ops group tasked to review and update.

Case Study: Substance use as reported for one patient on first day of admission

RISK: “HIGH RISK FROM SUBSTANCE MISUSE”
“smokes skunk” “claims it helps calm him down”

ASSESSMENT: Alcohol: “yes”
“Previously used crack cocaine but has abstained for over 2yrs.
Uses cannabis but says attempting to stop its use.”

SCREENING TOOL: Alcohol: “not in past 12 months”
Illicit substances all “no” including Cannabis.

CASE NOTES: “Denies ETOH intake”
“Previous cocaine addiction - reports he has been clean for 12 years
(detox whilst in prison) Smokes cannabis every evening.
20-30/day smoker”



We needed a new tool to explore and monitor client's substance use

- Working group established 2015
 - SUMH ops group (four boroughs)
 - Frontline staff: CPN, ward nurse, psychiatrist
 - Two mental health service users
- Process shared with addictions colleagues



Stuart and Charlotte

Two mental health services users with experiences of drug or alcohol use sat on our steering group. They shared what it was like to be asked about their substance use by people who did not know much about addictions.



Timeline

What happened next...

- Training on wards from local SUMH reps
- Integrated in Trust-wide MECC and SUMH training
- April 2017 “Risky Behaviours” CQUIN (in-patients)
- July 2017 SUFARI launched across Trust
- January 2018 Published by NICE shared learning
www.nice.org.uk/sharedlearning/sufari-a-substance-use-tool-for-mental-health-services
- November 2018 CNWL Quality Improvement support
- **March 2019 ... hampered by new data system**



Introducing SUFARI

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

1. It begins with **S**ubstance **U**se:
Do they drink alcohol, use drugs or smoke tobacco?
2. If so, basic screening asks for **F**requency and **A**mount followed by their perception of any **R**isk.
3. Assessors can use this for **I**dentification of risks and intention to change, thus informing care plans.

Substance Use Frequency Amount Risk Identification

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



Three levels of assessment

Substance Use (level 1)

Three simple questions on initial assessment

Do you drink?

Do you smoke?

Do you use any drugs?



Alcohol use (level 2)

AUDIT-C (if positive, then full AUDIT)

Substance use (level 2)

inc. all other drugs, except tobacco



Alcohol use (level 3)

Complete Full AUDIT

If scores >16 take more detailed history

Substance use (level 3)

History plus further risk assessment



RISK ASSESSMENT

Anything identified above should be mentioned on risk assessment form AND care plan.



SUFARI online

CNWL Physical Health Assessment

Launcher | Baseline observations | Past medical history | Current medication | Family history | Substance use | Medical examination I | Medical examination II | Key invest...

Substance use

Please tick the boxes below to indicate current substance use.

Alcohol

Does the patient drink alcohol?

Illicit or non-prescribed substances

Do they use illicit or non-prescribed substances?

- Has never misused drugs (Ub0mr)
- Misuse of prescription only drugs (E2...
- Misused drugs in past (Ub0ms)
- Injecting drug user (Ub00U)
- Nondependent cannabis abuse (E252.)
- Nondependent other drug abuse (XE1...
- Harmful substance use (Xa1bX)

Smoking (nicotine)

Smoking status

User of electronic cigarette

Wants to stop smoking

Information

Print

Suspend

Ok

Cancel

Show Incomplete Fields



SUFARI online pt.2

SUFARI - Substance/Drug Use

Substance list updated from recent findings in the UK

HAVE YOU EVER USED ANY OF THE FOLLOWING SUBSTANCES/DRUGS ?

Please complete each section and record the appropriate information on each drug to state if "current" giving details, if "past", put last use and "risk" & if "never used" please just move straight onto next Substance/Drug

Use the 'Green Icon' on the right hand-side to add any additional comments such as: Daily Amount, Frequency, Route

1 **Cannabis (Skunk, Weed, Pot, Marijuana)**

- Never
- Past
- Current

2 **Cocaine (Crack, Rocks, White, Charlie)**

- Never
- Past
- Current

3 **Heroin**

- Never
- Past
- Current

4 **Methadone**

- Never
- Past
- Current

4a **Methadone Currently Prescribed?**

- Yes
- No

5 **Buprenorphine**

Comments, Risks & Screening

Actions from screening

1 **Clients Comments**

2 **Client Wants to Stop?**

- Yes
- No

3 **Assessors Comments**

4 **Is this a Risk Factor? If Yes, please make sure that you complete the Risk Assessment**

- Yes
- No




5 **Urine Drug Screen (UDS) done?**

- Yes, positive (enter results in text box)
- Yes, negative
- No, refused
- No, to be done later



SUFARI online pt.3

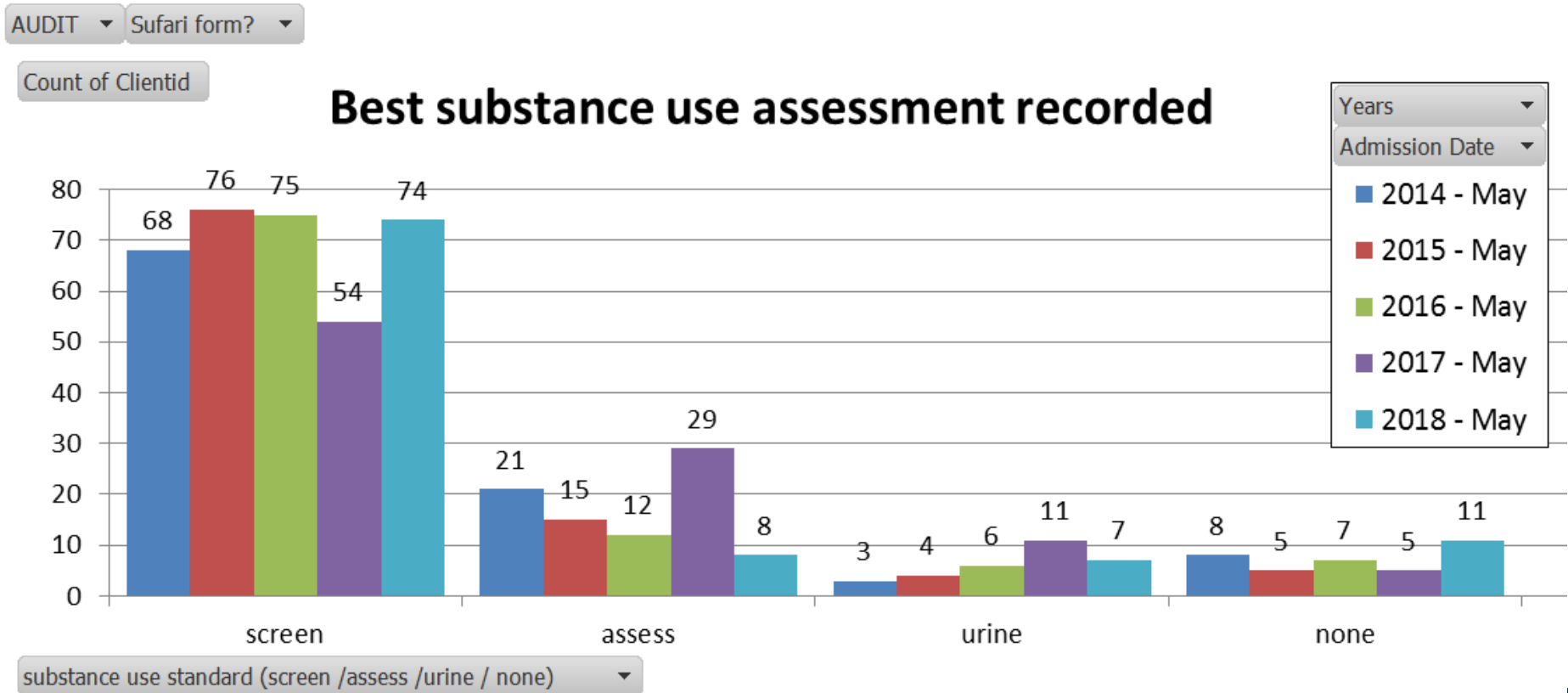
- Improving how it looks ?

 Substance Misuse	 Alcohol	 Smoking
<p>Status: - Patient was assessed, intervention required but not Offered</p> <p>Assessment offered: + Nondependent cannabis abuse [recorded on Aug 28 2019 3:00PM via CNWL Physical Health Assessment] Assessment declined: Intervention required because + Identified as Substance misuse [recorded on Aug 28 2019 3:00PM via CNWL Physical Health Assessment] Intervention offered: Intervention declined:</p> <p>Latest SHINE Entries</p> <p>Cannabis (Skunk, Weed, Pot, Marijuana): Clients Comments: Cocaine (Crack, Rocks, White, Charlie): Client Wants to Stop?: Heroin: Assessors Comments: Methadone: Is this a Risk Factor?: Methadone Currently Prescribed?: Buprenorphine: Urine Drug Screen (UDS) done?: Buprenorphine Currently Prescribed?: Other Opiates (e.g Codeine Phosphate, Dihydrocodeine): Other Opiates Currently Prescribed?:</p>	<p>Status: - Patient was assessed, intervention required but not Offered</p> <p>Assessment offered: + Alcohol use disorder identificatn test consumptn questionre : 5 [recorded on Aug 28 2019 3:00PM via CNWL Alcohol AUDIT-C] Assessment declined: Intervention required because + Alcohol Audit C score: 5 [recorded on Aug 28 2019 3:00PM via CNWL Alcohol AUDIT-C] Intervention offered: Intervention declined:</p> <p>Alcohol Audit C Score</p> <p>+ Alcohol Audit C score: 5 [recorded on Aug 28 2019 3:00PM via CNWL Alcohol AUDIT-C]</p>	<p>Status: + Patient was assessed, intervention required and was Offered</p> <p>Assessment offered: + Heavy cigarette smoker (20-39 cigs/day) [recorded on Aug 28 2019 3:00PM via CNWL Physical Health Assessment] Assessment declined: Intervention required because + Identified as Smoker [recorded on Aug 28 2019 3:00PM via CNWL Physical Health Assessment] Intervention offered: + Brief intervention for smoking cessation [recorded on Aug 28 2019 3:00PM via Interventions for Smoking] Intervention declined:</p>



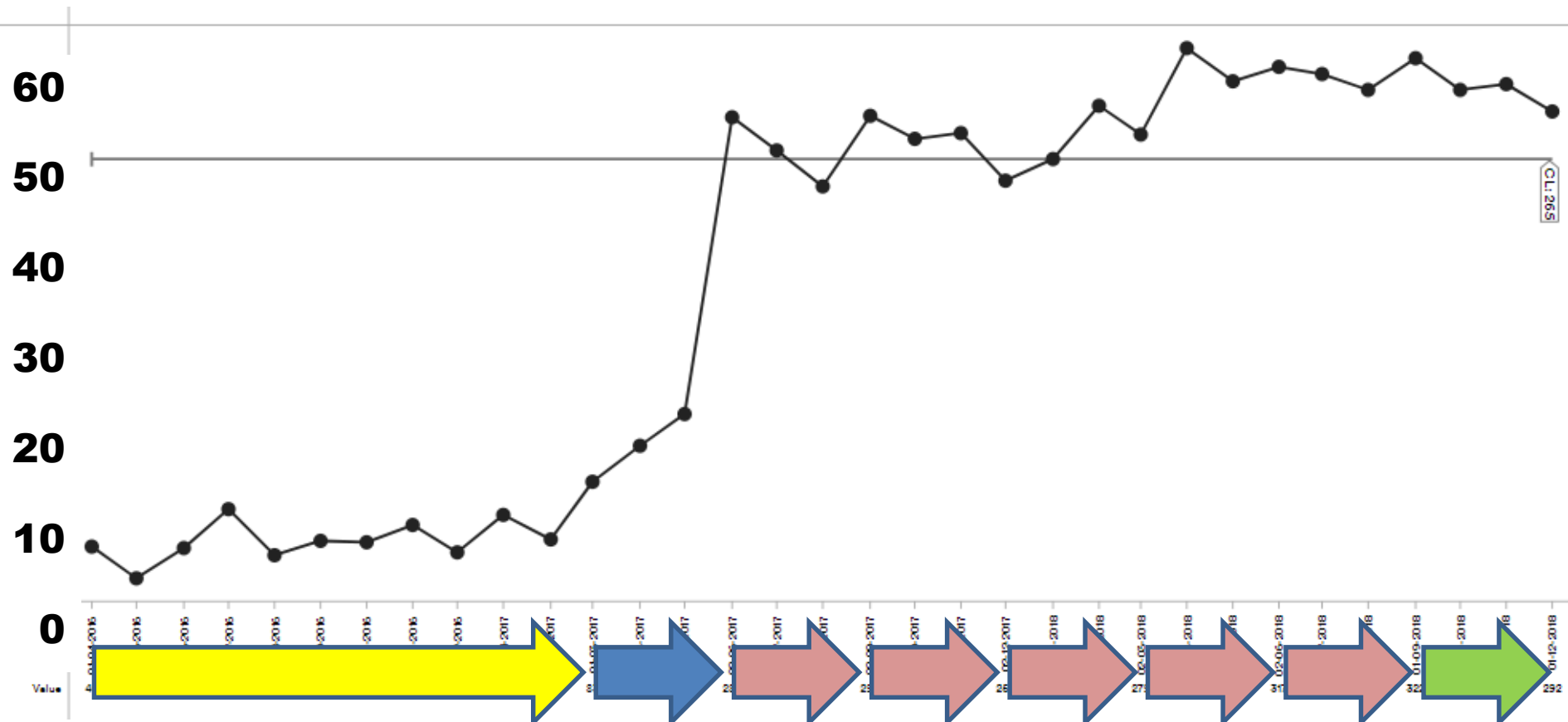
Audit data (2018)

Substance use recorded on admission to mental health wards
(% documented on patient data system)





Implementation of SUFARI (%)



Key to timeline: Arrows represent each quarter of the CQUIN (2017-2019)

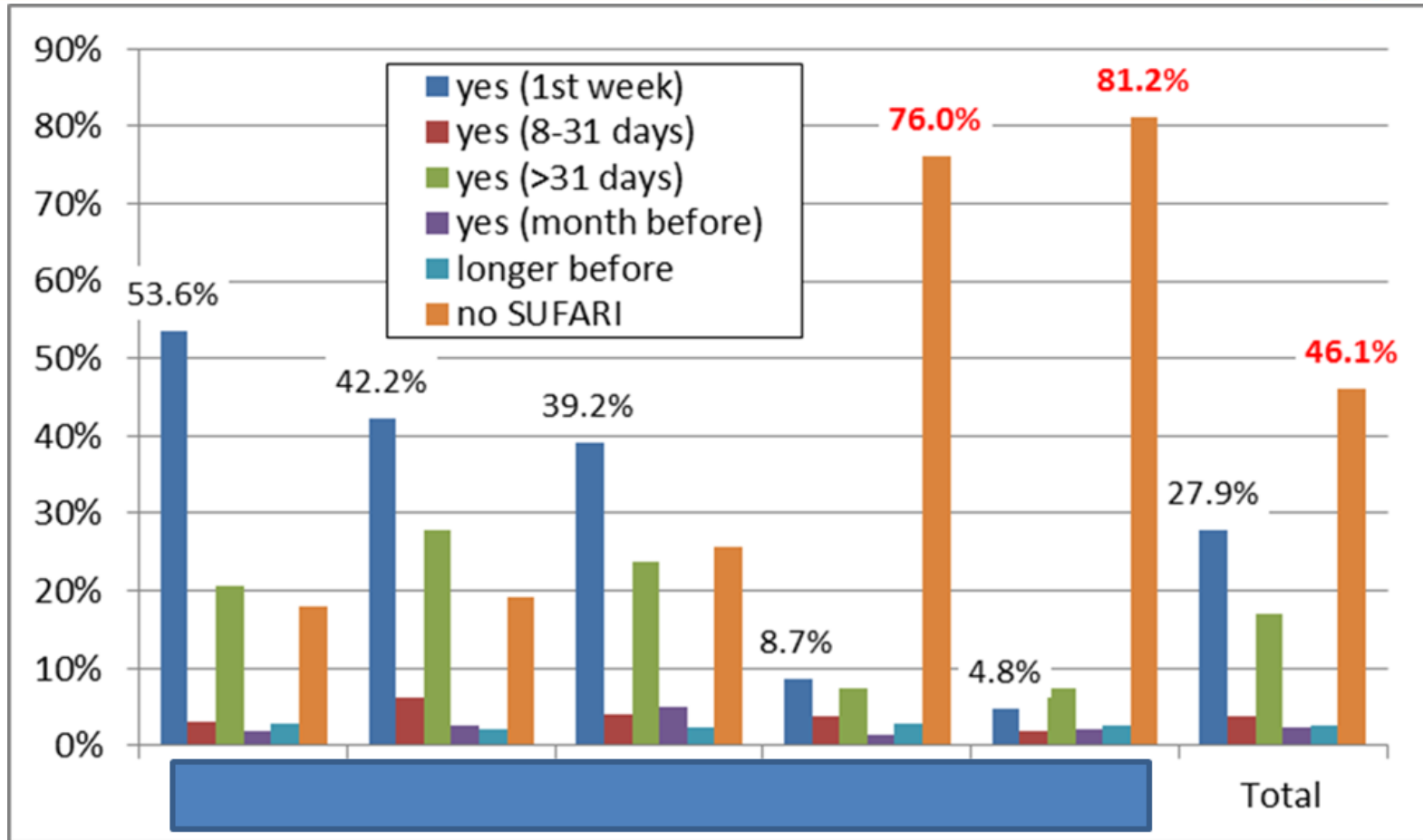
Yellow: forms completed and backdated at launch of SUFARI

Blue: Baseline quarter for CQUIN (improvement on baseline but low)

Green: new start targeting low complying wards (see next slide)



Trust SUFARI use varies

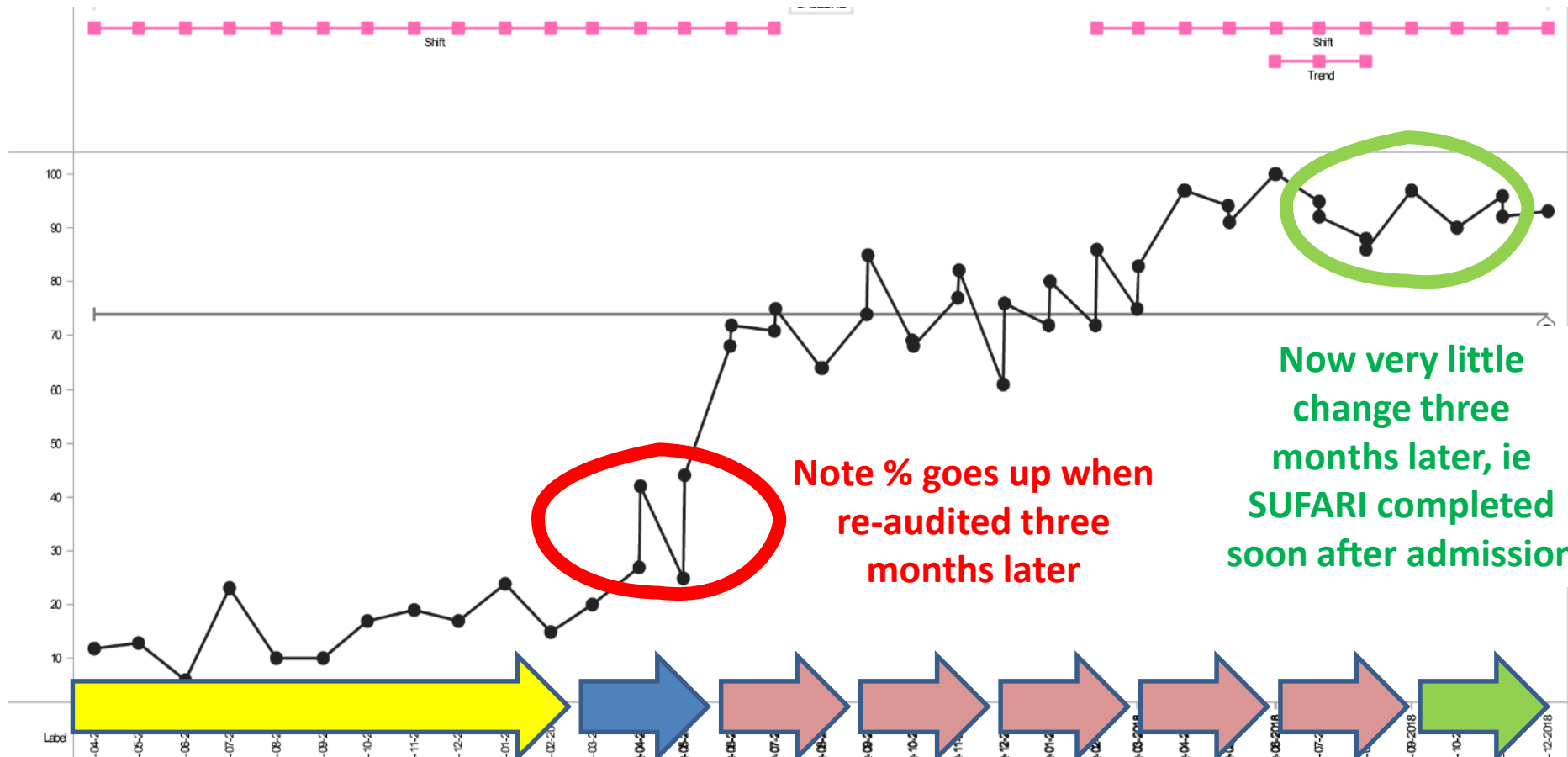


All boroughs showed improvement in the first quarter of the CQUIN but in the most recent quarter, three boroughs score 90 to 100%.

There has been little change in two other boroughs, so overall total is low.



A success story from one of the boroughs



Note % goes up when re-audited three months later

Now very little change three months later, ie SUFARI completed soon after admission

Key to timeline: Arrows represent each quarter of the CQUIN (2017-2019)

Yellow: forms completed and backdated at launch of SUFARI

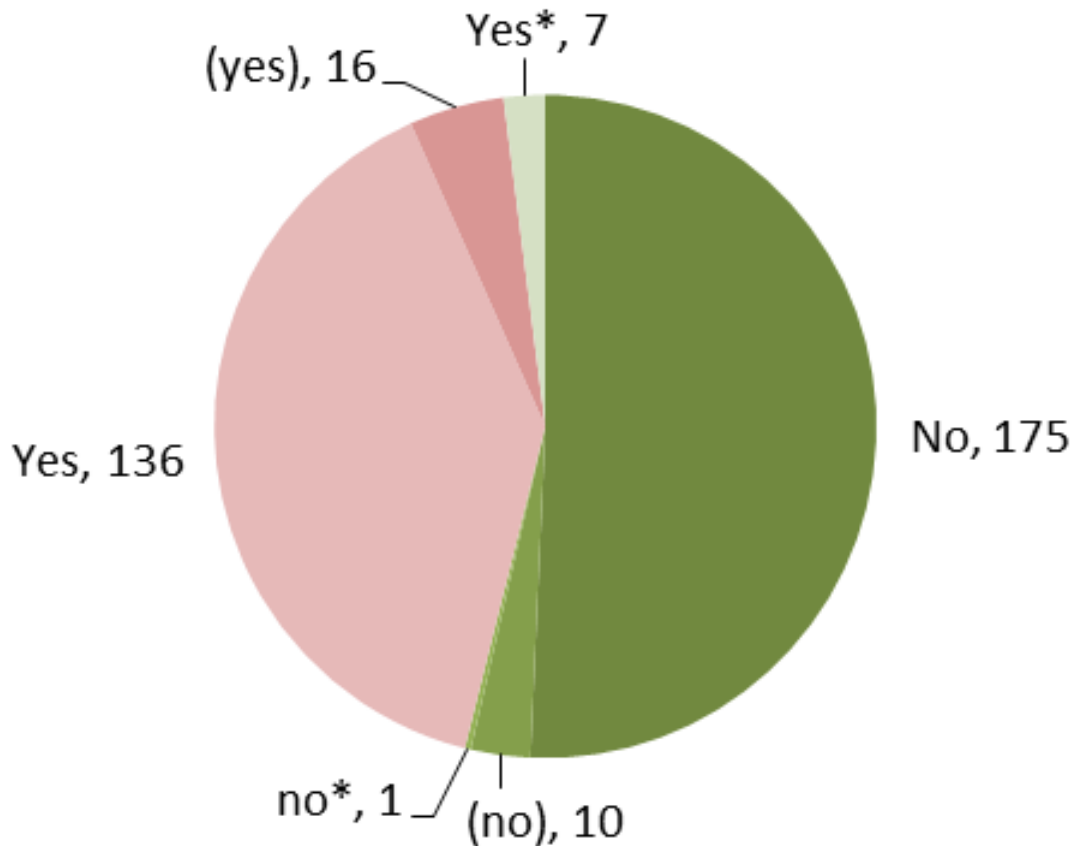
Blue: Baseline quarter for CQUIN (improvement on baseline but low)

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Use of alcohol (n=345)

Do they drink alcohol?



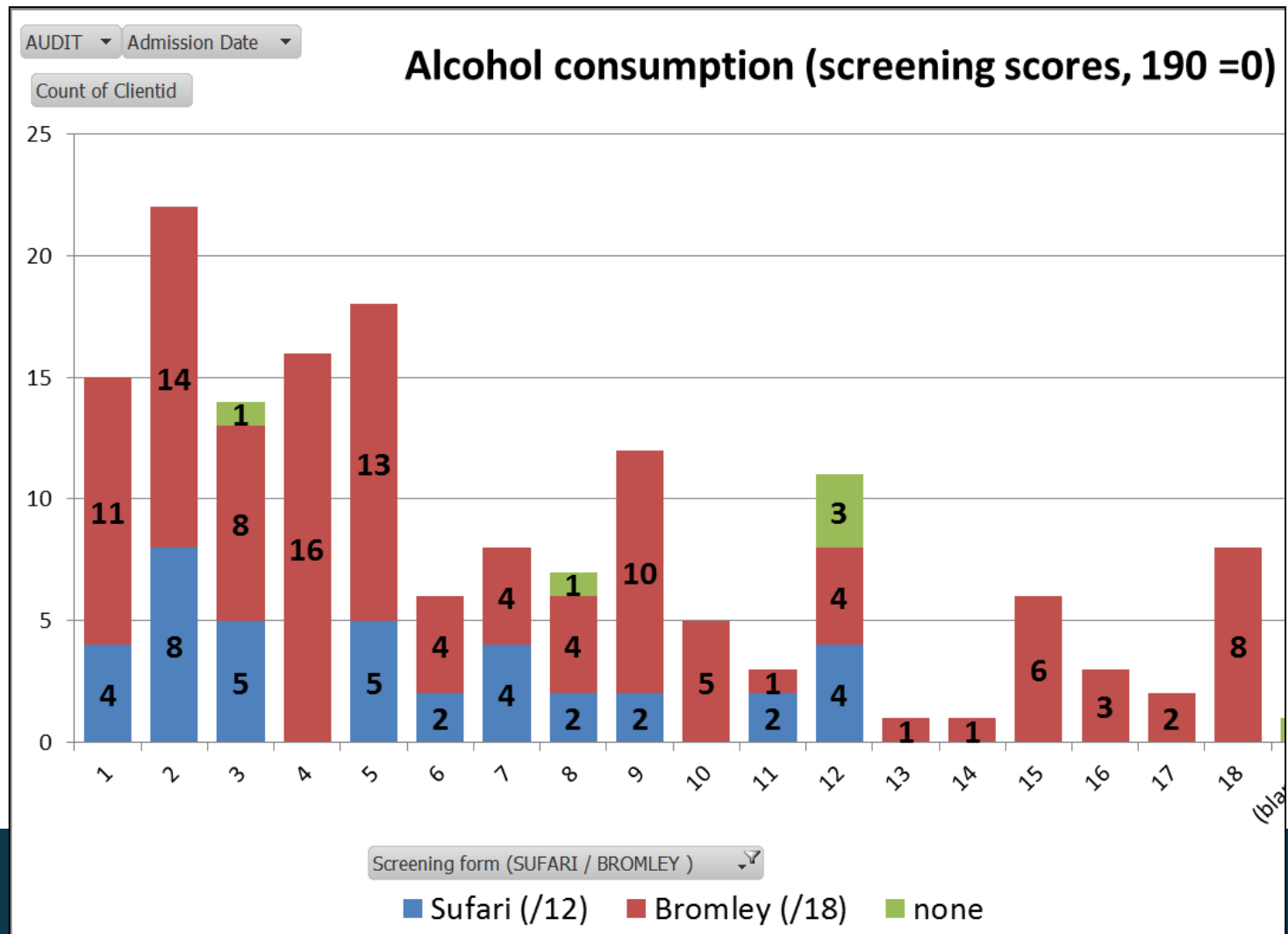
Asterisk indicates answer recorded was contradicted elsewhere in notes.
Brackets means not recorded on form, but in notes elsewhere.

192 non-drinkers, and 67 of the drinkers scored below AUDIT-C score for hazardous or harmful drinking (5/12).



Use of alcohol (n=345)

AUDIT-C (SUFARI) and BROMLEY scores for alcohol





Use of drugs (n=340)

Substance use among people admitted to mental health wards

101 people reported using illicit substances.

11 people who said they did not use drugs were found to have positive urine drug screen (out of 51 non-users who were asked for urine sample)

80 people reported using **Cannabis**, plus 27 had done so in the past.

38 people were using **Cocaine** or Crack, 13 in the past.

30 people had used **Opiates** (15 heroin, 4 methadone, 2 codeine).

27 used Benzodiazepines, mostly prescribed.

Other drugs reported include: Khat (6), Hallucinogens (9), Mushrooms (3) Amphetamines (8), Ketamine (5), Crystal Meth, Spice, “Novel Psychoactives”, Benadryl.



What next?

- Continue audit cycle
- 2019 data to be audited from our new Patient Data System in advance of 2020 audit in May.
- QI project to increase rate of screening
 1. increase poor performance
 2. aim to be done within seven days
 3. improve quality of what is recorded about substance use and interventions
 4. improve the SUFARI form




Not yet published? but recognised

- **Society for the Study of Addiction**
- Conference poster presentation 2017
- www.addiction-ssa.org/knowledge-hub/sufari-how-we-explored-alcohol-and-drug-use-in-mental-health-services-and-developed-a-tool-to-assist-conversations-about-substance-use-risk/
- **NICE shared learning**
- Published January 2018
- www.nice.org.uk/sharedlearning/sufari-a-substance-use-tool-for-mental-health-services



So that's the story SU FAR ...

YOUR HEALTH MATTERS

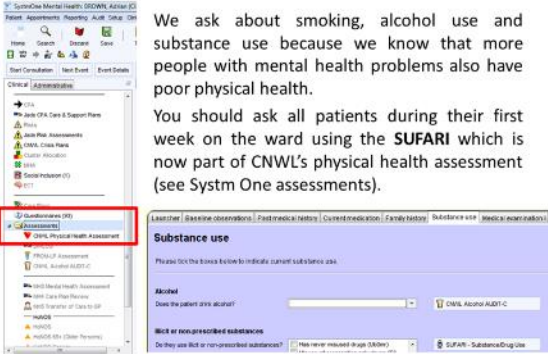


We ask everyone about smoking, alcohol and drug use because we want to offer help with your physical health.

YOUR PATIENT'S HEALTH MATTERS

We ask about smoking, alcohol use and substance use because we know that more people with mental health problems also have poor physical health.

You should ask all patients during their first week on the ward using the **SUFARI** which is now part of CNWL's physical health assessment (see System One assessments).



Substance use
Please tick the boxes below to indicate current substance use

Alcohol
Does the patient drink alcohol? CNWL Alcohol AUDIT-C

Medicines
Are there any prescribed substances
Do they use Med or non-prescribed substances? Has never missed a day (30 days) SUFARI - Substance/Drugs/Use



**Thanks to Claudine, Eloise and Stuart
plus all our colleagues who have participated in this process**

cnw-tr.sufari@nhs.net