Hazardous, harmful and dependent alcohol use in Crisis Resolution Team patients: relationship with death or service recontact after a suicidal crisis

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National Addiction Centre

LISBON ADDICTIONS 2022

Alcohol use is a risk factor for suicide

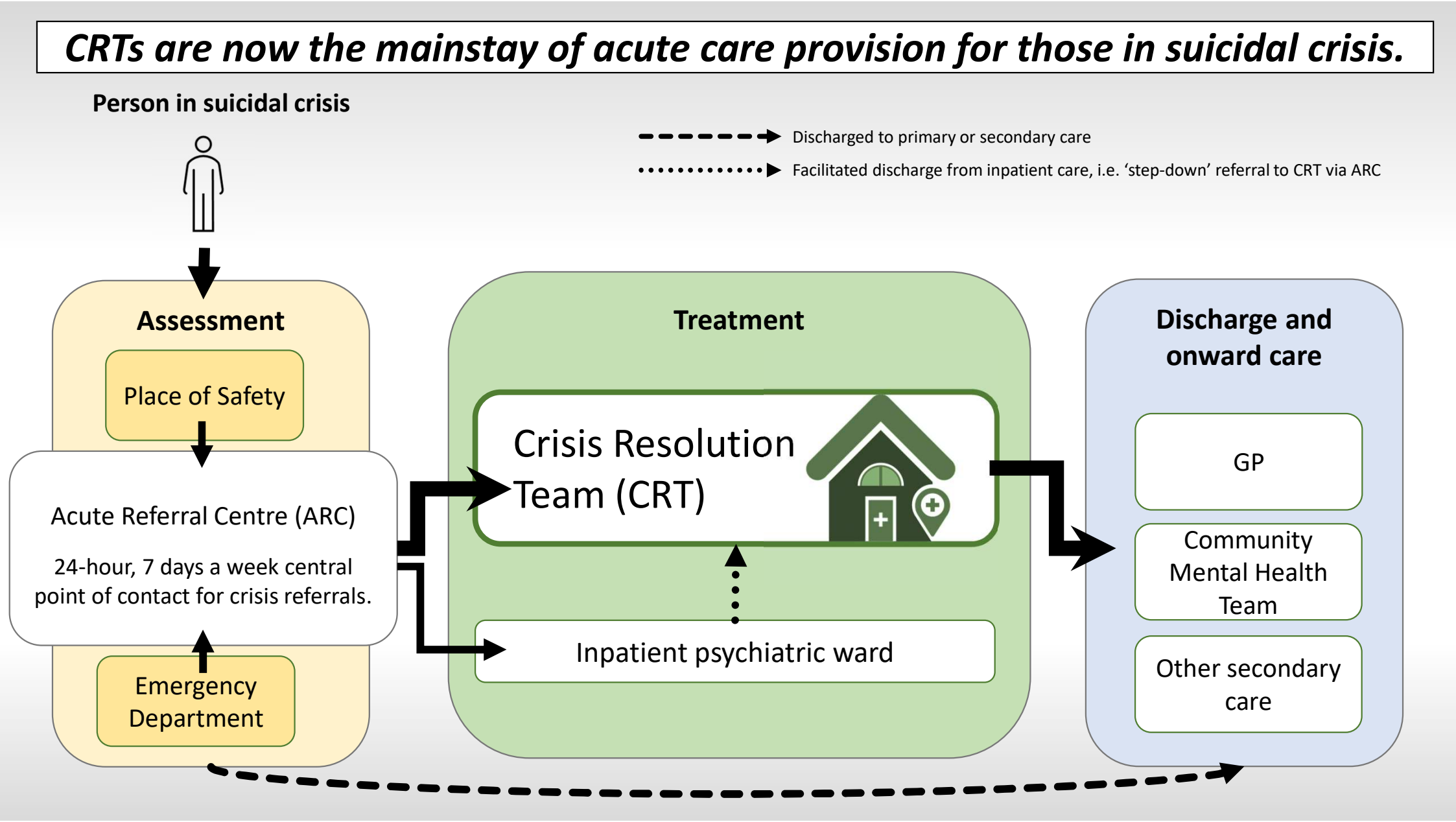
Alcohol use is associated with…

- increased risk of suicide attempts and death by suicide
- repeat use of emergency care

But also…

- lower intensity interventions following a suicide attempt.

We know little about alcohol use among suicidal patients under the care of the most intensive community intervention: Crisis Resolution Teams (CRTs).


CRTs are now the mainstay of acute care provision for those in suicidal crisis.
Person in suicidal crisis
Discharged to primary or secondary care
Facilitated discharge from inpatient care, i.e. 'step-down' referral to CRT via ARC
Assessment
Place of Safety
Acute Referral Centre (ARC)
24-hour, 7 days a week central point of contact for crisis referrals.
Emergency Department
Treatment
Crisis Resolution Team (CRT)
Inpatient psychiatric ward
Discharge and onward care
GP
Community Mental Health Team
Other secondary care

Crisis care has become more inclusive

2001

3. CRISIS RESOLUTION/HOME TREATMENT TEAMS

3.1 Who is the Service for?

This service is not usually appropriate for individuals with:

- Mild anxiety disorders
- Primary diagnosis of alcohol or other substance misuse
- Brain damage or other organic disorders including dementia
- Learning disabilities
- Exclusive diagnosis of personality disorder
- Recent history of self harm but not suffering from a psychotic illness or severe depressive illness
- Crisis related solely to relationship issues

Department of Health (2001) The Mental Health Policy Implementation Guide.

2016

THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

They will include provision of care for substance misuse issues.

Centre For Mental Health (2016) The five year forward view for mental health

Item
4. The CRT will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital

core

Crisis Resolution Team Optimisation and Relapse Prevention

b) Drug and alcohol problems

CORE Crisis Resolution Team Fidelity Scale Version 2 (2015)

2001 Crisis care has become more inclusive

This service is not usually appropriate for individuals with:

- Primary diagnosis of alcohol or other substance misuse

2016

They will include provision of care for substance misuse issues.

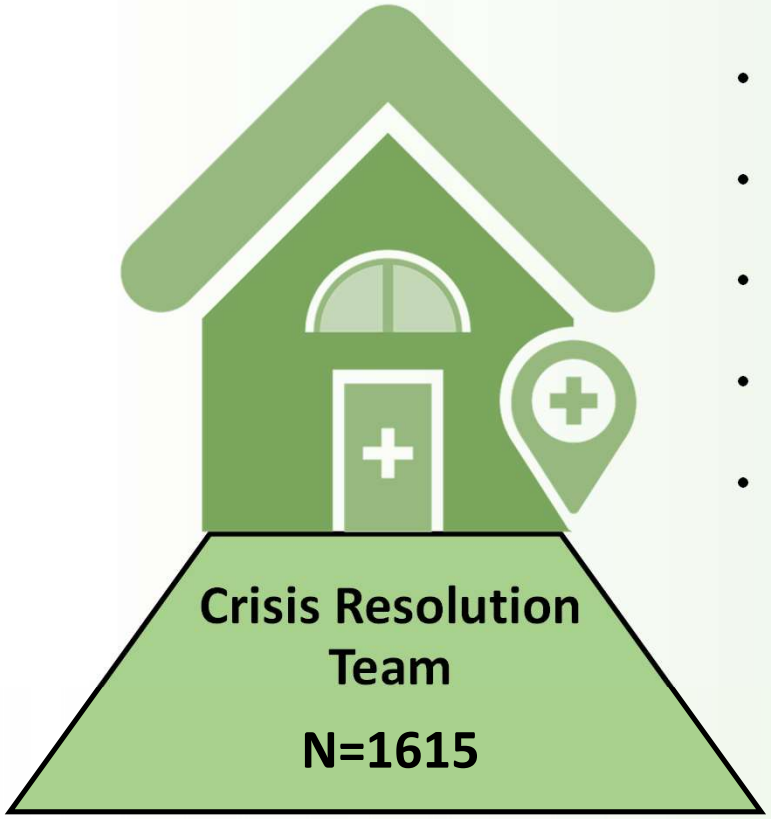
Scoring criteria: will work with the following in circumstances where they would otherwise be admitted to an acute mental health ward:

b) Drug and alcohol problems

Aims & Hypothesis

- To characterise the extent of alcohol use amongst a cohort of suicidal adult patients under the care of four London CRTs, using anonymised Electronic Health Records
- Estimate the association of hazardous, harmful, or dependent alcohol use with death or recontact with crisis care up to a year following CRT treatment.
- We hypothesised that CRT patients drinking alcohol in a hazardous, harmful, or dependent way will have a higher frequency of death or unplanned emergency psychiatric assessment in the 30-days and 1 year following the start of their CRT treatment episode, relative to non-drinkers and low risk drinkers.

CRT: Inclusion criteria



- Accepted on to CRT caseload between 1st Jan 2016 and 28th Feb 2019
- Length of treatment episode ≥ 1 week
- 18+ years old
- 'In crisis' referrals (as opposed to facilitated discharge)
- Evidence of suicidal behaviour in 30 days prior to referral:
  - *Referral reason or presentation reason recorded as 'Self-harm / Suicide'*
  - *HoNOS Non-accidental self-injury item score of 3 or 4*
  - *Risk event related to attempted suicide or deliberate self-harm*
  - *Risk assessment answer of 'Yes' to either or both items "Has the patient made a plan to end his/her life?" or "Is the patient expressing suicidal ideation?".*
  - *Risk tool rating of 'Yes' to self-harm / suicide risk.*
  - *Primary or secondary ICD-10 intentional self-harm diagnosis code (x60-x84)*

CRT: Evidence of hazardous alcohol use

Risk assessment

- Risk assessment answer of ‘Yes’ to item “Does the patient misuse alcohol?”

AUDIT

- AUDIT total score >7, or a recorded risk category of at least “Hazardous / Increasing risk”.

Diagnosis

- Any primary or secondary ICD-10 diagnosis within codes F10.1 (Harmful use of alcohol), F10.2 (Alcohol dependence) or F10.3–F10.7 (conditions consequent to alcohol dependence)

Outcomes

Measured at 30 days and 1 year after treatment start:

- Recontact with emergency psychiatric care:
  - *Emergency Department*
  - *Place of Safety (Mental Health Act)*
  - *Acute Referral Centre*
- Death by any cause

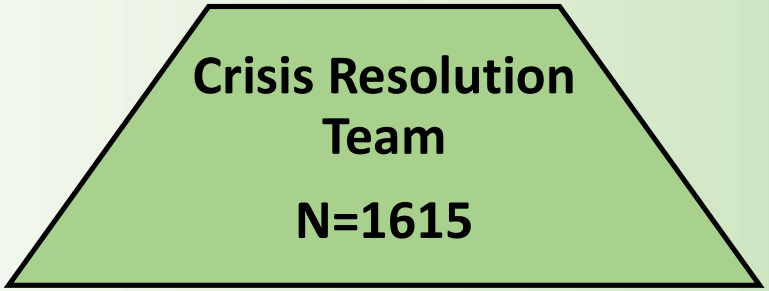
CRT: Sample characteristics

- **16.7%** (n=270) with evidence of **hazardous**, **harmful** or **dependent** use of alcohol
- **4.5%** (n=73) with evidence of **alcohol dependence**
- **56.9%** (n=919) female, mean age **37** (SD=12.8), predominantly white ethnicity (**48.2%,** n=778)
- **Diagnoses**: Affective disorder (**43.3%**, n=700),

  Psychotic disorder (**17.2%**, n=278),

  Personality disorder (**15.7%**, n=254)

  Non-alcohol SUD (**5.4%**, n=87)



- **OUTCOME** within 1 year: **37.1%** recontacted crisis care (n=599), **1.4%** died (n=23)

Hazardous alcohol use is not associated with adverse outcome in CRT patients

Outcome: Death, or Recontact with emergency psychiatric care	Within 30 days		Within 1 year	
	AOR (95% CI)	p-value	AOR (95% CI)	p-value
HAZARDOUS, HARMFUL or DEPENDENT ALCOHOL USE	**1.17 (0.73 - 1.88)**	**0.507**	**1.17 (0.85 - 1.60)**	**0.341**
Psychotic disorder diagnosis	1.33 (0.79 - 2.22)	0.281	2.32 (1.67 - 3.24)	<0.001
Personality disorder diagnosis	1.65 (1.06 - 2.58)	0.027	1.71 (1.26 - 2.32)	0.001
Other psychiatric disorder diagnosis	1.70 (1.16 - 2.48)	0.006	1.29 (1.02 - 1.63)	0.037
HoNOS total score: Upper tertile	1.42 (0.89 - 2.26)	0.141	1.57 (1.18 - 2.08)	0.002

No effect found for age, sex, ethnicity, affective disorder diagnosis,
non-alcohol substance use disorder diagnosis, middle tertile of HoNOS score

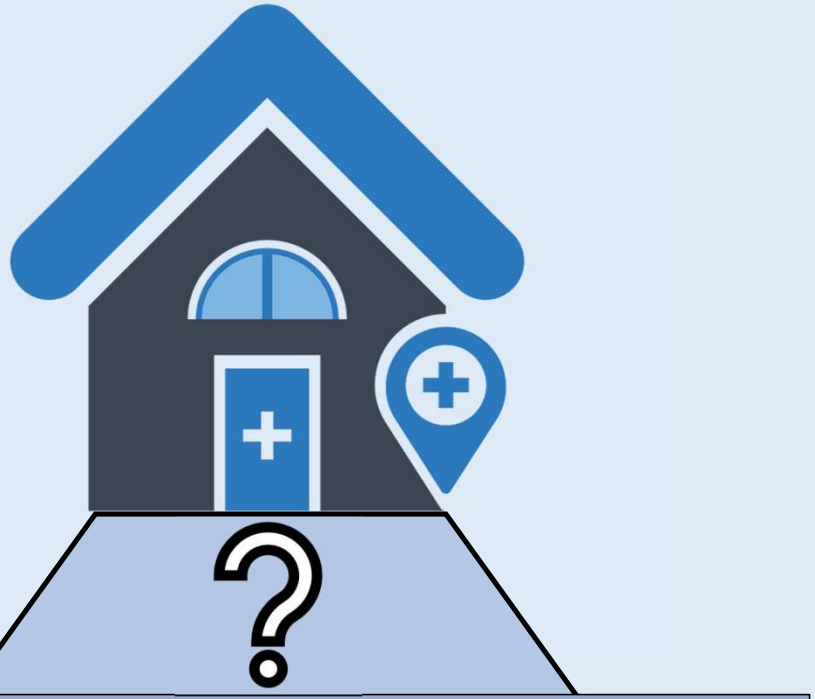
Patients with hazardous, harmful and dependent alcohol use account for a small proportion of patients cared for by Crisis Resolution Teams, but do **not** appear to be at increased risk of death or service recontact within 30 days or the year following treatment.

Only **17% (n=270)** had evidence of hazardous, harmful or dependent drinking.
Alcohol dependence was only found in **4.5% (n=73).**

However, these patients were **not** more likely to die or recontact crisis care in the year after CRT treatment.

Hazardous alcohol use is more prevalent in suicidal patients in other settings.

Are heavier alcohol users being excluded from CRT care?



Standard 2022

The team's acceptance criteria includes people that have self-harmed, have substance use needs, dual diagnosis, learning disability or personality disorder.

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