



A PILOT OF BRIEF ALCOHOL INTERVENTION IN A SECTION 136 SUITE

INTRODUCTION

Section 136 of the Mental Health Act 1983 empowers police to remove a person, whom they believe to be suffering from a mental illness from a public place, if they deem them to be a risk to themselves or others. South West London and St George's Mental Health NHS Trust has one section 136 Assessment suite serving a population of approximately a million people. An audit of consecutive admissions for six months demonstrated that of 245 individuals detained 108 (44%) were intoxicated with alcohol, leading to longer assessment times and a decreased likelihood of being admitted to hospital.

There were concerns that once assessed as not needing to be detained patients were being discharged without any intervention addressing their alcohol use. However there is a substantial body of evidence suggesting that brief interventions in harmful drinkers are effective, with the evidence focusing on primary care and general hospital settings.

AIMS This project aimed to establish and embed alcohol identification and brief advice interventions into routine practice when patients had been admitted intoxicated. Further aims were to enhance the physical health assessments of these patients and make appropriate referral appointments to partner integrated alcohol service providers.

REFERENCES

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2. Brief interventions for heavy alcohol users admitted to general hospital wards (Review) McQueen J, Howe TE, Allan L, Mains D, Hardy V
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ALCOHOL BRIEF INTERVENTION

An alcohol brief intervention (ABI) is described as a short, evidence-based, structured conversation about alcohol consumption that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour. There is a substantial evidence base for the effectiveness of alcohol brief interventions and there is strong support for the effectiveness of screening and ABIs in A and E.

METHOD

The first stage of the process involved liaison with local drug and alcohol services and then, with the involvement of a nurse specialist, the staff members were trained in the recognition of alcohol misuse and in delivery of brief motivational training. Staff training in physical health assessments and in taking blood was also undertaken.

Details of all patients admitted via the Section 136 suite were recorded, it was established whether they were intoxicated, the AUDIT (an alcohol assessment tool) was done, and they were then offered the intervention.

RESULTS

In the seven months between December 2013 and June 2014, 368 patients were admitted to the Section 136 suite. 127 (35%) were intoxicated with alcohol. Of the 127 intoxicated patients 108 agreed to receive the intervention. Referrals to local alcohol services were made as appropriate.

CONCLUSIONS

- At the beginning of the process the implementation of the intervention was dependent on the interest and motivation of individual staff members but over time and with regular reminders the process became embedded in practice.
- The training of staff members in phlebotomy took longer than was expected and this has not yet been embedded in process. Efforts to engage the local police in training were also not successful.
- In conclusion the assessment and identification of alcohol misuse has become a much greater focus in the section 136 assessment suite. Once these patients have been identified a brief motivational interview, with their consent, has become embedded as part of standard



