

Suicidal people who are intoxicated with alcohol receive different onward care following emergency detention

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MOTIVATION

- ▶ Under the Mental Health Act (1983 amended 2007) police can detain individuals in a Place of Safety for 24 hours for urgent psychiatric care and assessment. Detainees are discharged or admitted to an inpatient ward.
- ▶ Suicidal alcohol intoxicated individuals present a unique challenge for emergency psychiatric care, with very high rates of representation and psychiatric comorbidity [1,2].
- ▶ Alcohol is a modifiable risk factor for suicide and interventions are recommended by policy [3], but how alcohol intoxication and psychiatric comorbidity interact to affect treatment pathways is poorly understood.

AIMS & HYPOTHESES

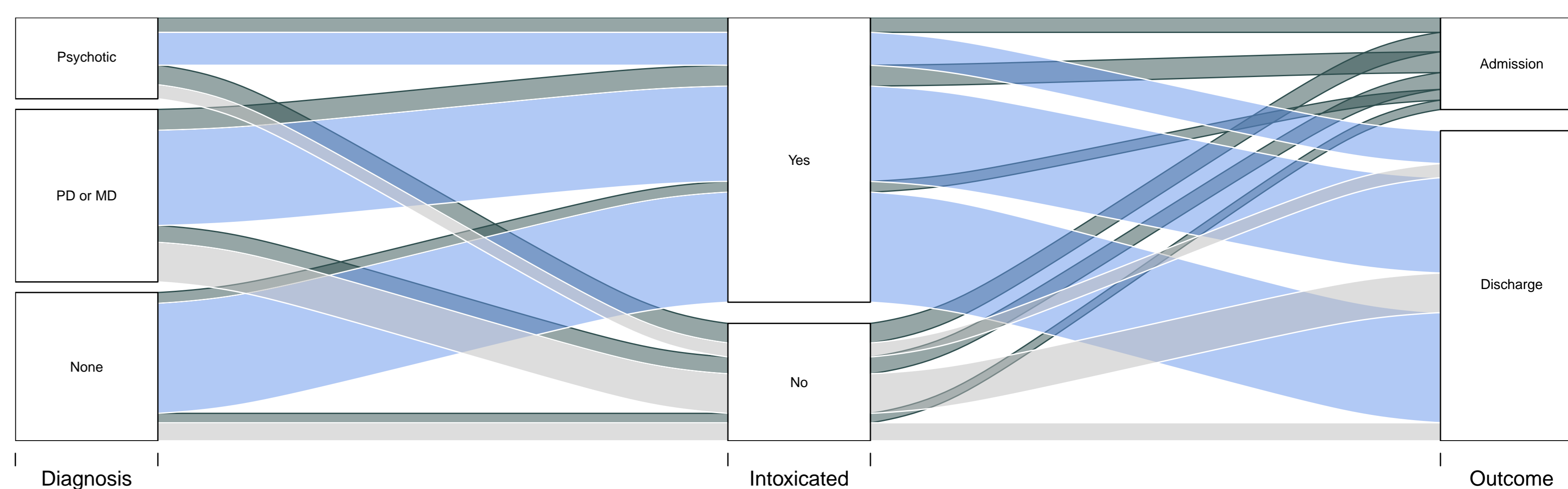
To quantify variation in onward care provided to suicidal individuals detained to a centralised Place of Safety under the Mental Health Act (1983 amended 2007) according to alcohol intoxication and psychiatric diagnosis.

- ▶ Compared to individuals not intoxicated at detention, individuals acutely intoxicated with alcohol are more likely to be discharged than to be admitted to a psychiatric ward.
- ▶ Pre-existing mental health diagnoses, among both intoxicated and non-intoxicated individuals, will make admission to psychiatric ward more likely.

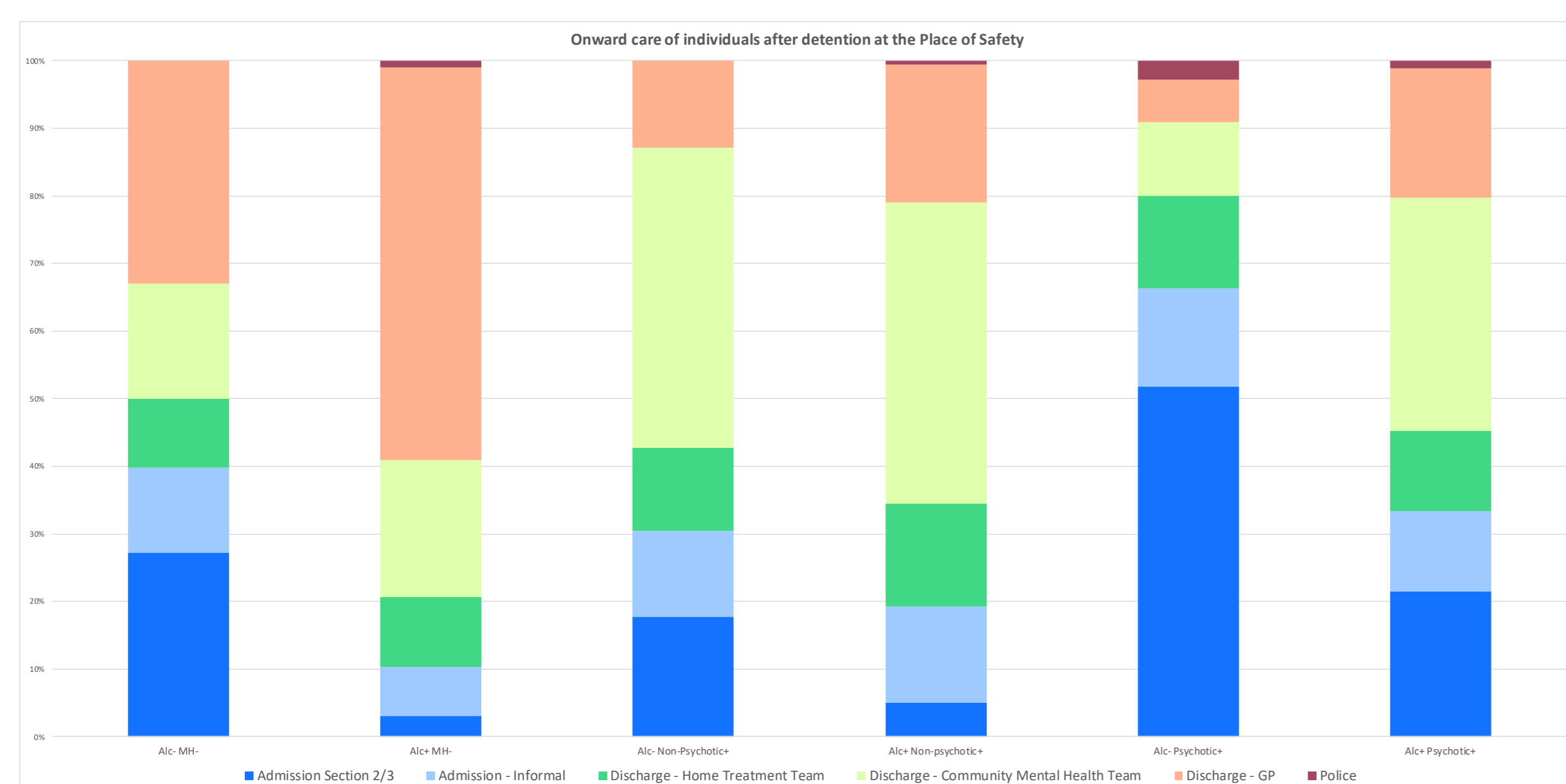
FINDINGS

N=801 suicidal detentions:

- ▶ 55% intoxicated with alcohol (and 33% with alcohol only);
- ▶ 29% had alcohol-related diagnosis;
- ▶ 42% non-psychotic MH diagnosis, and 23% psychotic diagnosis.



Alcohol intoxication is associated with lower odds of admission to inpatient care, across all categories of psychiatric diagnosis.

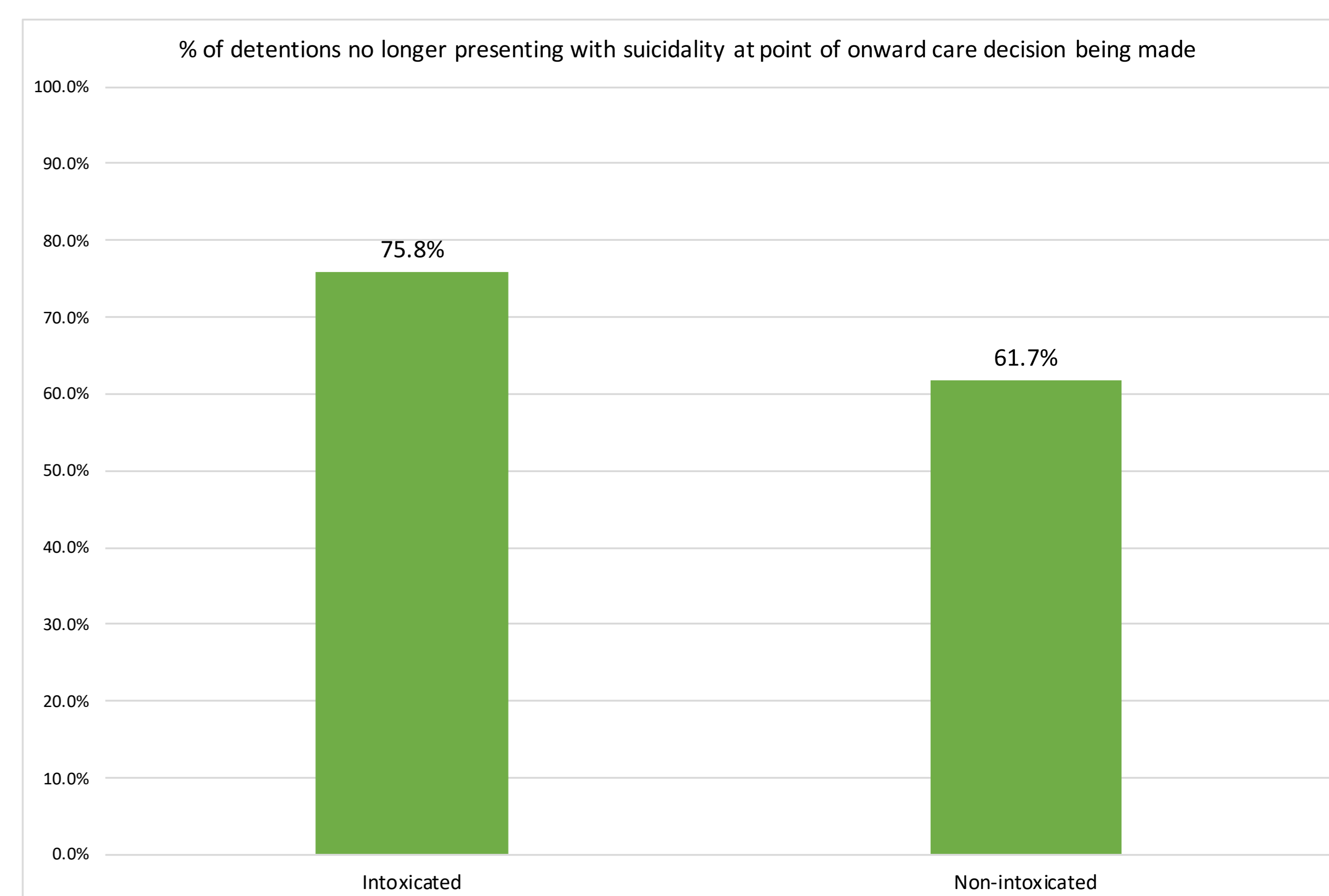


Alc = Alcohol intoxication at point of detention in Place of Safety; Non-psychotic = Diagnosis within previous year of primarily non-psychotic depressive disorder or Personality Disorder; Psychotic = Diagnosis within previous year of Schizophrenia, schizotypal, delusional, or other non-affective psychotic disorder, or the affective psychoses; Mania and Bipolar Affective Disorder.

Table: Odds ratios for admission: interaction between alcohol intoxication and mental health diagnoses.
^aPrimarily non-psychotic disorders with depressive symptoms, and Personality Disorders; ^bSchizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mania, Bipolar Affective Disorder; ^cBased on Blood Alcohol Content, CIWA score, detoxification medication, clinical notes.

Alcohol intoxication	Mental health diagnoses		
	None	Non-psychotic ^a	Psychotic ^b
No	Ref.	0.80 (0.43 - 1.51) p=0.49	3.31 (1.70 - 6.43) p<0.001
Yes ^c	0.17 (0.08 - 0.34) p<0.001	0.41 (0.22 - 0.78) p=0.01	1.04 (0.51 - 2.09) p=0.92

One reason for this disparity may be due to a change in suicidal presentation among alcohol intoxicated individuals over their 24 hours of detention; there is **greater change in suicidal presentation among alcohol intoxicated individuals.**



Further research is required to explore:

- ▶ The characteristics of those who represent, particularly around the role of personality disorders and homelessness.
- ▶ The prevalence and potential of alcohol interventions in emergency psychiatric care.

METHODS

- ▶ BRC CRIS database - pseudonymised patient health records from South London and Maudsley NHS Foundation Trust centralised Place of Safety serving a population of over 1 million people.
- ▶ Data gathered from structured and unstructured clinician records: sociodemographic, alcohol intoxication and/or suicidality at detention, recent substance use, psychiatric diagnoses up to 1 year prior.
- ▶ Binary logistic regression used to produce odds ratios for association of alcohol intoxication and psychiatric diagnosis with *admission* to a psychiatric in-patient ward, including the interaction between the two.
- ▶ Model corrected for age, sex, ethnicity, housing status and other recent drug use.

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