Responding to Substance Use Amongst Inpatients on Mental Health Wards

A practical guide for Mental Health Services

March 2024

This document was produced as guidance in partnership with representation from the following organisations:

NHS Scotland
Police Scotland
Mental Health Nurses Forum
Mental Welfare Commission for Scotland
Royal College of Psychiatrists
Scottish Drugs Forum
Scottish Recovery Consortium
Scottish Government Professional Advisors
Crown Office and Procurator Fiscal Service

Scottish Government
Riaghaltas na h-Alba

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1. Introduction

Mental health inpatient wards provide care and treatment for people suffering from mental ill health at a time when they cannot safely receive treatment at home. Following the Independent Inquiry into Mental Health Services in Tayside, the final report by David Strang, 'Trust and Respect', identified the prevalence of substance use within inpatient wards as an area of concern, and specifically highlighted the problems encountered in responding to the use of substances in these clinical areas.

Strang set out the tensions in managing illicit substance use, determining that in the absence of a consistent response, patients and staff were left at risk. Strang noted that **"A national approach to guidance on managing illicit substances in hospitals is required**."

The Scottish Government is responsible for responding to both the local and national recommendations within 'Trust and Respect'. Working in collaboration with a range of professionals, the following national guidance has been developed to help address some of the issues identified in the report, and promote a more consistent response to this issue across Scotland. This guidance has been designed to complement both the implementation of the Medication Assisted Treatment (MAT) standards, as well as current local guidance.

2. Scope

It is intended that this guidance is available to all NHS Health Boards providing inpatient mental health services, and for use across all mental health services. This guidance applies in the following situations:

- A patient appears under the influence of substances (this covers a range of presentations from mild, to severe intoxication).
- Where there is concern that a patient is in possession of substances.
- Where there is concern about distribution of substances amongst patients (including coercion).

This document is not intended to replace treatment pathways for substance use which are already in place in health boards across NHS Scotland. This document should be used in conjunction with existing local guidance for responding to incidents on inpatient wards and should support care which is underpinned by a human rights based approach and with reference to the Mental Welfare Commission's guidance on the use of Specified Persons (where applicable).

3. Definitions and terminology

Throughout the document the following terms have been used:

"Substance" and "substance use" - these have been used to describe the use of alcohol, non-prescribed and illegal drugs, including Novel Psychoactive Substances (NPS).

"Patient" and "inpatient" - this guidance is concerned with the care of people receiving inpatient assessment and treatment. Research has shown that those who receive care and treatment from secondary care mental health services wish to be known as 'patients' (Simmons et al., 2010). Other terms such as 'service user' are disliked more than liked, particularly by those who have consulted a health professional. In order to respect those who use our services the term 'patient' will therefore be used throughout this document.

"Inpatient care" - this is used to describe a stay on a mental health ward.

"**Senior Decision Maker**" - this is used within this document to describe a Senior Doctor working in Psychiatry from ST. grade to Consultant Grade.

"**MDT**" - a Multi-Disciplinary Team is one which is comprised of multiple professions (Nursing, Medicine, Pharmacy, Social Work, Allied Health Professionals, Psychology) as well as informal supports (carers, relatives and friends) and the patients themselves.

4. Principles

This guidance has been designed to support a safe response to substance use on inpatient wards and to align with Scottish Government policy and public health efforts to promote harm reduction and support recovery.

To provide effective care and treatment, all services must take a person-centred, trauma-informed approach to mental health and substance use, and should provide treatment in a safe and therapeutic environment, free from prejudice and stigma which is aligned with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003.

These principles should also be balanced carefully with an assessment of risk, including the risk of harm to the patient, risk of untreated substance use, or risk to other patients and staff on the ward. The speed of response and any subsequent decisions made in response to an incident from all agencies involved should be firmly rooted in this assessment.

5. Prevention

Every opportunity should be taken to provide access to treatment for people that use substances based on the principles of safety, choice, collaboration, trust and empowerment. During an inpatient stay or during an emergency presentation to mental health services, there may be opportunities to provide support, referral to specialist services and to enable harm reduction. Ensuring patients are being supported with their substance use problems, and identifying those patients who may require additional support to enable engagement with relevant specialist services can be an effective way to manage the use of substances onwards, and should be prioritised.

Opportunities to provide this support should be maximised by staff working across the health and social care spectrum.

Wards should build relationships with the relevant substance use services (including non-statutory services) and ensure that it is clear to all staff how to support a patient with their substance use problem. All staff should be trained and confident to provide support for people with a substance use problem or refer the patient to someone who can.

6. Intervening early

Every hospital offering inpatient mental health care should:

- Ensure patients that use substances are treated equitably and without discrimination or stigma.
- Ensure that everyone admitted to the ward has a comprehensive mental health assessment, which includes enquiring about previous trauma, substance and alcohol use. This should include current use and a plan for the prevention and management of acute withdrawal symptoms on admission, taking account of the patient's capacity. This should also include an agreed care plan that identifies and addresses patient views, and risks and concerns. Patients should also be explicitly informed of what the procedures will be in the event of a suspected use of substances, in line with the ward (and Board) policy. This should be in the form of accessible written information (for example, as part of a ward/service information pack)
- On admission to hospital there should be continuation of medication to treat substance use problems and/or dependence unless there is an immediate patient safety concern or as part of an agreed care plan.
- Display posters and provide patient and visitor information leaflets which:
    - Highlight the support and treatment available for people with problem substance use.

    - Explain how patients and relatives can report any concerns about substance use and unsafe behaviour on the wards.
- Ensure close working relationships between inpatient services and substance use services. This should include in-reach services which are visible and accessible to patients on the ward.
- Ensure early identification so that staff are able to provide safe care and treatment to those individuals who have been identified as at risk/ vulnerable to substance use, including alcohol.
- Ensure that, for those who have been identified or there are concerns about vulnerabilities, risks are communicated throughout the MDT and where patients require additional support from specialist services, that is put in place timeously.
- Ensure all staff are trained and confident to support a patient regarding their substance use, or know the correct referral to someone who can.
- Create a community assets map detailing local substance support services to assist with referrals.
- Provide training for nursing staff in using an early identification of physical deterioration in their patients such as New Early Warning System (NEWS). This should include the scenario of a patient being under the influence of substances.

These steps should help ensure that anyone admitted to or visiting the ward can access help and support and feel empowered to report any concerns regarding substance use.

7. Ensuring a safe response

To ensure that staff are equipped to respond safely to substance use on the inpatient wards, each hospital should:

- Ensure all staff are aware of this guidance and any other associated documents, and have the necessary training to respond to instances of substance use, including trauma training.
- Ensure all staff have a working knowledge of Specified Person provisions under the Mental Health Act legislation and its parameters.
- Utilise existing ward search policies which clearly describe the circumstances in which searches may be undertaken and how to conduct these safely and lawfully.
- Have a system in place to train all clinical staff working in inpatient settings in the recognition of opiate overdose and the administration of Naloxone.
- Have clear processes for escalating concerns and seeking senior medical review where this is indicated.
- Have a clear procedure for the storage, chain of custody and (where appropriate) destruction of suspicious substances.

8. Patient causing concern – Appendix A

In all cases where a patient's clinical presentation suggests that they may be under the influence of substances, the primary concern is the safety of the patient and monitoring for signs of deterioration to ensure swift medical management where required. The flowchart in Appendix A should be used to guide management and decision making when a patient is under the influence (or is suspected to be under the influence) of substances.

9. Substances on the ward – Appendices B and C

In instances where substances are brought onto the inpatient ward, the primary concern should always be the preservation of the safety of all staff and patients, including those thought to be in possession of the substance. This requires clinical staff to take steps to minimise the risk of substances being ingested by patients or shared with other patients. The charts in Appendices B and C set out the steps that should be taken by the various professionals in responding to this. However, the clinical teams will be required to make judgements about safeguarding vulnerable adults beyond the steps within this guidance.

10. Reviewing patients who use substances on the ward

It is fundamental that patients that use substances do not feel isolated, stigmatised or discriminated against.

Using substances while on the inpatient ward may disrupt the treatment of the patient and so patients should be supported, wherever possible, to address their substance use. Substance use on the ward may also lead to disruptive behaviour and expose others to risk of harm.

Staff should follow existing local guidance on the management of aggressive or violent incidents, regardless of whether substance use is suspected or confirmed.

Staff must inform patients on the options available to them regarding treatment and support for their substance use. Patients should be informed of the impact that substance use may have on their treatment on the ward. This should include explaining to the patient and their family, if appropriate, that they may be discharged if their substance use cannot be safely controlled on the ward, or if they pose an unmanageable risk to others.

Early or unplanned discharge should be the last resort, and should only be in response to an unmanageable risk to the patient or staff and other patients on the ward. The decision to discharge a patient should be based on a multi-disciplinary discussion and assessment of risk. Specifically this assessment should record:

- The risks of an earlier than planned discharge versus ongoing inpatient stay.
- Where the patient will be discharged to and a follow up care plan.

- Circumstances and context including the views of the patient and next of kin/nearest relative/relevant others (where consent has been given to share information).
- The time when substances were taken.
- If substances were taken as a single dose or staggered.
- The potential interactions or additive effects of the substance taken with prescribed medications.
- If alcohol was consumed.
- The patient's presentation following substance use.
- A statement about the likely delayed effects and potential lethality of the substances taken, (for example the need to consider respiratory depression in opiate use).
- The risks to others on the ward. This would include any risk to vulnerable individuals being exposed to substances.
- The risk of patients and staff being exposed to distressed/adverse behaviours/ violence as a consequence of substance use.
- Considerations with regards to the use of the Mental Health (Care and Treatment) Act 2003 (please see the MWC guidance on drug induced psychosis).

The risk assessment should balance the risk of continued inpatient care against the impact of discharge to the patient regarding their treatment for their mental ill health and the risk of discharge to their health and safety. These discussions should be carefully documented in the clinical record.

It may be helpful to conduct these discussions in the format of a clinical pause which supports multi-disciplinary discussion. A record of who was involved in the discussion should be made.

In cases where a patient is discharged, a comprehensive care plan should be put in place ahead of discharge which addresses the patient's mental health and substance use needs. This should be undertaken collaboratively with a multi-disciplinary team to ensure the patient remains safe and clearly understands how their care will proceed. This includes arrangements for medication supply and community follow up.

Transitions can be a high-risk time for overdose, especially if the patient has been using less substances while on the ward than they would normally. It is imperative that the risks of overdose are explained to the patient, that they have a care plan in place to support them with their drug use, and that they are provided with Naloxone.

The Strang report found that families felt the needs of the patient were not met when they were discharged as a result of substance use on the ward. If permission has been granted, staff should involve family members, explain why the decision has been taken to discharge the patient and how the patient's care will subsequently be managed.

The risk of overdose should be explained to the family and, if it is appropriate for those who have problem use of opiates, they should be provided with Naloxone and informed of how they can access it. If distributing Naloxone, staff should advise families to complete the online training on administering Naloxone via the Scottish Families website.

11. Liaising with Police Scotland

The use of substances should always be reported to the police. This reflects no value judgement on the part of the clinical team but ensures that police intelligence is updated and a consistent message that substances are not permitted on inpatient wards is communicated. The police response will be determined by the assessment of risk in each circumstance. It may not be possible or appropriate for police to attend immediately to each allegation of substance use, and clinical staff should work collaboratively with Police Scotland colleagues to agree the most appropriate response. This is best achieved by providing clear and unambiguous information when reporting concerns to Police Scotland. Appendix D helps guide staff as to the information that is necessary and should be recorded, using an incident reporting system, such as Datix. The following are some of the key pieces of information to share:

- State precisely where the substance was found, e.g. front right hand pocket
- Who discovered the substance
- A description of the substance
- The volume of the substance, e.g. 14 scored white tablets

Staff should also record the incident report number (such as Datix), police incident number or crime reference number and/ or the enquiry officer details in the patient's notes.

11.1 Liaison between NHS and Police Scotland

Links should be established between all NHS inpatient units and Police Scotland. Police Scotland should identify a Liaison Officer to meet regularly with senior clinical staff (either in person or via an online meeting). These meetings should be used to share appropriate information, ensure a balanced and effective response and ensure that any incidents that may have posed a risk to patients, staff or the public have been adequately addressed.

11.2 Escalation

If a situation that potentially poses a risk to patients, staff and/or the public has been reported to the police but the risk remains present, clinical staff have a duty to escalate concerns to their senior managers. They in turn have a duty to liaise with senior members of the police until the situation has been made safe for all concerned.

11.3 Appropriate Adult

The police must provide support for persons in custody (an appropriate adult) for individuals who are unable to understand sufficiently what is happening or unable to communicate with the police because of a mental disorder. See sections 2.3 to 2.12 of Appropriate Adults: guidance for local authorities for more information.

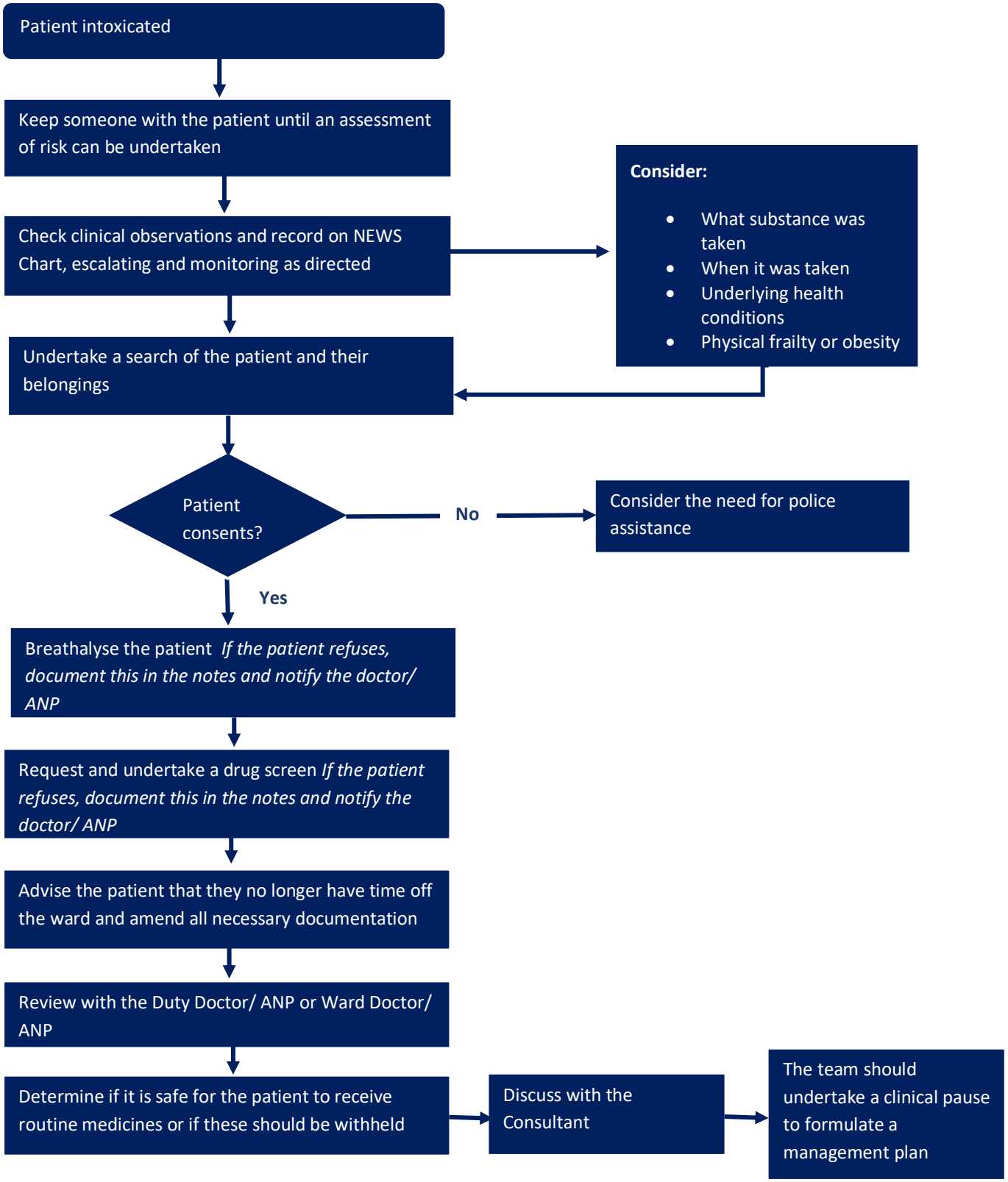
12. References

Simmons, P., Hawley, C. J., Gale, T. M., & Sivakumaran, T. (2010). Service user, patient, client, user or survivor: Describing recipients of mental health services. *Psychiatrist*, *34*(1), 20–23.

Strang, D (2020). Trust and Respect. Final Report of the Independent Inquiry into Mental Health Services in Tayside.

13. Appendix A – Flowchart for patient under the influence of substances

When a patient is under the influence (or suspected to be under the influence) of substances, they should be asked to remain on the ward for further assessment. If they do not agree to this, staff should conduct a risk assessment of the situation, an assessment of the patient's capacity and if necessary, use appropriate legislation to ensure the patient's safety (this may include the use of common law in an emergency). Staff should follow specified persons guidance when undertaking searches of a patient's property and person.



14. Appendix B - Responding to suspicion of substances on the ward

At each stage of the process staff should explain to the patient what is happening and why, providing reassurance and support to the patient who may be distressed. In cases where other patients are distressed by the events on the ward staff should take steps to reassure them and provide information whilst respecting everyone's right to confidentiality.

Nursing staff will:

Management of the patient

1. Request the patient agrees to a personal and room search in line with local policy. If permission withheld or refused, refer to the police.
2. Request the patient provide a urine sample for drug screening.
3. Obtain details about what substances have been taken, if any.
4. Check clinical observations (e.g. NEWS) and escalate, if appropriate.
5. Consider the need for enhanced nursing observation to limit risk to the patient and others.
6. Make the environment safe - attempt to limit the negative impact of substance use on others.
7. Ensure the patient has no time out.
8. Do not give medication and seek advice for medication plan.

Escalation

1. **All cases** of substance use or possession of substances on the inpatient wards must be reported to Police Scotland on 101.
2. Contact the duty doctor to review the patient.

Documentation

1. Carefully note what was found (description), where it was found and by whom.
2. Complete the Police Statement Form.
3. Record the police incident number or crime reference number.
4. Complete an Incident Report (Datix or Safeguard).
5. Gather additional information about what the patient may have taken or have in their possession from other patients, family/friends/NOK.
6. Provide an update on the patient's condition to NOK/carers where there is concern (whilst respecting the usual grounds of confidentiality).

Duty Doctor or ANP will:

Management of the patient if Doctor/ANP is on-site

1. Review the patient's physical state.
2. Perform a mental state examination.
3. Formulate a medication plan.
4. Liaise with nursing staff to create a workable management plan.

Management of the Patient if Doctor/ANP is not on-site

1. Remotely review the patient – considering NEWS score etc.
2. Discuss a medication plan.
3. Liaise with nursing staff to create a workable management plan.

Escalation

1. Have a low threshold for discussion with the Consultant/duty Consultant.

Documentation

1. Clear examination of mental state/presentation.
2. Concerns of the clinical team.
3. Views of the patient / carers.
4. Agreed management plan.
5. If the patient is discharged earlier than planned, the decision making about this should be clearly documented and record who was involved in making the decision. The discharge plan must include details of follow-up and evidence consideration of referral to specialist substance use services.

Consultant will:

Management of the patient

1. Review the patient as soon as is possible and within 48 hours of the incident.
2. Consider specialist substance use service input or advice.
3. Provide statements to the police.
4. Consider the need for ongoing hospital care. As far as possible this should be a MDT decision.
5. Consider the use of Specified Persons for detained patients.

Escalation

1. Work with Service Managers and Clinical Directors on complex cases.

Documentation

1. Clear examination of Mental State/Presentation. Specifically describe the patient's capacity regarding:
   - Substance use
   - Antisocial behaviour
   - Treatment
   - Fitness to be interviewed by the police
2. Statement form from Police Scotland.
3. Documentation of discussions with colleagues and the outcome of decisions with regard to treatment and the need for hospitalisation.

Police will:

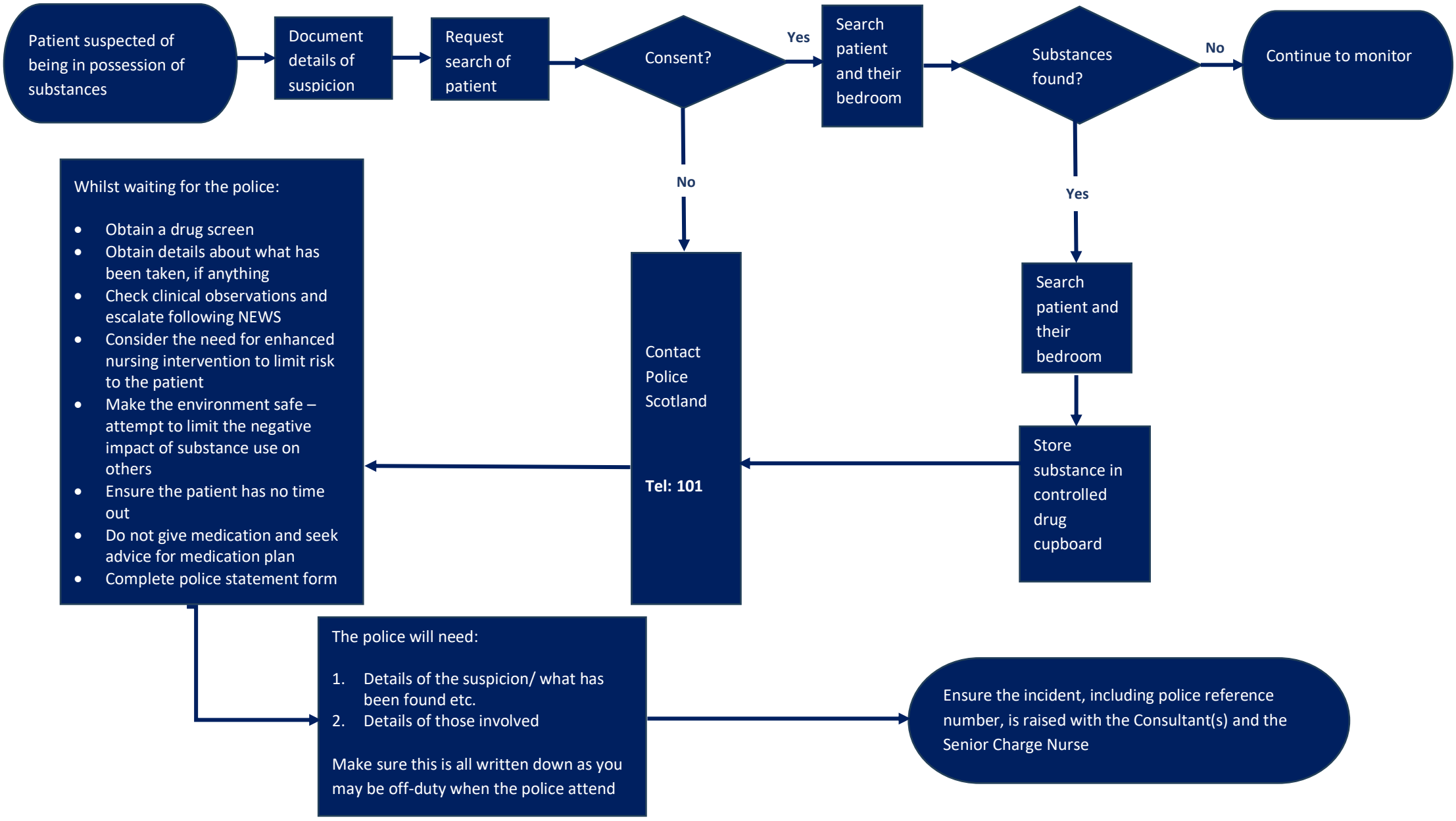
Management of the patient

1. Attend the ward where there is a suspicion that there are individuals in possession of substances.
2. Take statements.
3. Utilise local search policy if there are ground to suspect the patient of having substances.
4. Attend to retrieve substances and take statements (though not necessarily on the same day).

Escalation

1. Submit a report to the Procurator Fiscal where appropriate and in accordance with current policy and practice.

15. Appendix C – Nursing process



16. Appendix D - Key information to record

The following is a comprehensive list of information to record using an incident reporting system when responding to incidents of substance use on inpatient wards.

- Time / date of incident.
- Exact location i.e. hospital, area, ward, room.
- Name of patient / person involved.
- Name and job title of witnesses.
- Description of item / packaging (e.g. white powder, tablets – colour / markings, number of).
- What the substance may be suspected to be.
- Where found – as accurate as possible (e.g. in right hand pocket of trousers).
- How and where the substance has been stored.
- Any other relevant information – e.g. CCTV? Other crimes to be reported?
- Who passed the information to the police and when.

Staff should also record the incident report number (such as Datix), police incident number or crime reference number and/ or the enquiry officer details in the patient's notes when describing the incident.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

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St Andrew's House
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ISBN: 978-1-83601-037-1 (web only)

Published by The Scottish Government, March 2024

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1430426 (03/24)

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