



Alcohol use: brief intervention for people with SMI

NICE indicator

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Indicator

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of 3 or more or AUDIT-C score of 5 or more in the preceding 12 months who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Indicator type

General practice indicator for use outside the QOF. Development and testing highlighted that there would likely be less than 20 eligible patients per GP practice.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Introduction

Alcohol is a cause of significant public health burden but use is widespread amongst most groups of society. Alcohol is the leading cause of ill-health, early mortality and disability in those aged 15 to 49 years of age ([NHS Digital 2017](#)). Harmful drinking is associated with multiple physical and mental health problems.

In 2017/18 there were 37,285 admission episodes for mental and behavioural disorders due to the use of alcohol ([Public Health England, 2019](#)). Substance misuse, including alcohol consumption by people with serious mental health disorders is recognised as a major problem in terms of prevalence and clinical and social effects. Alcohol can cause psychosis and can also interact with anti-psychotic medication ([NHS UK](#)).

Rationale

Tools such as AUDIT-C and FAST can help to identify people that may not be alcohol dependent but would benefit from reducing their alcohol consumption. Brief intervention can either comprise of a short session of structured brief advice or an extended brief intervention using motivation techniques. Reviews have shown that interventions in primary care are effective in reducing alcohol consumption ([Kaner et al. 2018](#)).

Source guidance

- [Alcohol-use disorders: prevention. NICE guideline PH24 \(2010\)](#), recommendations 9, 10 and 11
- [Coexisting severe mental illness \(psychosis\) and substance misuse: assessment and management in healthcare settings. NICE guideline CG120 \(2011\)](#), recommendations 1.2.1 and 1.3.1

- Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendation 1.3.3.1
- Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendation 1.10.2

Specification

Numerator: The number of patients in the denominator who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Denominator: The number of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥ 3 or AUDIT-C score of ≥ 5 in the preceding 12 months.

Calculation: (Numerator/denominator) * 100.

Exclusions: People with an existing diagnosis of an alcohol related disease or disorder.

Minimum population: The indicator would not be appropriate to assess performance at individual general practice level. The indicator may be appropriate to assess performance of collaborations or networks of GP practices.

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