

Standard operating procedures (SOPs) for responding to a referral from DBI Level 1

1. Attempting contact within 24 hours of a referral being made

A key objective of DBI is to enhance immediate follow-up and support available for someone who has presented to frontline services in distress.

To meet this aim DBI Level 2 services should attempt to contact any person referred to DBI Level 2 within 24 hours of the referral being made by the DBI Level 1 service.

The purpose of this initial contact is to:

- offer a quick response to a person who presented to frontline services in distress and has been referred to DBI Level 2
- engage the individual in the available DBI Level 2 support
- agree the next steps, including if/when the DBI service will be in touch again and any necessary arrangements

The usual method for making initial contact with the person referred is a telephone call. Unless the referral form provides instructions for an alternative preferred method of contact (e.g., text, email, postal, 2nd named contact), the first attempts to contact the person referred should be by telephone using the details supplied at the point of referral.

If the first contact takes place by telephone call, it is likely that the DBI Practitioner will have a conversation with the person in distress, which is in-line with the caring and compassionate response expected of the DBI service. For example this may include initial checks on the person's welfare as well as checking that they were provided with and understand the

information leaflet and have the key telephone support numbers. During this initial contact DBI Practitioners should, where necessary, also reinforce what the person can do to manage their immediate distress and check any immediate information needs and the supports available should the person require these prior to the first scheduled appointment. Relevant information and actions which may arise during this initial contact should be included in the Distress Management Plan (D-MaP). If only one supportive phone call is made as a result of the person declining further support from the DBI service, the reason for declining further support should be recorded.

The box on the following page contains a brief, example, script for introducing the DBI Level 2 service at the start of the first contact with a referred person. Please note that the script should be used flexibly rather than being memorised or read out word for word. It is intended as an example of how to introduce some of the key elements of DBI Level 2 in everyday language and without overloading the person with information. The box also contains some key points to review with the person during this first contact. Please note that this is not a comprehensive checklist of points to be covered: other important aspects of the service will also be discussed, but not necessarily at the start of this first contact.

Hello my name is (.....) I'm phoning from the Distress Brief Intervention service, following your referral from.... (Police, SAS etc.) The reason I'm phoning is to offer you support. Did the (Police, SAS etc.) tell you about Distress Brief Intervention?

We can help you to take some time to explore what's happening at the moment. Sometimes it's easier to do this with someone you don't know. We can help you to understand more about what has caused your distress and help you find some solutions. We can meet you at a time and place which is convenient for you and help you to think about ways that you can improve things and lessen your feelings of distress.

Checklist for reviewing information on the DBI Referral Form with the person in distress:

- Address
- Contact details
- Email address
- 2nd person information (if applicable)
- Reason for support, anything additional to add
- Explain again what to expect from DBI
- Confirm availability for meeting etc.
- Make first appointment
- Check that the person was given the DBI Information Leaflet with the telephone support numbers, check the person's welfare, reinforce what the person can do to manage their immediate distress, check any immediate information needs and any supports available should they need these prior to the first scheduled appointment.
- Where practical, send confirmation of meeting place, date and time

2. What if the attempt to contact the person is unsuccessful?

There is a standard schedule for a DBI Level 2 service to make initial contact with a person referred from a DBI Level 1 service. This schedule should only be used to structure the initial attempts to make contact with someone who has been referred. They do not apply when contacting those people who have already engaged with the service.

Contact Stage 1: within 24 hours of referral

2 x separate attempts at contact: By phone, text (or other preferred method specified on the referral form). Unless the referral form specifies the time at which contact should take place, the two attempts should be spaced to increase the likelihood of successful contact.



Contact Stage 2: the day following contact stage 1

2 x separate attempts at contact: By phone, text (or other preferred method specified on the referral form). Unless the referral form specifies the time at which contact should take place, the two attempts should be spaced to increase the likelihood of successful contact.



Contact Stage 3: the day following contact stage 2

1 x attempt at contact: By phone, text (or other preferred method specified on the referral form).

1 x final attempt at contact: By confidential letter to home address provided on the referral form, with a copy issued to the person's GP. The letters should only be issued where the earlier Contact Stage 3 attempt did not receive a response, but should still be issued the same day.

Note: *a call followed up with a voicemail or text is considered a single contact attempt.*

Following an unsuccessful attempt to contact the referred person by phone, the DBI service should, where possible, leave a brief answer phone message and/or send a follow-up text message. The message should explain that the DBI service have tried to call, provide a contact number so the person can call or text back, and state when and how the DBI service will try to make contact again. Depending on the stage within the standard schedule, this will usually be later the same day or the following day. In addition, follow-up voicemail or text messages sent during Contact Stage 2 and Contact Stage 3 should clearly state that if the DBI service does not hear from the referred person, a final attempt at contact will be made by letter to their home address and GP. Including this information in any follow-up text or voicemail messages provides an opportunity for the person to contact the DBI service and make alternative arrangements if they do not wish the letter to be sent to their home address. Example voicemail and text templates can be found in Appendix 1.

3. Alternative methods of contact

The referral form may specify that the person referred does not wish to receive a telephone call from the DBI service and would prefer an alternative method of contact. They may also specify that you should not contact them directly but should contact another named person. In such cases a similar approach to the telephone method of attempting the first contact can be taken: i.e. two separate contact attempts using the preferred method of contact indicated on the referral form for each of Contact Stage 1 and Contact Stage 2, with Contact Stage 3 involving one contact attempt using the preferred method of contact and a final attempt taking place by letter marked as confidential and sent to their home address and GP.

Provided that an attempt to contact the person within 24 hours of referral has taken place (i.e. Contact Stage 1), it is reasonable to adjust the Contact Stage 2 and Contact Stage 3 schedules where the preferred method of contact means it is unlikely the person will have received and/or been able to respond to an earlier attempt, for example where a second named contact is used and the message may not be passed on immediately, or where the contact is via email

and there is uncertainty about the frequency with which the person checks their email inbox. However, regardless of the method of contact preferred by the person, it is crucial that Contact Stage 1 is actioned and recorded within 24 hours of the referral being made.

Where text messages are the preferred method of contact, and particularly when making initial contact with younger individuals, the DBI service should seek to manage the expectations of the individual from an early stage. For example, it is important to let the individual know that although the DBI service will act quickly to get help and support to them, it may not be possible to respond to text messages immediately and the person should expect a small delay. Furthermore, although messaging services such as WhatsApp may indicate that the person's message has been 'received', 'read' or that the DBI service status is showing as 'available' or 'online', the DBI Practitioner may be supporting another person but will send a reply as soon as they can.

4. Logging contact activity (including non-contacts)

Contact activity should be recorded. This should include the method of contact (e.g., telephone, email, postal etc.), date, time, outcome of the contact attempt and relevant notes to support any subsequent contact attempt, for example, an inactive telephone number.

5. What if there has been no contact with the person referred by the end of the standard contact schedule?

If there has been no contact with the person seven days after Contact Stage 3, (i.e. letter issued to the home address and copied to the person's GP), the person should be logged as 'unable to contact following referral'. A record of activity of attempted contacts should be kept.

6. What if the person referred declines engagement with DBI Level 2?

If the person referred is successfully contacted, but declines DBI Level 2 support, contact from the DBI service should cease immediately and the termination logged. An exception would be when it is clear from the contact that an emergency exists.

7. What should I do if the person in distress appears to be an imminent risk of harm to them self or other/s?

If the person appears to be an imminent risk to them self or other/s (for example, due to self-harm, suicide, violence, aggression, sexual assault) DBI Practitioners should follow standard local procedures. For example, this could involve the following options: (i) seek advice from line manager, (ii) contact the appropriate statutory or other service based on perceived degree of risk and the individual's involvement with other services (e.g., Community Mental Health Teams, GPs, CAMHS, Social work, Emergency Department, Police, Scottish Ambulance Service).

Note: *The local DBI partnership is responsible for ensuring adequate risk management and escalation procedures are in place and communicated to DBI staff.*

8. Keeping other services informed about a person's involvement with DBI

It is important that other relevant services and agencies already involved in the care of the referred person are informed about their participation in the DBI service. By default, a person's GP should be informed of their referral to DBI Level 2, whether they engaged with DBI Level 2 support, as well as their plans for managing their distress. The key points of contact with a referred person's GP are described in the box on the following page.

Key points of contact with a referred person's GP

Referral and engagement with DBI Level 2

A person's GP will not be copied into a referral from DBI Level 1. Therefore once the referred person has been contacted by the DBI Level 2 service, and has engaged with the 14 days of DBI support, a standard letter should be issued to the GP advising that the person has been referred and is now receiving 14 days of DBI support.

In the event that contact with the person is not successful following any of the contact attempts made using the preferred contact method (i.e., 2 x attempts at each of Contact Stage 1 and Contact Stage 2, and 1 x attempt at Contact Stage 3), the GP will receive a copy of the letter issued to the person at the end of Contact Stage 3. This will let the GP know that the person received a referral, but has so far failed to contact the DBI Level 2 service.

End of DBI involvement

At the end of the DBI period of support, the person's GPs should be issued with a standard letter notifying them that the person has completed the period of DBI support. This should include the Distress Management Plan (D-MaP) developed by the person receiving DBI support. It is the final or most advanced version of D-MaP which should be issued to the GP.

Other services involved in a referred person's care

There may also be other services or agencies involved in the person's care. While a person's GP will almost always be informed about their involvement in DBI, whether other services should be informed will need to be considered on a case-by-case basis. A key issue for DBI Level 2 services to consider when deciding whether to inform another service (other than GPs) about a person's participation in the DBI Level 2 service, is whether this would benefit the referred person, the DBI service and the other relevant service.

- Informing another relevant service about the person's participation in DBI may, for example, enable a more holistic and joined up approach to the person's care, highlight important safeguarding concerns or enable another service to update a care plan and build upon the intensive short-term support provided by DBI.
- Because most DBI Level 1 referral partners do not routinely inform other services that an individual has received a referral to DBI Level 2, whether a person is involved with other services will only be known if the person tells the DBI service.
- DBI Practitioner's should therefore ask those who are referred and engage with the service whether any other services are involved in their care. Although the referred person has already provided consent to share information about their participation in DBI with other services, they should still be consulted and their views used as the basis for deciding whether to involve another service. An exception here is where there is a possible safeguarding or protection concern.
- Where it is judged that another service (other than the GP) should be informed about the person's participation in DBI, a decision should be reached about the aspects of the person's participation which should be shared. Not all other services involved in the person's care will need to know the same information as the person's GP. Discussing with local DBI service supervisors/line managers, the referred person, and in some cases contacting the other service providing care, will help to determine the type of information which should be shared.

Appendix 1. Example voicemail scripts and text messages

The following boxes contains suggested scripts/templates for answer phone and text messages that the DBI Level 2 service can leave if an attempt to contact a person in distress by telephone call has been unsuccessful. The aim is to provide the minimum amount of information required to ensure the DBI service can be identified and contacted, and the person is aware of the next steps, but with no additional information included in case the voicemail or text is not received by the intended recipient.

Example voicemail messages

Contact Stage 1:

“Hello. Sorry I missed you. I am calling from the Distress Brief Intervention/DBI Service to make an appointment to meet with you (or Mr/Mrs ...), following the referral which was received in the last 24 hours. I would appreciate it if you could give me/us a call back on this number <insert number> or send us a text if you’d prefer <insert number if different>. This will allow me/us to arrange to meet with you at a time and place that is convenient for you. If I/we don’t hear from you, then I/we will call you again from this number later today/tomorrow at <insert time>am/pm. We look forward to hearing from you.”

Contact Stage 2:

“Hello. This is a follow up message from the Distress Brief Intervention/DBI Service to try to make an appointment to meet with you (or Mr/Mrs ...), following the referral which was received on the <insert day/date>. I would appreciate it if you could give me/us a call back on this number <insert number> or send us a text if you’d prefer <insert number if different>. This will allow me/us to arrange to meet with you at a time and place that is convenient for you. If I/we don’t hear from you, then we will try and contact you from this number later today/tomorrow at <insert time>am/pm. We look forward to hearing from you.”

Contact Stage 3 (attempt prior to issuing a letter)

“Hello. This is a final follow up message from the Distress Brief Intervention/DBI Service to try to make an appointment to meet with you (or Mr/Mrs ...), following the referral which was received on the <insert day/date>. I would appreciate it if you could give me/us a call back on this number <insert number> or send us a text if you’d prefer <insert number if different>. This will allow me/us to arrange to meet with you at a time and place that is convenient for you. If I/we don’t hear from you by the end of today, we will try to contact you one last time by sending a letter to your home address. We’ll also let your GP know about the referral but that we haven’t been able to get in contact yet. We look forward to hearing from you.”

Example text messages

Contact Stage 1:

"Hello. I just called from the Distress Brief Intervention/DBI Service to make an appointment to meet with you (or Mr/Mrs ...), following the referral which was received in the last 24 hours. Can you please give me/us a call back on this number or send us a text if you'd prefer. If I/we don't hear from you, then I/we will call you again from this number later today/tomorrow at <insert time>am/pm. We look forward to hearing from you."

Contact Stage 2:

"Hello. I just called from the Distress Brief Intervention/DBI Service to make an appointment to meet with you (or Mr/Mrs ...), following the referral which was received on the <insert day/date>. Can you please give me/us a call back on this number or send us a text if you'd prefer. If I/we don't hear from you, then I/we will call you again from this number later today/tomorrow at <insert time>am/pm. We look forward to hearing from you."

Contact Stage 3 (prior to issuing a letter)

"Hello. I just called from the Distress Brief Intervention/DBI Service to make an appointment to meet with you (or Mr/Mrs ...), following the referral which was received on the <insert day/date>. Can you please give me/us a call back on this number or send us a text if you'd prefer. If I/we don't hear from you by the end of today, then we will try and contact you one last time by sending a letter to your home address. We'll also let your GP know about the referral but that we haven't been able to get in contact yet. We look forward to hearing from you."