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of Glasgow



Distress Brief Intervention
Connected Compassionate Support

Distress Brief Intervention (DBI) Level 2 Practitioner training: Understanding Distress

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www.dbi.scot



Intended learning outcomes

1. Understand the rationale and purpose of the Distress Brief Intervention (DBI) programme
2. **Knowledge of distress and contributory factors**
3. Make use of interpersonal and communication skills to provide a compassionate response to distress
4. Effectively apply a range of skills and techniques to manage distress



What is distress?

Commonsense definition: an extreme emotional response to physical or mental suffering.

For the purposes of DBI

“an emotional pain for which the person sought, or was referred for, help and which does not require (further) emergency service response”

Characteristics of distress

Normal and understandable emotional response to anxiety, sorrow, stress or pain – *everyone can experience distress*

Expressed in different ways

- Obvious signs: upset, crying, angry, shouting
- Less obvious: nervous, withdrawal, medically unexplained symptoms
- Risky behaviours, for example self-harm or aggression
- May feel hopeless, worthless, anxious, depressed
- May also experience suicidal thoughts and feelings

Important not to medicalise distress—a person's physical or mental health may be just some of a range of possible contributing factors



Experience of distress

“I’ve seen the ugly side of the mental health issues from that perspective and I know it’s not fair to lash out at somebody but sometimes you feel trapped and cornered and abandoned and you’re not listened to, you’re unvalued, and it’s like the only way you can get your point across sometimes if you know what I mean” **Individual with experience of distress**

“...eventually it just kept building and building and building, like anxiety just does that to you, it just builds up in you and it just...you come to tipping point and then it just triggers you all at once and there’s nothing you can do, you just fly off the handle as you’re not in control” **Individual with experience of distress**



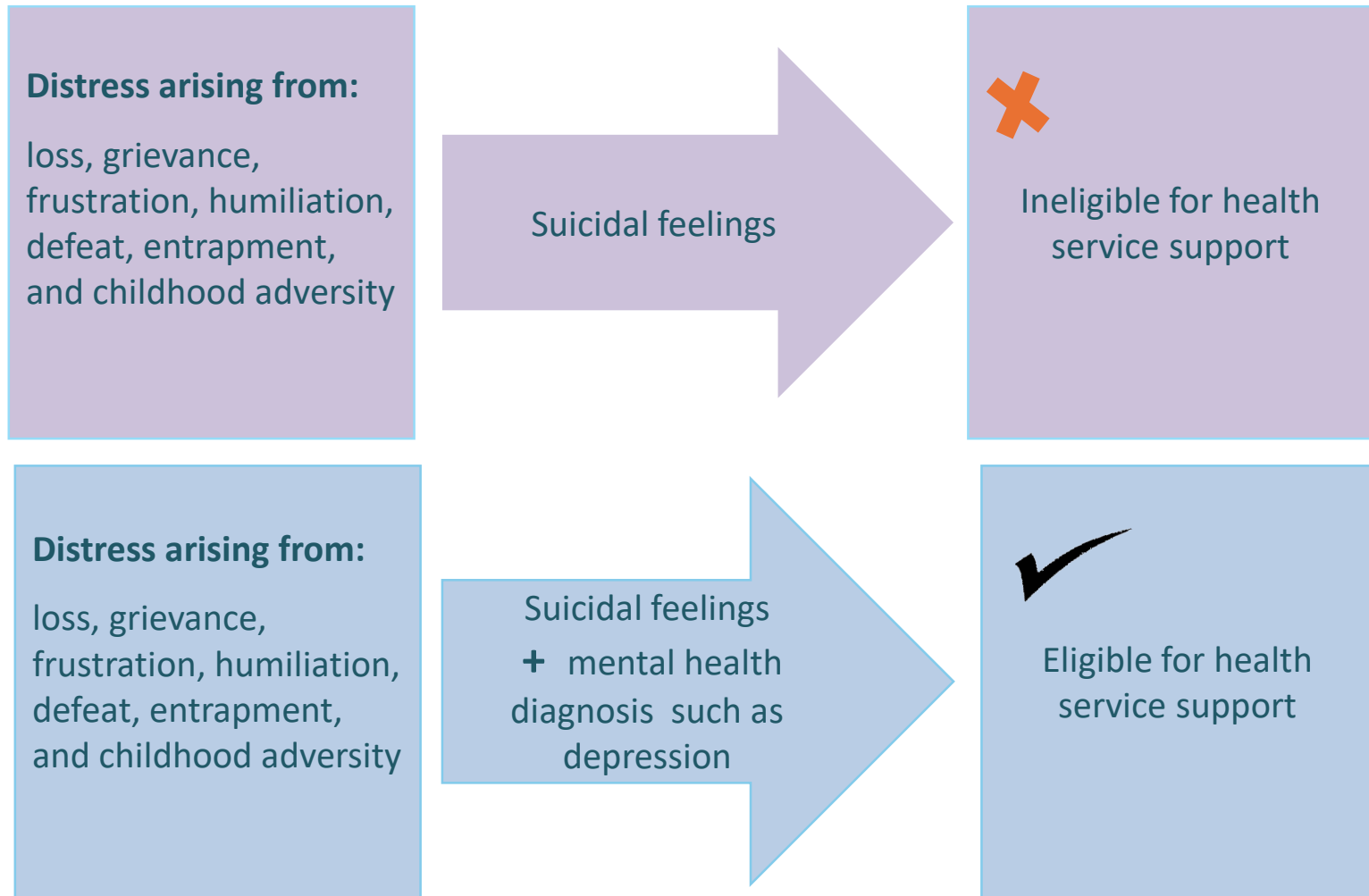
Activity 2

What does distress look like to you?

Drawing on your experience, provide a brief description or 'composite case example' of a person in distress

1. How did they present when they were in distress?
2. What were their background/growing up experiences?
3. What are their current life circumstances/situation?

Why does everyone not get help?



Based on Smith et al. (2015)



Inequalities and health

Health inequalities are the unfair and avoidable differences in people's health across social groups and populations

“to understand and act on health inequalities, we have to understand the effect that society has on mental life” (Marmot, 2012)



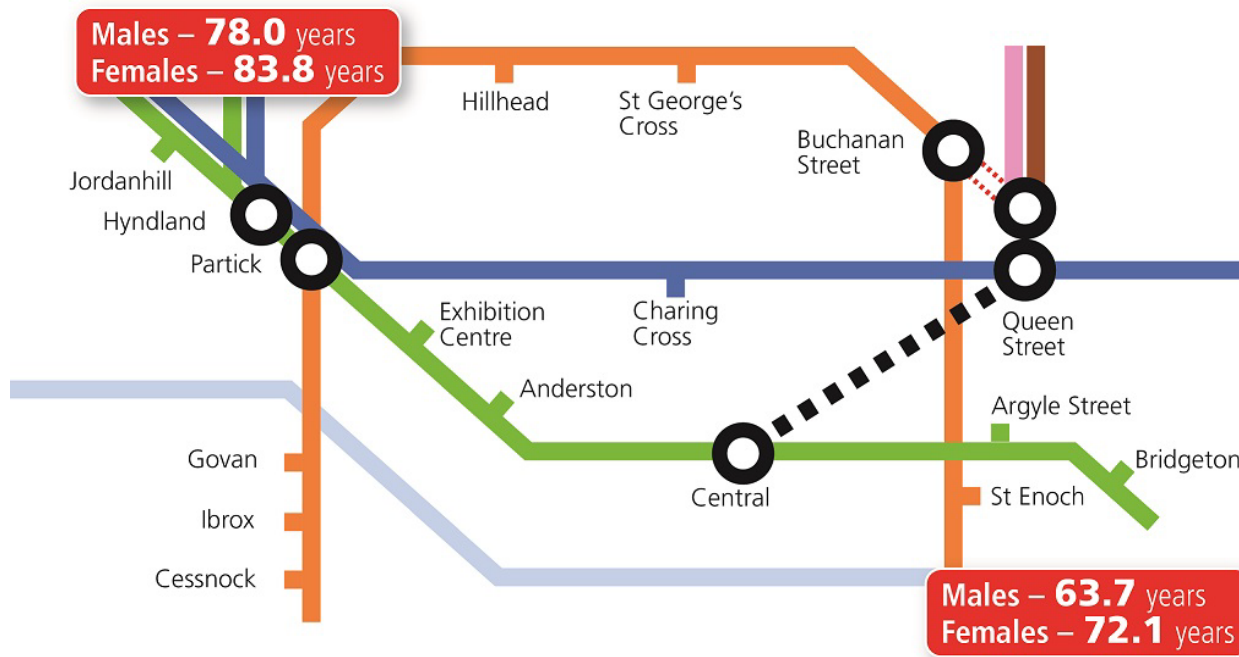
Not just about being *rich and poor*: people lower in a *social hierarchy* more often suffer ill health and premature death

People in more deprived areas twice as likely to experience mental health problems and increasing suicide risk



Example: Inequalities in west of Scotland

Life expectancy for Glasgow men drops roughly 2 years at every train station covering the 6-7 mile journey from affluent west to disadvantaged east.





Intervention-generated inequalities

Some interventions improve health & wellbeing overall but widen health gaps between more & less socially advantaged groups

How?

- Exposure to an intervention, for example interventions available only in a workplace
- Access or means to take up intervention, for example if it is only available in a particular location, requiring transport and cost
- Attractive to ‘worried well’, where more affluent people often show greater concern for their health now and in the future

Are there ways in which DBI could inadvertently lead to an increase in inequalities?



Substance misuse

Drug & alcohol misuse

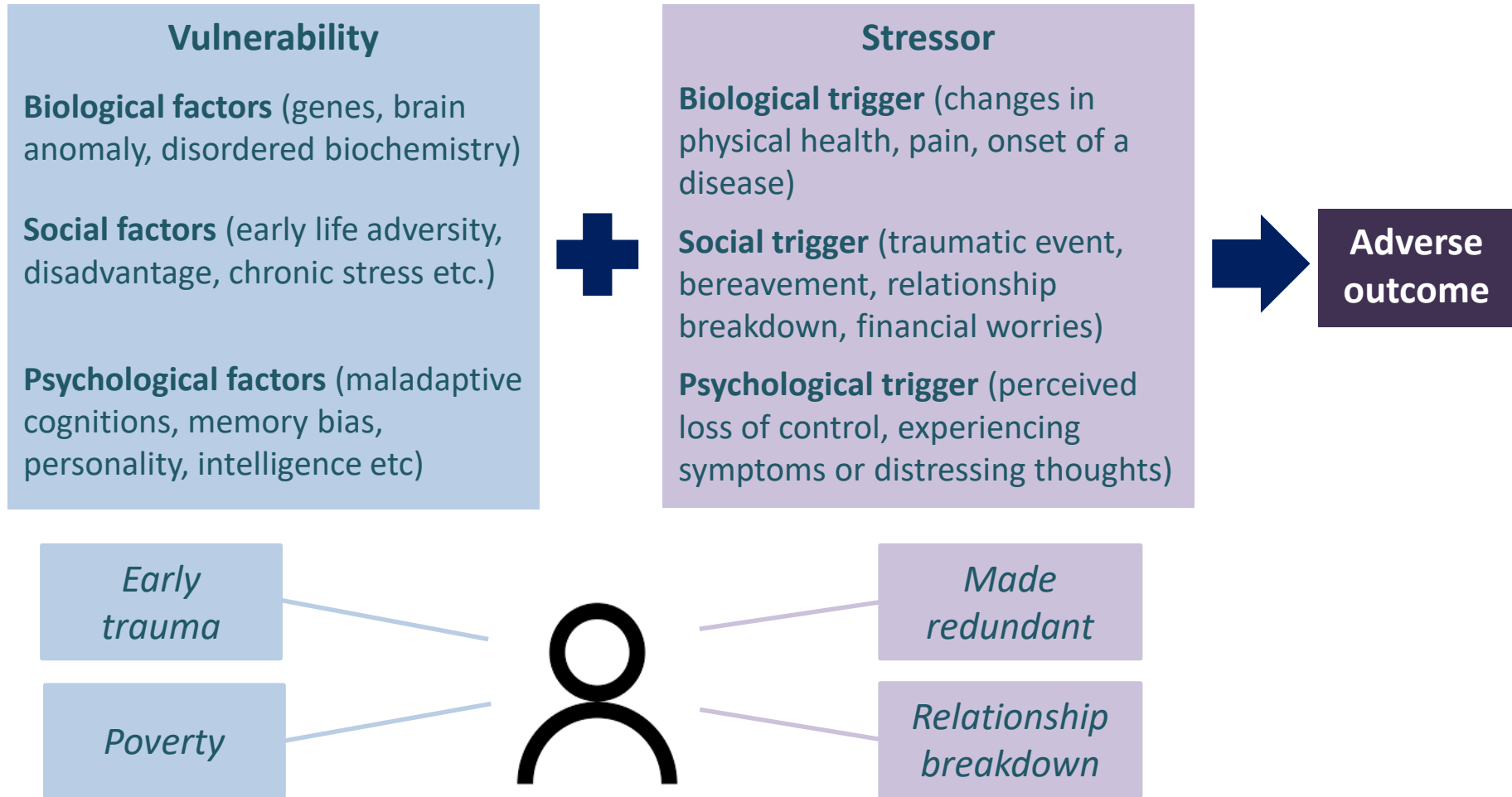
- Drives a range of significant personal, family, social, economic & community harms
- Experiencing alcohol & drug problems linked to social disadvantage



In Scotland

- 23% prevalence of hazardous or harmful drinking in Scotland (2021) and 3% of adults reported having a problem with drugs (2021)
- 35,187 alcohol-related hospital admissions (2021-22) and 14,310 drug-related admissions (2020-21)
- In 2021: 1,276 alcohol-specific deaths
- In 2022: 1051 drug-related deaths

Vulnerability-stress



In the presence of pre-existing vulnerability, feeling a loss of control following major life events can be particularly distressing.



Trauma and distress

“Individual or recurring events, series of events or circumstances which are physically or emotionally harmful or life threatening, can all be experienced as traumatic” (SAMHSA, 2014)

Trauma is not unusual (all ages and vulnerabilities): a study of 70,000 people found 70% reported experiencing at least one traumatic event and 30% had experienced 4 or more

While trauma can result from different events or circumstances, trauma is often experienced as highly distressing

Not all who experience traumatic events will develop psychological problems; not all who develop problems will seek help

Complex trauma

- Repetitive, prolonged; direct harm and/or neglect and abandonment by caregivers or other adults
- May occur at developmentally vulnerable times, such as early childhood; potential to severely compromise future development

People have different ways of responding & coping with distress following trauma

Feeling overwhelmed by emotions

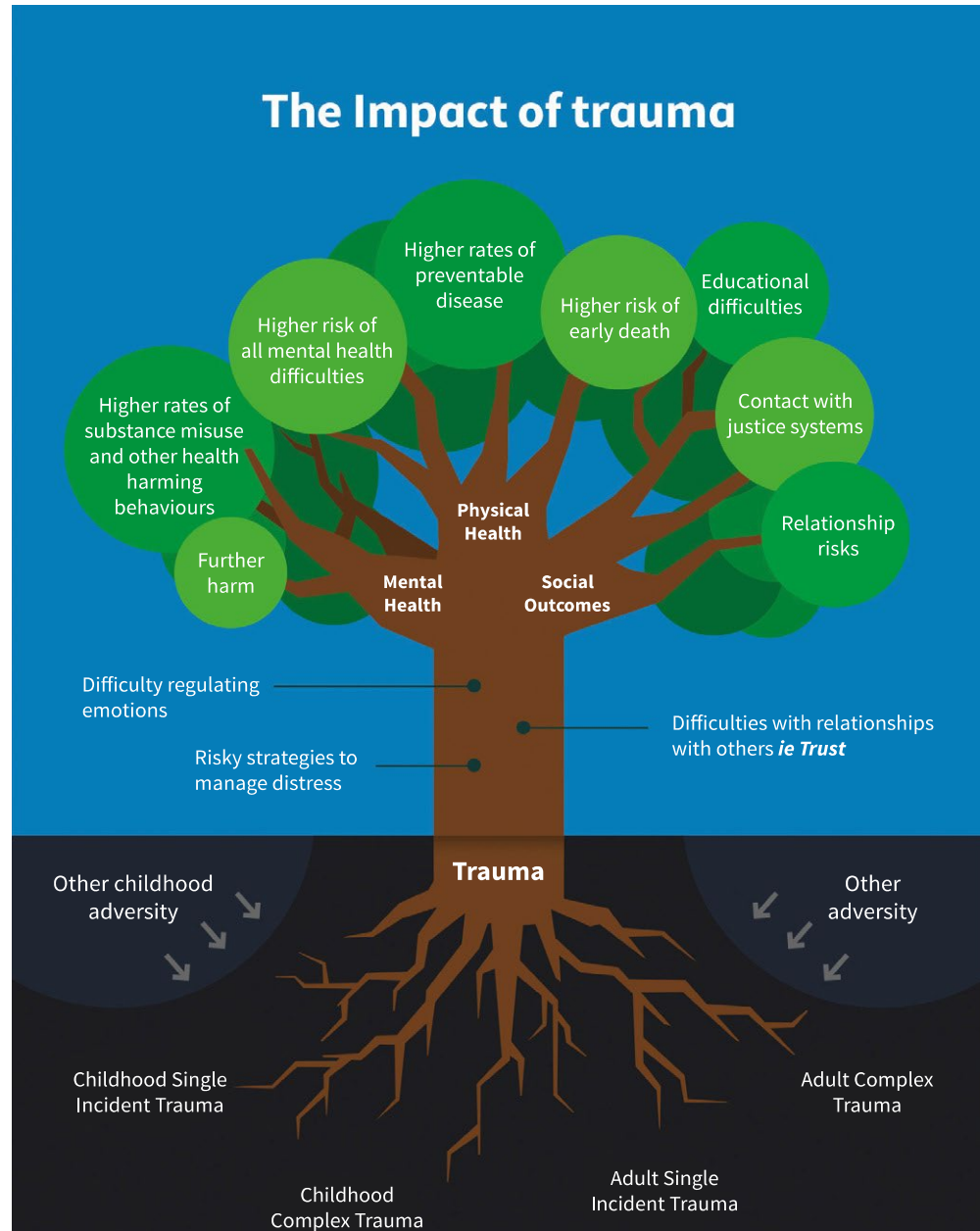
Engaging in risky & health-threatening behaviours

Difficulties with relationships and trust, including with those aiming to help them

Avoidance: people, places or situations that can bring back distressing memories of trauma (re-living)

Can appear confusing or self-defeating, but actions often intended to self-protect from sense of intense threat and fear

Can lead to poorer mental, physical and social outcomes and difficulties seeking access and use available support options





Trauma-informed practice

“...those in most need of services may also be the hardest to reach and most unlikely to engage effectively with services... need to ensure the workforce understands these barriers and has strategies for overcoming them” (NHS Education Scotland, 2017)



NHS Education Scotland ‘Opening doors’ animation: [Media](#)

How can DBI Practitioners adapt practice to reduce risk of trauma-related distress?

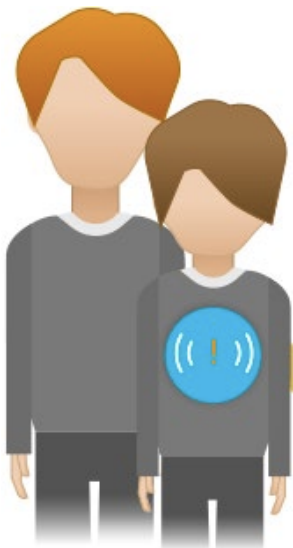
Choice...

Collaboration...

Trust....

Empowerment...

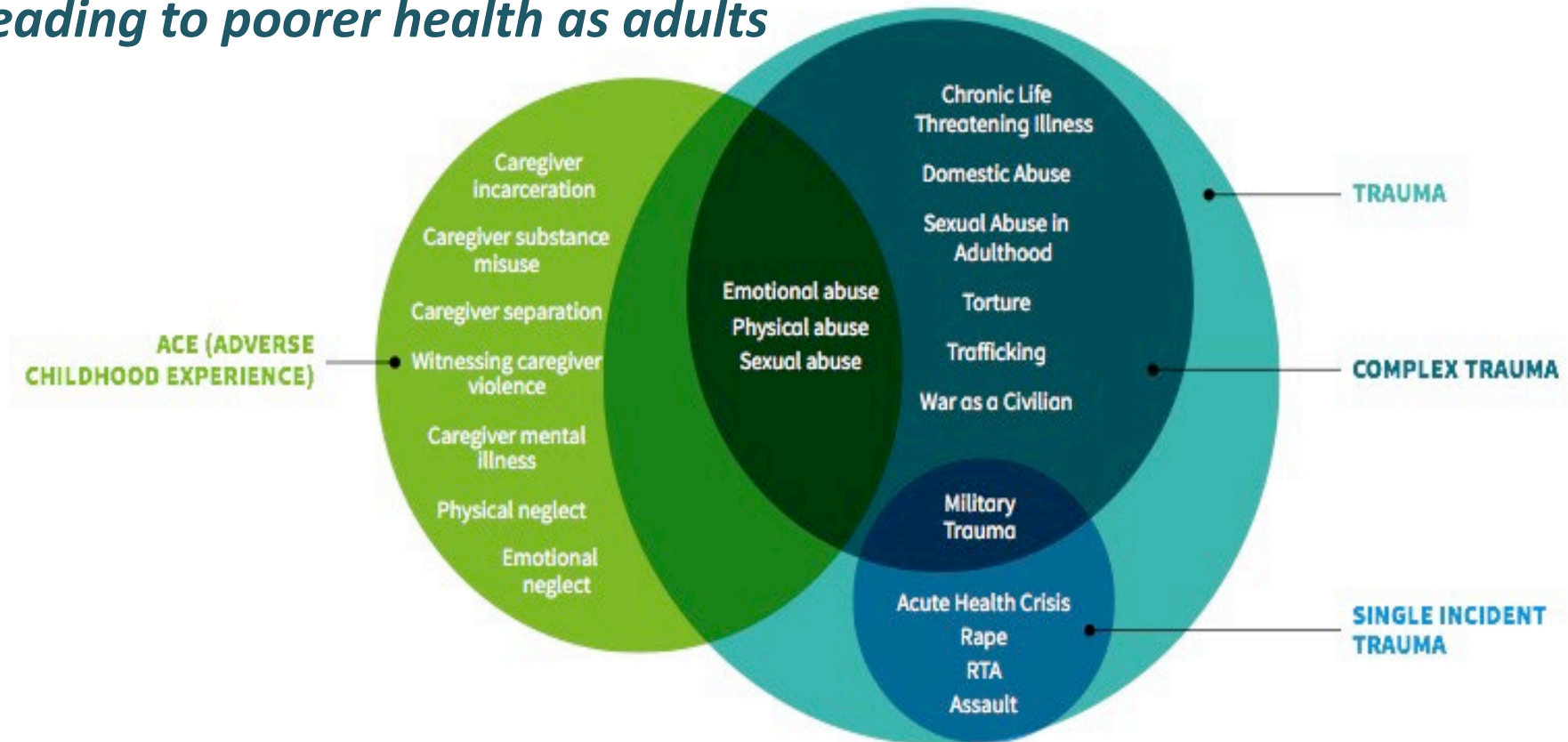
Safety...





Adverse Childhood Experiences (ACEs)

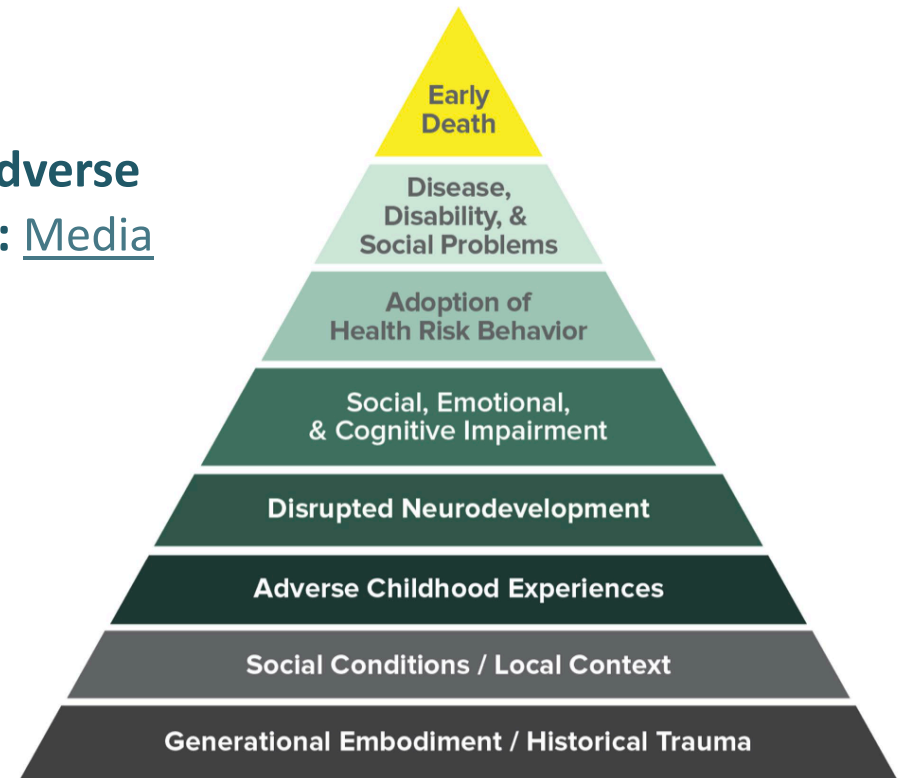
stressful events in childhood, altering brain development, responses to stress, and leading to poorer health as adults



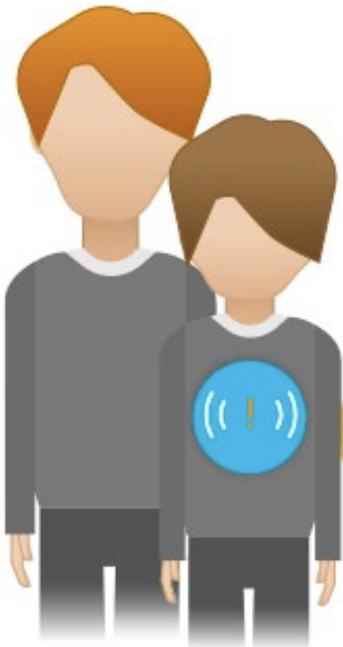
Adverse Childhood Experiences (ACEs)



NHS Health Scotland Adverse
Childhood Experiences: [Media](#)



Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan





Activity 3

Responding to trauma

How would you feel responding to someone who tells you that they have been affected by trauma?

Would you have any concerns?

How confident would you feel about being able to say something which will be appropriate and helpful?



Attachment

A deep and enduring emotional bond that connects one person to another, formed during childhood and providing a model for future relationships



A healthy childhood depends in part upon a child's ability to form a strong relationship with at least one primary caregiver

Secure childhood attachment provides a stable, safe and reliable base to explore the adult world and relationships.

Trauma and ACEs can impair attachment. These early experiences of relationships influence our behaviour as adults

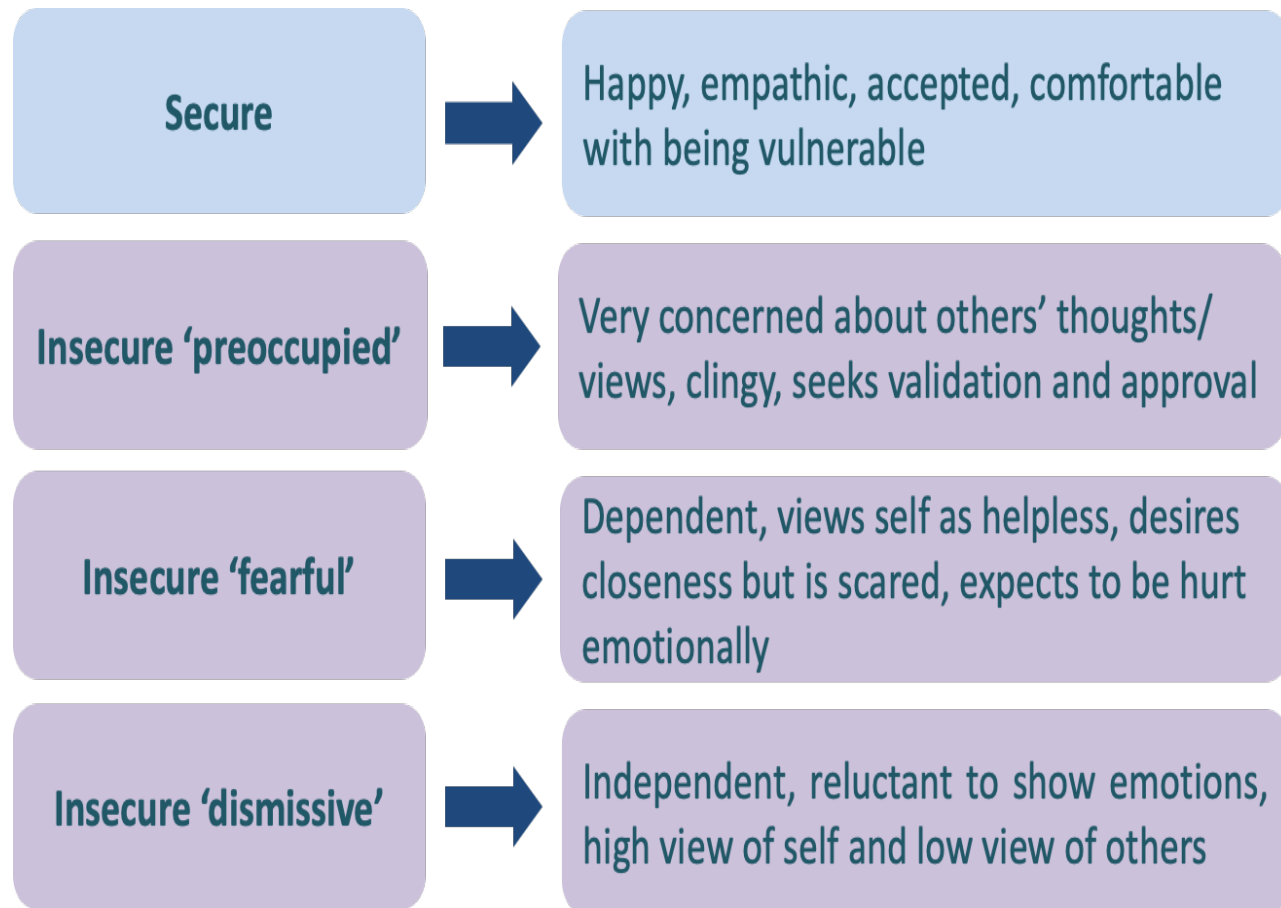
Attachment

Early bonding experiences have implications for adolescent and adult relationships & social behaviour

Future relationships
& interactions with
other people

People's own
parental style & how
they interact with
their own children:
cycle of insecure
attachment

Enduring sense that
social relationships
and bonds are
outwith their control





Emotion regulation

Emotions are an extremely useful natural responses to events or situations but can also cause problems

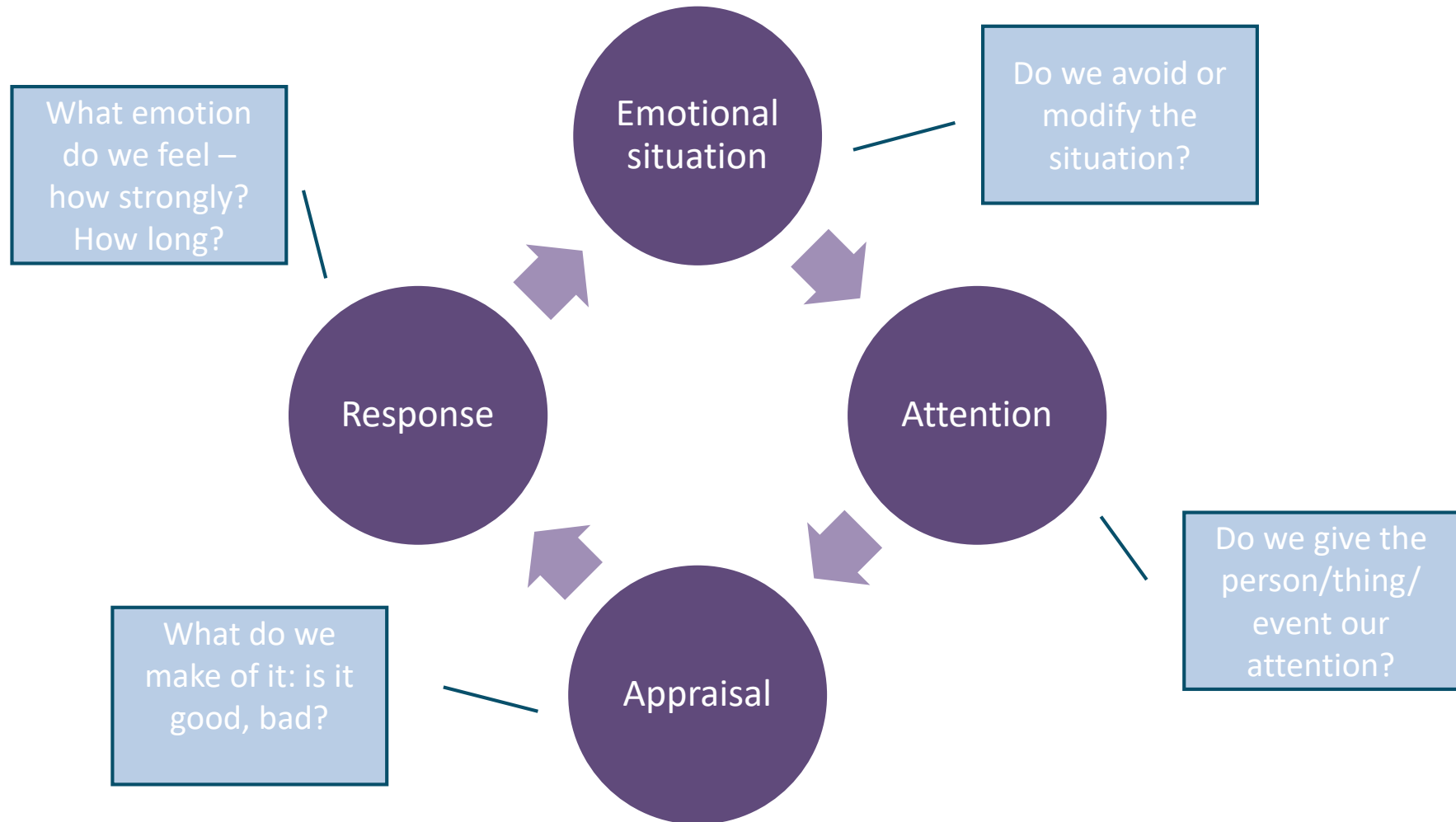


Emotion regulation

- Refers to ‘things we do’ in order to manage our emotions—what type of emotion we experience, when we feel it, how intensely we feel it
- Without effective regulation of our emotions, it can be easy for them to escalate and overwhelm
- ACEs, trauma and attachments can alter (impair) our ability to regulate or control emotions



Model of Emotion Regulation (Gross, 1998)





Stressors

Stressors “stimuli or events that cause a state of strain or tension in an individual. These can be internal and external”

Activity 4

What stressors may be particularly relevant to distress in:

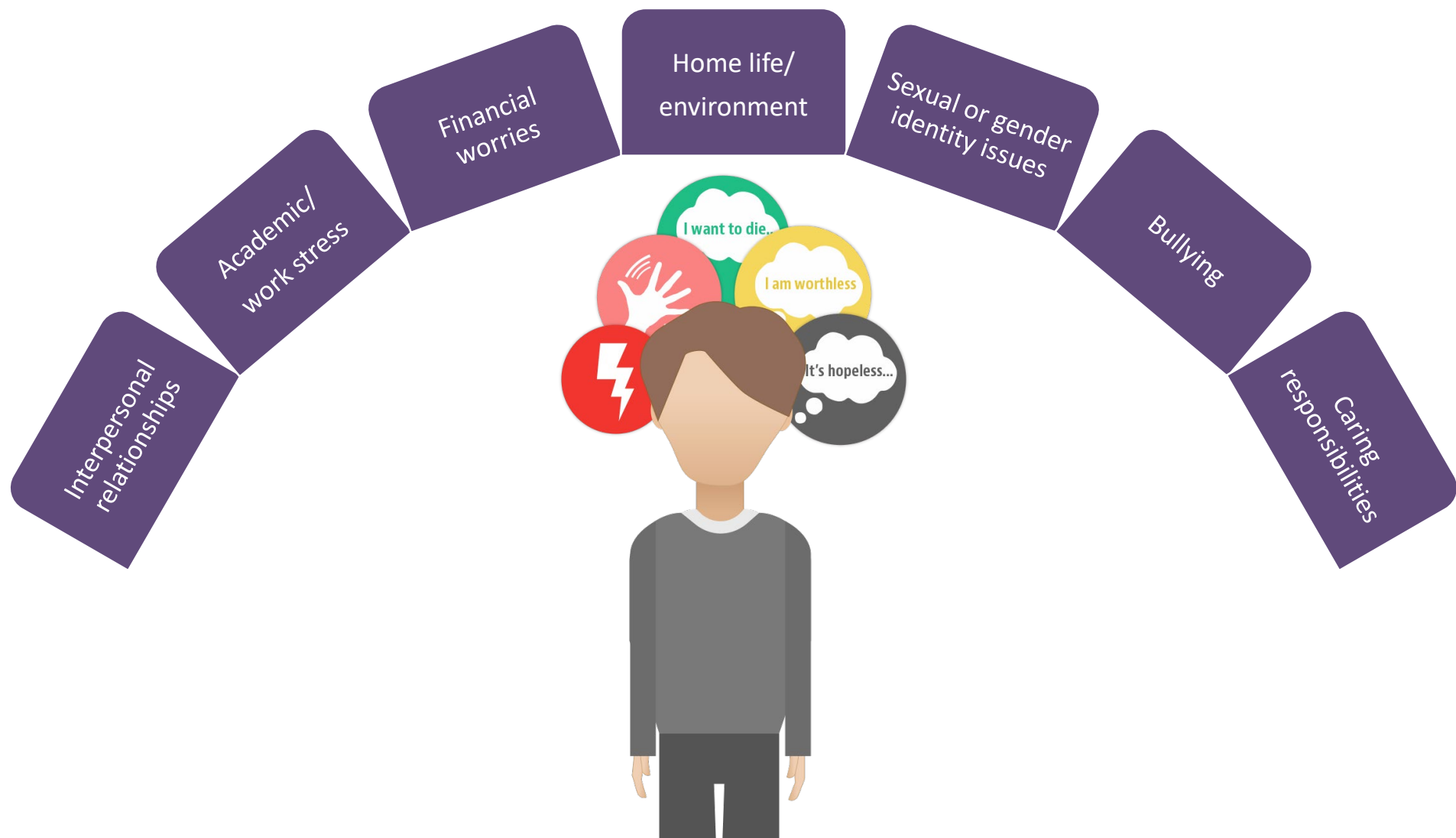
- young people?
- middle-aged adults?
- older adults?



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Activity 5

How do you cope?

Think about how you cope with stress. Fill out the Brief COPE Inventory to explore some common coping strategies that people use

Social Media

There are 56.2 million social media users in the UK (Digital, 2024)

Social media has changed the way people interact and use is greatest among younger age groups



Tik Tok

Motives for social media use

Connecting with
others

Expressing
personal identity

Self-presentation

Lucrative profiles
or brands

Obtaining
information

Social media use

A common theme in news media and popular conversation is that social media is responsible for poorer health and wellbeing in young people

“The bleakest of worlds’: how Molly Russell fell into a vortex of despair on social media

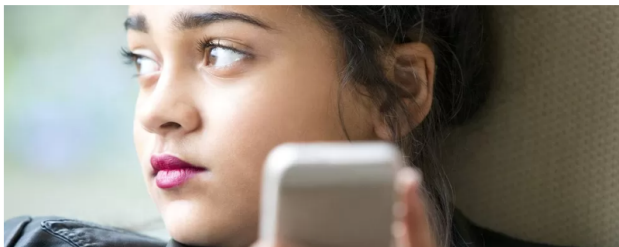
London teenager died from an act of self-harm in 2017 after the darker side of online life overwhelmed her



Social media damages teenagers' mental health, report says

27 January 2021 • 8 Comments

Coronavirus



Online Safety Bill: Crackdown on harmful social media content agreed

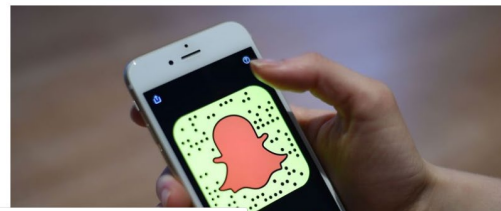
19 September 2023

Social media blamed for rise in sexual blackmail against North Wales teenagers

Help centre shares advice on how to avoid becoming a victim and reveals why your account may not be as private as you think

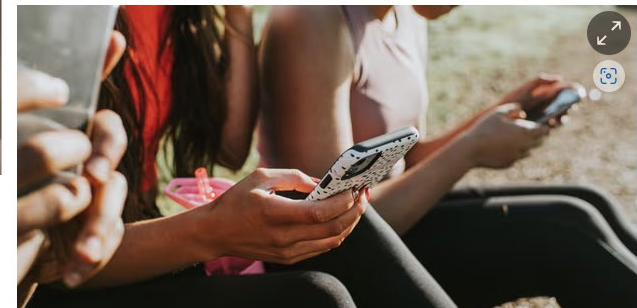
By **Steve Bagnall** Journalist
09:30, 14 MAR 2019

Enter your postcode for local news and info



Social media triggers children to dislike their own bodies, says study

Exclusive: Study shows social media a 'significant risk' to young people's view of themselves and can provoke mental health distress



Social media use

Reports and discussion of the harmful effects of social media on young people's health and wellbeing is common, but limited *high quality* evidence exists for this

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Health

Social media effect 'tiny' in teenagers, large study finds

7 May 2019 532

f t e Share



GETTY IMAGES

The effects of social media use on teenage life satisfaction are limited and probably "tiny", a study of 12,000 UK adolescents suggests.

Family, friends and school life all had a greater impact on wellbeing, says the University of Oxford research team.

Young people

Children's social media use has 'trivial' effect on happiness - study

Oxford researchers say parents should talk to their children about their experiences

Nicola Davis
@NicolaKSDavis
Mon 6 May 2019 20:00 BST

f t e 210



▲ Only girls reduced their use of social media as a result of feeling discontented, the study noted. Photograph: Chris Radburn/PA

Time spent on social media has only a "trivial" impact on life satisfaction

Current best evidence indicates that social media use does not predict life satisfaction in the vast majority of young people (Orben et al., 2019)



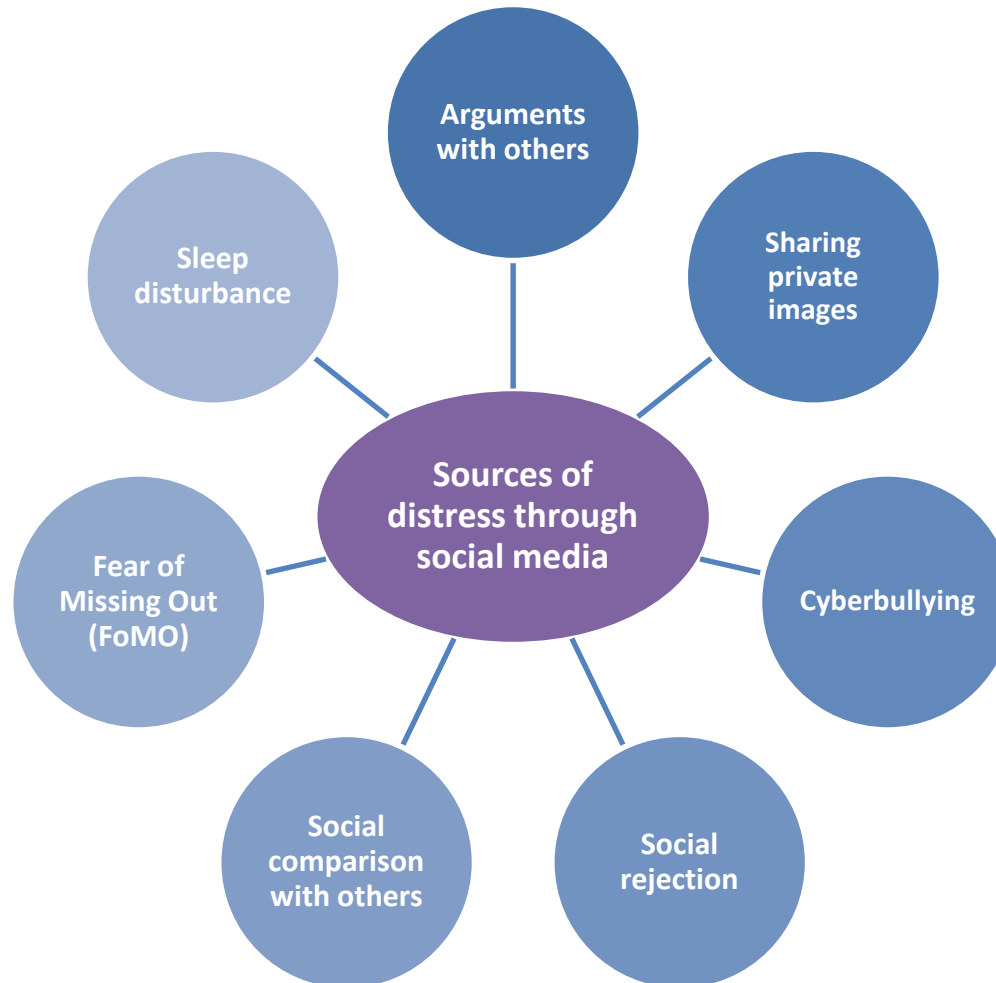
Social media use

Although there is currently limited evidence that social media has a harmful effect for the majority of young people

- Adolescence is a vulnerable time for social and emotional development and a harmful effect of social media might be seen in young people who are already vulnerable
- The more *problematic* use of social media by a minority of young people can lead to difficulties (e.g., emotional, social, school or work) and is associated with distress in young people (e.g., Marino et al., 2018)
- Some people may also be a victim or target of different acts perpetrated by others on social media which are experienced as distressing

Social media use

In people who experience distress related to their social media use what are some of the common sources?





Activity 6

Reflect on your own online activity (social media, smart phone, internet etc.)

- Do you feel that it has ever impacted upon your mental wellbeing?
- Do you feel *your* online behaviour could adversely impact upon the wellbeing of *other people* (including someone you support) even if this was unintentional?

Risk-taking

Risk-taking can contribute to distress at any stage of life, but can be a particular concern among young people.

- Brain continues to develop beyond childhood into a person's 20s
- Adolescents & young adults can understand and make decisions differently to those with fully matured brains
- May contribute to their own distress and distress of those around them



Young people can be drawn to decisions & actions that produce immediate reward. Can lead to behaviour and decisions that seem to be irrational, impulsive or risky



Young people's ability to understand perspective of others may not be fully developed. They may not understand the intentions of others or impact of their own actions on others



Peers and emotions more influential in young people's decision making and risk-taking. Fear of rejection by others increases likelihood of risky behaviours that produce short term rewards

Illness perceptions

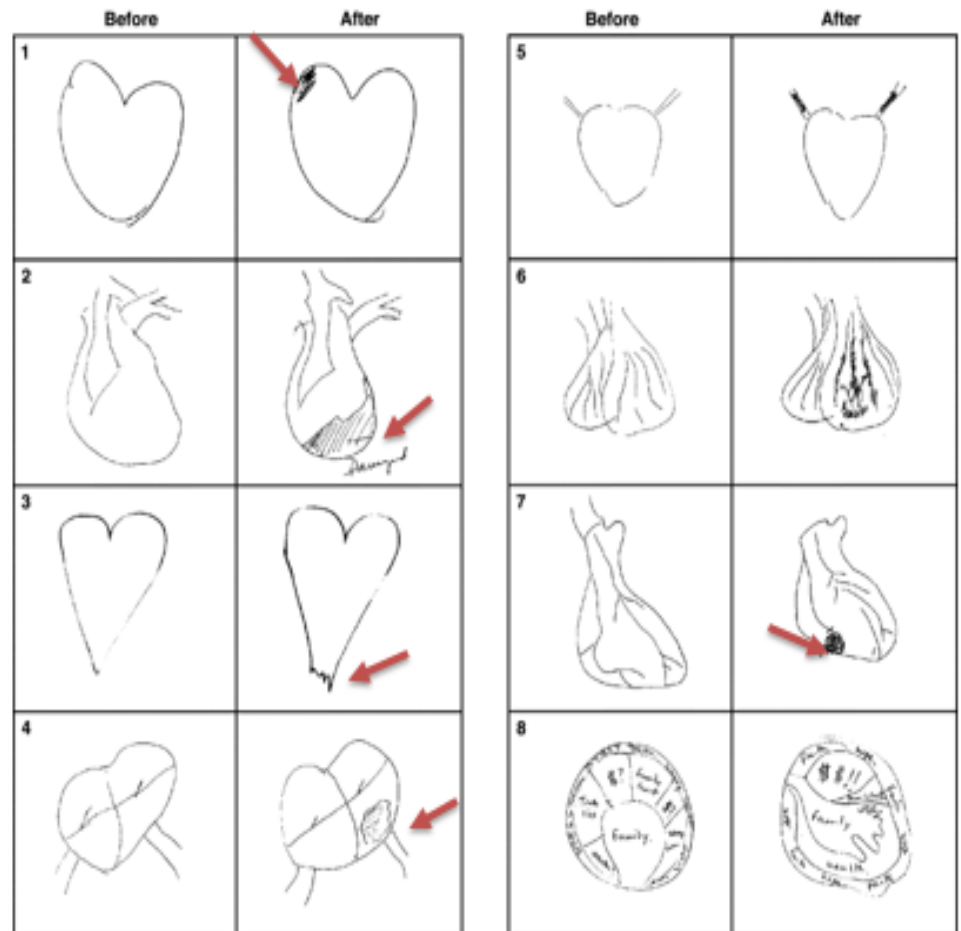
Personal beliefs held about illness and symptoms, often differing from person-to-person, but also from experts, play an important role in how people understand and manage health

Example: impact of illness perceptions on recovery from heart attack

74 patients hospitalised after myocardial infarction asked to draw pictures of own heart ('before' vs. 'after' heart attack)

Patients who drew more extensive damage in 'after' picture less likely to be back at work 3 months later

Illness perceptions can be important predictor of recovery



Type of illness perception

Relationship to distress

Identity



Label given to distress and linked symptoms. For example: episode, breakdown, nerves, moody

Cause



Perception of cause of their distress. For example: relationship difficulties, financial problems, existing mental health issues

Timeline



Perception of how long distress might last. For example a 'one off' or frequent and recurring

Consequences



Perception of impact physically/socially. For example can they continue to work? Will they be dependent on others?

Controllability



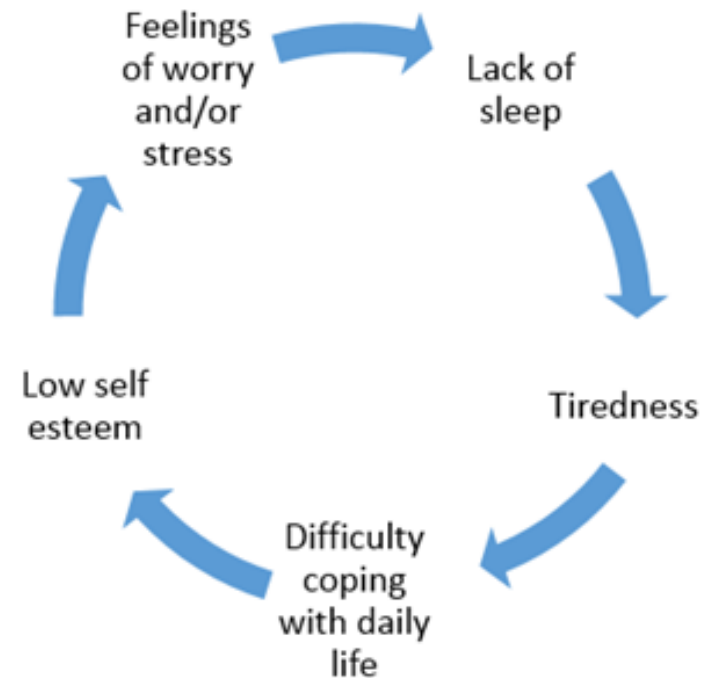
Perception of ability to manage distress. For example extent the person can play a role in preventing or managing distress



Sleep

Essential and involuntary we cannot function effectively without sleep, which repairs and restores our brains

- Sleep problems were associated with psychological distress (including depression and anxiety) during the COVID-19 pandemic (Alimoradi et al., 2021)
- Shorter sleep duration and insomnia associated with more self-harm (Hysling et al., 2015)
- A vicious cycle 



Sleep and mental health (Mind)

Neurodevelopmental conditions: Attention Deficit Hyperactivity Disorder (ADHD)

A developmental behavioural disorder

- Affects attention (*inattentiveness*) and behaviour (*impulsiveness, hyperactivity*)
- Difficulties with organisation, listening and carrying out instructions, social interactions and relationships
- Managed with support and medicine if needed

ADHD, symptoms and distress

- Risk-taking, substance misuse and self-harm
- Sleep problems are common
- Emotional dysregulation: low tolerance for frustration, irritability
- Mimic other mental health issues (anxiety, depression, bipolar disorder)

Neurodevelopmental conditions: Autism

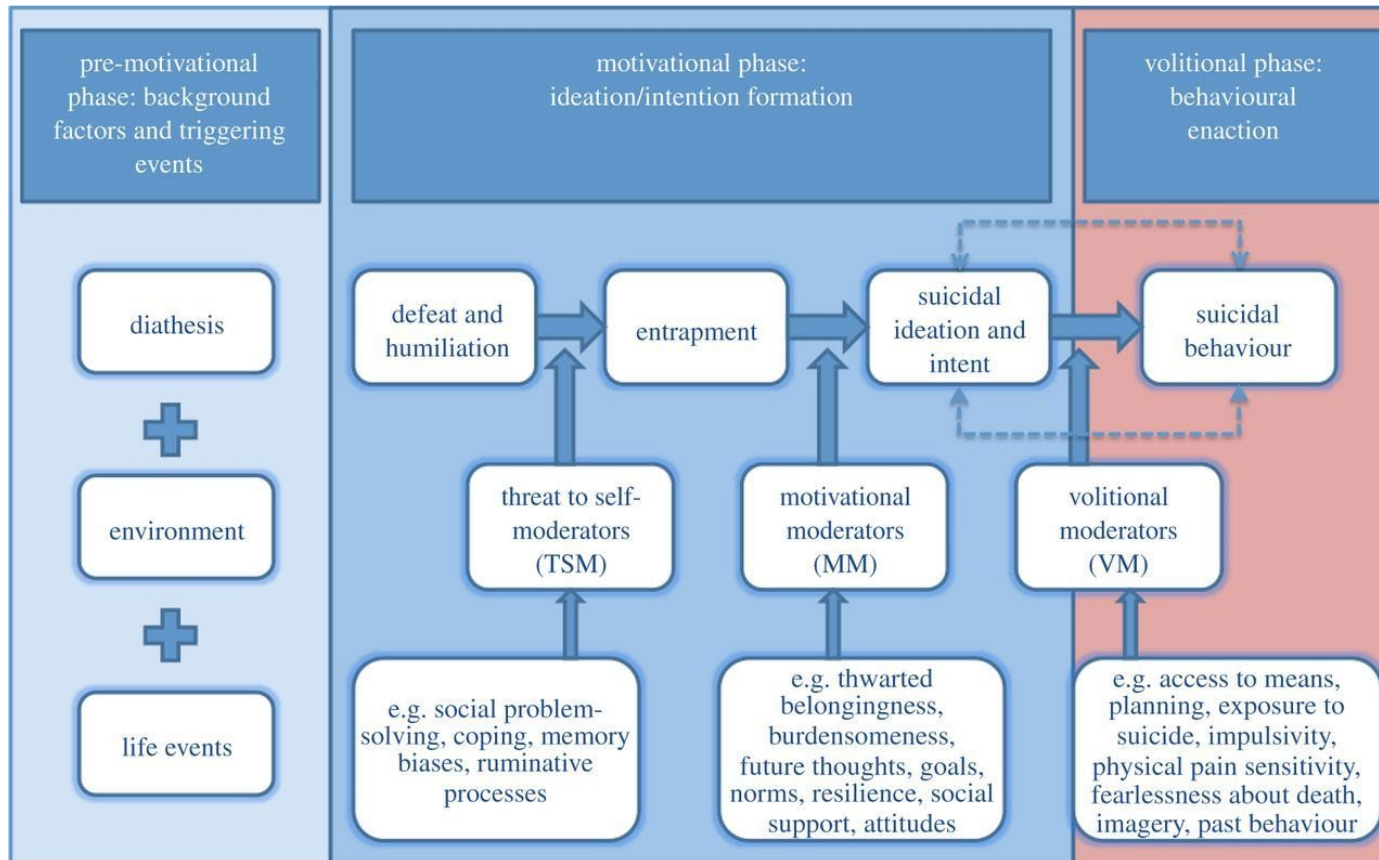
A lifelong developmental disability

- Affects how people perceive the world and interact with others – around 1% of 16-24 year olds in Scotland have autism (mostly male)
- Understanding and relating to people, social life, can be difficult
- Not a mental health problem or disease, but other conditions often present

Autism and distress

- People with autism can have differences that affect their behaviour
 - *Processing sensory information, verbal and non-verbal language, behaviour can be an attempt to communicate or cope*
- Anxiety common due to an uncertain social and emotional world
- Social isolation
- Self-harm common (around 50%)

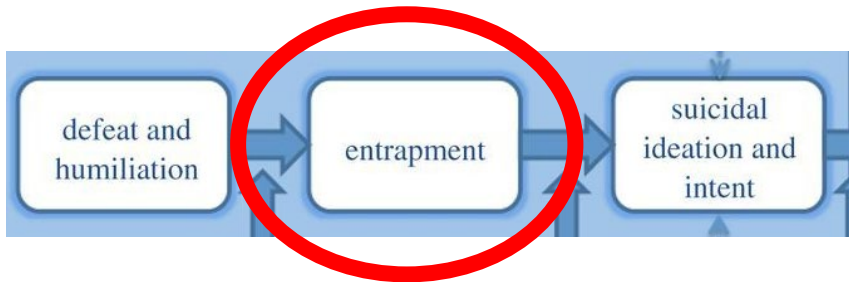
Integrated Motivational Volitional model of suicidal behaviour (O'Connor, 2011; O'Connor & Kirtley, 2018)



O'Connor, R.C., & Kirtley, O.J. (2018). The Integrated Motivational-Volitional Model of Suicidal Behaviour. *Philosophical Transactions of the Royal Society B*. <http://www.suicideresearch.info>

Entrapment

The 4-item Entrapment Scale Short-Form (E-SF)



Internal entrapment: *one wants to escape from inner feelings and thoughts*

External entrapment: *one wants to escape from situations or people in the outside world*

1. I often have the feeling that I would just like to run away
2. I feel powerless to change things
3. I feel trapped inside myself
4. I feel I'm in a deep hole I can't get out of

De Beurs, et al. (2020). *Psychiatry Research*



“Am I really alive?”: Understanding the role of homophobia, biphobia and transphobia in young LGBT+ people’s suicidal distress”



Understanding suicide as a response

- ‘Queer entrapment’ and suicide as escape
- In which queerphobic conflict about their LGBT+ identity was perceived to be irresolvable and from which suicide was seen as an escape.

“there have been times when I’ve just been like, oh, if I just ended my life it would just stop everything [...] No one would have to deal with it, no one would have to be like, “oh, we’ve got a gay daughter” – no one would have to deal with it, it would just stop all the problems. I felt like that was the only way out of it all was just to like disappear.”

Individual with experience of suicidal distress



Activity 7: Group discussion

What other identities, minority group status or circumstances may contribute to feelings of entrapment?



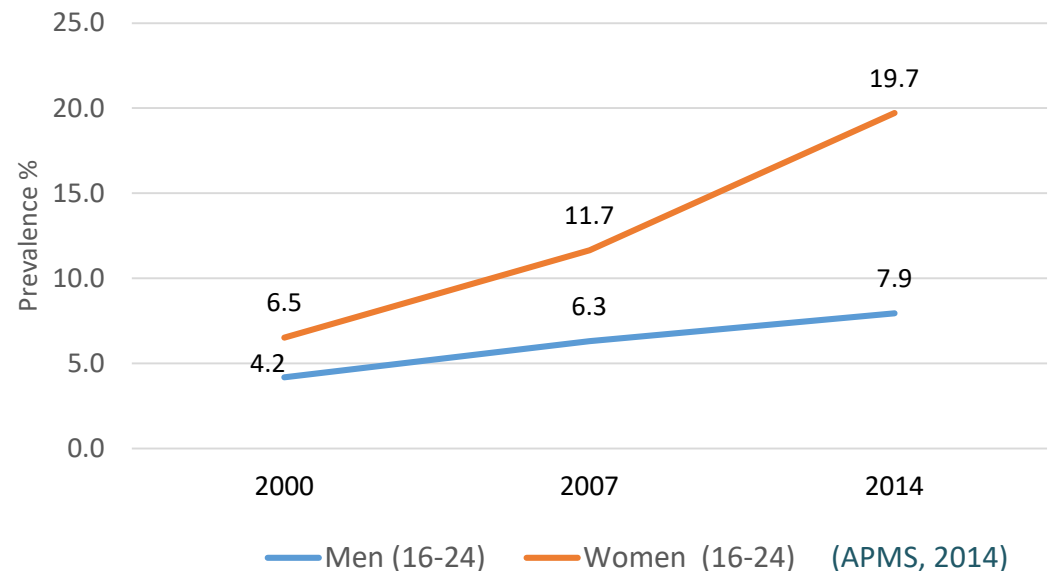
Self-harm

Often seen for first time in adolescence

- Age differences at onset: 15 (women) vs. 16 (men) years (O'Connor et al., 2019)
- A way of coping related to emotional dysregulation and poor distress tolerance
- Risk factor for suicide, although not all self-harm involves suicidal intent

Self-harm is increasing

- Particularly in young women (UKPMS, 2014)
- No single evidence-based explanation accounts for this



Self-harm motives

“To relieve me of my suffering and pain”

“Because everything I seemed to do went wrong & everyone seemed to dislike me”

“The physical pain rules out the emotional pain”

“Couldn’t escape” “I just didn’t want to live anymore”

“Stress, depression, being fat and ugly. Being stupid not being good enough, tired of not being good enough”

“Felt that I wasn’t good enough”

“I got bullied and felt worthless”

“An overwhelming feeling of self-loathing and unhappiness”

“To take the pain from my heart to my arm”

Self-harm

Socially prescribed perfectionism

- The belief that other people hold extremely high expectations of you and your behaviour
- High levels of socially prescribed perfectionism associated with self-harm and suicidality



[The male suicides: how social perfectionism kills](#) | [by Mosaic](#) | [Mosaic science](#) | [Medium](#)

Self-harm ‘thoughts’ and ‘acts’ in secondary school pupils

- Thinking about self-harm linked to socially prescribed perfectionism, self-esteem, brooding rumination, optimism
- Acting on thoughts linked self-harm linked to exposure to self-harm in friends or family, impulsivity, recent negative events, believing self-harm is common in peer group

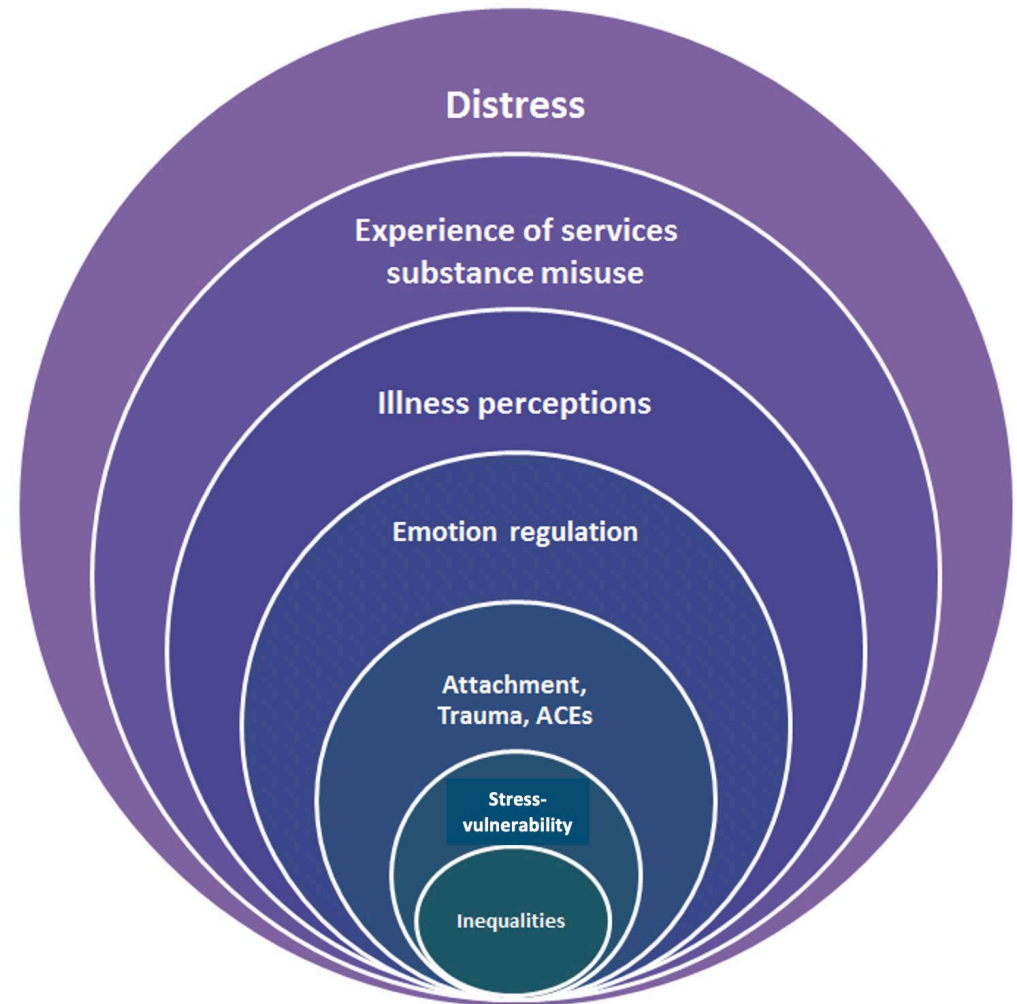


Activity 8

Think back to your 'composite case example' of someone in distress from Learner Activity 2

Which of these approaches is helpful for understanding the person's distress?

How could you use these within your DBI role?





Intended learning outcome

2. Knowledge of distress and contributory factors

- distress may present in various forms and can vary across the lifespan
- important role for inequalities, trauma and childhood experiences (ACEs, attachment)
- models of illness perception, emotion regulation and self-harm can help us to understand distress
- common theme of difficulties with ‘control’ (social disadvantage, life event and experiences, emotions, relationships)
- life stressors can play a role in triggering distress