

1. Introduction

Distress Brief Interventions (DBIs) are an innovative way of supporting people in distress. The DBI approach emerged from the Scottish Government's work on the Suicide Prevention and Mental Health strategies¹. The need to improve the response to people presenting in distress has been strongly advocated by people who have experience of distress - and by front line service providers and is supported through a review of available literature².

This led to the Scottish Government establishing a pilot DBI programme, which is hosted by Health and Social Care North Lanarkshire (H&SCNL) and South Lanarkshire Health & Social Care Partnership (SLH&SCP).

The DBI approach is initially being piloted over 53-months (November 2016 to March 2021) in four sites across Scotland, led by: 1. Penumbra in Aberdeen, 2. Support in Mind in Inverness, 3. Scottish Borders Joint Mental Health Service 4. North & South Lanarkshire as above.

The new Mental Health Strategy for Scotland 2017 - 2027 reaffirms the commitment to DBI through the inclusion of action 11, "*complete an evaluation of the Distress Brief Intervention Programme by 2021 and work to implement the findings from that evaluation*"⁴.

2. What is Distress Brief Intervention (DBI)?

The overarching aim of the DBI Programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress, making it more likely that they will engage with and stay connected to services or support that may benefit them over time.

A Distress Brief Intervention is a time limited and supportive problem solving contact with an individual in distress. It is a two-level approach. DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service. DBI level 2 is provided by commissioned and trained third sector staff who would contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days.

3. Who is the DBI for?

Distress is being defined as 'An emotional pain for which the person sought, or was referred for, help and which does not require (further) emergency service response'. The initial test period will focus on people aged 18 and over. DBI does not replace existing arrangements for anyone in distress who requires further medical treatment, it is an additional option for frontline staff.

4. Who will provide the DBI and where?

For the purposes of the pilot, the DBI approach will be tested primarily in relation to people presenting in distress to A&E, Police Scotland, Scottish Ambulance Services and primary care, including out of hours, although each partnership site can include other services if the conditions facilitate this.

Provision of DBI level 1 will be by front line staff, in the above settings. Provision of level 2 will be by third sector services, providing a welcome additional option to which level 1 staff can refer people to.

¹Scottish Government (2012) Mental Health Strategy for Scotland 2012-2015, Edinburgh: Scottish Government (<http://www.gov.scot/Publications/2012/08/9714>. Accessed 9 August 2016); Scottish Government (2013) Suicide Prevention Strategy 2013 - 2016, Edinburgh: Scottish Government (<http://www.gov.scot/Publications/2013/12/7616>. Accessed 9 August 2016).

²<http://www.gov.scot/Topics/Health/Services/Mental-Health/Suicide-Self-Harm/SPS-IMG/SPSCommitments> (under Commitment1)

⁴Scottish Government (2017) Mental Health Strategy for Scotland 2017-2027 – A 10 year vision, Edinburgh: Scottish Government (ISBN: 9781786526144).

5. How is the programme being co-ordinated?

5.1 Governance: A DBI central team has been established by the host organisation. The Scottish Government has established a national DBI Programme Board. Each of the four partnership sites has established DBI Implementation Boards. This structure will ensure that key stakeholders are involved and that local provision is embedded and connected with, and respectful of, related and complimentary programmes.

5.2 Evaluation: The Nursing, Midwifery and Allied Health Professions Research Unit (NMAHPRU) at the University of Stirling, will lead an independent DBI evaluation, in collaboration with ScotCen - an integral part of NatCen Social Research, Mental Health Foundation and Glasgow Caledonian University. The evaluation is informed by an evaluability assessment completed by NHS Health Scotland³.

5.3 Intervention, support & training: The University of Glasgow's Institute of Health & Wellbeing has led a systematic programme of developing, testing and refining both the DBI level 1 on-line and face to face facilitated training and DBI level 2 face to face training, with all four test sites actively engaged in the training programmes.

6. How has the programme progressed?

The programme board has set out the time-line, which synchronises all programme elements. Improvement science underpins the approach through controlled and incremental implementation, which enables learning and continuous improvement throughout the duration of the programme with a more accurate picture of 'real time' demand and capacity.

Through a strong spirit of collaboration, the DBI programme has met its key landmarks with Lanarkshire DBI service commencing in June 2017, with the learning from the controlled testing now supporting the incremental and controlled 'roll out' in Aberdeen, Inverness and Scottish Borders since October 2017, with all sites 'live' and now delivering DBI. In addition – all four key front-line DBI level 1 service pathways (Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service) are now 'live' in at least one of the test site regions.

During phase 3 (October 2017 – March 2018), the incremental delivery of DBI training across the four test sites and key staff groups, will take place co-ordinated through the DBI training plans. In addition, the scale and reach of DBI will incrementally increase across all four test sites, through the DBI implementation plans, with referral pathways open for Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service in all sites.

7. What is expected from colleagues in the partnership areas?

The DBI Implementation Boards in each of the four partnerships sites are working closely with those involved to ensure the programme is implemented respectful of competing demands and harnessing the opportunities that DBI brings.

Training will be 'rolled out' through dialogue with front-line services in the pilot areas. Local discussions will also be progressed to embed the DBI pathway within a local compassionate, connected and collaborative infrastructure.

8. For further information or to be added to the e-bulletin distribution list, contact:

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³ <http://www.healthscotland.scot/publications/evaluability-assessment-of-distress-brief-interventions>

Programme Overview

