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Agenda Item: 10.

Integration Joint Board

Date of Meeting: 13 December 2023.

Subject: Distress Brief Intervention Project Evaluation.

1. Purpose

1.1. To update Members on the success of the Orkney Distress Brief Intervention (DBI) project and seek approval on its continuation.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. An evaluation provided by the partners of the DBI project, attached as Appendix 1 to this report, which indicates the following:

- The level of referrals now being regularly received of 10 per month.
- The testimony of local individuals who have used the service.

2.2. The DBI Infographic Reports of both Police Scotland and DBI, attached as Appendices 2 and 3 respectively.

2.3. The DBI National Evaluation findings that may contribute to the prevention of suicide agenda, attached as Appendix 4 to this report.

It is recommended:

2.4. That the DBI project should continue for the next two years, funded from non-recurring IJB reserves of £27,316.

2.5. That the draft Direction to NHS Orkney, attached as Appendix 5 to this report, be approved.

3. Background

3.1. Members will recall that the Board approved a two year pilot in June 2021 as follows:

- That £50,000 seed funding (received from the DBI Central Programme) be used to fund the majority of the pilot costs.
- That the non-recurring additional cost be funded by IJB reserves to provide the remainder of £3,232 required.
- To include a contingency sum of £11,933 as it was anticipated that demand for the service may be far greater than funding would permit, noting that this funding would only be drawn down based on evidence of the service demand and positive outcomes.
- That a full evaluation of the pilot be brought back to the IJB in due course.

4. Evaluation

4.1. An evaluation provided by the partners of the DBI project is attached as Appendix 1.

4.1.1. Following a slow start, which is a common theme across Scotland, there are now around 10 referrals per month.

4.1.2. It should be noted that over the time of the pilot 123 people have been referred to the Orkney DBI service; of that number 80% of those engaged with the service.

4.1.3. Of those who engaged the presenting problems were depression/low mood, stress/anxiety, suicidal thoughts and thoughts of self harm, as referenced in Appendices 2 and 3.

4.1.4. The national DBI support guidance is for 14 days however flexibility is key and around 50% of people required longer term support up to 28 days and in some cases up to 90 days, as referenced in Appendix 4.

4.1.5. Anecdotally local Police Scotland Officers have identified that a referral to DBI is likely to reduce, or prevent, repeat call outs with those individuals in the period following the referral.

4.1.6. Testimony is provided from three local individuals who have used the DBI service.

4.1.7. Many of those referred joined the Orkney Blide Trust thereafter to maintain the support which they had found to be so valuable.

4.2. Officers from DBI Central have noted that the Orkney experience is similar in nature to the outcomes elsewhere in Scotland.

4.3. Officers from DBI Central have also noted how impressed they have been in working with both the Orkney Blide Trust and the Orkney Police.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource and financial implications

6.1. Members will recall that seed funding of £50,000 was made available to the project; this was augmented by the funding approved by the Board of £3,232. In addition, a further contingency of £11,933 was also approved should referrals be such that additional resource was required.

6.2. A second tranche of £50,000 was made available to the Partnership. This funding is as yet untouched.

6.3. As seen in Appendix 1 the cost to continue the Orkney DBI service in total is £77,316 over two years or £116,762 over three years.

6.4. The gap from the seed funding is therefore either £27,316 or £66,762 for two or three years respectively.

6.5. Given the current financial constraints it is therefore recommended that the two year proposal is approved using non-recurring IJB reserves.

6.6. Both DBI Central and the Mental Health Directorate have been approached to ask if additional central funding can be found; at the time of writing no response has been received.

7. Risk and equality implications

7.1. Given the volume of individuals referred if the pilot was not to continue it is likely that there would be increased attendances at the Emergency Department and increased referrals to the Community Mental Health Service.

7.2. Given the work underway in relation to the prevention of suicide ceasing this service would only serve to increase the risk of people at their most vulnerable with potential tragic outcomes.

8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

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11. Supporting documents

11.1. Appendix 1: DBI Orkney Report.

11.2. Appendix 2: DBI Police Infographic.

11.3. Appendix 3: DBI Infographic.

11.4. Appendix 4: DBI National Evaluation.

11.5. Appendix 5: Draft Direction to NHS Orkney.

Background and Progress Report

The Orkney Distress Brief Intervention (DBI) service launched in January 2022 as a two-year 'test of change' project. At this time DBI services throughout mainland Scotland had been for several years successfully delivering a connected, compassionate 'ask once get help fast' response to people who presented in distress to frontline services, but Orkney was the first of the island Health and Care partnerships in Scotland to set up a DBI service.

The Orkney model involved a collaboration between two established Mental Health charities, Orkney Blide Trust and Penumbra with direct referrals coming from front line colleagues in Police Scotland and Scottish Ambulance Service. Police and Ambulance services provide a 'Level 1' DBI response at the point of contact with the distressed person then, with the person's permission, make a referral on to the 'Level 2' DBI service (provided by Penumbra and the Blide Trust) who make contact with the person within 24 hours of the referral, providing ongoing support in managing distress and exploring underlying issues/connecting with other agencies for a period of around 14 days.

As had been the pattern in other local authorities, the Orkney DBI project was slow to start, with a relatively low number of referrals for the first year of the project (21 in total, around 2 referrals per month) however **over the past 10 months there have been a further 102 referrals (averaging 2.5 referrals per week or 10 referrals per month)**. The vast majority of the 123 referrals received to date (80%) have come from Police Scotland.

In terms of demographics it has been interesting to note that the Orkney DBI statistics are very close to the national figures for Police Scotland DBI referrals (Appendix 1)*.

Of the 123 people referred to the Orkney DBI service:

- Over 80% engaged in DBI support.
- There was a roughly 50/50 split between Females and Males.
- Around one quarter (25%) admitted to being under the influence of alcohol and/or substances at the point of referral.
- The youngest was 16 years and the oldest was 74 years.

For those people who engaged with the Orkney DBI service:

The top 4 'Presenting Problems' were:

- Depressed/low mood.
- Stress/Anxiety.
- Suicidal thoughts.
- Thoughts of self-harm.

and the top 4 'Contributory Factors' were:

- Relationships.
- Underlying mental health issues.
- Alcohol use.
- Bereavement.

**It made sense to compare Orkney DBI figures with national Police Scotland DBI figures as 80% of our referrals came from this source however national DBI statistics including all referral sources are also included for information (see Appendix 2).*

The most common route of onward referrals/supported contacts from DBI Orkney were:

Around 25% of all of the people who received support from the Blide Trust through the DBI service requested to access ongoing/long term mental health support from the Blide Trust and became 'members'. Some were also referred to the Blide Trust counselling service and to the Orkney Community Law Clinic which is facilitated by the Blide Trust. The majority of these people would most likely have not sought support from the Blide had they not engaged in the DBI service. Other onward referrals include:

- Relationships Scotland Orkney.
- Citizen's Advice Bureau (CAB).
- Advocacy Orkney.
- ORSAS.
- Women's Aid.
- CMHT.
- Housing/homeless services.
- Specialist national counselling and bereavement services.

Unique aspects of the Orkney DBI service:

Around 50% of the people who engaged in the DBI Orkney service were supported for up to 14 days (the DBI guideline for the length of support offered via this brief intervention) however a further 50% were supported for longer than this, most up to 28 days but some for even longer (up to 90 days). This reflects one of the key strengths of DBI which is its flexibility to be tailored to the individual, thus meeting the needs of a wide range of people in distress who present to frontline services and who may have an array of different characteristics, life circumstances and problems.

In other parts of Scotland people tend to access DBI support mostly via telephone or video link however in Orkney when people are offered the option of either face to face, telephone or video support they frequently request face to face support which mostly takes place at the Blide Trust but can also occur in the person's home or in a neutral venue.

Evaluation of DBI services nationally indicate that DBI may contribute to suicide prevention. One in ten individuals who engaged in a nationwide independent evaluation of DBI revealed that they may have attempted suicide or continued with suicidal thoughts if DBI had not been offered to them. In Orkney one additional and unanticipated 'presenting problem' for people referred to the DBI service was the loss of a family member/friend/colleague to suicide. DBI trained staff from Police Scotland and the Blide Trust were able to respond to the need for an immediate compassionate response to those people in the Orkney community who had been bereaved by suicide, providing much needed and timely support in the short term as well as connecting them with specialist counselling and bereavement services.

Anecdotal evidence from colleagues at Police Scotland suggests that a referral to DBI Orkney for an individual is likely to reduce or prevent repeat call outs to/interactions with those individuals in the immediate future.

Measuring the Impact of DBI

An independent evaluation of DBI nationally was carried out which offered some key insights, including evidence of the positive impact on people engaging with the connected compassionate support provided by DBI services (Appendix 3). In addition to this research, some of people who have been involved in the DBI Orkney service have provided the following feedback:

“I was referred to the Blide Trust DBI service via the police during a very difficult period of my life and I had no one else to turn to. The assistance that my support worker gave during the first two weeks stopped me from going lower than I was. He showed me that no matter what my brain was telling me it wasn't my fault and I should indeed stop punishing myself for something that wasn't my doing. Just having my support worker there, knowing I would have someone to talk to that wasn't in the situation so to speak helped immensely and you look forward to the calls, because you know there is someone at the end of the day you can let it all out to instead of storing it all up and it having no where to go which means a spiralling depression.

My support worker referred to different agencies on my behalf so I didn't have the stress of having to deal with that on top of everything else, helped me be relocated away from the issues and still now checks in just to ensure I'm ok.

Quite frankly without the Blide Trust the situation would have been significantly different, they provide a service that you cannot get from the local mental health support team. I am still waiting to be assessed by them and the Blide Trust means that people are not left without a service they greatly require in the period of time it takes for the "professionals" to catch up so without my support worker from the Blide my situation would be very, very, different.”

“I didn't want to do it at first but I was told it was either DBI or Cornhill so I said I'd do DBI. PC Marvin came to speak to me then I did the DBI stuff with Anne-Marie and Craig. It was nice to meet a male that I could trust. Now I use the Blide and the staff are stuck with me.”

“Before being recommended for the DBI programme I was at an all time low to the point of considering suicide.

Having someone to talk to really helped allowing me to express how I was feeling and realise suicide was not the answer. I was offered support and guidance on how to deal with my anxiety.

I would like to think that other people with the same feelings I had at the time could also benefit from DBI.”

Proposal for the Continuation of Orkney DBI Service

It is proposed that following the successful two-year test of change period that the Orkney DBI service is continued to be funded at the previous level (assuming around 2-3 referrals per week). It is also proposed that the current successful model of delivery, i.e. Police Scotland and Scottish Ambulance Service providing the 'Level 1' response (referring people who present in distress) and Penumbra and Orkney Blide Trust providing the 'Level 2' response (providing around 14 days of support) continues.

Resource Implications and Identified Source of Funding

The majority of the funding for the Orkney DBI two-year test of change project which ran from January 2021 to December 2023 (£50,000) came from seed funding received from DBI national with £3,232 from the IJB along with a contingency of £11,933. It should be noted that the contingency did require to be drawn down due to referral levels.

The proposal to continue the Orkney DBI service for a further two or three years (assuming up to 3 referrals per week) would cost £77,316 over 2 years or £116,762 over 3 years.

This is made up of:

Penumbra:

Twice daily checks for referrals @ £6,219 p.a. for 2024/25 giving two year costs of £12,748 and £19,602 for three years.

Thereafter up to 3 calls per week at 1.5 hrs per call @ £3,988 p.a for 2024/25 rising to £8,171 and £ 2,566. for two and three years respectively.

It should be noted that Penumbra build in an annual uplift.

Orkney Blide Trust:

One 0.75 WTE of a support worker's salary @ £21,757 p.a. rising to £43,515 over 2 years and £65,271 over 3 years.

Management (including training of Level 1 practitioners), overheads and evaluation @ £,6441 p.a. increasing to £12,882 over 2 years and £19,323 over 3 years.

The DBI national project has provided a further £50,000 to support the further development and embedding of the Orkney DBI service. The funding gap is therefore £27,316 for two years or £66,762.

DBI Infographic Report

Police Scotland



Period:
up to May 2023

DBI Referrals from start of DBI

3,588 DBI referrals to DBI since the beginning in 2017, across all Scotland.

DBI Referrals by Programme (Nov 2018 - May 2023)

3,272 DBI referrals to DBI from November 2018, across all Scotland.

2,830 Pilot Programme

440 Associate Programme

2 National Pathways

25% Clients self-reported being under the influence of **alcohol and/or substances** at the point of referral.

Females 19%
Males 31%



(Jun 2022 - May 2023)

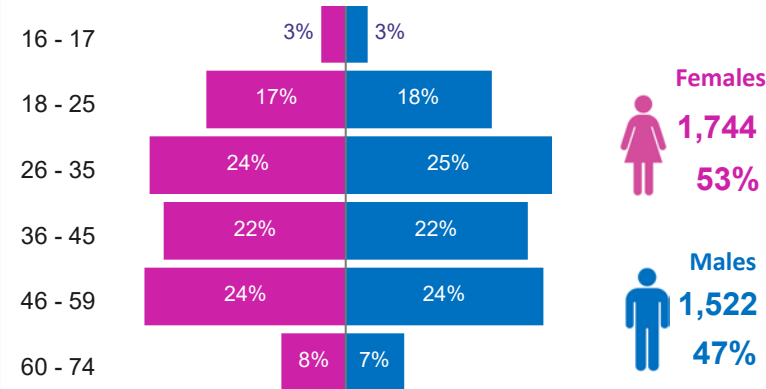
73% Referrals for clients living in the **5 most deprived** deciles.

Females 73%
Males 74%

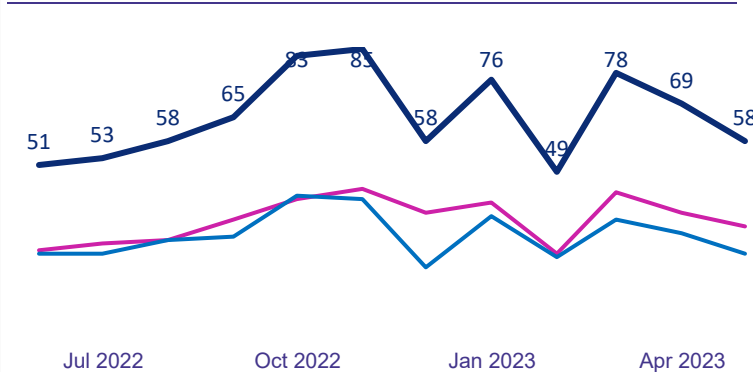


(Jun 2022 - May 2023)

DBI Referrals Gender & Age Group (Nov 2018 - May 2023)



DBI Referrals by Gender & Month (Jun 2022 - May 2023)



The vast majority of cases have had an attempt to contact within 24 hours.

DBI Completion Reason Stats (Jun 2022 - May 2023)

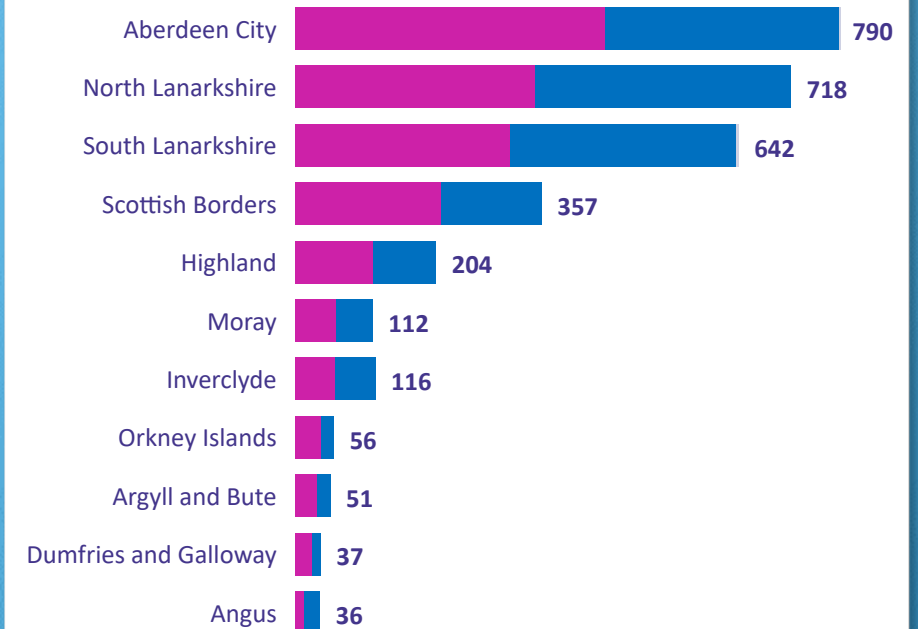
For referrals received from this L1 provider:

77% of appropriately concluded cases engaged in DBI support;

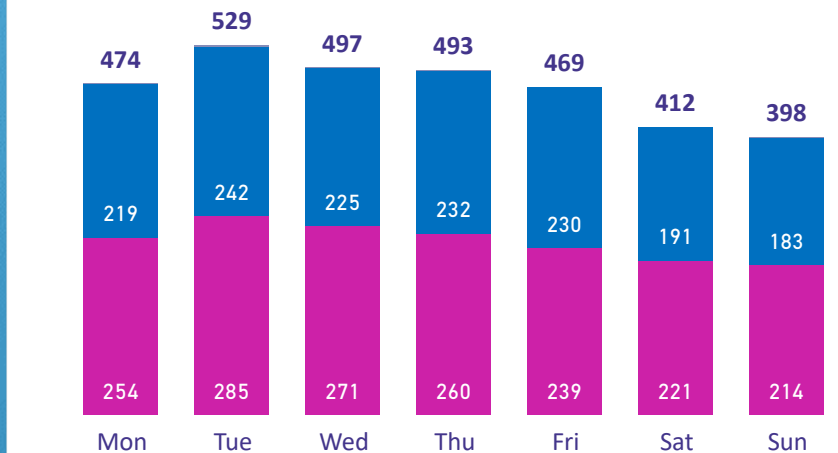
68% of those, engaged in further support beyond the first supportive intervention.

22% of all cases were unable to be contacted.

DBI Referrals by Client's H&SCP (Nov 2018 - May 2023)



DBI Referrals by Day of L1 Intervention (Nov 2018 - May 2023)





DBI Infographic Report

Police Scotland

Period:
up to May 2023

Presenting Problems

(Jun 2022 - May 2023)

Presenting Problems	% of Referrals
Depressed/low mood	69%
Stress/anxiety	57%
Suicidal thoughts	33%
Self harm	9%
Social problems	8%
Suicidal behaviour	8%
Thoughts of self harm	8%
Physical health	4%
Crisis call	3%
Behaving strangely	2%
Sleeping issues	2%
Anger/irritability issues	2%

Contributory Factors

(Jun 2022 - May 2023)

Contributory Factors	% of Referrals
Relationships	47%
Alcohol use	27%
Life coping issues	26%
Emotional wellbeing	25%
Money worries	24%
Underlying MH issues	21%
Housing worries	17%
Bereavement	15%
Caring responsibilities	13%
Feeling lonely	12%
Substance use	12%
Employment issues	11%
Past adverse/traumatic life experiences	9%
Physical health (incl. chronic pain)	7%
Safety fears for others/self	6%
Domestic violence or GBV	4%
Criminal/offending behaviour	4%
Other traumatic life events	4%

Outcome Measures for Closed Cases

(Jun 2022 - May 2023)

Median rating scale values given between
0 (No distress) and 10 (Extreme distress):

8 Distress rating at L1

Proportion of cases with
valid rating recorded



Median rating scale values given between
0 (Not at all) and 10 (Completely):

10 L1 compassionate response



8 L1 Perceived ability to manage distress





DBI Infographic Report

All Associate Areas



Period:
up to January 2023

DBI Referrals by Area & Provider

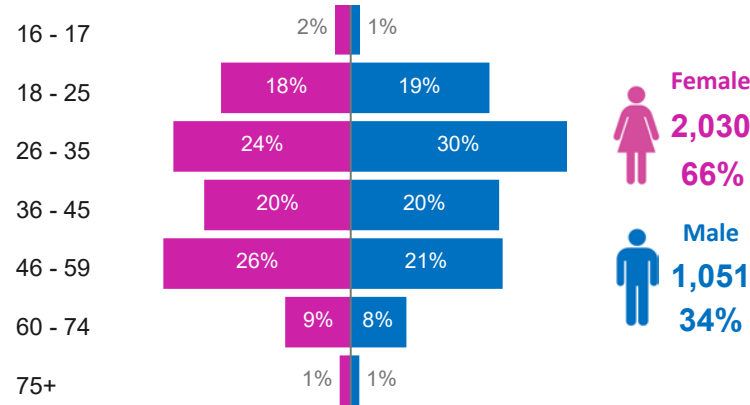
3,087

Referrals received to DBI across all Associate areas, since the programme began in July 2019.

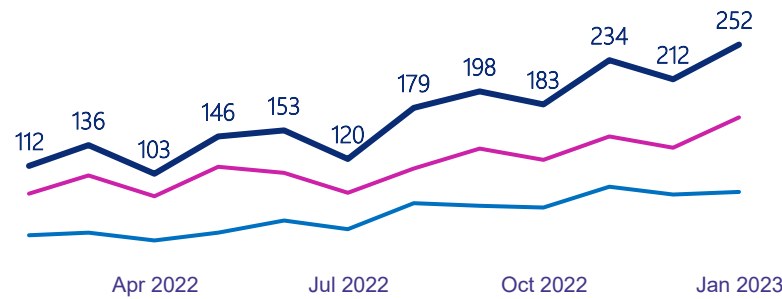
Area & Level 2 Provider	N. Referrals
Inverclyde, SAMH	754
Moray, Penumbra	703
Ayrshire & Arran, Penumbra	633
Dumfries & Galloway, Change MH	411
Midlothian, Penumbra	270
Tayside, Penumbra	100
Edinburgh, Penumbra	93
Argyll & Bute, Change MH	45
West Dunbartonshire, SAMH	29
Orkney, OBT & Penumbra	26
Aberdeenshire, Penumbra	23



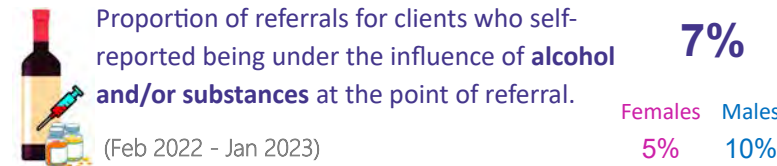
DBI Referrals Gender & Age Group



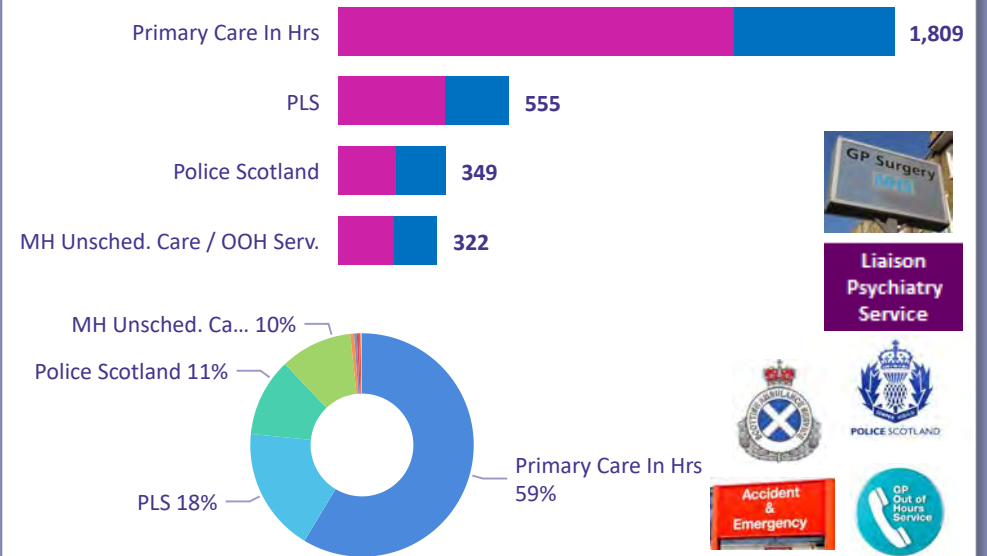
DBI Referrals by Gender & Month (Feb 2022 - Jan 2023)



The vast majority of cases have had an attempt to contact within 24 hours.



DBI Referrals by Source & Gender

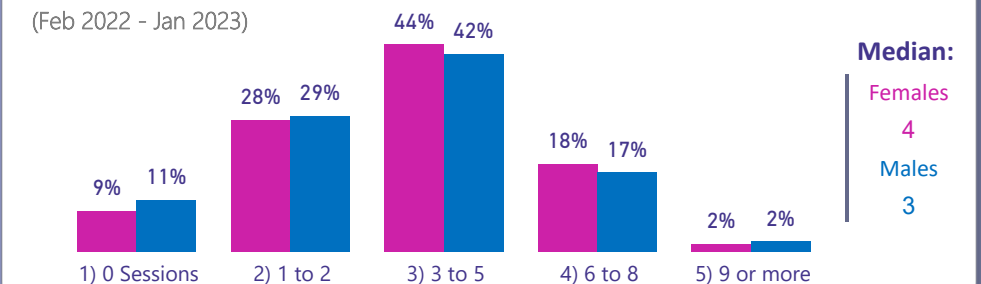


DBI Completion Reason Stats (Feb 2022 - Jan 2023)

For referrals received in All Associate Areas:

- 91%** of appropriately concluded cases engaged in DBI support;
- 86%** of those, engaged in further support beyond the first supportive intervention.
- 9%** of all cases were unable to be contacted.

Number of Sessions for Completed Cases by Gender (Feb 2022 - Jan 2023)



DBI Infographic Report

All Associate Areas



Period:
up to January 2023

Presenting Problems

(Feb 2022 - Jan 2023)

Presenting Problems	% of Referrals
Stress/Anxiety	69%
Depressed/Low Mood	56%
Suicidal thoughts	28%
Social problems	11%
Physical health	9%
Self harm	8%
Thoughts of self harm	6%
Overdose intentional	5%
Panic attacks	5%
Suicidal behaviour	5%
Sleeping issues	4%
Crisis call	1%

Panic attacks, Crisis call, Overdose intentional, Suicidal thoughts, Behaving strangely, Physical health, Suicidal behaviour, Depressed Low Mood, Self harm, Sleeping issues, Self poison, Social problems, Thoughts of self harm, Stress, Anxiety

Contributory Factors

(Feb 2022 - Jan 2023)

Relationships, Anger Issues, Covid Related, Emotional Wellbeing, Alcohol Use, Caring Responsibilities, Feeling Lonely, Substance Use, Bereavement, Communication Difficulties, Education Related, Housing worries, Criminal Offending Behaviour, Employment Issues, Other Traumatic Life Events, Domestic Violence or GBV, Homelessness, Safety Fears for Others Self, Lack of Meaning and Purpose, Money Worries, Underlying MH Issues, Life Coping issues, Past Adverse Traumatic Life Experiences

Contributory Factors	% of Referrals
Relationships	42%
Emotional Wellbeing	40%
Life Coping issues	29%
Employment Issues	18%
Bereavement	17%
Underlying MH Issues	16%
Caring Responsibilities	15%
Past Adverse/Traumatic Life Experiences	14%
Physical Health (incl. Chronic Pain)	12%
Alcohol Use	12%
Money Worries	11%
Feeling Lonely	10%
Housing worries	8%
Substance Use	6%
Criminal/Offending Behaviour	5%
Other Traumatic Life Events	4%
Safety Fears for Others/Self	4%
Domestic Violence or GBV	4%
Lack of Meaning and Purpose	3%
Homelessness	2%
Education Related	2%

Outcome Measures for Closed Cases

(Feb 2022 - Jan 2023)

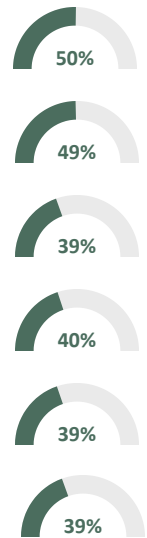
Median Distress Rating at L1: **8**
 Median Distress Rating End L2: **4**

Improvement of **4** rating points

Median rating scale values given between 0 (Not at all) and 10 (Completely):

Proportion of cases with valid rating recorded

- 10** L1 compassionate response
- 8** L1 Perceived ability to manage distress
- 9** L2 Meet own goals
- 10** L2 Compassionate response
- 9** L2 Ability to manage immediate distress
- 8** Median L2 Ability to manage future distress



Median comparable response rating given by clients who previously presented in distress: **10**

(Feb 2022 - Jan 2023)



An independent evaluation of DBI conducted in 2022, recommended that DBI should be rolled out across Scotland, remaining faithful to the DBI model, supported by valuable recommendations for its continued improvement.

Key insights from this independent evaluation include:

- Overall, DBI has been successful in offering support to those in distress, with most individuals receiving a compassionate and practical response that has contributed to their ability to manage and to reduce their distress.
- The offer of contact within 24 hours, followed by up to (a guideline of around) 14 days, was strongly welcomed by people being referred to DBI.
- A key strength of DBI is its flexibility to be tailored to the individual, thus meeting the needs of a wide range of people in distress who present to frontline services and who have an array of different characteristics, life circumstances and problems.
- Delivering compassionate care at Level 1 and Level 2 was central to helping individuals to understand their distress and reduce it. Individuals' perception of Level 2 practitioner compassion and care was positively associated with greater decreases in distress and agreement that DBI had helped improve understanding of why they felt distressed. In turn,
- being helped to understand why they felt distressed was positively associated with an individual's decrease in distress.
- Practitioners and individuals felt that a combination of compassionate response and practical support helped to validate people's distress and break down barriers to seeking help, thereby reducing self-stigma.
- Level 2 helped most individuals to manage their distress. Nine out of ten individuals agreed that DBI had given them the tools and skills to manage their distress. Findings also suggest that those going through DBI have been using what they learned during the intervention to help them manage their distress in the longer term.
- Nine out of ten seen their level of distress reduce throughout the duration of the intervention.
- DBI Level 1 response had direct, immediate benefits for people. Most individuals thought that the Level 1 (front-line first contact) provider had helped them cope with their immediate distress.
- Individuals tended to report very positive impacts of the Level 2 intervention on their ability to self-manage their distress:
- 90% agreed that DBI had given them the tools and skills to manage their distress.
- 97% agreed that DBI has helped them to find out where they can access support if they feel distressed.
- 86% agreed that DBI has improved their understanding of why they feel distressed.
- 87% agreed DBI has helped them to recognise when they start to become distressed.
- 94% agreed DBI has helped them make plans to improve the situations in their lives which are causing distress.
- DBI may also be contributing to suicide prevention. One in ten individual evaluation participants revealed that they may have attempted suicide or continued with suicidal thoughts if DBI had not been offered to them.



Integration Joint Board Direction.

Reference	2023.04 – Distress Brief Intervention.
Date direction issued	13 December 2023.
Date direction in effect from	Date to be determined by Integration Joint Board.
Direction issued to (delete as appropriate)	NHS Orkney.
Does this direction supersede, amend or cancel a previous direction – If yes, include reference number(s) (delete as appropriate)	Yes, reference 2021.05 – Distress Brief Intervention.
Service area covered by direction	<ul style="list-style-type: none"> • Mental Health Services.
Detail of Direction	Delivery of the Distress Brief Intervention project for an additional two years, as detailed in the Distress Brief Intervention Evaluation and Proposal Report, presented to the Integration Joint Board in December 2023.
Budget allocated for this direction	As detailed within section 6 of the Distress Brief Intervention Evaluation and Proposal Report, to continue to deliver this project for two years requires an additional £27,316 which would be taken from the non recurring reserves. The full cost of delivering the project for two years is £77,316.
Outcome(s) to be achieved, including link to Strategic Plan	Delivery of the Distress Brief Intervention project for an additional two years will support the progress of the Mental Health Strategic Priority within the Strategic Plan 2022 – 2025.
How will this be measured	Regular reports detailing referrals and activities will be provided to the Head of Health and Community Care.
Date of direction review	31 December 2025, unless required otherwise.