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Agenda Item: 16.

## **Integration Joint Board**

Date of Meeting: 30 June 2021.

Subject: Distress Brief Intervention Pathway Implementation Application.

### **1. Summary**

1.1. To advise Members regarding the ongoing work to develop Distress Brief Intervention (DBI) locally.

### **2. Purpose**

2.1. To present the work on developing a test of change project seeking to pilot DBI as an additional support to adults requiring support with mental health wellbeing.

### **3. Recommendations**

The Integration Joint Board is invited to note:

3.1. The work undertaken to develop a test of change project for Orkney.

3.2. That a sum of £50,000 seed funding has been received from DBI Central Programme.

3.3. That the total cost of the two year pilot is £53,232.

#### **It is recommended:**

3.4. That the pilot project be approved for a two year period,

3.5. That the £50,000 seed funding is used to fund the majority of the pilot costs.

3.6. That the non-recurring additional cost is funded by IJB reserves to provide the remainder of £3,232 required.

3.7. That, if approved, a full evaluation of the pilot will be brought back to the IJB.

## 4. Background

4.1. 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 literature. This led to the Scottish Government establishing a pilot DBI programme; that pilot has just concluded with key findings attached as Annex 1 of Appendix 1.

4.2. This report seeks to gain approval for a test of change pilot to be undertaken here in Orkney funded largely by seed funding of £50,000 provided by the national DBI programme.

## 5. Proposal for Orkney

5.1. It is proposed that, through multi-agency/organisation collaboration and coproduction in Orkney, a direct referral pathway from the Emergency Department (ED), Primary Care, Police Scotland and Scottish Ambulance Service (SAS) to DBI Level 2 support (24 hours to 14 days) is developed and tested over two years, using a phased approach across Orkney mainland and the Isles. The proposal would see Penumbra, a leading mental health charity in Scotland supporting mental health and wellbeing, commissioned as the Level 1 provider contact organisation and the Orkney Blide Trust as the Level 2 provider support.

5.2. The detail of the pilot is set out in Appendix 1 and has been developed by a multi-agency group working together since late in 2020. It has the support of local third sector partner, the Orkney Blide Trust and that of Penumbra. It also has the support of local mental health services, SAS and Police Scotland. Annex 2 of Appendix 1 sets out case examples.

5.3. Seed funding of £50,000 has been received from DBI national project and thus the test of change can be undertaken with only a small amount of revenue required.

5.4. The proposal is to undertake a test of change.

## 6. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	No.

<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 7. Resource implications and identified source of funding

7.1. Work with Penumbra and the Orkney Blide Trust has identified funding required as below. One-off seed funding of £50,000 has been agreed by the DBI Central project.

7.2. Orkney Blide Trust has calculated the total cost of £20,946 per annum. This provides DBI support based on 0.5 WTE of a support worker's salary including £6,441 as management, overheads and evaluation process.

### Penumbra

Delivery.	Time / Amount.	Cost per annum.	Total for 2 year project.
Twice daily checks for referrals (365 days).	20 minutes per day. £6.67 x 365	£2,435.	£ 4,870.
Initial calls with referred person plus handover to Orkney Blide Trust.	Assume average one per week at 1.5 hours. £20 x 1.5 hours X 52 weeks	£1,560.	£3,120.
Initial online training DBI level 2 (one off cost).	10 sessions delivered once during project. £250 per session (2.5 hours for training). £250 x 10 sessions	£2,500.	£2,500.
DBI level 1 online buzz sessions.	15 sessions. per annum £25 x 15 sessions	£375.	£750.
	<b>Total cost.</b>	<b>£6,870</b>	<b>£11,340</b>

### Orkney Blide Trust

Delivery.	Time / Amount.	Cost per annum.	Total for 2 year project.
DBI level 2 support.	0.5 WTE support Worker.	£14,505.	£29,010.
Management, overheads and evaluation of project.	Total cost.	£6,441.	£12,882.
	<b>Total cost.</b>	<b>£20,946</b>	<b>£41,892</b>

<b>Contingency based on service demand increasing considerably in year 2:</b>			
<b>Delivery.</b>	<b>Time / Amount.</b>	<b>Cost per annum.</b>	<b>Total for 2 year project.</b>
Penumbra.	Assume up to 3 calls per week at 1.5 hours. £20 x 1.5 hours X 52 weeks.	£4,680.	£4,680.
Orkney Blide Trust.	Assume increased activity requires post to be increased by a further 0.25 WTE.	£ 7,253.	£7,253.

7.3. Year one costs of £27,816 with year two costs of £25,416 have been identified giving a project cost of £53,232. The vast majority of the costs therefore sit within the overall £50,000 seed funding received from DBI Central. It is proposed that the small residual sum of £3,232 is funded via the further integration support funding which is within the IJB reserves.

7.4. Approval is also sought for a contingency sum of £11,933 to be included as it is anticipated that demand for the service may be far greater than funding would permit. This funding would only be drawn down based on evidence of the service demand and positive outcomes.

7.5. If the contingency is required this would take the total cost of the test of change to £65,165 with the seed funding being the major contribution.

7.6. The seed funding therefore offers an opportunity to locally test DBI at very little cost to the IJB.

## **8. Risk and Equality assessment**

8.1. An Equality Impact Assessment is attached as Appendix 2 to this report.

8.2. Evidence suggests that as the country comes out of lockdown the effects of the pandemic and the pandemic response will begin to be displayed in people's resilience and mental health wellbeing.

8.3. Although in a fortunate position in relative terms with regard to positive COVID-19 cases, there is no reason to suggest our community response to the lockdown will be less keenly felt than elsewhere in the country.

8.4. Given the low non-recurring revenue cost it seems appropriate to undertake this test of change at this time when an increase in support is likely to be required.

## 9. Direction Required

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

NHS Orkney.	Yes.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 11. Authors

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11.2. Lynda Bradford, Head of Health and Community Care, Orkney Health and Care.

## 12. Contact details

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## 13. Supporting documents

13.1. Appendix 1: DBI Proposal.

13.3. Appendix 2: Equality Impact Assessment.

13.3. Appendix 3: Draft Direction.

Appendix 1.

## **Proposal to introduce Distress Brief Intervention in Orkney as a test of change**

Distress Brief Interventions (DBIs) are an innovative way of supporting people in distress.

The Distress Brief Intervention approach emerged from the Scottish Government's work on the Suicide Prevention and Mental Health strategies.

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 literature.

This led to the Scottish Government establishing a pilot DBI programme, which is hosted by Health and Social Care North Lanarkshire (HSCNL) and South Lanarkshire Health and Social Care Partnership (SLHSCP).

On the 1 September 2020, the First Minister, Nicola Sturgeon MSP, announced that the Distress Brief Intervention Pilot Programme would be further extended across Scotland, for a transition period through to 2024 and thereafter is expected to be fully embedded by NHS Boards across Scotland.

DBI consists of two parts, Level 1 trained front-line health, police, paramedic and primary care staff help ease any individual. They then ask the person if they would like further support and, if they agree, they are referred to the DBI service with a promise of contact within the next 24 hours to start providing further support, either face to face or via telephone or Near Me (videocall).

Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide community-based problem solving support, wellness and distress management planning, supported connections and signposting for up to 14 days from first contact.

DBI has developed rapidly in response to COVID-19 which means there is now national access for anyone over 16 years, who contacts the NHS 24 Mental Health Hub (available 24/7) and where DBI referral is appropriate. DBI for younger people is currently being tested for those 14/15 years of age in Aberdeen and Lanarkshire.

DBI provides connected compassionate support via a national and regional collaboration between NHS 24, health and social care, emergency services, and third sector, providing early intervention, and improving outcomes and experience for people experiencing distress and for those providing support. The focus on compassion is defined as “a sensitivity to distress together with the commitment, courage and wisdom to do something about it”, and underpins a shared commitment for action.

To facilitate the expansion of the DBI programme, the SG has established a DBI Associate Programme with an intent for all health boards/HSCP's to have rolled out DBI by 2022 and have it embedded in services by March 2024. The National DBI team has been advising and supporting Orkney through the process to become an associate member of the national programme and has committed to supporting developments in Orkney with initial set up, seed fund financial support of £50K. This funding has been confirmed however is based on a commitment from Orkney to provide the identified funding to undertake this test of change.

## **Proposal for Orkney**

It is proposed that through the multiagency/organisation collaboration and coproduction in Orkney a direct referral pathway from the Emergency Department (ED), Primary Care, Police Scotland and Scottish Ambulance Service to DBI Level 2 support (24 hours to 14 days) is developed and tested over two years, using a phased approach across Orkney mainland and the Isles. The proposal would see Penumbra commissioned as the Level 2 providing the initial contact within 24 hours and the Orkney Blide Trust as the local Level 2 provider. Providing support for the period of up to 14 days.

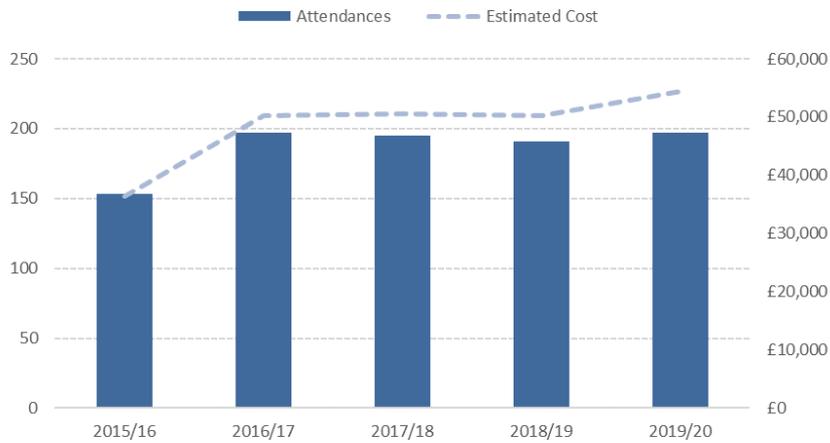
The SG DBI Central team has advised they are very excited at the opportunity to work with Orkney and the agencies and organisations involved to test and learn how DBI will benefit people in Orkney who are experiencing distress and those who care for them. This is therefore a unique opportunity for Orkney to work directly with SG and DBI Central.

The national project sites are due to publish evaluation results during 21/22, however early indications are that DBI provides an alternative source of support and can reduce some costly interventions. The national project sites have evidenced that the programme will be successful in improving the personal experience of people accessing the service and those providing care. In addition, it is likely that evaluation will demonstrate a reduction in Scottish Ambulance Service conveyance rates to the Balfour, reduce unnecessary attendances at ED and provide Out of Hours services with a clear pathway for referral for people in distress. This will also provide more efficient and effective utilisation of Police Scotland time.

LiST analysts have extrapolated local Mental Health attendances at NHSO Emergency Dept over the last five years. These are set out in t This evidences that attendances at ED are around 200 per year with a current cost of £276 per individual attendance. Furthermore roughly one third of patients reattend within the same year with a significant number reattending within four months of the original attendance. Although it cannot be quantified it is anticipated that the DBI programme would prevent a significant amount of these primary and repeat attendances.

# ED MH Attendances and Estimated Costs

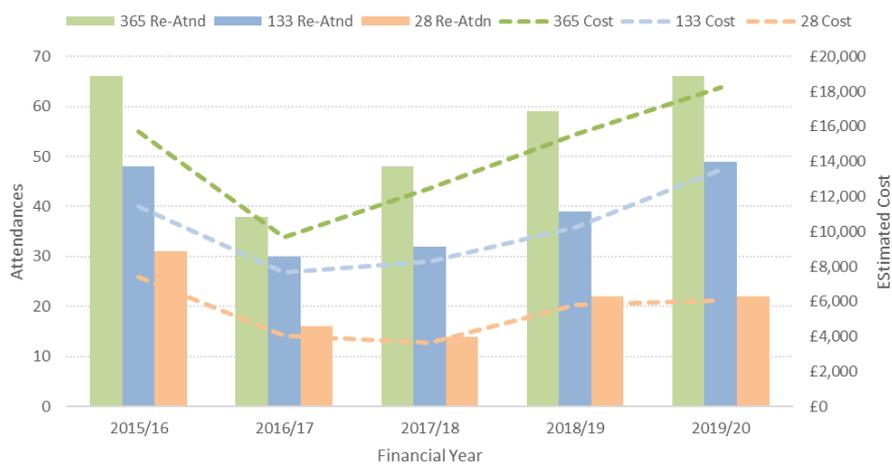
ED MH Attendances with Estimated Costs



Measure	2015/16	2016/17	2017/18	2018/19	2019/20
Attendances	153	197	195	191	197
AE indiv cost	£238.23	£254.67	£259.35	£263.18	£276.00
Estimated Cost	£36,449.49	£50,170.31	£50,573.06	£50,266.63	£54,372.00

- ED Attendance costs taken from annual NHS Cost Book figures.
- Estimate costs calculated by multiplying cost of attendance by number of attendances.
- Individual ED Attendance costs in Orkney increased incrementally each year over the past 5 years.
- MH ED Attendances remained stable between 16/17 – 19/20 – however, due to increased costs estimated costs increased between 18/19 by 8% to £54,327.

ED MH Repeat Attendances with Estimated Cost



Measure	2015/16	2016/17	2017/18	2018/19	2019/20
AE indiv cost	£238.23	£254.67	£259.35	£263.18	£276.00
365 Re-Atnd	66	38	48	59	66
365 Cost	£15,723.31	£9,677.52	£12,448.75	£15,527.39	£18,216.00
133 Re-Atnd	48	30	32	39	49
133 Cost	£11,435.13	£7,640.15	£8,299.17	£10,263.87	£13,524.00
28 Re-Atnd	31	16	14	22	22
28 Cost	£7,385.19	£4,074.75	£3,630.89	£5,789.87	£6,072.00

- Rates of re-attendance for Mental Health steadily increased annually 2016/17 – 2019/20 for re-attendances within 365 days and 133 Days.

In addition, Police Scotland provided information following a system search of calls under Suicide/Attempt Suicide/Self Harm, Vulnerable Person and Mental Health related. This demonstrated that in 2019 a total of 137 calls were received in these categories and in 2020 there were 204 calls, which is clearly an increase with a large number of these calls coming from SAS as they were unable to respond.

We are also aware local police report that currently since lockdown they interact with a member of the public each day where distress and mental health wellbeing is a significant factor in the reason for police intervention.

## **How will the service be delivered**

- Penumbra will provide a seven day point of contact for referrals from the DBI Level 1 referrers and contact those referred by telephone within 24 hours of referral. During this initial call Penumbra would explain how DBI works, conduct a welfare check, record the presenting issues and complete the required DBI data set of information. This would then be passed to the Orkney Blide Trust via a secure nhs.scot email.
- The Orkney Blide Trust would then arrange with the person for a further contact, either face to face or via telephone/videocall. The Orkney Blide Trust would then work with each person for up to fourteen days from the first contact with DBI staff. (please note; support is sometimes provided for more than 14 days if this is required).
- The Orkney Blide Trust would follow the standard operating procedures developed by the DBI programme, including the Distress Management Action Plan (D-MAP), various self-management tools provided as part of the DBI toolkit and where necessary make connections with other services/supports for the referred people to access these.
- The Orkney Blide Trust would provide brief feedback to DBI Level 1 referrer and notify the person's GP that they have completed/not completed a DBI.
- Penumbra will provide DBI Level 2 training to Orkney Blide Trust and support DBI level 1 training with partners.
- Penumbra will provide training and support to Orkney Blide Trust in the required data collection and reporting to DBI Central.

Preparation to deliver DBI Level 2:

- All Orkney Blide Trust personnel delivering DBI Level 2 support would complete the approved training pathway for DBI prior to commencing the service.
- All personnel would receive regular support and supervision.
- All personnel would receive training on the DBI dataset and questionnaires which capture information for monitoring and evaluation.

## Funding proposal

Work with Penumbra and the Orkney Blide Trust has identified funding required as below. One-off seed funding of £50,000 has been agreed by the DBI Central project.

Orkney Blide Trust has calculated the total cost of £20,946 per annum. This provides DBI support based on 0.5 WTE of a support worker's salary including £6,441 as management, overheads and evaluation process.

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If the contingency is required this would take the total cost of the test of change to £65,165 with the seed funding being the major contribution.

The seed funding therefore offers an opportunity to locally test DBI at very little cost to the IJB.

Attached as Annex 1 are the key summary findings for the national programme which identifies the issues people are facing and improvement brought about by DBI intervention. A short series of case studies are attached at Annex 2 which set out how frontline services can signpost to DBI and following that engagement what outcomes were achieved.

### **DBI interim evaluation: key summary findings**

- Implementation of DBI has generally been delivered as intended and has been broadly welcomed by all those involved.
- DBI is highly valued as a person-centred service delivering an intervention to individuals who have not routinely had access to a similar service.
- Critically, the interim evaluation has gathered data that suggests DBI may be preventing suicidal behaviour and consequently saving lives.
- Those referred to DBI Level 2 were predominantly aged between 18 and 44, with a slightly higher proportion of women than men.
- For both men and women, feeling depressed or experiencing low mood was the most commonly identified presenting problem recorded in almost 60% of referrals.
- For women, the next most commonly recorded presenting problem was stress/anxiety. For men the next most common was suicidal thoughts.
- Most receiving DBI support and who took part in the evaluation, reported receiving high levels of compassion at Level 1 (Gave a score of 8.1 out of 10)
- The Level 2 service is helping and motivating the large majority of individuals referred to DBI to take steps towards establishing more control over their distress and manage it more effectively.
- The vast majority of respondents agreed DBI had helped them make plans to improve the situations in their lives which are causing them distress (89%) and DBI had given them the tools and skills to manage future distress (95%).
- Respondents most commonly said they did not know what they would have done if DBI had not been offered, indicating DBI is helping individuals to develop skills and tools to cope as well as motivation to find a way forward.
- The preliminary evaluation findings are positive and indicates people who receive a DBI intervention generally find it compassionate and effective at reducing their distress.
- The DBI programme is providing support for individuals to learn how to understand, manage and seek help effectively for their distress, who otherwise report they would turn to primary care, medication, unhealthy coping skills or suicidal behaviour.
- DBI is developing highly effective cross-sectoral working and extended professional networks both within and across the pilot sites and provides an excellent example of cross-sectoral working, which is often hard to achieve.

## DBI Stories from the Front-Line: Case Study Extracts from the Previous Programme Managers Six Monthly Report

Case studies are gathered as a powerful means of sharing the real life experience of providing and receiving DBI support. The case examples below were shared by staff involved at a recent DBI gatherings facilitated by the Mental Health Foundation (evaluation team).



Stories From the Frontline

**For the purpose of data protection and confidentiality names and some of the details have been changed to anonymise the individual.**

### Case Example 1 - Stories from the Frontline: Emergency Department

#### DBI Level 1: Emergency Department

Male self-presented to the ED department in distress; they were nurse triaged who then requested a medic to review the persons care. Person disclosed to the medic that they were experiencing suicidal thoughts following the recent breakdown of their relationship, but with no intent on acting on these thoughts. Person stated that following the relationship ending they are experiencing financial difficulty as well as now being homeless; now having feelings of low self-worth following recent events. Although not mentioned on referral, we discovered that they had no access to their children due to having no fixed abode; this was a major contributing factor in their distress. The doctor referred to DBI Level 2 for further support to address their current plight.

#### DBI Level 2

Person was contacted by phone via a trained DBI level 2 service provider within an hour of referral being received and arrangements made to see them in a community setting the following day. The Distress Management Plan (D-Map) was commenced following initial phone call.

The person stated that they had nowhere to live, they had been staying at an aunts, however, couldn't live there any longer as the house was overcrowded. At the first meeting contact with the homeless team was made who fortunately could meet with the person at that time, and arranged accommodation for the following day, the person and aunt agreed they could stay one more night until accommodation was available.

The person engaged in 6 DBI interventions during an 8 day period, further developing their distress management plan, through 3 face to face, and 3 telephone supports, where they identified coping strategies for the future.

#### Plans Made

Distress Management Plan implemented at outset of intervention and worked through during sessions of intervention, reflecting on triggers for distress, response to same and how to problem solve with better self-manage strategies in place.

## **Outcomes & Experiences:**

Person stated that they were delighted that they now had accommodation, which greatly reduced their distress. They also now have access to their children since having an address of their own. Stated alcohol consumption, which had been problematic, was now under control and they could see a better future. No longer felt suicidal, or hopeless. They were appointed a support worker at the homeless unit, who was supporting with benefit claims, and support to food bank in the meantime. When the person was referred from level 1 their level distress level was 7/10; on completion of their DBI their distress score was 0/10 at final contact.

## **Case Example 2 - Stories from the Frontline: Police**

In one of the pilot areas, a male in his mid-20s was caught shoplifting (food worth only a few pounds) and the store called Police Scotland. A young Police officer who had undertaken DBI training attended and established that the man had in effect been left homeless following a family bereavement. He also had virtually no possessions, knew no-one locally, was struggling financially and felt low and isolated.

Without DBI the man may well have been placed in custody and possibly charged. However the Police identified the distress related to the contributing factors above and felt the man might benefit from a referral for DBI support and a referral was made with the man's agreement.

The young man shared with the DBI practitioner that he had been having difficulty sleeping; that his mind kept racing and felt this was exhausting; that his mood was low and that he had experienced suicidal thoughts in the past but not feeling that way now. He explained to the DBI practitioner that there was no money for food, and that he was finding this very distressing. He also stated that he wanted to get support to look for work.

Actions taken were:

- DBI worker supported the young man to complete a Distress Management Plan - making a safety plan and addressing triggers for the hopelessness. DBI worker discussed websites to support the management of anxiety, confidence and how isolated and down the man had been feeling.
- Support was given to register with a GP.
- Supported to receive a food parcel.
- Accompanied for support to appointments with homeless team, and supported to complete forms to apply for housing.
- Support to engage with the Job Centre, where he enrolled in a construction skills certification course that will assist in finding a job.
- Support to contact Addiction services to self-refer for support.

Outcomes & Experiences:

- Compassion Level 1 recorded as 10 out of 10 by person in distress.
- Distress level reduced to 3 at end of DBI.

## **Case Example 3 Stories from the Frontline: Scottish Ambulance Service**

### **DBI Level 1: Scottish Ambulance Service**

An older gentleman contacted Scottish Ambulance Service through the 999 system as a result of a fall. The gentleman was seen and assessed at home by a trained DBI level 1 front-line paramedic. There were no requirements for further treatment with regards to the fall. However, through compassionate listening the man appeared low in mood, worried and a burden on his family because of his mobility problems. He had numerous falls and has called the ambulance service multiple times. The elderly man lives at home with his wife, she is also very distressed about her husband's falls and low mood which is affecting them both. The man agreed to referral to DBI. The paramedic reported that DBI had added an extra tool into the SAS toolbox when assessing individuals which was supporting staff on the road through opening up a new care pathway for cases that were previously thought to be helpless.

### **DBI Level 2**

Actions taken were:

- The DBI service made contact and arranged a visit at home within 24-hrs and discussed many issues that were affecting both the person in distress and their wife. The man was upset as he felt his situation was deteriorating quickly and he couldn't do the things he used to, therefore this affected his mood and in turn this affected his relationship with his wife. He explained he felt:
- That he had let his wife down
- Was unable to continue with hobbies and activities
- Guilty for phoning the emergency services and wasting their time
- Lonely and socially isolated as he was now unable to leave the house
- Putting on weight as unable to exercise

DBI staff worked with the man to make sense of what has been happening and explored solution focussed options to feel more in control, less of a burden and more informed about what help and support was available to him. He engaged in and completed a Distress Management Plan.

**Plans made:**

- Re-engage with falls service for advice
- Look at mobility information and enquire about a mobility scooter
- Look at disability gardening tools to help get him back into the garden
- Information on a Telecare alarm system to be put in place
- A referral to Befrienders Highland and The Visiting Service for support to attend the Men's Shed to combat isolation and feel part of the community again
- Information on where to buy non-slip socks as he felt that as he was unable to wear slippers and was only wearing socks in the house this may be contributing to the falls he was having
- A referral to Connecting Carers for person's wife
- Advice from the Dietician about eating and avoiding putting on weight due to decreased mobility
- The GP was informed of referral at outset and also copy of DMAP sent at discharge.

### **Outcomes & Experiences:**

- Both man and wife felt much support and that they had been given ideas and information on things that they had never heard of before. The man said that he felt that he had hope for the future and hoped that he may not fall so much and have to call emergency services. He also felt comforted that his wife was going to get support from Connecting Carers and not bear the burden all by herself.
- The man's level of distress had reduced from 8 to 4 on the distress scale.

### **Feedback:**

- The paramedic who had initiated DBI said that they had not received any further calls for the person in the four months since referral which was a significant impact on service.

## **Case Example 4 - Stories from the Frontline: Young Person**

### **DBI Level 1: ED**

Person presented at A&E after taking an overdose aged under 20. The Individual was seen by A&E doctor and explained they had taken an overdose as they were struggling to cope with the recent bereavement of their mother. Individual faced further stresses due to leaving school and not being able to take exams. Doctor consulted with Psychiatric Liaison colleagues. Suicide intent had abated and it was felt that the young person required the practical support the DBI could offer.

### **DBI Level 2:**

#### **Actions taken:**

- Person was contact by phone by trained DBI level 2 service provider within 20 hours of referral. There was no successful contact until the third attempt when DBI practitioner managed to contact person's cousin. The message was passed on to individual who made contact to arrange a community visit. Person discussed they were not linked to any other services and had left school. The Distress Management Plan was started on the first call as person began to open-up about current stressors.
- Individual engaged in 3 face to face appointments in a community setting. Initially person felt uncomfortable attending the appointments on their own so brought a support with them, however, after the first meeting they felt comfortable enough to attend on their own.
- Regular text communication and text support took place between the individual and DBI practitioner.

#### **Plans made:**

- After discussing their struggle with expressing emotions the individual was given emotional literacy resources which they worked through with DBI practitioner.
- Person was encouraged to engage with bereavement support services.
- Individual was given tool-kit and encourage practice self-care exercises and re-connect with old hobbies and interest.

- Individual was given details of local health service for young people to be contacted for support and community re-engagement.
- Individual was signposted to Samaritans and Breathing Space to contact if they experience similar distress in the future.
- The person was supported to re-engage with school as they couldn't sit exams due to the bereavement, with agreement that the school will support with making a case for the positive prelim results being used to appeal.
- Person introduced to YMCA.

#### **Outcomes & Feedback:**

- Person's distress rating had lowered from 8 to 3.
- Individual began volunteering with young people through the YMCA allowing them to become more socially mobile and less isolated.
- Individual had taken steps towards working with bereavement service which no longer seemed as daunting to them.
- Individual appeared to be much more confident and self-assured by end of 14-day period.

## **Case Example 5 - Stories from the Frontline: Primary Care**

### **DBI Level 1: GP**

Pamela (**not real name**) presented in distress to her GP. Pamela had suffered with depression and anxiety for some time, but was finding it difficult to manage her current stress and anxiety at this time due to an altercation with a neighbour who was verbally aggressive towards her. She was finding it difficult to sleep and had little appetite.

### **DBI Level 2:**

Pamela was contacted by telephone within 24 hours of the referral by a DBI Level 2 practitioner during which a welfare check, safety plan and distress Management Plan was started. An appointment was made to attend for face to face session. The Distress Management plan was built upon and it soon became clear that Pamela had a range of physical health issues ongoing, including investigations for cancer, as well as stress and anxiety about a pending court case with her abusive neighbour and the breakdown of her long term relationship. Pamela was supported through DBI to attend the local Maggie's Centre with the aid of a support worker from Maggie's, something she had been afraid to do on her own. She was also introduced to Victim Support and had an immediate contact from them to support her through the upcoming court case. During DBI Pamela had also mentioned that she previously had a CPN, but that this contact had stopped a couple of years before, but she didn't know why. Through the daily Mental Health Teams phone Huddle, which DBI takes part in each morning, the DBI practitioner was able to raise Pamela's case with the local teams and a CPN visit was arranged for her. The CPN asked that DBI continue to support Pamela until they were fully in place which we were happy to do. The CPN and DBI also worked together to help support with benefit issues which was also contributing to Pamela's stress levels.

Pamela had attended for 2 face to face appointments, when unfortunately she was hospitalised due to a physical health concern. The DBI practitioner kept in touch with Pamela by text and phone throughout this time and then carried out a last face to face appointment with Pamela in her own home when she had recovered.

## **Outcome & Experience**

Pamela said “she could not thank DBI enough for the help she had received from them. She felt less stressed and now had ongoing support in place for the future which has given her more confidence. Pamela said she felt encouraged now to start doing things again that she enjoyed, like hobbies and seeing family again. She also said that DBI had improved her self-esteem and that she now knew ‘that she was worth more than what she had been willing to accept in her previous relationship’.



## Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

<b>1. Identification of Function, Policy or Plan</b>	
Name of function / policy / plan to be assessed.	Distress Brief Interventions Service.
Service / service area responsible.	Mental Health, Orkney Health and Care (OHAC).
Name of person carrying out the assessment and contact details.	Lynda Bradford.
Date of assessment.	15 June 2021.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced, or changed significantly).	New service.

<b>2. Initial Screening</b>	
What are the intended outcomes of the function / policy / plan?	Distress Brief Interventions (DBI) is a new service, supporting people who present to front-line health, Police, paramedic, and primary health staff in a state of distress. It is intended to improve mental health outcomes for people, as well as reducing the need for later, costlier interventions.
State who is, or may be affected by this function / policy / plan, and how.	All people who present to front-line services in a state of distress, with the intention of improving mental health outcomes.
Is the function / policy / plan strategically important?	Mental Health Services are one of the seven priorities of OHAC's Strategic Plan 2019-2022.

<p>How have stakeholders been involved in the development of this function / policy / plan?</p>	<p>National pilot programmes have seen the involvement of service users throughout the process.</p> <p>Local third sector, mental health support agency, The Orkney Blide Trust, have been involved in development of the proposals, in Orkney.</p>
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise.</p> <p>E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<p>The pilot programmes, undertaken in mainland Scotland, indicated:</p> <ul style="list-style-type: none"> <li>• 57% of service users were female.</li> <li>• 72% of referrals involved people from the 5 most deprived deciles.</li> <li>• 17% of referrals featured money worries as a significant contributory factor.</li> </ul>
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise.</p> <p>E.g. For people living in poverty or for people of low income. See <a href="#">The Fairer Scotland Duty Interim Guidance for Public Bodies</a> for further information.</p>	<p>Please complete this section for proposals relating to strategic decisions).</p> <p>Yes. (Please see above.)</p>
<p>Could the function / policy have a differential impact on any of the following equality strands?</p>	<p>(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).</p>
<p>1. Race: this includes ethnic or national groups, colour and nationality.</p>	<p>None anticipated.</p>
<p>2. Sex: a man or a woman.</p>	<p>57% of pilot programme service users were female. It is anticipated that DBI will improve mental health outcomes for women.</p>
<p>3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>	<p>None anticipated.</p>
<p>4. Gender Reassignment: the process of transitioning from one gender to another.</p>	<p>A large body of literature around gender dysphoria suggests Transgender people experience a higher level of psychological problems than the general population.</p> <p>It is anticipated this new service will improve</p>

	outcomes for those suffering psychological problems.
5. Pregnancy and maternity.	None anticipated.
6. Age: people of different ages.	None anticipated.
7. Religion or beliefs or none (atheists).	None anticipated.
8. Caring responsibilities.	None anticipated.
9. Care experienced.	According to the NSPCC (2015), care experienced people are four times more likely to experience mental health difficulties than people who experienced childhood with their birth family. It is anticipated this new service will improve outcomes for those suffering psychological and mental health problems.
10. Marriage and Civil Partnerships.	None anticipated.
11. Disability: people with disabilities (whether registered or not).	None anticipated.
12. Socio-economic disadvantage.	The national pilot programme demonstrated a very high level of referrals from low income areas. (See above.) In addition, 17% of referrals featured money worries as a significant contributory factor.
13. Isles-Proofing	None anticipated. This programme will encompass both the Mainland and the isles.

<b>3. Impact Assessment</b>	
Does the analysis above identify any differential impacts which need to be addressed?	No.
How could you minimise or remove any potential negative impacts?	N/A.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

#### 4. Conclusions and Planned Action

Is further work required?	No.
What action is to be taken?	None.
Who will undertake it?	N/A.
When will it be done?	N/A.
How will it be monitored? (e.g. through service plans).	N/A

Signature:



Name: Lynda Bradford.

Date: 15.06.21.



## Integration Joint Board Direction.

<b>Reference</b>	2021.05 – Distress Brief Intervention.
<b>Date direction issued</b>	30 June 2021.
<b>Date direction in effect from</b>	Date to be determined by Integration Joint Board.
<b>Direction issued to</b>	NHS Orkney.
<b>Does this direction supersede, amend or cancel a previous direction – If yes, include reference number(s)</b>	No.
<b>Service area covered by direction</b>	Mental Health Services.
<b>Detail of Direction</b>	To commence a pilot project, detailed in the Distress Brief Intervention Pathways Implementation Application report, presented to the June IJB. This is for a period of two years.
<b>Budget allocated for this direction</b>	<p>The project is anticipated to cost £65,165 which includes contingency of £11,933.</p> <p>There is “seed funding” which has been agreed by DBI Central project of £50,000 The remainder of budget will be allocated from the IJB reserves “further integration funding” as and when required within the pilot project timeline.</p> <p>The costs are split as follows:</p> <p><b>Penumbra</b></p>

<b>Delivery.</b>	<b>Cost per annum.</b>	<b>Total for 2 year project.</b>
Twice daily checks for referrals (365 days).	£2,435.	£ 4,870.
Initial calls with referred person plus handover to Orkney Blide Trust.	£1,560.	£3,120.
Initial online training DBI level 2 (one off cost).	£2,500.	£2,500.
DBI level 1 online buzz sessions.	£375.	£750.
	<b>£6,870</b>	<b>£11,240</b>
<b>Orkney Blide Trust</b>		
<b>Delivery.</b>	<b>Cost per annum.</b>	<b>Total for 2 year project.</b>
DBI level 2 support.	£14,505.	£29,010.
Management, overheads and evaluation of project.	£6,441.	£12,882.
	<b>£20,946</b>	<b>£41,892</b>
<b>Contingency based on service demand increasing considerably in year 2:</b>		
Penumbra.	£4,680.	£4,680.
Orkney Blide Trust.	£7,253.	£7,253.

	<p>Year one costs of £27,816 with year two costs of £25,316 having been identified giving a project cost of £53,232. The vast majority of the costs therefore sit within the overall £50,000 seed funding received from DBI Central. It is proposed that the small residual sum of £3,232 is funded via the further integration support funding which is within the IJB reserves</p> <p>There is also a contingency sum of £11,933 in regards to any additional demand This funding can only be drawn down based on the evidence of the service demand and positive outcomes.</p> <p>Therefore there is a total allocation of £65,165 available for this project.</p>
<b>Outcome(s) to be achieved, including link to Strategic Plan</b>	Mental Health service is detailed as one of the seven priorities within the Strategic Plan 2019-22.
<b>How will this be measured</b>	A further evaluation will be presented to a future IJB meeting.
<b>Date of direction review</b>	Annual, unless required otherwise.