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Agenda Item: 11

Integration Joint Board

Date of Meeting: 18 February 2026.

Subject: Distress Brief Intervention.

1. Purpose

1.1. To advise Members of the Distress Brief Intervention (DBI) activity and outcomes in the past two years and seek agreement that DBI moves from project status to a commissioned service delivery model.

2. Recommendations

It is recommended:

2.1. That the benefits of the DBI service are such that DBI should be recognised as a permanently commissioned service augmenting the lower tiers of Mental Health and Wellbeing provision.

2.2. That, until a permanent source of funding is secured, funding amounting to £83,310 be allocated from the Mental Health Outcome reserves to continue to fund the project for a further two years.

3. Background

3.1. As Members will recall, a Distress Brief Intervention Pathway Implementation Application for a two year pilot project was presented to the Board on 30 June 2021.

3.2. The pilot's aim was through multi-agency/organisation collaboration and coproduction in Orkney, a direct referral pathway from the Emergency Department, Primary Care, Police Scotland and Scottish Ambulance Service to Distress Brief Intervention Level 2 support (24 hours to 14 days) to be developed and tested over two years, using a phased approach across Orkney.

3.3. Following approval of the pilot, Penumbra was commissioned as the Level 1 provider contact organisation and the Orkney Blide Trust as the Level 2 provider support.

3.4. The Distress Brief Intervention Project Evaluation was presented to the Board on 13 December 2023 which highlighted very real benefit and positive service user commentary such that a further two years of funding was agreed.

3.5. That two year delivery ended in December 2025 however national Mental Health funding was found to extend the service delivery through to 31 March 2026 with a plan to bring forward this report for the 2026/27 funding cycle.

4. DBI Activity to Date

4.1. The Orkney 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 compassionate 'ask once get help fast' response to people who presented in distress to frontline services, but this was the first Island community in Scotland to set up a DBI service.

4.2. 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 to the 'Level 2' DBI service (provided by Penumbra and the Orkney 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.

4.3. The service has grown to a rate of around 2.5 referrals per week however following community tragedy there can be considerable temporary hikes in activity. Referral pathways initially commenced with the Police Scotland and Scottish Ambulance Service however these have now been expanded to include the Emergency Department and more recently the Isles Network of Care. The vast majority of the 240 referrals received to date (around 80%) have come from Police Scotland.

4.4. 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.

4.5. To date there have been 240 referrals to DBI with the following characteristics:

- Over 80% engaged in DBI support.
- There was an approximately 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.

4.6. For the people who engaged with the Orkney DBI service, presenting problems and contributing factors are as follows:

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

4.6.1. The top five 'Contributory Factors' were:

- Relationships.
- Alcohol use.
- Life coping skills.
- Caring responsibilities.
- Underlying mental health issues.

4.7. Around 25% of the people who received support from the Orkney Blide Trust through the DBI service requested to access ongoing/long term mental health support from the Orkney Blide Trust and became 'members'. The majority of these people would most likely have not sought support from the Orkney Blide Trust had they not engaged in the DBI service.

4.8. In addition to the Orkney Blide Trust support, a range of referrals to other third sector providers were made as appropriate for example to Relationships Scotland Orkney, Citizen's Advice Bureau (CAB), Advocacy Orkney, Orkney Rape and Sexual Assault Services, Women's Aid and specialist national counselling and bereavement services as well as public sector services such as Housing and the Community Mental Health Team.

4.9. 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 unique approach reflects one of the key strengths of the local 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.

4.10. 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 Orkney Blide Trust premises but can also occur in the person's home or in a neutral venue.

4.11. Evaluation of DBI services nationally indicates that DBI may contribute to suicide prevention. One in 10 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.

4.12. 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 Orkney 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.

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

4.14. A testimonial from a local person who used the service is attached at Appendix 2.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 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. The majority of the funding for the initial two-year test of change (£50,000) came from seed funding received from DBI national project with around £16,000 coming from Integration Joint Board. The DBI national project provided a further £50,000 to support the further development and embedding of the Orkney DBI service in years three and four (with the additional £20,627 being funded by the Integration Joint Board).

6.2 The proposal to continue the Orkney DBI service for a further two years (assuming up to three referrals per week) would cost £83,310 over two years. This is made up of:

- **Penumbra:**

- Twice daily checks for referrals: £12,060 over two years.
- Up to three calls per week at 1.5 hrs per call: £7,732 over two years.
- Management oversight: £1,256.

- **Orkney Blide Trust:**

- One 0.75 WTE of a support worker's salary: £49,380 over two years.
- Management (including training of Level 1 practitioners), overheads and evaluation: £12,882 over two years.

6.3. It is recommended that, given the evidence of the benefit DBI offers, it is now regarded as a permanent commissioned service.

6.4. The two years funding required through to March 2028 to continue with the existing level of activity can be met on this occasion from within the Mental Health Outcome framework suite of funding. This funding sits within the Integration Joint Board's NHS reserves.

7. Gaps in Provision and Future Potential Development

7.1. As previously described, the funding being sought for two years enables referrals from Police Scotland, Scottish Ambulance Service, Emergency Department, and the Isles Network of Care.

7.2. Assuming current referral rates remain, stable it is not possible to open other referral pathways without additional income and human resources.

7.3. The mainland GP practices therefore cannot directly refer to DBI at the present time further exacerbating the current issue of a lack of Primary Care mental health services.

7.4. A report has just been published on a small pilot which has enabled 14–16 year olds to be offered DBI. It is proposed to invite officers from the DBI national workstream to present their findings for local exploration with Orkney Health and Care and Education colleagues.

8. Risk, equality and climate change implications

8.1. Given the volume of individuals referred if DBI is not to continue it is likely that there would be increased attendances at the Emergency Department, and within Primary Care.

8.2. Although there is some potential for increased referrals to the Community Mental Health Service it should be noted that many of these individuals would not meet the threshold for service.

8.3. 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.

8.4. Early Intervention and Prevention is a Strategic Priority for Orkney Integration Joint Board.

8.5. Under Section 50A(4) of the Local Government (Scotland) Act 1973, the public should be excluded from the meeting in respect of any discussion relating to Appendix 2. Appendix 2 contains exempt information as defined in paragraph 3 of Part 1 of Schedule 7A of the Act.

9. Direction required

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

NHS Orkney.	Yes.
Orkney Islands Council.	No.

10. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

11. Authors and contact information

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12. Supporting documents

12.1. Appendix 1: Draft Direction to NHS Orkney.

12.2. Appendix 2: Testimonial.



Integration Joint Board Direction.

Reference	2025.05 – Distress Brief Intervention.
Date direction issued	18 February 2026.
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 2023.04 – Distress Brief Intervention.
Service area covered by direction	Mental Health Services.
Detail of Direction	To permanently commission the Distress Brief Intervention Service in Orkney augmenting the lower tiers of Mental Health and Wellbeing provision and to fund a further two years of the service.
Budget allocated for this direction	To provide funding of £83,310 to be taken from the Mental Health Outcome reserves to continue to fund the project for a two year service whilst permanent funding is sourced.
Outcome(s) to be achieved, including link to Strategic Plan	Delivery of the Distress Brief Intervention service for an additional two years will support the progress of the Mental Health and Wellbeing Strategic Priority in the Strategic Plan 2025 – 2028.
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 March 2028, unless required otherwise.