





This Knowledge Digest summarises information about '<u>Scotland's Distress Brief Intervention</u> Program'.

This program is recommended (rec. 19.3) as a model to decrease burden on police and ambulance, who all too often are the people mentally distressed people turn to, to develop a 14-day support program by the Mental Health Royal Commission (2021).

The Distress Brief Intervention Program consists of two parts:

- 1. Distressed individual present face to face or online to a *specially trained* front-line staff member (GP, police, paramedic). They ease their initial distress and promise follow up within 24 hours if the person wants further support.
- **2.** Further face-to-face support is provided within 24 hours of referral by a commissioned and trained third sector staff known as a recovery practitioner.

The recovery practitioner

A recovery practitioner works with the distressed person – face to face or over the phone – by listening and offering compassionate and close support. They do intensive problem-solving with the person and offer and link them to via a series of interventions that provide everyday support, and long-term help specially tailored to the unique situation of the person.

In other words, they support them at the right time, with the right professionals.

Background

The Distress Brief Intervention approach emerged from the Scottish Government's work on the Suicide Prevention and Mental Health strategies. Early evidence of success led the Scottish Government to establish a pilot DBI programme (November 2016 to March 2021) in four sites across Scotland.

The Distress Brief Intervention (DBI) programme is now being expanded and developed as a nationwide response for people presenting in distress.

Aim: 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.

Partnerships: A large and far reaching national and regional distress collaboration between: Telehealth (111), Health and social care providers, Police and Ambulance, Universities & Researchers and third sector partners.