

Further Evidence Request (Submitted 15th October 2026): Distress Brief Intervention (DBI) Equality & Diversity Summary for the Scottish Parliament Criminal Justice Committee which took place on 16th September 2026

Produced for: Criminal Justice Committee

Purpose: The National DBI Programme Manager attended the Scottish Parliament Criminal Justice Committee on the 16th September as a witness to contribute to the session which focussed on “policing pressure and mental health demand”. During the session, followed by an e-mail, the DBI Programme Manager was requested to provide further summary information on **“the equality and diversity of those who access DBI”**. The response follows.

DBI Data Collection, Systems and Governance: Evaluation, outcomes and experience has been central to the improvement science approach, which has underpinned the DBI programme right from the outset. Since the very first DBI referral in 2017, Public Health Scotland (PHS), previously Information Statistic Division, have been responsible for collecting, analysing and reporting the routine DBI performance and outcome data, for every single referral, as standard, via a DBI dataset, through robust information governance approval and secure systems.

The collection and use of data, which includes an equality and diversity monitoring form has been critical in support of the continuous improvement, evaluation and growth of DBI across Scotland, which has seen **121,183** referrals across Scotland from 2017 to 30th June 2026. The Growth of DBI can be seen in average monthly referrals increasing from:

- **2018** - 151 per month in the whole year
- **2022** - 1,061 per month in the whole year
- **2026** - 2,453 per month, this year between the months of January to June.

Analysis also helps identify patterns that may support equitable and person-centred responses for DBI, including informing development, reducing potential barriers to people seeking help and improving understanding of people’s diverse experiences of distress.

Summary of Equality and Diversity of those who Access DBI. The summary is in two sections:

- **Section 1** provides the summary information taken from the routine DBI dataset for all referrals for the full year April 2025 to March 2026.
- **Section 2** Provides a brief summary of a recently completed, comprehensive DBI equality, diversity and inclusion analysis, based on the data from the PHS DBI dataset for all referrals across Scotland for the five years from 1st October 2019 to 30th September 2024. The findings, are being reported through user friendly infographics, providing the breakdown of statistics relating to Sexual Orientation, Ethnic Group, Scottish Index of Multiple Deprivation (SIMD), Urban / Rural Classification, Gender and Age Group.

Please note that PHS are planning to publish the DBI Equality, Diversity and Inclusion Infographics in the coming months on the Publications pages on the PHS website and once the publication goes live, PHS will send a link to the publication to the Criminal Justice Committee.

Section 1: Summary of the Equality and Diversity of those who Access DBI

The routine DBI dataset for all referrals for the full year April 2025 to March 2026 show the following:

Gender: For the period April 25 to March 26:

- 61% Female & 39% Male for all referrals;
 - The gender split does vary by referral source, emphasising the importance of having multiple routes to support: extending reach, impact and reducing inequalities For example, 66% of Primary Care In Hours referrals are female
 - A more balanced split can be seen for other pathways:
 - 50% of Police Scotland referrals female;
 - 49% for A&E female;
 - 53% for SAS female;
 - 54% for Mental Health Unscheduled Care female;
 - 55% for Psychiatric Liaison Service female;
 - 55% for NHS 24 female

Age: For the period April 25 to March 26:

- 20% of referrals were 25 or under;
- 68% were aged between 26 and 59;
- 12% were aged 60 or over.

Deprivation: For the period April 25 to March 26:

- 69% of referrals were from the five most deprived deprivation deciles, which is significant in terms of reducing health and social inequalities;
- Levels of deprivation can vary across pathways, with 75% of Police referrals being from the five most deprived deprivation deciles.

Alcohol/ Substance Misuse: For the period April 25 to March 26:

- 10% were under the influence of alcohol or substances at the point of DBI referral, demonstrating the inclusive approach of DBI, ensuring that support is available to people experiencing distress regardless of presentation, including where alcohol or substance use is a contributing factor. The DBI programme seeks to reduce barriers to accessing help and provide compassionate support to people experiencing distress where and when they need it.

Presenting problems and contributing factors: DBI aims to “de-complex” distress, working across a wide range of concurrent, interrelated presenting problems and contributing factors, which are interplaying in the person’s distress. To ensure the DBI community continues to evolve in meeting the needs of those who present, the DBI dataset captures:

- **The presenting problems**, which are the immediate, physical, mental or behavioural problems that the person is presenting with.
- **The contributing factors**, which are the current issues in the person’s life which are contributing to the physical, mental or behavioural problems that the person is experiencing.

For all referrals across Scotland for the year from April 2025 to March 2026, each person/referral had an average of 2.7 presenting problems and an average of 3.2 contributory factors:

- **The Top 5 Presenting Problems were:**
 - Stress/Anxiety 71%,
 - Depressed/Low Mood 67%,
 - Suicidal Thoughts 37%,
 - Sleeping Issues 18%,

- Social Problems 12%.
- **The top 5 Contributory Factors were:**
 - Emotional Wellbeing 56%,
 - Life Coping Issues 43%,
 - Relationships 41%,
 - Employment Issues 18%,
 - Bereavement 17%.

Section 2: Summary of a recently completed, comprehensive DBI equality, diversity and inclusion analysis, due for publication in the near future.

The data from the PHS DBI dataset for all referrals across Scotland for the five years from 1st October 2019 to 30th September 2024, which included 69,485 referrals shows:

Sexual Orientation: Of the 69,485 referrals for the time period, 39,996 referrals (58%) had a meaningful category for Sexual Orientation and 29,489 referrals (42%) were either not disclosed or not known. Of the meaningful categories:

- Heterosexual/Straight: 90.7% (36,287 cases) had a meaningful category for Heterosexual/Straight;
- Gay/Lesbian: 4.0% (1,607 cases); had a meaningful category for Gay/Lesbian;
- Bisexual: 3.9% (1,554 cases); had a meaningful category for Bisexual;
- Sexual Orientation Other 1.4% (548 cases).

Other Gender: The number of referrals recorded as 'Other Gender' has increased in the period October 2019 to September 2024, with:

- 0.1% of referrals were Other Gender between October 19 and September 20;
- 0.4% of referrals were Other Gender between October 23 and September 24.

Ethnic Group: Of the 69,485 referrals for the time period, 42,581 referrals (61%) had a meaningful category for Ethnic Group and 26,904 referrals (39%) were either not disclosed or not known. Of the meaningful categories:

- White Scottish or White British: 91.3% of DBI referrals had a meaningful category for Ethnic Group of either White Scottish or White British;
- Minority Ethnic: 8.7% of DBI referrals with a meaningful category for Ethnic Group identified as belonging to a minority ethnic group.

Age Group by Deprivation Deciles: 71% of those aged 26 to 45 were from the five most deprived deprivation deciles, compared to 55% for those aged 75 and over.

Urban and Rural Mix of Referrals: There was a slightly higher proportion of DBI referrals from people living in urban areas, and lower proportion for rural areas compared with the Scottish Population as a whole, with:

- 12% of people referred to DBI being from rural areas, compared to 18% for the Scottish population as a whole living in rural areas.

Urban and Rural Split and Deprivation: There is a difference between the Urban/Rural split for the five most deprived deciles compared to the five least deprived deciles, with:

- 75% of Urban Area referrals were from the five most deprived deciles, compared to 38% of referrals from Rural Areas.

Summary: The independent evaluation of DBI, published in May 2022¹, highlighted a key strength of DBI is its flexibility to be tailored to the individual needs. As a result, DBI is able to meet the needs of a wide range of people experiencing distress who present to frontline services, each with different characteristics, life circumstances and challenges. This reaffirms the DBI community's commitment to delivering person centred, evidence-informed and equality- and diversity-sensitive support that is connected, compassionate and focus on continuous improvement.

For Further Information:

For further information in relation to DBI please contact DBI Central and we will be delighted to support.

e: DBIcentral@lanarkshire.scot.nhs.uk @: www.dbi.scot

¹ <https://www.dbi.scot/news/independent-evaluation-recommends-further-roll-out-of-dbi-across-scotland/>