

Mental Health and Substance Use Protocol Programme and Suicide Prevention Scotland: National Learning Event

Care, Recovery, and Suicide Prevention: Supporting Families and Carers and Social Relationships

Leading quality health and care for Scotland



Agenda

Time	Topic	Lead
1pm	Welcome and introductions	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland; Linda Hunter, Implementation Lead for Time Space Compassion, Scottish Government
1:15	Triangle of Care in NHS Lanarkshire Mental Health, Learning Disability and Addiction Services	Lisa Gartshore, Adult Mental Health Nurse Consultant, NHS Lanarkshire
1:30	Glasgow HSCP Family Wellbeing Hub	Ayisha Azam, Health Improvement Senior, NHS Greater Glasgow & Clyde
1:50	Connecting Communities - People Impacted by Substance Use	Danny Kelly, Operations Manager, Hillcrest Futures, Frankie Davie, Drug and Alcohol Project Worker, Hillcrest Futures and, Melissa Carlyle, Drug and Alcohol Project Worker, Hillcrest Futures
2:05	Triangle of Care	Amy Marshall, Mental Health Development Officer, Carers Trust Scotland
2:15	Q & A / Panel discussion	All
2.30pm	Closing remarks	

Peer Network workshop

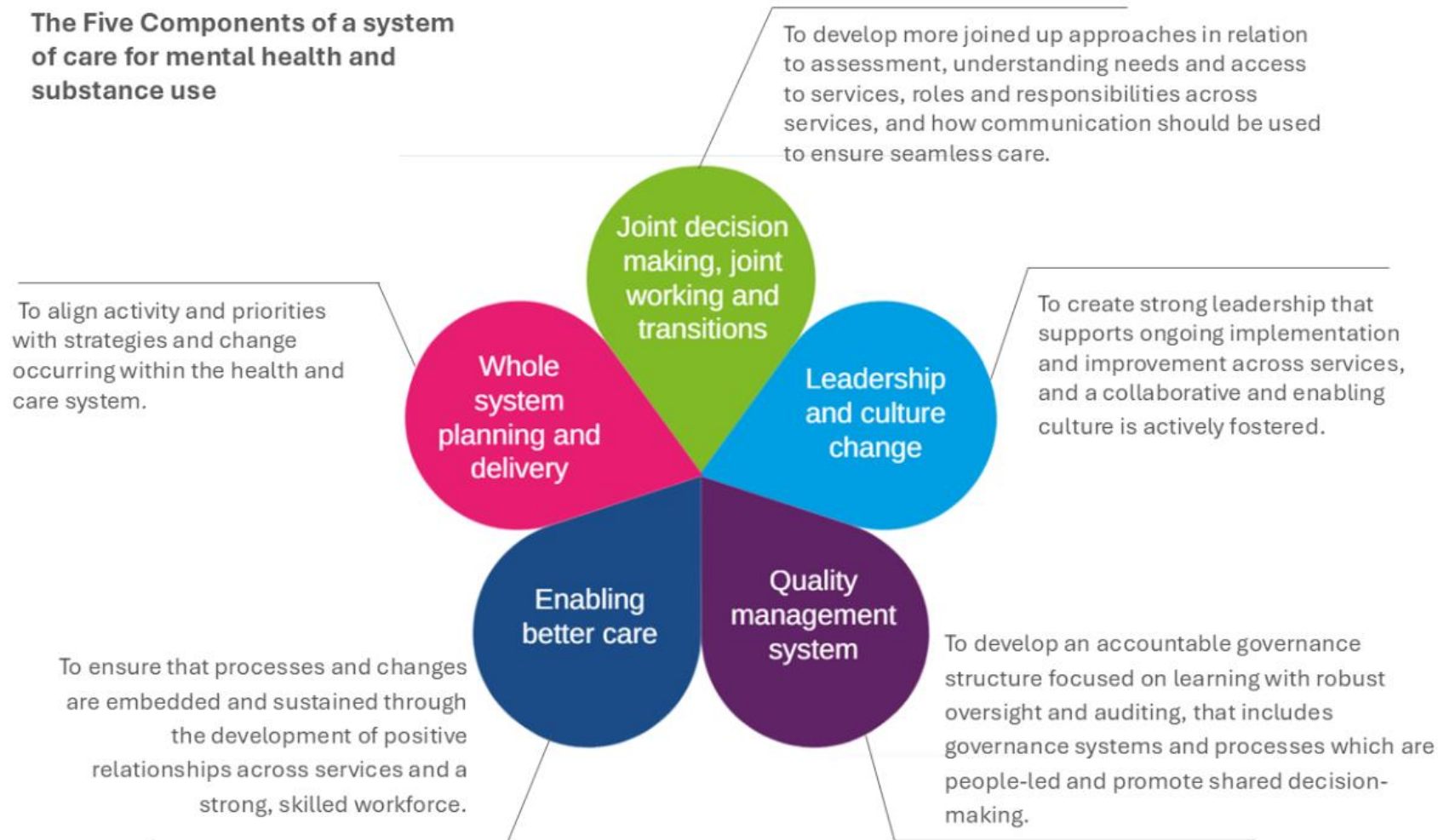
Join the Mental Health and Substance Use Peer Network....

- To build knowledge and accelerate improved outcomes,
- Connect with people to share learning, successes and challenges,
- Develop an understanding of co-occurring mental health and substance use needs within the health and social care system.

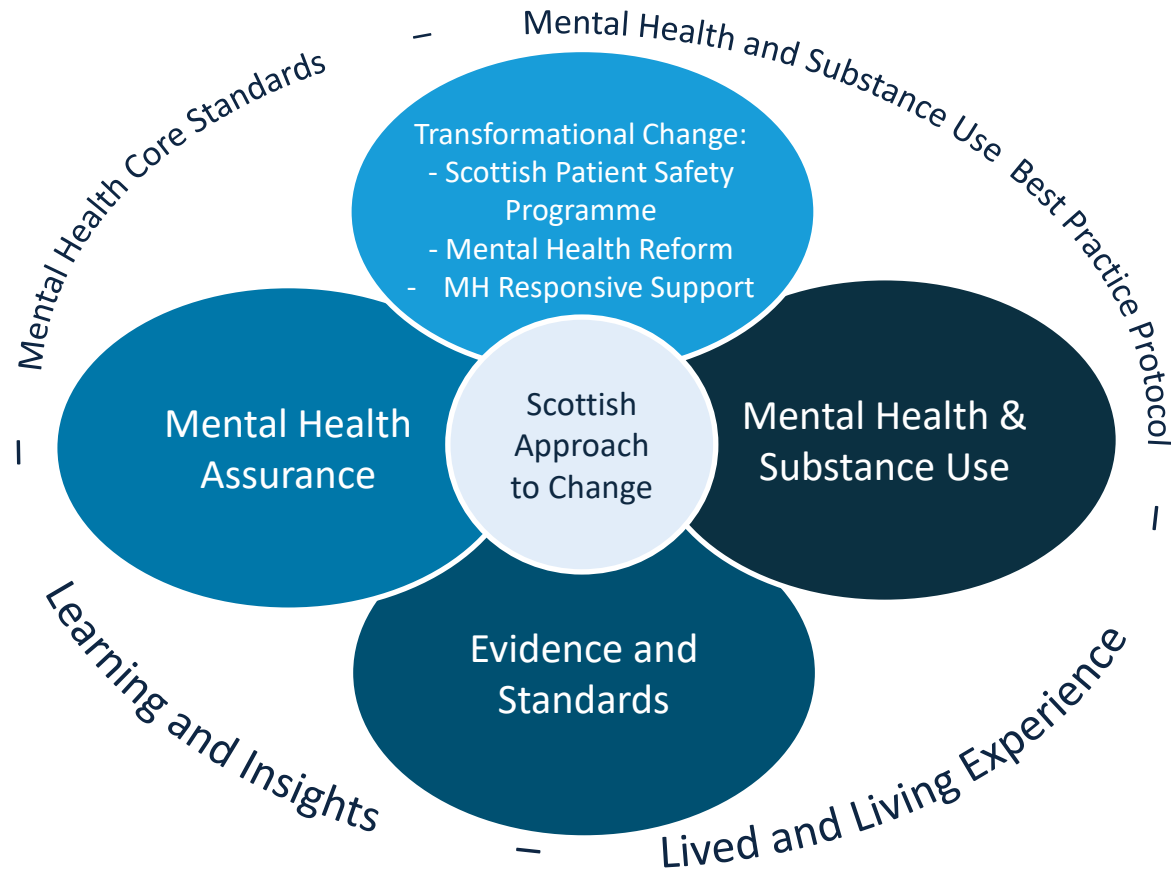
Our next workshop is taking place on **11 December at 14:00** to continue the discussions held today, join the network to take part:

<https://tinyurl.com/mpt3hnh6>

The Five Components of a system of care for mental health and substance use



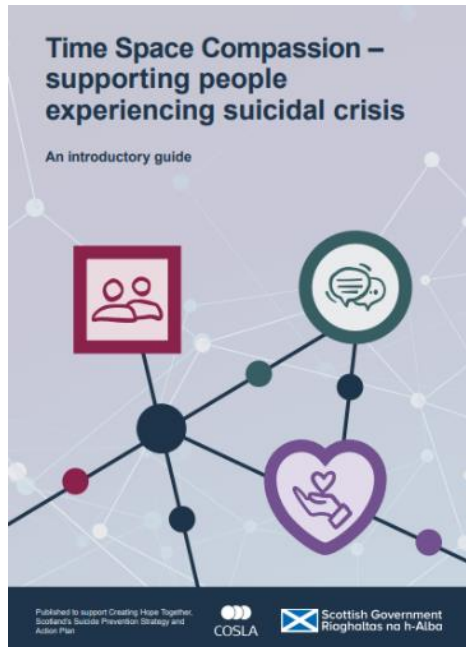
Mental Health across Healthcare Improvement Scotland



Time Space Compassion



Practice guide



Case studies

Our response

Through our involvement in local planning meetings, we had connections with the local GP practice. We shared what we'd learned and the GP practice team were keen to work with us to find a solution. We ran a short trauma informed practice workshop for the reception team, covering the ways trauma can show up for people, and supporting the team to think through what that meant for them and people seeking help. The practice team put in place a simple process, that gave the people we support the option to have their patient record flagged on the appointment system. We explained the options to the people we support and gave them the choice to opt in. When they called or dropped into the surgery to ask for an appointment, the reception team could immediately see they were linked with our project. This prompted the reception team to take a bit more time over the call, check in on how the person was doing, and ask if they needed an urgent GP appointment that day.

3.2 Learning from practice

Building relationship – As support providers, we were in the perfect position to hear what people had to say about the barriers they faced. By working in partnership with us, the GP practice was able to tap into those trusted relationships. Without that, it's unlikely people would have opted in to using this system. People felt listened to,

Workshops



Thursday, 30 October

Relational care in the context of suicidal thinking and suicidal crisis

By The Queen's Nursing Institute Scotland

Intended for nurses and other community or primary care professionals working with people experiencing suicidal thinking and suicidal crisis

Podcasts



[Time Space Compassion - Suicide Prevention Scotland.](#)





mental welfare
commission for scotland



mental welfare
commission for scotland

Carers, consent and confidentiality

Good practice guides

April 2024



mental welfare
commission for scotland



“Impact on all our mental health - it’s exhausting and relentless trying to support and help a person you love seeing how they are struggling and watching their health deteriorate before your eyes you feel helpless as a parent”

Carer - Ending the exclusion 2022

“I feel shame and guilt of his behaviour as if it’s my fault and I should be able to help/fix it” 175EE

Carer - Ending the exclusion 2022



“I had to give up my job. The condition dominates everything the family does,

Carer - Hope for the future 2020

“It has had a devastating effect on our family nearly destroying my marriage and breaking down my relationship with my daughter.”

Carer- ending the exclusion 2022



All staff are excellent, from domestics to doctors.

Communication and support is excellent. Staff take the time to speak to you,

Staff always seem like they have all the time in the world for my dad. They treat him with respect and give him good care.

Carer views 2020

Lived & Living Experience Panel



- Getting beyond the 'goldilocks effect'
- Involving family and close networks – at the same time as working with the complexity of those relationships
- Competency in identifying and working with complex family relationships

Triangle of Care in NHS Lanarkshire Mental Health Services

Background

- The True North Statements from NHS Lanarkshire's Quality Strategy (2023-2029) encourage alignment with the organisational goals and set out action plans for service in which to make improvements.
- In line our True North drivers, MH, LD & Addiction Services were tasked with improving & evidencing family & carer engagement & involvement as a matter of priority.
- A large proportion of recommendations from SAERs highlighted family/carers engagement as an area in need of significant improvement.
- This work was allocated to the NC for mental health whilst working across all disciplines within MHLDA.
- The approach designed was to agree a baseline set of 15 standards aligned to 'Triangle of Care' which can then be measured and improvements evidenced.

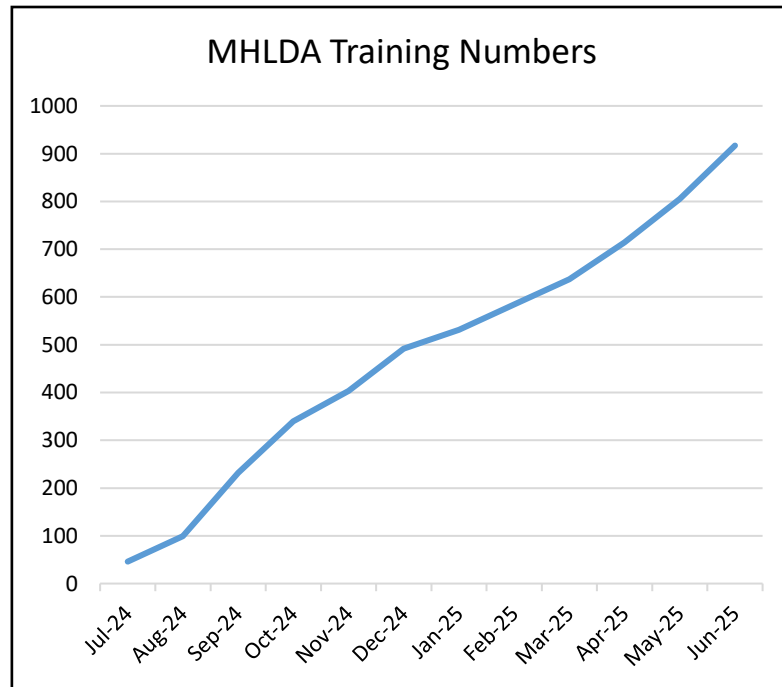
Collaborative Approach

- The first and most important step in this project was to ensure it was wholly collaborative with national and local carer organisations.
- The Carers Trust were supportive and helpful when approached and helped advise on most appropriate training approach
- Local carer organisations have been co-partners in this work from the very beginning.
- No standards set and no training has taken place without full agreement and collaboration from local carer organisations.
- As part of our NQN induction week we have a carer deliver a full session and presentation to all NQNs in NHSL MHLDA.



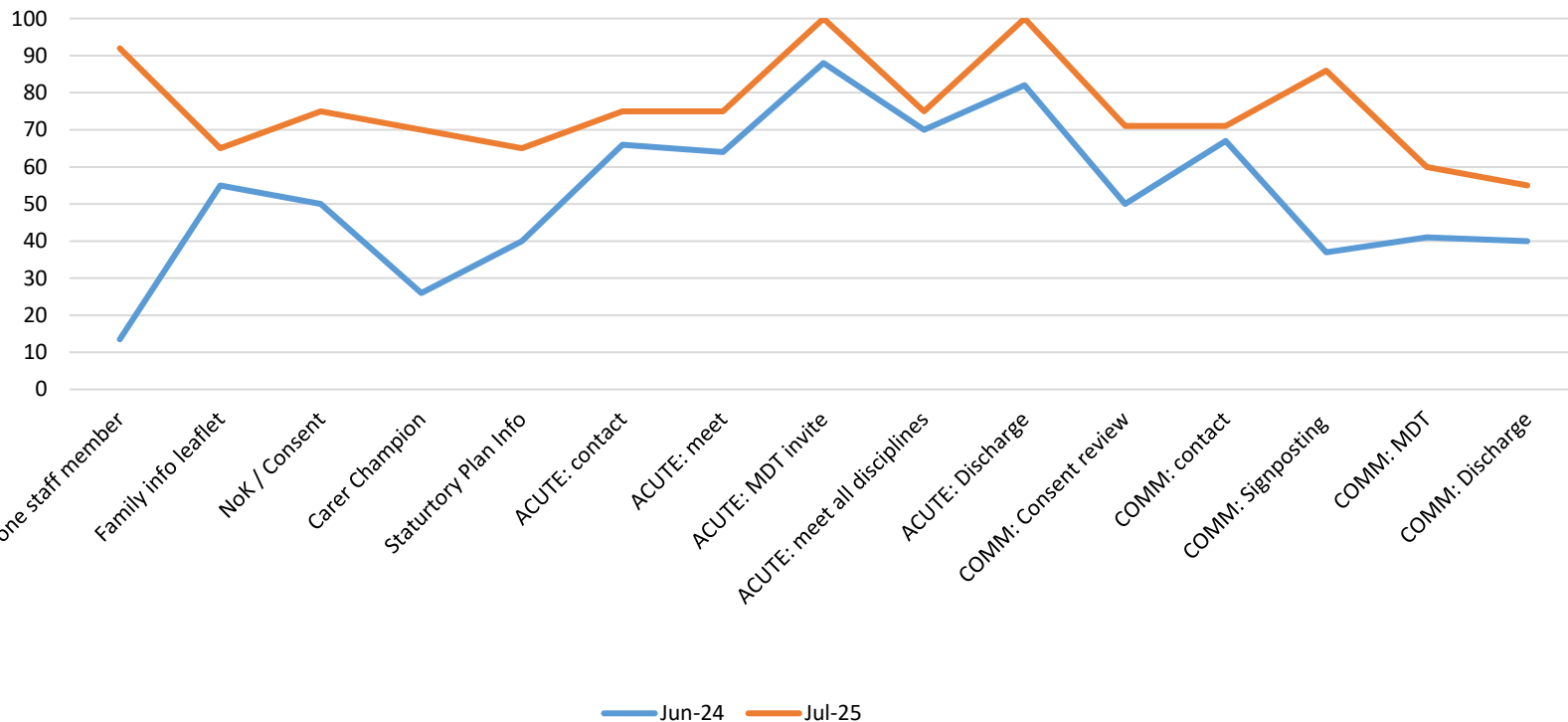
12 month Outcomes

- We began formal implementation of the baseline foundation in June 2024 and measured progress in July 2025.
- We demonstrated improvement in every standard set
- Improvement seen in all professional groups within the MDT
- Training in Carer Awareness went from 0% of staff to 90% of all staff in MHLDA within first year, inclusive of all admin staff.



12 month Outcomes

Areas of Improvement Jun 2024 - July 2025



Next Steps

- Embed the standards and audit cycles in everyday practice for all staff
- Carer Champions Network – We now have 62 carer champions across all our services – we need to put emphasis on this role and focus on carer champions conducting service improvements in their areas specifically for families/carers engagement.
- Official celebratory launch across NHSL – was due in November but postponed due to lead from one carer organisation unable to attend – due start of 2026.
- Ongoing audits to capture patient and carer feedback as well as staff improvements.
- Build on minimum standards to create a framework to encourage each team/service to move from minimum to excellent to outstanding levels of family/carers engagement.
- Dissemination of approach and potential articles/poster presentation to highlight work done and future aims.

Keep in touch

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Glasgow HSCP Family Wellbeing Hub

Leading quality health and care for Scotland

Health is made at HOME, Services are for Repairs

- Glasgow HSCP Family Well-being Hub's moto is:
- **Health is made at HOME, Services are for Repairs.**
- Adapted from Lord Nigel Crips book titled 'Health is made at HOME, Hospitals are for Repairs'.
- He was **Chief Executive of the English NHS** and Permanent Secretary of the UK Department of Health from 2000-2006.

- "Many of today's biggest health problems such as loneliness, stress, poverty cannot be tackled by the NHS alone. It can only react, doing the repairs but not dealing with the underlying causes. Put simply we are trying to deal with today's problems with a health system designed to tackle yesterday's diseases. It is no wonder there are so many difficulties. We need a fundamental change of direction and a new way of thinking about health & wellbeing..... And it's still too often about things done to us, not by us. And why do so often feel that we are being made to fit into the system rather than it fitting around us?

- Isn't it time to change all this, time for us to assert ourselves as equal partners with the NHS and the state?"

How parents/carers feel about support services

- "After waiting 4 years for a diagnosis I received a letter with links & QR codes which was not helpful. Felt disgusted, deflated, burst out crying after I read the letter. looking for strategies to help with the meltdowns."
- "Can be a minefield about who to go to at times."
- "Feel let down by the school and looking for help from anyone."
- "passed around a lot with no outcomes."

- "Would not reach out to services because would not know where to start. Most of the times we are given a leaflet or a link and do not find that helpful."
- "Not getting information/support as required. Keep getting told there are waiting lists."
- "Being told about waiting times and managing expectations is important. We are currently getting spin off supports and not managing to get a diagnosis for our son."

Background

- Consultation with parents/carers
- Pilot project established (Children 1st support line and CDRS)
- Evaluation
- Finding from Evaluation - isolation, lack of support, acute distress.
- Recommendations - peer support and support for parents/carers alongside CYP.

- Established 3 years ago
- Formal evaluation stopped; however, curiosity, observation, and discussions with parents/carers did not.
- Noticed every family was unique however the issues were similar. Struggling with mental health, neurodiversity, trauma, school non-engagement, self-harm and suicide.

- We provided parents and carers with a meaningful voice, actively listened, and quickly recognised the importance of responding to their needs rather than simply reacting. By addressing not only the immediate issues but also the underlying causes, we empowered parents and carers, built their confidence, and ensured they felt seen, heard, and valued. By creating space for them to participate in decision-making both for their families and in shaping services we offered support that was genuinely led by them.
- **Parents/carers became and our partners in care!**
- **Everything we do is co-designed and co-developed by the parents/carers.**

Family Wellbeing Hub

- 1:1 support
- Parent/carer mental Health support
- Financial inclusion
- Weekly Peer support group

Family Wellbeing Hub

- Workshops (trauma informed parenting, Emotionally Based School Avoidance, screen-time, mental health)
- Training (Neurodiversity, self-harm, suicide)
- Volunteering
- Therapies

Family Wellbeing Needs Assessment

NHS GGC Family Wellbeing Hub

Pre-Well-being Parent/Carer Peer Support Group Measure

Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 0 (no distress) and 10 (extreme distress)

	0	1	2	3	4	5	6	7	8	9	10
Level of Distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. In the last week how often have you experienced?

	Never	Sometimes	Often	All of the time
Feeling unable to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling sad or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying about your mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having no-one to turn to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial problems and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling you are able to cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your family been affected by suicide?

- ☐ Yes
☐ No

If yes, please explain further:

Sometimes, when people are experiencing the kinds of difficulties you've described, they may also have thoughts about not wanting to be here, or ending their life. I understand this can be difficult to talk about, but it's important we ask: Have you had any thoughts of suicide?

- ☐ Yes
☐ No

If yes, when did you last experience these thoughts?

- ☐ More than a year ago
☐ Within the past year
☐ Within the past week

Keep in touch

Ayisha Azam

Health Improvement Senior

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Hillcrest Futures

Drug and alcohol service

Case 1

Mental Health Benefits

- Reduced stress & anxiety through reliable support networks
- Improved coping skills from SMART Recovery
- Less isolation through Recovery Café and peer support
- Feeling empowered and confident navigating services
- Greater emotional balance due to respite and shared understanding

Support Pathway

- SMART Recovery Friends & Family sessions and attending the recovery café
- Signposted to Scottish Families Affected by Alcohol & Drugs (SFAD)
- Signposted to Harm Reduction Nurses
- Developed new coping mechanisms and confidence in supporting her son
- Access to open appointments for health & emotional support

Case 1

Impact

- Improved family wellbeing
- Stronger support network
- Increased confidence in navigating services
- Positive health intervention achieved
- Improved family stability and communication

Outcomes

- Mum used tools gained from Friends & Family to advocate for her son's needs and her own.
- Mum's engagement with Friends & Family helped her son overcome barriers with GP.
- Through contact with the Harm Reduction Team, he successfully received blood tests.
- A strong, positive outcome showing the impact of coordinated support.

Case 2

Mental Health

- Mental health deteriorated and led to having intention to act on her thoughts.
- Taxi driver supported the client by bringing her to hope point when experiencing suicidal thoughts. It's ensuring that members of the public recognise our service and know where to seek help.
- On going mental health support/ Counselling from Penumbra.

Support Pathway

- Re-engaged the client
- Placed her back on the caseload to ensure consistent support.
- Completed a new referral for rehab, recognising the need for additional structured treatment.
- Enhanced her support plan, including safety planning and mental-health monitoring in partnership with Hope Point and Penumbra.
- Reinforced signposting to DDARS and mental-health services for wraparound care.

Case 2

Impacts

- Improved mental health stability with on going support.
- Strengthened engagement with services.
- Positive peer relationships, reduce feelings of isolation and given emotional support and expressing herself through art and group activities.

Outcomes

- Since re-engagement:
- The client is attending appointments regularly and engaging with all recommended services.
- Her second rehab application has been completed.
- She reports feeling more hopeful, supported, and connected.
- Her emotional stability has improved, with no further crisis incidents.
- Participation in group work and art-based expression has strengthened her wellbeing and motivation

Case 3

Mental Health

- TRAUMA INFORMED APPROACH
- Recognised emotional support input was needed further than the patient's recovery
- Low mood / negative attitude identified
- Worry around taking medication – stigma

Support Pathways

- Safety and Stabilisation trained –
- Sowing seeds – opening door animation – window of tolerance
- Use of MI when patient was talking about making changes
- Recovery workbook provided
- Signpost to recovery groups
- Quick access to project specialist nurse and DR.

Case 3

Impacts

- Improved overall mental health
- Improved confidence in opening up and sharing feelings
- Eager to engage more within community settings and explore different opportunities

Outcomes

- Ability to engage better with services
- Referred to and engaging with DDARS psychology.
- Spending more time with friends and family
- Positive mindset overall – work, relationships hobbies
- Able to take medication - without previous worry – following safety plans



How the *Triangle of Care* can help practitioners involve unpaid carers

What is the Triangle of Care?

What it is: Triangle of Care: a therapeutic alliance between service user, unpaid carers and mental health practitioners that promotes collaboration and allyship and appears as a benchmark for quality in both NHS services and third-sector collaborations.

Where its used: The Triangle in Scotland – Fife, Dumfries and Galloway, North Lanarkshire, Glasgow, widely promoted in Scottish Government policy landscape as framework

Key Insights: Mental Health and Welfare Commission: ‘Not on the Radar report’ 2025 highlighted gap between policy / practice and awareness of the Triangle

How its promoted: Carers Trust Scotland works to promote the principles in professional and policy spaces including Scottish Forensic Network and Mental Health Nursing Review, Mental Health Law Review

The Six Standards

Organisation's using the Triangle of Care assess themselves against six standards:

- 1. Carers and the essential role they play are identified at first contact**
- 2. Staff are “carer aware” and trained to involve carers appropriately**
- 3. Policies and protocols are in place to support carer engagement**
- 4. Carers are fully engaged in care planning, treatment, and discharge**
- 5. Carers are provided with information tailored to their needs**
- 6. Support for carers is available, including emotional and practical help.**

Why involve carers in in Drugs and Alcohol Services?

- **Improves Engagement:** Evidence-based family approaches significantly increase treatment entry and reduce early drop-out
- **Delivers Better Outcomes:** Structured carer involvement lowers relapse and harmful use, and improves housing stability, social support, and employment prospects.
- **Reduces Suicide & Self-Harm Risk:** Carers provide essential monitoring during withdrawal, intoxication, and post-discharge—key high-risk windows. Safety plans involving carers reduce crisis.
- **Enhances Clinical Decision-Making:** Carers offer critical insight into overdose patterns, access to substances, triggers, safe environments, and shifts in mental state -strengthening risk assessments.
- **Supports Recovery Environment:** Carer strain is linked to poorer outcomes and relapse; supporting carers directly improves the person's recovery trajectory particularly during transition

Practical Takeaways for Professionals

Ask every service user: **“Is there someone you would like involved?”**

Record carers clearly and involve them in risk planning

Share information within ethical boundaries

Provide carers with resources and emotional support

Embed carer involvement in crisis and relapse pathways

Professionals should discuss confidentiality and consent with both the service user and their carers early, setting out clearly what may be shared, and under what circumstances

1. Acknowledge refusal but keep carers involved: *“I can’t share their treatment details, but I can listen to your concerns and they’ll help us support them.”*

2. Explain confidentiality and its limits: *“They’ve asked us not to share information, but if there’s serious risk, we will act. What you tell us is important.”*

3. Offer support without breaking confidentiality: *“I can’t discuss their treatment plan, but I can help you with guidance, crisis options, and support for you as a carer.”*

What is one action within your power that you could do tomorrow to promote good carer involvement?

Find out more about the Triangle at
[Triangle of Care: A Guide to Best
Practice in Mental Health Care in
Scotland - Resources - Carers Trust](#)



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Thank you to everyone who came along to our recent workshop on 27 November 2025. This followed on from the National Learning System webinar on the topic of Primary Care and Missingness.

At the workshop participants shared their understanding of the drivers of missingness in their services and approaches being taken to address this.

Key highlights



Key Message



'If we are going to change unmet need, we need to change the way we work'

[Missingness' in health care - Publication](#)

New ways of working



Emerging practice in Aberdeen

- Co-located 3rd sector and statutory services



Developing innovative practice in Dundee – Dundee GP Care (keep an eye out on HIS website for case study on this)



Family inclusive practice



Who was in the room?

We had **8 participants** representing SHAAP, SFAD, Glasgow University, Aberdeen City CHP, Dundee City and East Lothian. **Roles Included:**

- General Practitioners
- Substance Use Nurse
- Primary Care Support Manager
- Programme Manager
- Connecting Families Development Officer

Further Activity



1. Participants connecting – participants swapped contact information and have set-up further meetings to collaborate.
2. Andrea Williamson has offered to run a bespoke 90min workshop to develop practical and structured approaches to taking a missingness lens – if interested please contact HIS

Got a case or theme you'd like to bring next time? Let us know!

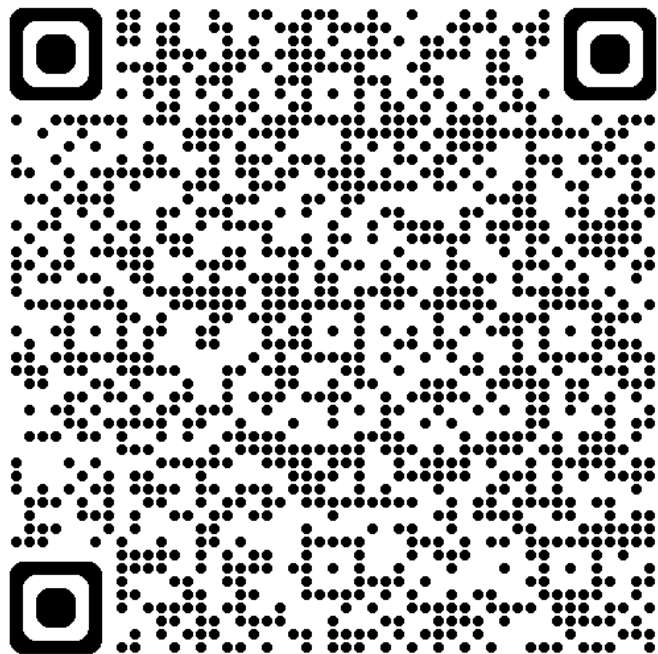
his.transformationalchangementalhealth@nhs.scot

Join our Peer Network:

<https://tinyurl.com/mpt3hnh6>

Mental Health and Substance Use: Toolkit

- We have launched a new [Mental Health and Substance Use Toolkit](#)
- It shares tools that can help staff with the process of designing and delivering services.
- Using the framework of the Scottish Approach to Change, it can support and guide teams on how to approach and make changes, from initial planning through to implementation and sustainment.



Scan the QR code to access our
Toolkit

Next steps



Mental Health and Substance Use Distribution list

Mental Health and Substance Use
- Distribution list consent form



[Use this link to sign up to our distribution list](#) to ensure you receive all communication around future mental health and substance use events, including how to register.

Alternatively, you can scan the QR code above

Keep in touch

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Email: his.transformationalchangementalhealth@nhs.scot

Web: healthcareimprovementscotland.scot

Find out more:

<https://ihub.testing.nhsscotland.net/ihub.scot/improvement-programmes/mental-health-portfolio/mental-health-and-substance-use-protocol-programme/>