



Healthcare
Improvement
Scotland



Realising Scotland's ambitions for improving the lives of people with co- occurring mental health and substance concerns: *Putting evidence into practice*

Follow up event

Leading quality health and care for Scotland



Welcome and introductions

Rachel King

Unit Head, Transformational Change Mental Health,
Healthcare Improvement Scotland

Agenda

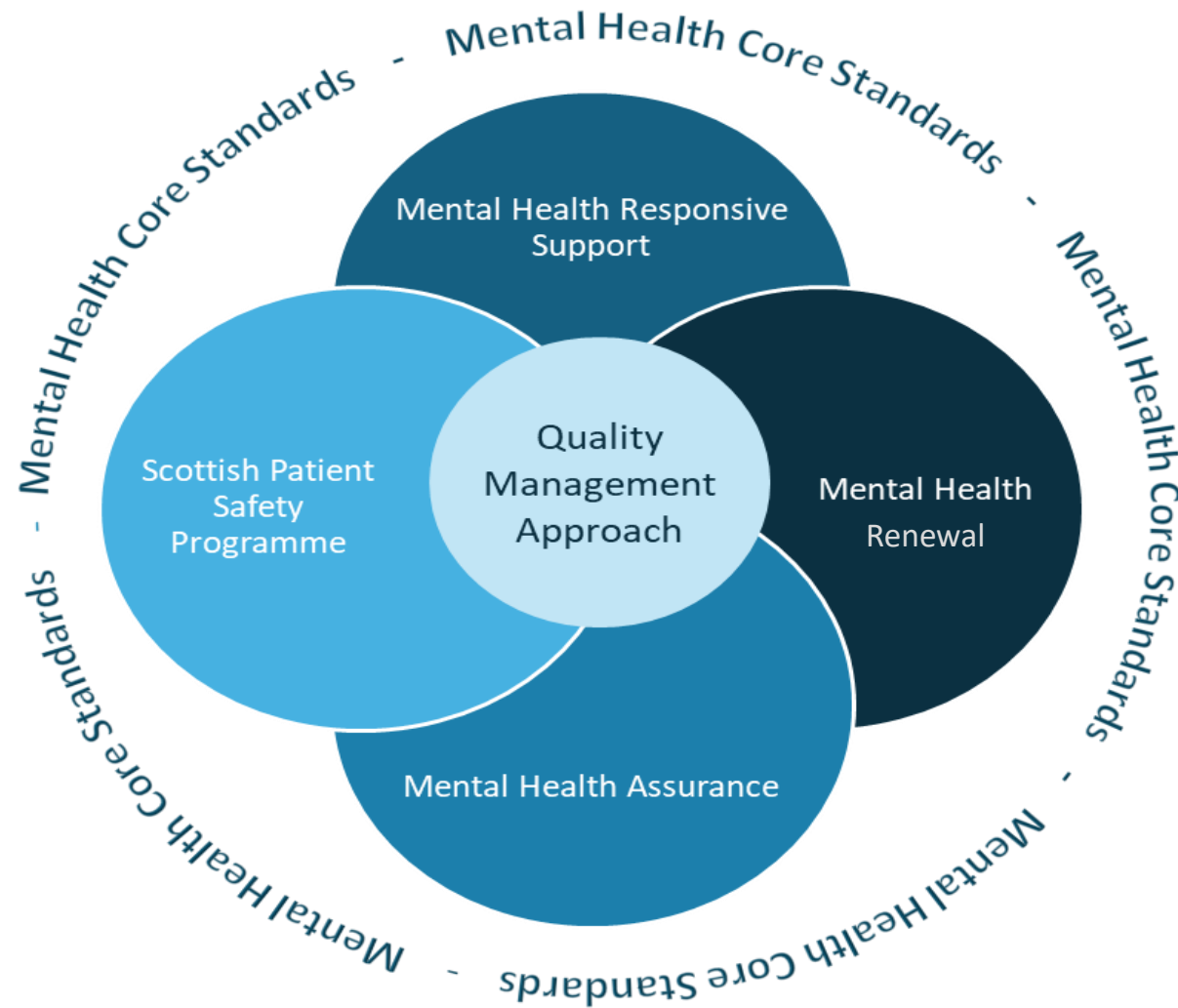
10.00	Welcome and introductions	Rachel King, Unit Head, Transformational Change Mental Health, Healthcare Improvement Scotland
10.05	Reflections from 'Putting Evidence into Practice' event on 12 November 2025 - Output/ Event overview report	Drugs Research Network Scotland
10.20	Celebration of progress to date: The Mental Health and Substance Use Protocol Programme	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland
10.35	How we will support the new drugs strategy	Rachel King
10.45	Q&A	Rachel King
10.55	Breakout discussion – reflections on priorities	Attendees
11.20	Feedback	
11.30	Close	

Get in touch

If you would like to ask a question more privately, you can email us by clicking directly on this link:

his.transformationalchangementalhealth@nhs.scot

Mental Health Portfolio - Healthcare Improvement Scotland





Reflections and discussions from 'Putting Evidence into Practice' event on 12 November

Dr Anna Ross, Lecturer in health and social sciences and Co-convenor of
Drugs Research Network Scotland

Leading quality health and care for Scotland



Joint working and decision making – event discussions

Key points:

- Multi-disciplinary working and cross-collaboration can enable holistic care
- Getting the right care at the right time in the right place is:
 - enabled by clear communication and pathways, but
 - impeded by referral criteria thresholds and varying waiting times across services

Opportunities:

- The incorporation of routinely scheduled time for complex case discussions, interface meetings and communities of practice can facilitate multi-disciplinary conversations and thus help to enhance care, particularly for those with complex needs
- Better awareness of and integrated pathways to third sector and community supports can enable better access to services through broader coverage of needs

Services and Supports – event discussions

Key points:

- Deep up-to-date local understanding of population need is required to plan service delivery moving forward and enable services and supports to be responsive
- Pathways should take in to account different presentations
- Wider system understanding and support for mental health and substance use is required

Opportunities:

- Services should explore current needs with regards to co-occurring mental health and substance use and understand when/where (time/day/location etc) patients are most likely to access different types of support to plan service provision moving forward.
- Ensure there are clear pathways for different conditions
- Increase awareness of local standard operating procedures and ensure effective implementation
- Enhance workforce skills to enable appropriate support to be provided
- Enhance workforce awareness of local services and supports so they can ensure the person has access to the most appropriate pathways and support.

Workforce wellbeing and development – event discussions

Key points:

- Staff burnout remains an issue and has a detrimental impact on overall staff wellbeing
- Stigma remains a challenge in service and must be addressed to ensure inclusive care
- Reflective practice and support for workforce wellbeing is not consistently implemented across the board

Opportunities:

- Understand nationally the best ways to challenge stigma and ensure plans are in place to target this locally
- Prioritise time for structured debriefs, helping staff to feel supported and identify any issues early (e.g. staff burnout)
- Further explore staff training needs and create local plans to address this
- Ensure local areas have plans in place for supported supervision, reflective practice and/or peer support

Evidence base – event discussions

Key points:

- More research is needed to establish what works for treating co-occurring mental health and substance use

Opportunities:

- Health and care systems should adapt national guidelines locally, using the expertise and experience of local clinicians to ensure their services are continually improving
- Researchers and funders should seek to address gaps in the evidence base

Opportunities: Health and care systems – event discussions

- Ensure that Health and Social Care Partnerships and NHS Boards have local protocols in place that are reflective of the national mental health and substance use protocol.
- Ensure staff are aware of local policies, procedures and pathways and are sufficiently upskilled to apply these, whilst ensuring that the local system is functionally coherent and enables integrated care, that includes relevant component parts, such as primary care and the third sector
- Use the Scottish Approach to Change and the Mental Health and Substance Use toolkit to identify priority areas, test changes, and build a collaborative culture for integrated care by fostering relationships

Going forward

Healthcare Improvement Scotland

- Publish an end of phase report capturing the learning to date from working with local health and care systems to further integrate the care provided by mental health and substance use services and other sources of support.
- Continue to provide support to the health and care system, including implementation support
- Explore opportunities to address co-occurring needs within other relevant settings.

Drugs Research Network Scotland

- Continue to build networks e.g. ARMHS network
- Support evidence base through funding calls for evidence-scans



Celebration of progress to date: The Mental Health and Substance Use Protocol Programme

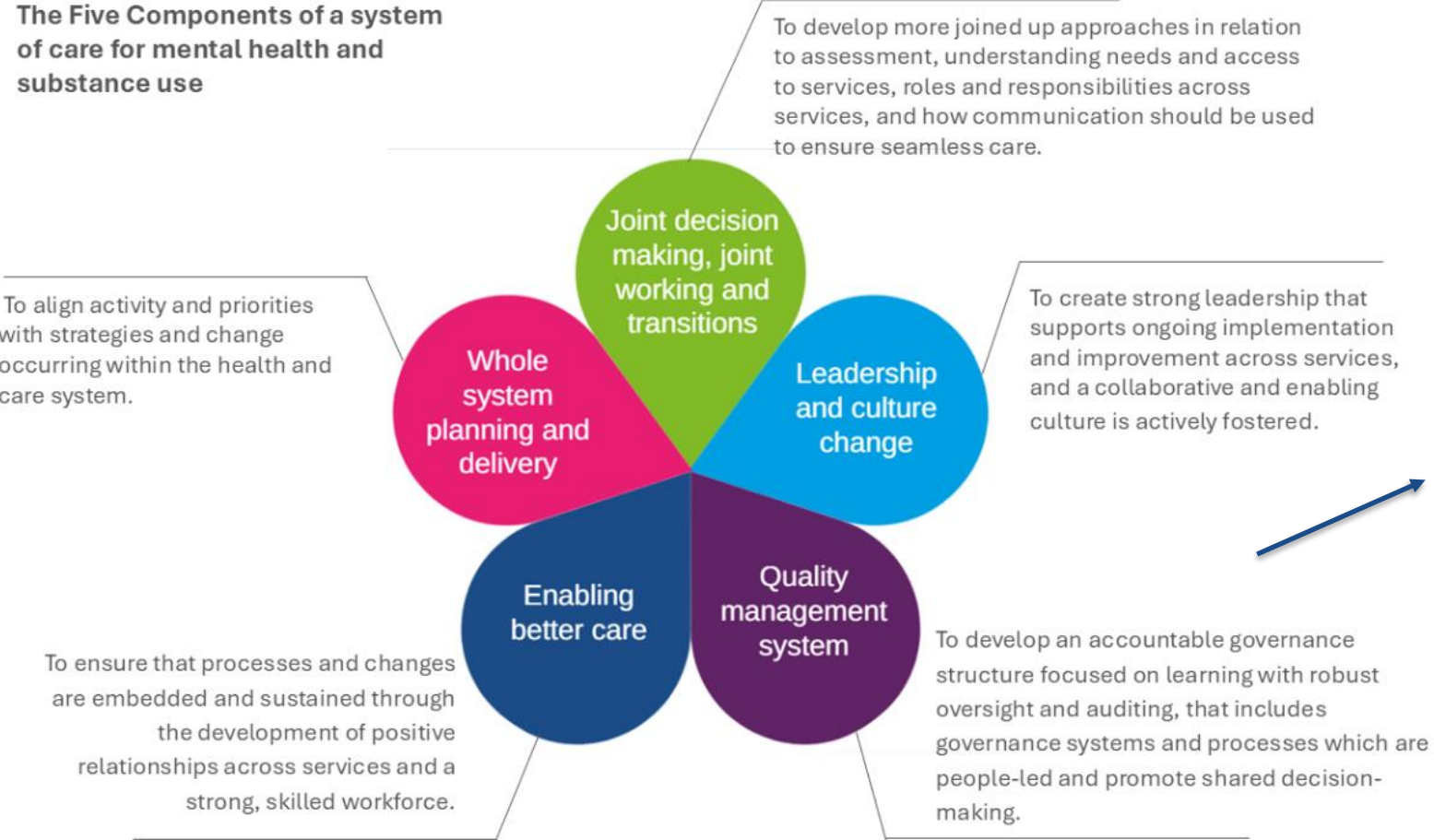
Benjamin McElwee, Senior Improvement Advisor, Healthcare
Improvement Scotland

Leading quality health and care for Scotland



National Mental Health and Substance Use Protocol

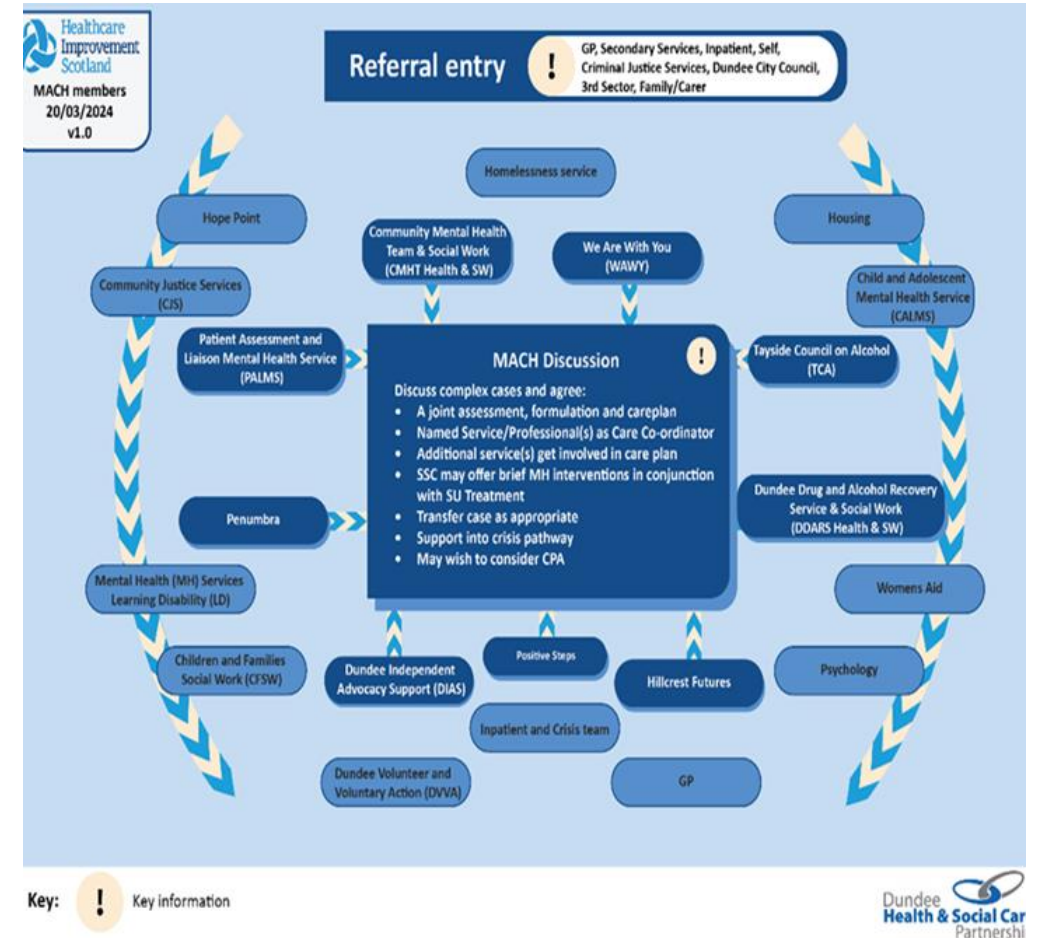
The Five Components of a system of care for mental health and substance use



Joint decision making, joint working and transitions			
Pathways and access to services			
Competency	Scale 1-5 (1 = Not implemented - 5 = Fully implemented)	Why have you chosen this rating?	Further Development Required/Opportunities Identified
There are agreed referral, assessment and screening processes for mental health and substance use services	1 2 3 4 5	?	?
There are agreed upon standard pathways of support based on outcomes of screening/assessment and the Four Quadrants model	1 2 3 4 5		
There are processes to enable timely transitions of care to appropriate services for mental health and/or substance use conditions, including to and from the third sector	1 2 3 4 5		
There is formal collaboration with third sector services that support a range of conditions	1 2 3 4 5		
There are established escalation processes from substance use services into higher tier psychological therapies and urgent mental healthcare pathways.	1 2 3 4 5		



Interfaces

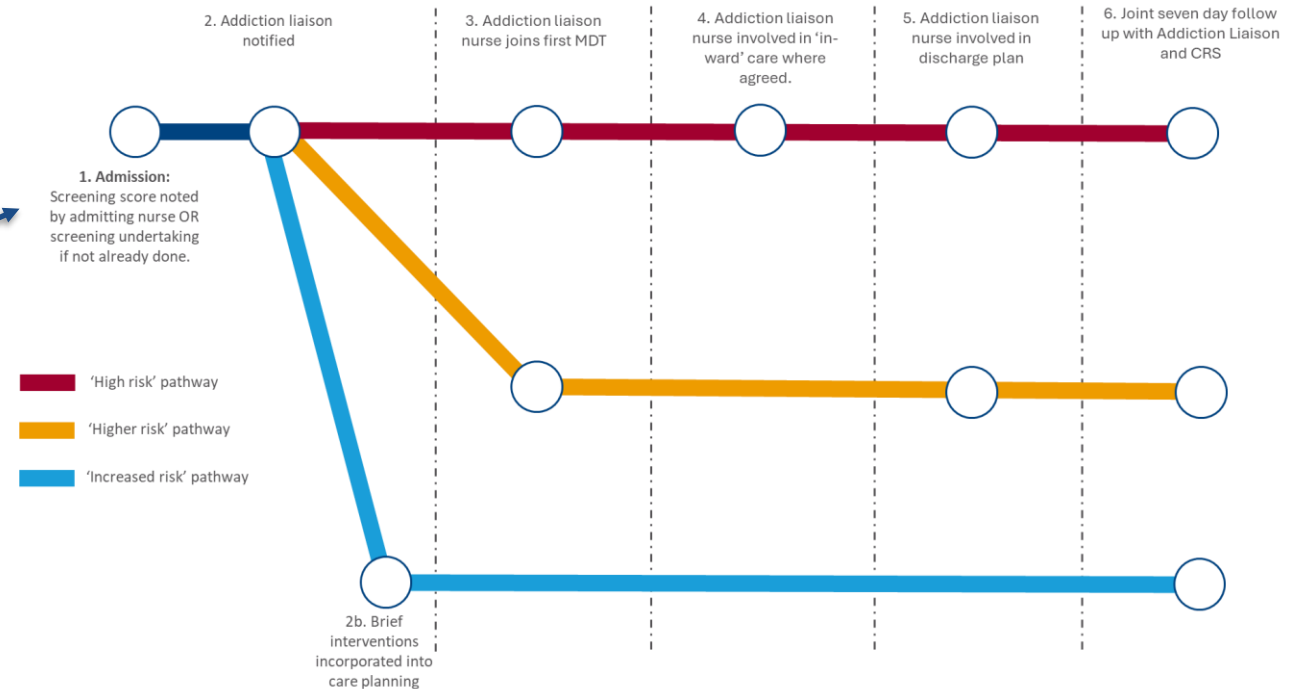


Urgent mental health care

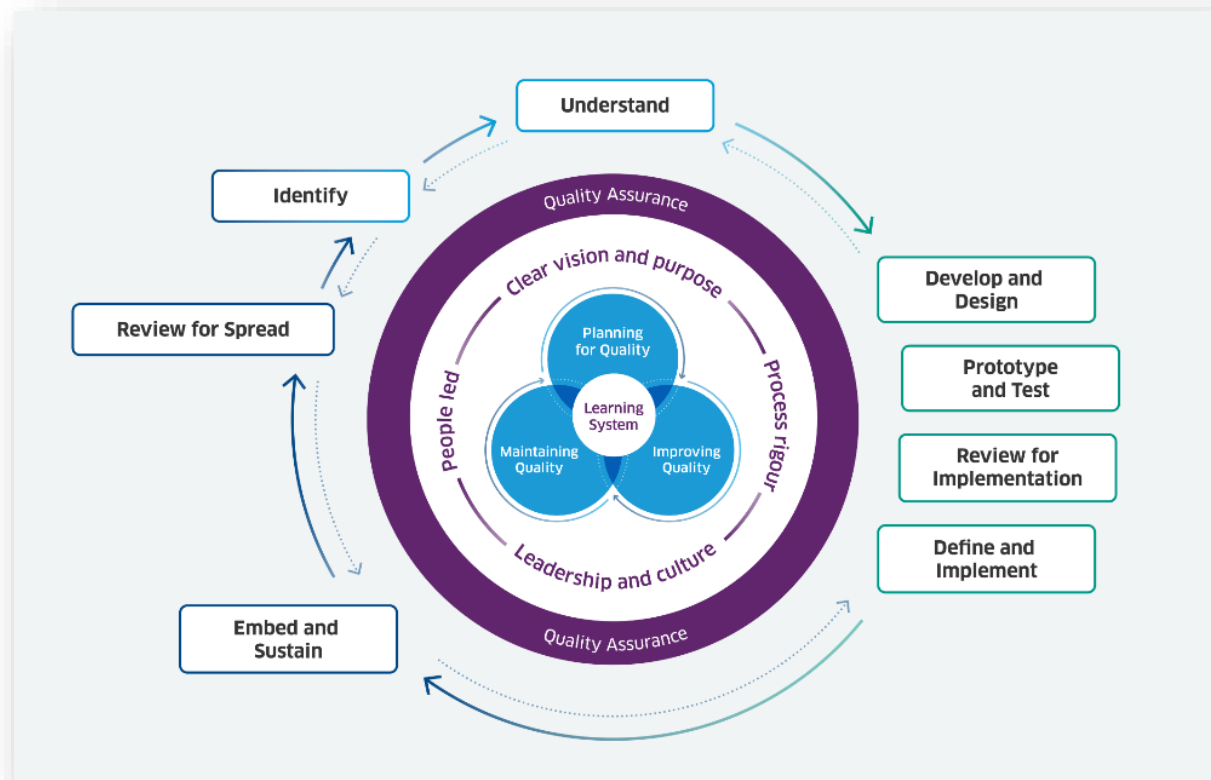
Adapted ASSIST-Lite drug, alcohol and tobacco screening tool for mental health settings

Alcohol, Smoking and Substance Involvement Screening Tool Lite (ASSIST-Lite) is an alcohol, tobacco, cannabis, stimulants, sedatives, opioids and psychoactive substances screening tool. It has been modified and licensed for use in health and social care settings in the UK and included in the mental health services dataset.¹ There is a version of this tool adapted for health and social care settings. Permission to use this copyrighted tool must be secured by following [NHS Digital processes](#).²

Tobacco	Scoring		Your score					
	0	1						
1. Are you currently a tobacco smoker?	Non-smoker	Smoker						
Alcohol	Scoring					Your score		
	0	1	2	3	4			
	2. How often do you have a drink containing alcohol? If never, skip to question 5	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week		4 times or more per week	
	3. How many units of alcohol do you drink on a typical day when you are drinking? ³	0 to 2	3 to 4	5 to 6	7 to 9		10 or more	
	4. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? ³	Never	Less than monthly	Monthly	Weekly		Daily or almost daily	
Total alcohol score								
Cannabis In the last three months:	Scoring		Your score					
	0	1						
	5. Did you use cannabis? If no, skip to question 8.	No		Yes				
	6. Have you had a strong desire or urge to use cannabis at least once a week or more often?	No		Yes				
7. Has anyone expressed concern about your use of cannabis?	No	Yes						
Total cannabis score								
Stimulants In the last three months:	Scoring		Your score					
	0	1						
	8. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed? If no, skip to question 11. Including, for example, cocaine (powder or crack), crystal methamphetamine, speed and ecstasy/MDMA	No		Yes				
9. Did you use a stimulant at least once each week or more often?	No	Yes						



Mental Health and Substance Use Toolkit



1 - Identify

National Mental Health and Substance Use Protocol

Substance use and mental health concerns - The Way Ahead: rapid review recommendations

Self reflection tool

Strategic gap analysis



2 - Understand

Interconnected system map

Staff conversations

Offer map

Engaging with stakeholders

Journey mapping

Understanding systems and creating conditions



3 - Develop and design

Building your team

Three horizons

Options appraisal

How might we

Matchmaking care

Personas

Developing aims



4 - Prototype and test

Testing changes

Communication and engagement plan



5 - Review for implementation

Review for implementation tools



6 - Define and implement

Implementation planning

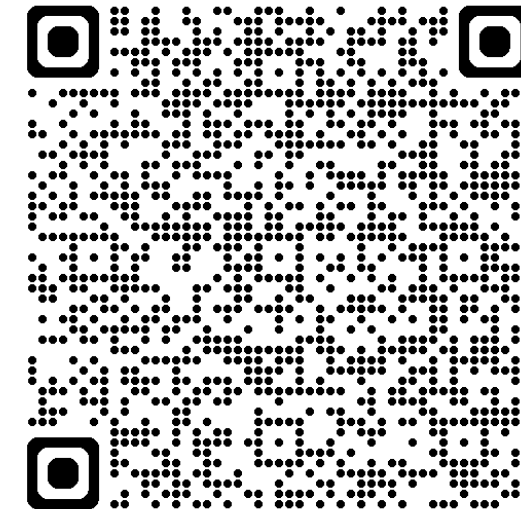


7 - Embed

Embedding changes

8 - Sustain

Sustain



Scan the QR code to access our Toolkit

Mental health and substance use learning system

Mental Health and Substance Use Learning System

National Learning Events

Materials from previous events in our National Learning System can be found below:

- [Care, Recovery, and Suicide Prevention, December 2025](#)
- [Putting Evidence into Practice, November 2025](#)
- [Primary Care and Missingness, October 2025](#)
- [Options Appraisal: Different ways to embed collaborative care, September 2025](#)
- [Improving Interfaces, May 2025](#)
- [Crisis and out of hours care and safe spaces, February 2025](#)
- [Interface Guidance, November 2024](#)
- [Integrated Care Models Event, August 2024](#)
- [Protocol Programme Launch Event, March 2024](#)

Peer Network Workshops

Clinical Network Events

Led by clinicians, these events create a space to discuss challenging issues, learn from each other and build a community of practice interested in providing comprehensive care for people with concurrent mental health and substance use challenges.

- [A Biopsychosocial Approach to the Four Quadrants, July 2025](#)
- [Responding to stimulant use, December 2024](#)
- [Caring for co-occurring conditions, October 2024](#)
- [Presentations of Concern Personality Disorder with Concurrent Substance Use, November 2023](#)
- [Maintaining compassion, September 2023](#)
- [Differential Diagnoses: Alcohol Related Brain Injury, July 2023](#)
- [Mental health crises with co-occurring substance use with the Mental Health Paramedic Response Unit, December 2022](#)

Resources and Case Studies

Interface guidance

[Interface Guidance Case Studies](#)

[Examples of Interface Guidance](#)

Integrating psychology into homelessness services

Find out how Rowan Alba, a homelessness charity in Edinburgh, added a psychologist from the NHS to their team. The psychologist works inside their accommodation, helping people with their mental health in a friendly and flexible way.

[Rowan Alba Case Study: Integrating Psychology into Homelessness Services](#)

Mental Health and Substance Use Updates

Catch up on the latest programme news in our Mental Health and Substance Use Updates:

- [Spring 2025](#)
- [September 2025](#)

Self-reflection tool

The self-reflection tool has been developed to help you think about and discuss your current position in relation to the mental health and substance use protocol, and what further developments may be required.

[Self-reflection tool \[.doc\]](#)

[Self-reflection tool \[.pdf\]](#)

Community mental health teams roles

These case studies show how mental health teams and substance use services can work together to help people.

You'll see how good planning and talking to each other can help people get the support they need and make staff feel more confident and supported.

- [CMHT role in cases of high substance use](#)
- [CMHT role in cases of deteriorating mental health](#)

The role of an Advanced Nurse Practitioner supporting mental health in-patient services

Progress





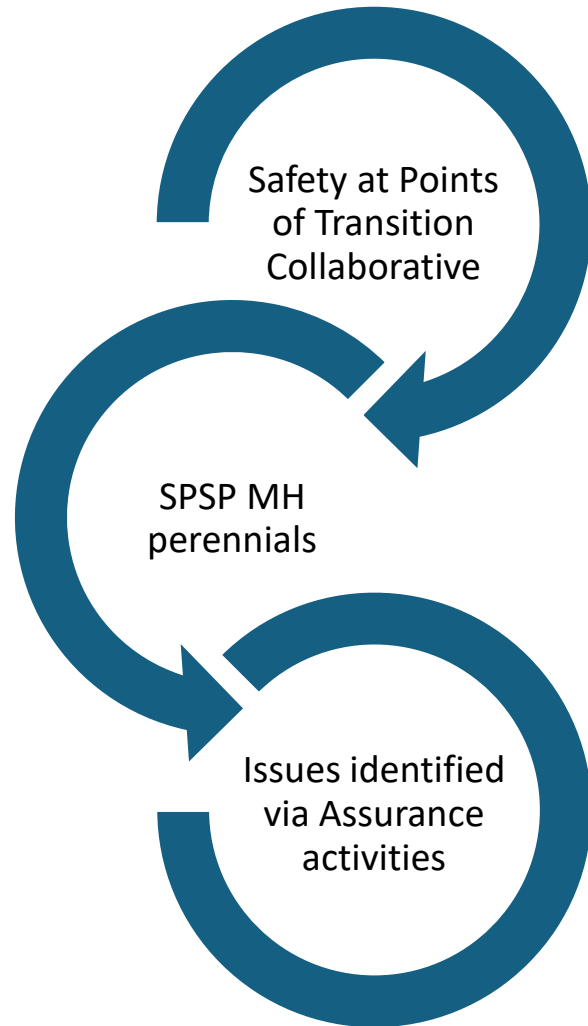
How we will support the new alcohol and drugs strategy

Rachel King, Unit Head, Transformational Change Mental Health,
Healthcare Improvement Scotland

Leading quality health and care for Scotland



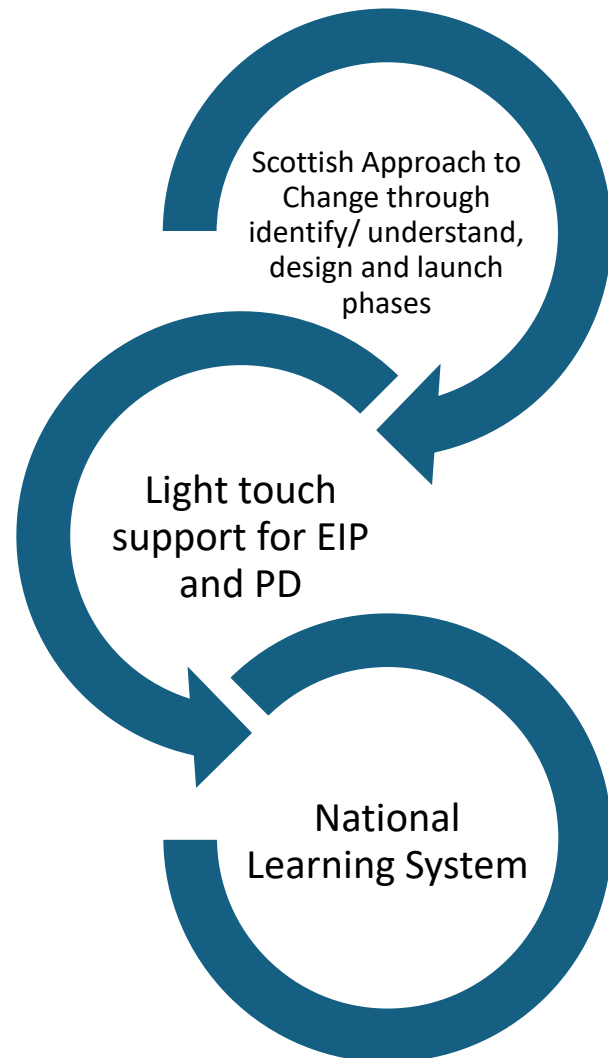
Scottish Patient Safety Programme – Core Standards 2026-27



Aims to reduce harm and improve patient experience when transitioning from inpatient to community care:

- Support to run tests of change that will inform future practice and allow scaled up implementation and evaluation
- Quarterly learning sessions for each participating team within the collaborative
- Measurement support to evaluate impact and inform learning
- Community of Practice MS Teams Channel
- Webinars
- Workshops
- Coaching and improvement activities
- Specific coaching on the rigorous assessment of quality, analysis and utilisation of local data for improvement.
- Site Visits
- Network Meetings
- National Learning System Events
- Expert Reference Group

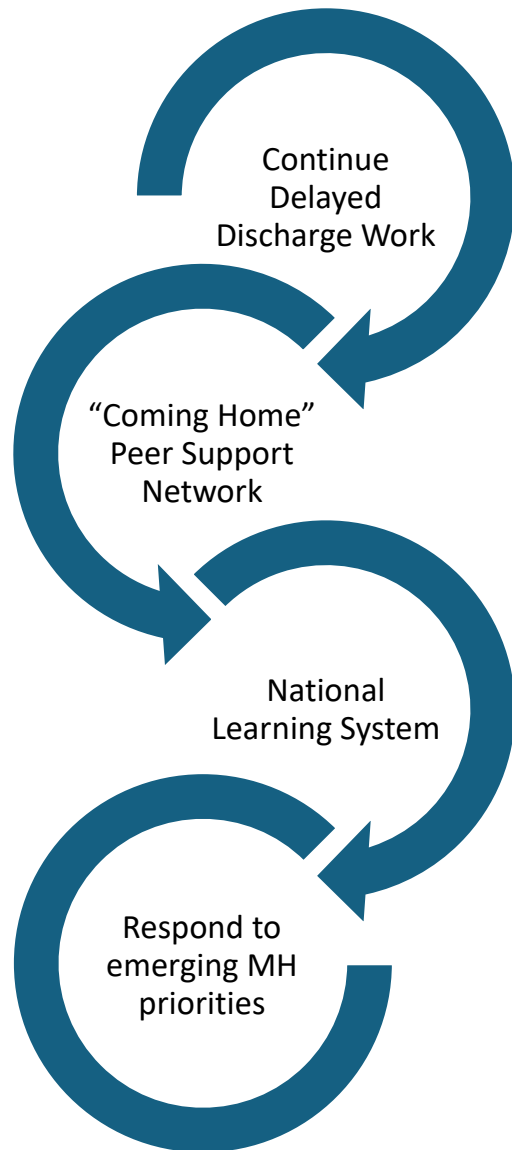
Mental Health Renewal – 2026-27



To ensure that Mental Health services and systems across Scotland are designed and delivered to a consistently high standard, capable of meeting both current and emerging needs. By doing so, we will enable equitable, timely access to appropriate and holistic support for all people, improving outcomes and experiences:

- Identify area of work from current areas of high concern (CMHTs or CAMHS)
- Discovery work – research; contact with professionals, networks, people with lived experience and third sector partners.
- Relevant prototyping and testing
- Work to support the development of new and existing local complex mental healthcare pathways:
 - Adapt learning from previous work (Implementation Guide)
 - Sharing good practice within national webinars
 - Coaching
 - Creating and supporting networks of professionals
 - Ensuring lived experience is embedded within local improvement.
- Scoping work to understand what a better response to the needs of those with neurodiversity related issues might look like.

Mental Health Responsive Support 2026 - 27



Respond to emerging high risk or high-profile improvement priorities within the external Mental Health System, which have an urgent and immediate requirement to be addressed:

- Continuation of existing and emerging **delayed discharge work**, and emergent urgent needs coming through inspections and other frameworks.
- 6 months continued support for the delivery of the **Coming Home Peer Support Network**.
- Consider the long-term sustainability of the **Coming Home Peer Support Network** and make recommendations of how this can be delivered.

Future Responsive Support

- Respond to other priority areas within the Mental Health system as identified and agreed using intelligence and evidence from HIS Assurance activity, to target and take forward improvement work in boards and services. This work will focus on themes understood and arising from adult and CAMHS inspections and Significant Adverse Event Reviews (SAER).
- Rapidly engage with new areas.
- Synthesise insights from Mental Health portfolio group into Learning System

Healthcare Improvement Scotland – Quality, Safety and Recovery



Improving
Quality & Safety in
Drugs and Alcohol
(QMS)



Integrating Community
Pathways to Recovery
(treatment, recovery and
care)



Transforming Recovery
Pathways in Complex
Care
(wider circle of support)



Transformational Change – Drugs and Alcohol

Improving Quality and Safety in Drugs and Alcohol

Delivering in Partnership

Purpose:

To strengthen the quality management system for drug and alcohol services in Scotland, ensuring safety, wellbeing, and continuous improvement.

Rationale:

A unified approach is needed to address socio-economic disadvantage and build a learning system for shared expertise and data-driven decisions.

6 High Level Deliverables



Embed QMS Framework



Dynamic Alcohol & Drug Profiling Tool



QMS Learning System



Technology-Enabled Harm Reduction



Public & Stakeholder Engagement



Impact Measurement & Reporting

Outcomes

- ✓ Improved care quality and safety
- ★ Enhanced confidence in services
- 🔄 Increased treatment retention
- Reduction in substance-related harms
- +

Greater access to recovery services

Impact



ADPs & IJBs using QMS Indicators



Performance Dashboards



Case Studies & Journey Maps



User-Led Scrutiny & Safety Tracking

Transformational Change – Drugs and Alcohol

Integrating Community Pathways to Recovery

treatment, recovery and care

Purpose:

To support treatment, recovery and care for people affected by alcohol and drugs.
Strengthen Scotland's health and care system by embedding recovery principles and human rights-based approaches into community pathways, ensuring safe, person-centred, and equitable care.

Rationale:

To create a nationally consistent, locally-led blueprint for recovery, addressing mental health and substance use needs through a human rights-based approach to reduce inequalities and improve outcomes.

6 High Level Deliverables



Outcomes

- ✓ Recovery pathways across Scotland
- ✓ Services upholding Rights & AAAQ principles
- ✓ Adoption of Recovery Principles
- ✓ Co-Design & Community Involvement
- ✓ Data-driven improvements
- ✓ Data-driven improvements

Impact



Transformational Change – Drugs and Alcohol

Transforming Recovery Pathways in Complex Care

wider circle of support

Purpose & Rationale:

- To co-design integrated, rights-based models of care for individuals with complex needs—mental health, addiction, homelessness, justice involvement—to ensure seamless support.
- To foster collaboration across health, housing, justice, and community services, ensuring equitable and coordinated support for people affected by alcohol and drug harms.

6 Key Deliverables



Expected Outcomes

Integrated, rights-based recovery pathways for people with complex needs.

Improved transitions between acute, community, and justice settings.

Enhanced collaboration across health, housing, justice, and welfare services.

Increased access and equity for vulnerable populations.

MAT standards implementation in justice settings.

Impact Measures

