

Mental Health and Substance Use: Putting Evidence into Practice

Key insights from professionals, practitioners, policy
makers and people with lived experience

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Improvement Scotland*

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Summary

On 12 November 2025 an event was organised which brought together a wide range of stakeholders around the topic of mental health and substance use. In total, there were 69 attendees. The event was organised by the Drugs Research Network for Scotland and Healthcare Improvement Scotland (HIS). The event focused on Scotland's ambitions for improving the lives of people with co-occurring mental health and substance use concerns and looked at putting evidence into practice.

This report summarises discussions from breakout rooms, with four key themes identified:

1. Joint working and decision making
2. Services and supports
3. Workforce wellbeing and development
4. Evidence base

Further to the event in November, a follow-up webinar was organised on 25th March 2025. In total, 148 individuals attended.

The aim of the webinar was to:

- Contextualise participants reflections considering the new drugs strategy
- Gain stakeholder insight into future priorities for Healthcare Improvement Scotland work programmes

Below a summary of discussions from the March event has been included, with recommendations made.

1. Joint working and decision making

Referral and communication within services

An overarching sentiment from attendees was that of the importance of a truly 'no wrong door' approach: accessibility of services stems from clear referral pathways, with smooth transitions or collaborative working enhanced by communication. Providers must be able to refer patients to the services that will be able to support them best. Attendees highlighted that waiting times for certain services are too long.

Participants also expressed a view that siloed medical specialisms inherently reinforce division and exacerbate inequality in both quality of and access to care. One participant suggested that

multiple services covering a single local authority area without being connected themselves poses challenges for providing good, holistic services to patients.

Co-location – situating multiple services in the same building was proposed by some – to allow them to be offered together, reducing the logistical challenges of people accessing support (e.g. conflicting appointment times, travel time, cost), whilst also improving communication between services. Another proposal suggested distilling services down, perhaps by theme, to increase accessibility.

Overall, it was felt that by improving communication between professionals and access to services for people, this in turn will lead to better results, which in turn will positively impact leadership buy-in and support for coordinating change.

Communications with the third sector:

The third sector has an important role to play, and the use of link workers was acknowledged as being effective at this bridge. Improving this connection between services and the sectors is important in building that connection and offering better care that supports patients in more than just a medical setting and approach.

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 support can enable better access to services through broader coverage of needs

2. Services and support

Improving services

Understanding the needs of a particular geographic area is crucial to ensure that the right services are available to meet them. Participants felt that services must be able to change to support increasingly complex needs, changing drug landscapes, and the people accessing them. The rise of polydrug use and an overlap between the use of mental health and substance use services were given as examples.

Participants also noted the relative lack of support that is currently in place for cocaine use. One participant stated that it was necessary to “upskill staff in drug services,” especially by promoting “awareness around changing drug use and what services and pathways are in place.”

Improving access

Participants spoke about the need for it to be easier to move between services and for services to work better together.

Participants also mentioned opportunities to identify harm and complications earlier, for example, through liver screening and drug testing in emergency departments. Whilst allowing for earlier intervention, this was also seen as opportunity to build connections between services and specialisms.

Attendees felt that improvements in access to psychiatric support services are required.

To improve service accessibility, they felt it would be helpful to expand the 9-5 workday approach to the delivery of certain services.

Service funding

It was highlighted that service funding both for the deployment of services and for underlying research could be improved. Participants felt that care deficits are exacerbated for those with complex needs when funding is short, and the idea that services are not always seen as ‘good value for money’ leads to the insufficient support of the services that are already in place. Similarly, there was discussion around the need to increase targeted funding to tackle inequities faced by those with severe and multiple disadvantages.

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 into 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.

3. Workforce wellbeing and development

Workforce wellbeing, safety and burnout

Participants highlighted workforce wellbeing as a critical safety issue within services supporting people who use substances and/or experience mental health concerns. Staff in these settings are routinely exposed to highly complex and emotionally demanding circumstances, including trauma, distress, risk, and crisis situations. Participants recognised that this could increase the risk of stress, burnout, compassion fatigue, and secondary trauma, making workforce safety and psychological wellbeing essential considerations for service delivery.

Participants emphasised that organisations have a responsibility to create environments that protect and support staff well-being. Suggestions included providing protected time for debriefing and reflection, access to therapeutic and psychological support, opportunities for peer support, team-building activities, staff well-being initiatives, and efforts to foster positive workplace cultures. These approaches were viewed not only as measures to support staff wellbeing but also as important safeguards that enable staff to continue delivering safe, compassionate, and effective care.

Participants also expressed concern that services are currently operating under significant pressure, with workforce capacity not always matching demand. They felt that sustained workloads and resource pressures can contribute to burnout, reduce opportunities for reflection and recovery, and increase risks to staff wellbeing. Increasing workforce capacity was therefore seen as important both for improving access to and quality of care and for ensuring staff can work safely and sustainably in environments where they are regularly exposed to challenging and potentially traumatic situations.

Stigma

Stigma was a particular focus within one of the breakout rooms where it was discussed in detail. Participants noted that a lot can be learnt from other specialisms when it comes to reducing stigma, and they gave an example of oncology. It was observed that mental health is not viewed in the same light as physical health, which contributes to increased stigmatisation.

Lived experience representation in workforce

Some attendees outlined how greater representation of people with lived experience within the workforce could improve the quality of care. They emphasised the importance of developing a more reciprocal relationship between services and recovery communities, in which people in recovery are supported into meaningful employment and continue to shape service delivery through their lived experience. Attendees felt that closer collaboration would strengthen

understanding of recovery journeys, enhance the relevance and acceptability of support, and reinforce the role of peer support as part of a recovery-oriented system.

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

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 all staff complete trauma training to support trauma informed care**
- Ensure local areas have plans in place for supported supervision, reflective practice and/or peer support

4. Evidence base

Research funding, research quality, and implementation of research findings

Participants highlighted the importance of research in informing the development and delivery of services for people experiencing co-occurring mental health and substance use challenges. There was a perception that the current evidence base could be strengthened in some areas, and that continued investment in research would support a better understanding of effective interventions, service models, and outcomes.

Participants emphasised the value of ensuring that research findings are translated into practice and used to inform service design and delivery. Strengthening the links between research, policy, and practice was viewed as an important factor in supporting continuous improvement and the provision of high-quality, evidence-informed care.

National and local guidelines

Participants identified national and local guidelines as important tools for supporting the planning and delivery of care. Guidelines were seen as having the potential to promote greater consistency across services, facilitate communication and collaboration, support learning and the sharing of

good practice, and contribute to reducing stigma through increased recognition and understanding of co-occurring conditions.

Participants also emphasised the importance of ensuring that guidelines are informed by the realities of frontline practice and are responsive to the needs of both service providers and the people accessing support. The involvement of individuals with professional expertise, lived and living experience, and other key stakeholders was considered important in the development and implementation of effective frameworks and guidance.

Key points

- More research is needed to establish what works when supporting people with 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

Follow-up event on 25 March 2026

A presentation on how HIS plans to support the new alcohol and drugs strategy was delivered, with an opportunity for individuals to discuss this further.

HIS highlighted the key areas of priority work for 2026/27 within Transformational Change – Mental Health and Transformational Change – Alcohol and Drugs, with a focus on 3 Mental Health programmes and the Drugs and Alcohol Unit.

Further discussion at this webinar highlighted the importance of:

- Building collaborative relationships and services providing integrated care
- Improving education re. co-occurring conditions for all staff
- Focused improvement in acute clinical services where there is drug and alcohol withdrawal
- Involving justice professionals in mental health and substance use support where appropriate
- Supporting local understanding of different levels and types of mental health needs and where these can be best managed

All the above discussions linked closely to themes identified at the November event.

Conclusion

Engagement with key stakeholders at the mental health and substance use: putting evidence into practice events in November 2025 and March 2026, helped to highlight areas of good practice as well as areas for improvement. These broadly reflected alignment with the components of the [national mental health and substance use protocol](#):

- Joined up decision making, joint working and transitions
- Leadership and culture change
- Quality management systems in place
- A workforce equipped and supported to provide the right support at the right time
- Whole system planning and delivery

Opportunities – what can we do?

Health and care systems

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

Healthcare Improvement Scotland

Capture 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 develop and embed the National Mental Health and Substance Use Protocol within local areas, whilst exploring opportunities to address co-occurring needs within other relevant settings such as acute care, prisons, and residential rehab.

Drugs Research Network Scotland

Continue to expand on the network and link with other research networks to maximise impact and reach (e.g. Scottish Alcohol Research Network, Acute Responses to emergency Mental Health and Substance use; ARMHS Research network).

Support the building of the evidence base and nationally relevant information through funding calls for rapid evidence reviews focusing on key issues relating to substance use and mental health in Scotland.

Appendix 1: Methodology

On 12 November 2025, Healthcare Improvement Scotland and Drugs Research Network Scotland co-chaired an event bringing together 69 participants from across academia, clinical and professional practice, third sector, policy and lived experience.

There were presentations in the main room from:

- Maree Todd MSP, Minister for Drug and Alcohol Policy and Sport, Scottish Government,
- Claire Morrison, Director of Community Engagement and Transformational Change,
- Tracey McFall, Chief Executive Officer, Scottish Recovery Consortium,
- Dr Iain Smith, Consultant Psychiatrist, NHS Forth Valley and co-author of Rapid Review and member of the CoSUM working group
- Professor John Crichton, Medical Director, Mental Welfare Commission,
- Professor Thomas Phillips, Professor of Nursing in Addiction and Director of Centre for Addiction and Mental Health Research

Breakout rooms covered:

- stigma, staff wellbeing and trauma-informed practice;
- Scotland's changing drug landscape; and
- different settings where people with mental health and substance use concerns present.

These featured short inputs from:

- Katy MacLeod, Research and Peer Engagement Programme Manager, Scottish Drugs Forum
- Beata Ciesluk, University of West of Scotland
- John Mooney, Consultant in Public Health, Medication Assisted Treatment Implementation Support Team, Public Health Scotland
- Dr Carey Lunan, GP Chair of the Scottish 'Deep End' project, and senior medical advisor on health inequalities and mental health, Scottish Government.
- Professor Susanna Galea-Singer, Consultant Psychiatrist and Clinical Lead for Addictions, NHS Fife,
- Dr Robin Moore, Clinical Lead for Mental Health and Substance Use, Healthcare Improvement Scotland
- Julia Martineau, Primary Care Programme Manager, Dundee HSCP
- Dr Rajendra Raman, Emergency Department Consultant, NHS Fife
- Dr Jane Grassie, Emergency Department Consultant, NHS Fife

Participants were then asked:

- *How might you approach/support the implementation of good practice in this area?*
- *What challenges might there be in turning policy/evidence ambition into practice?*

It is these discussions that form the basis of this report, plus additional feedback that was gathered during the online follow-up event on 25 March 2026.

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