

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed
Please state if the IIA is interim or final

1. Title of proposal

Edinburgh Crisis Centre, hosted by Penumbra

2. What will change as a result of this proposal?

The EHSCP spends approximately £25m on a wide range of block contracts and Service Level Agreements (SLAs) for externally commissioned services and supports. Block contracts and SLAs provide a range of different services including: day opportunities, advocacy support, overnight support, carers contracts, Thrive mental health services, information and advice services, adult community treatment services, specialist condition specific supports and volunteer support. Many of these contracts have been in place for some years, having been originally commissioned to meet priorities at the time.

Given the size and scale of the financial challenge facing the EIJB, the Service Director for Strategy has reviewed and evaluated all block contracts to ensure that they remain:

- Aligned to current strategic priorities and the refreshed IJB Strategic Plan
- Focused clearly on the provision of delegated services which meet our statutory duties
- Delivering the volume and outcomes anticipated and demonstrating return on investment.

As a result of this review, recommendations will be brought to the EIJB to retain, reduce, recommission or disinvest in contracts or SLAs. The savings target for this workstream as a whole is £2.2m in 2025/26. This was approved by the EIJB on 25 March 2025 as part of the budget-setting process.

It is therefore proposed that the EIJB reduce of investment of up to 50% to the Edinburgh Crisis Centre. A reduction of up to 50% would trigger a service redesign project in collaboration with all stakeholders including people with lived experience, carers, voluntary, and statutory clinical/operational staff. This would explore what it is we need and want to help people experiencing distress and crisis in the community. The current contract with the Crisis Centre is for £540,011.

3. Briefly describe public involvement in this proposal to date and planned

Affected providers were notified that they were in scope in late March 2025. A more detailed communication was sent on 3 April outlining the specific proposed changes to their contracts or SLAs. Providers were then notified that the finalised proposals would be considered by the EIJB on their meeting of 26 August 2025. For this IIA we had representation from Advocacy organisations CAPS Independent Advocacy and Advocard. We also had service user representation from the Edinburgh Crisis Centre Partnership Group at this IIA.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes

5. Date of IIA

Tuesday 13th May

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Robert Smith	Strategy Manager, EHSCP	
Rhiannon Virgo	Programme Manager (Innovation and Sustainability), EHSCP	February 2020
Cat Young	Assistant Programme Manager (Thrive), EHSCP	
Debbie McLachlan	Head of Services (South), Penumbra	
Calum Collingwood	Nurse Team Manager (Psychiatry), NHS Lothian	
Lisa Spalding	Thrive Welcome Teams Clinical Manager, NHS Lothian	
Jane Crawford	Chief Executive Officer, CAPS Independent Advocacy	
Tamsin Kilgour	Service User Representative	
Neil Logan	Chief Executive Officer, Street Assist	
Joanna Eceiza	Contracts Officer, EHSCP	
Barrie Hunter	Service Manager, Penumbra	
Amelia Waspe	Fundraising and Marketing Manager, Street Assist	
Ben Baldock	CEO, Advocard	
Angharad Blundell	Collective Advocacy Worker, CAPS Independent Advocacy	
Michele Mason	Head of Edinburgh and Lothian Services, Change Mental Health and Chair of Edinburgh Mental Health Forum	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</p> <p>City of Edinburgh Council in NHS Lothian Health Board, Timely Suicide Report</p> <p>Thrive Welcome Teams Trak data</p> <p>Scottish Government Mental Health and Wellbeing Strategy</p> <p>Creating Hope Together: suicide prevention strategy 2022 to 2032</p>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>Provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes</p> <p>Restricted data from Public Health Scotland showing increase of completed suicide in Edinburgh City in comparison with 2024. 33% of people have not approached statutory support.</p> <p>Referral and demographic data for MH single point of access (NHS access only)</p> <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>The Scottish Government's suicide prevention strategy, titled "Creating Hope Together", is a comprehensive 10-year plan (2022–2032) with an initial Action Plan covering 2022 to 2025. It was developed in partnership with COSLA and aims to</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="427 459 936 491">https://suicideresearch.info/the-imv/</p> <p data-bbox="427 754 999 823">AUDIT Scotland Report on Adult Mental Health</p> <p data-bbox="427 938 1005 1043">Joint Edinburgh Carers Strategy 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</p> <p data-bbox="427 1123 1048 1228">Joint Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p> <p data-bbox="427 1270 1028 1302">Human Rights Bill: Consultation Summary</p>	<p data-bbox="1088 312 1850 381">reduce suicide deaths in Scotland by addressing both immediate needs and long-term social determinants.</p> <p data-bbox="1088 422 1957 635">The Integrated Motivational-Volitional Model of Suicidal Behaviour developed by the University Of Glasgow (Suicidal behaviour research) - emphasising the importance of support being provided in a timeous manner during the period where suicidal Thoughts & Feelings could tip into Suicidal actions/behaviour.</p> <p data-bbox="1088 716 1951 860">The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</p> <p data-bbox="1088 901 1966 1045">Joint Edinburgh Carers Strategy which reflects national carer strategy and carer legislation (which includes a duty to ensure carers are engaged and informed as part of the hospital discharge process).</p> <p data-bbox="1088 1086 1966 1192">The Edinburgh Carers Survey 2023 gathered the views of 491 carers looking after someone with a mental health condition in Edinburgh.</p> <p data-bbox="1088 1233 1966 1302">Summary of feedback from consultation for the Human Rights Bill</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Adult Support and Protection (Scotland) Act 2007	<p>"Local authorities do have a duty to protect and support adults who are unable to safeguard their own interests and are at risk of harm". ECC escalate and help meet statutory duties around safeguarding. They raise and /or support around safeguarding concerns with police, NHS and social work every other day due to the nature of the service.</p>
Data on service uptake/access	<p>National Benchmarking data</p> <p>Edinburgh Crisis Centre Service Engagement Data Summary – Reporting Period 01/04/24 - 31/03/25 (Report on request)</p>	<p>2021/22 LGBF data shows an increase in the number of people supported to live as independently as possible.</p> <p>During the reporting period, the Edinburgh Crisis Centre provided support on 11,389 occasions to a minimum of 1,617 individuals. Of these, 1,290 were new service users as of 1 April 2024, while 327 had previously engaged with the service. In addition, 819 support engagements were anonymous, meaning the total number of unique individuals supported is likely higher, though exact figures cannot be determined.</p> <p>The helpline remained the primary mode of support, accounting for 64% of all engagements. Text and email support made up 14% and 10% respectively, providing accessible options for those with specific needs. A total of 432 face-to-face appointments were arranged, 117 of which led to extended support at the Centre.</p>

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		<p>In 3042 distinct support engagements, individuals expressed suicidal thoughts or feelings - highlighting the acute nature of the crises managed.</p> <p>Gender representation among service users was balanced, with 47% identifying as male and 46% as female. While less than 1% of supported people were reported to have identified as transgender or non-binary, close to 7% reported gender as “Other”, which is perhaps more indicative of reporting measures rather than service user demographics.</p> <p>Age data shows that individuals aged 26–35 formed the largest group of service users (175), followed closely by those aged 16–25 (152). Engagement decreased gradually with age: 36–45 (99), 46–55 (68), 56–65 (48), and over 65 (37).</p> <p>Data gathered from this period on signposting and initiating contact with statutory and non-statutory services as part of support, indicates that self-help resources such as Headspace, Daylight and Silvercloud were predominantly utilised. GPs, counselling services and mental health crisis support were also notable services through with people were connected through their support.</p> <p>Such dataset underscores ECC’s vital role in providing immediate, accessible crisis support while bridging individuals to broader mental health and wellbeing services across Edinburgh.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p>Thrive Collective Impact Report</p> <p>Annual SLA reports</p> <p>Thrive Progress Report</p> <p>TRAK data (Psychological Therapies)</p> <p>Mental Health Inpatient Census 2023</p>	<p>Quantitative and Qualitative Data from Thrive Welcome Team, including demographic, equalities data. 3,424 people seen by TWT since Nov 22 and demonstrates decline in referrals to psychological therapies.</p> <p>Demonstrate the uptake of services within 3 partnerships of the Thrive Collective.</p> <p>Exploring investment of £1.8 million to support 4,367 people, with a minimum social value of £7.13 for every pound spent on the Thrive Collective programme.</p> <p>Annual and interim reporting across all SLA on what is being delivered across Edinburgh and the impact of such activities</p> <p>This document sets out the aspirations of Thrive Edinburgh and what has been delivered against Thrive Pillars and Adult Health and Social Care Workstreams and Change Programmes in 2023.</p> <p>Data shows significant decrease of people being referred to psychological therapies.</p> <p>Results of the seventh Mental Health and Learning Disability Inpatient Census and Outwith NHS Scotland Placements Census, 2023.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p>Census Maps - Census 2022 data interactive, NRS</p> <p>iThrive</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/The-Value-of-Collective-Advocacy.pdf</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/More-about-the-significant-work-of-CAPS-over-the-years.pdf</p> <p>What does it mean to you? (2024) — Out of Sight Out of Mind</p>	<p>Respondents felt professionals did not take carers’ situations into account, which may partially account for reported lack of referrals to carer support services. Recommendations include improved carer engagement in hospital discharge (a legal requirement).</p> <p>Maps detailing demographic, and population data</p> <p>Analytics report detailing usage of iThrive website 157,147 users, up 69%</p> <p>Detailing the value of using collective advocacy groups. CAPS advocacy link with the Edinburgh Crisis Centre through the partnership group.</p> <p>CAPS work over the years</p> <p>People who attend the Crisis Centre can take part in follow up art groups as part of their keep well programme. They also are given the opportunity to take part in this exhibition. Report capturing In 2024 Out of Sight Out of Mind exhibition showed artworks made by 310 people who have experience of mental</p>

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	<p>Out of Sight Out of Mind Exhibition - website</p> <p>Penumbra penumbra.org.uk/wp-content/uploads/2023/11/Impact-Report-2023-compressed.pdf</p> <p>Advocard Reports</p> <p>Publications and Reports from CAPS Advocacy</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p>Unpaid care has huge impact on mental health and affects low income households - https://shorturl.at/0l9qp</p> <p>The demands of caring pushing unpaid carers to the brink Carers UK</p>	<p>health issues and report which collates what the exhibitions meant to people. Exhibition website.</p> <p>Penumbra annual report</p> <p>Variety of reports detailing need for people with mental health issues.</p> <p>Varitey of publications including reports, newsletters, and annual reports.</p> <p>Research on experiences of unpaid carers caring for a person using mental health services in Edinburgh, in shaping the care of those they cared for, and how well supported they felt as carers.</p> <p>Eurocare research, carried out by University College London and Carers Trust, evidencing impact of unpaid care on mental health.</p> <p>2023 Carers Scotland report which revealed that over a third (36%) of unpaid carers have experienced thoughts of self-harm or suicide</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</p> <p>Coronavirus: Mental Health in the Pandemic Study Mental Health Foundation</p> <p>Poverty commission reports</p> <p>Eurocare research - unpaid care has huge impact on mental health and affects low income households</p> <p>Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>MH Foundation Covid 19 report: Pandemic effect on mental health</p> <p>End Poverty Edinburgh is a group of independent citizens aiming to raise awareness of poverty in Edinburgh, influence decision-making, and hold the city to account.</p> <p>Research found carers are disproportionately impacted by decline in mental and physical health due to their caring role – more than the general population – and it affects low income households. It impacts all age groups – young adult carers, mid-life carers and older carers.</p> <p>491 Edinburgh carers looking after someone with a mental health condition contributed to this survey. Some raised concerns that the assessment process (for statutory services) carried risks for people in their situation, due to the emphasis placed on gathering information from people who may not be</p>

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		well enough to respond accurately. In addition, of the 1,169 carers who contributed to the survey, 82% said 'being a carer has affected my mental health'.
Data on equality outcomes	<p data-bbox="427 459 1066 568">JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</p> <p data-bbox="427 608 1066 751">Gender inequalities in unpaid care work - Engender-response-to-the-Scottish-Governments-Scottish-Carers-Assistance-consultation.pdf</p>	<p data-bbox="1088 459 1991 496">Provides data on demographics of minority ethnic communities</p> <p data-bbox="1088 608 1991 715">Women are more likely to be unpaid carers, and this unequal distribution of unpaid care work has long-term impacts on women and girls.</p>
Research/literature evidence	<p data-bbox="427 866 1066 1050">Creative Health: The Arts for Health and Wellbeing https://ncch.org.uk/uploads/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf</p> <p data-bbox="427 1161 1066 1233">Independent-advocacy-for-independent-lives.pdf</p> <p data-bbox="427 1345 1066 1378">Equality-Progress-Report-5-March-2020.pdf</p>	<p data-bbox="1088 866 1991 973">Cross party report that details how the arts can help meet major challenges facing health and social care: ageing, longterm conditions, loneliness and mental health.</p> <p data-bbox="1088 1125 1991 1232">Independent advocacy for independent lives: A groundbreaking evidence base to grow inclusive support services for people with learning disabilities and autistic people</p>

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		Edinburgh Integration Joint Board Mainstreaming Equality and Outcomes Progress Report 2020
Public/patient /client experience information	<p>HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland</p> <p>https://capsadvocacy.org/about-caps/publications-and-reports/</p> <p>https://rehpatientscouncil.org.uk/wp-content/uploads/2019/05/Strengthening-the-Patient-Voice-Results-Reports-190508.pdf</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/05/CAPS-Independent-Advocacy-Testimonials.pdf</p>	<p>Assess the state, efficiency and effectiveness of Police Scotland’s provision of mental health-related policing services. Published its thematic review of policing Mental Health in Scotland.</p> <p>Detailing activity undertaken by CAPS Independent with Advocacy/Collective Advocacy</p> <p>This report captures what patients shared about their experiences in the Royal Edinburgh Hospital (REH) as part of a quality improvement project run by the REH Patients Council.</p> <p>CAPS Advocacy: Impact there would be on people if the funding is withdrawn and the projects end</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Evidence of inclusive engagement of people who use the service and involvement findings	<p>Complaints/ compliments: 2024 Thrive Contracts review</p> <p>Letter from Redhall Walled Garden Trainees (service users) in regard to impact of 24/25 funding reduction</p> <p>Change Mental Health @Stafford Centre: Service User feedback</p>	<p>Redhall Walled Garden service user led letter stating impact of funding reduction in FY25.</p> <p>64% of folk saying it prevents me being in crisis, 89% saying it supports my recovery and 80% saying in keeps me out of hospital. , 96% saying it keeps me well and 98 % saying it stops me feeling isolated</p>
Evidence of unmet need	<p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Welfare reform - impact on households with children: report - gov.scot</p> <p>Scottish mental health law review: our response</p> <p>Marks-Final-PE-report-2021.pdf (rehpatientscouncil.org.uk)</p> <p>https://www.mwscot.org.uk/policy-and-research</p>	<p>Details the health needs and priorities for the people of Edinburgh</p> <p>A report that presents analysis of the impacts of UK Government reform on households with children in Scotland.</p> <p>A response to the independent review of mental health, capacity and adult support and protection legislation,</p> <p>The Experience of Patients in the Royal Edinburgh Hospital –</p> <p>Mental Health Welfare Commission detailing feedback from people that use services</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Community green: using local spaces to tackle inequality and improve health	<p>This study examines the impact of the quality of local green spaces on the health and wellbeing of people living in six deprived areas. It makes the connections between green space, ethnicity and inequality.</p>
<p>Good practice guidelines</p>	<p>SIGN guideline for specific mental health conditions</p> <p>https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-community-health-and-social-care-services-pdf-1837520014021</p> <p>https://www.nice.org.uk/guidance/ng181/resources/rehabilitation-for-adults-with-complex-psychosis-pdf-66142016643013</p> <p>https://www.alliance-scotland.org.uk/policy-and-research/policy/mental-health/</p> <p>Mental Health Foundation</p> <p>Scottish Independent Advocacy Alliance</p> <p>-</p>	<p>Link to guidelines for specific mental health conditions.</p> <p>This guideline covers how to improve services for people aged 14 and above who have been diagnosed as having coexisting severe mental illness and substance misuse.</p> <p>This guideline covers mental health rehabilitation for adults with complex psychosis.</p> <p>The ALLIANCE works to ensure mental health law, policy and practice is aligned with human rights standards and principles.</p> <p>Information for public and professionals alongside specific reports on how to support people with mental issues</p> <p>Overview of the benefits of independent and collective advocacy</p>

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	<p>https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/</p> <p>Mental Health (Care and Treatment) (Scotland) Act 2003</p> <p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p>	<p>Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice</p> <p>Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyone's right to independent advocacy</p> <p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required	<p>https://earthworm-hyperboloid-4zl6.squarespace.com/what-does-it-mean-to-you-2024</p>	

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="524 312 1061 453">The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p> <p data-bbox="524 496 938 564">Equality-Mainstreaming-and-Outcomes-Report.docx</p> <p data-bbox="524 608 1028 676">Equality-Progress-Report-5-March-2020.pdf</p>	

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <p>The contract and SLA savings as a whole will help the EHSCP meet its statutory obligations by ensuring that resources can be prioritised to support the most vulnerable, by delivering efficiencies wherever possible. This will strengthen statutory services.</p> <p>The EIJB has delivered over £100m of savings over the last three years through a range of savings projects. There are few options remaining to deliver savings that do not impact on direct statutory service provision, and which would directly affect people who use our services, staff and providers. This proposal does not remove statutory services which form part of an individual’s package of care. If this saving does not proceed, alternatives will have to be found with potentially greater impacts on people with protected characteristics.</p>	<p>All</p> <p>All</p>
<p>Negative</p>	

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Helplines play a crucial role for older adults, especially in the context of social isolation, physical health decline, and suicide prevention. Freephone numbers make them accessible regardless of income or digital literacy.</p>	Older People
<p>Many older adults are losing social networks due to bereavement, retirement, or mobility issues. Helplines offer companionship, emotional support, and a non-judgmental ear — especially out of hours and on weekends, when loneliness can feel most acute.</p>	Older People
<p>Isolation, sadness, and suicidal feelings are common among older adults, particularly those over 60. Physical health conditions can limit social activity, further eroding friendships and support networks. These factors are recognized in the Suicide Prevention Strategy, which increasingly focuses on older populations.</p>	Older People
<p>Older adults experience and respond to sudden emotional distress, and why anonymous, out-of-hours support is so essential.</p>	Older People
<p>Street Assist work with mainly young people 16+ providing a non-judgmental, first response that can de-escalate situations and prevent hospital admissions or police involvement. Many are under the influence of alcohol or drugs, which can impair judgment and increase vulnerability. Often found in distress, disoriented, or at risk of harm.</p>	Young People
<p>The ECC have strong links between crisis services and universities, student unions, and wellbeing teams are essential. Collaborative approaches help identify students at risk early. provide low-level, preventative support and offer out-of-hours options when university services are closed.</p>	Young people & Students
<p>International students often face unique barriers to accessing mental health support, and anonymity can be a lifeline for them.</p>	

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Many neurodivergent individuals, especially those with ADHD or autism, are facing long waiting lists for formal diagnosis and support through statutory services. This delay can have serious consequences for mental health, education, employment, and daily functioning and can lead to crisis.</p> <p>Many people are struggling with real challenges but haven't received a formal diagnosis, and the difference in how they're treated, especially between community-based services and clinical settings can be stark.</p> <p>Students don't want it on their records, critical cultural and privacy issue that affects many international students, particularly those from Southeast Asia and other regions where mental health is highly stigmatized. National data is showing an increased rate of suicide within student settings.</p> <p>The home life of children and young people (CYP) can have a profound impact on their mental health, safety, and development. When there are parenting challenges brought on by mental ill health, it can lead to child protection concerns, and in some cases, adult protection issues as well. Access to trusted community crisis services and support are crucial.</p> <p>Adult mental health and safeguarding services may not accept referrals until age 18. This leaves a "holding period" where young people are in limbo, especially if they're waiting for a diagnosis (e.g. ADHD, autism), they're experiencing distress but not in crisis. The ECC can act as a 'holding space' for such young people.</p> <p>People with physical disabilities often experience higher rates of mental health challenges such as depression, anxiety, and PTSD. This can be due to chronic pain, social isolation, stigma, or barriers to accessing care and support.</p>	<p>Young People, Neurodivergent</p> <p>Young People, Neurodivergent</p> <p>Students</p> <p>Children and Young People</p> <p>Young adults 16 – 25 years, neurodivergent</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>People with mental health conditions—especially those who also live with physical disabilities—often experience non-linear, fluctuating needs. They may not require constant, weekly support, but timely, flexible access to care can prevent escalation into crisis.</p> <p>In the initial development of the crisis centre people said “We don’t need hospital or MHAS, but we need help”. They seek someone to talk to, a safe space to decompress, support before things escalate, validation without judgment or thresholds.</p> <p>Empowerment of the individual is a core principle in compassionate, person-centred mental health and social care. It means giving people the tools, choices, and voice to take control of their own wellbeing — even in times of distress. This choice would be taken away from people.</p> <p>Assuming people will always go to services when they need help is a dangerous misconception. Many individuals, especially those facing stigma, trauma, or systemic barriers, don’t or can’t seek support — and the consequences can be devastating. Recent data suggests 33% of people who completed suicide did not seek statutory support.</p> <p>Individuals with diagnosed mental health conditions are frequently reaching crisis point—often resulting in repeated emergency calls to services like: MHAS (Mental Health Assessment Services), NHS24, Ambulance services. Sometimes multiple times a night, which is not only distressing for the individual but also places a huge strain on emergency services and safeguarding teams. Having choice and accessibility to service provision is paramount.</p> <p>40% of individuals brought to the crisis centre are experiencing self-harm or suicidal thoughts. Police trust the centre are involved in transporting individuals to the centre. The timing of intervention is critical, people are getting help at the right moment.</p> <p>With 40% of individuals presenting with self-harm or suicidal ideation, disinvestment could directly lead to increased suicide rates and avoidable deaths. Police rely on the crisis centre</p>	<p>People with physical disabilities</p> <p>People with mental health conditions</p> <p>People with mental health conditions at the initial conception of the ECC</p> <p>People with mental health conditions, suicide ideation and thoughts</p> <p>People with mental health conditions, suicide ideation and thoughts</p> <p>People with mental health conditions,</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>as a safe, specialized alternative to custody or A&E. Without the centre, individuals may be taken to inappropriate settings, increasing risk and cost. Data from Jan – May 2025 is showing stark increase in suicide completion in Edinburgh in comparison with 2024.</p> <p>A diagnosis of personality disorder is often treated as a label rather than a complex, individual experience. This can lead to: Stigma from professionals and services, Dismissal of distress as “just part of the diagnosis”, Barriers to care due to assumptions about treatability or risk. GPs often limited to making urgent referrals only for bipolar disorder or psychosis, leaving those with personality disorders without a clear route to care. There is a lack of dedicated pathways, A&E Turnaways: People in crisis are often told, “<i>This service isn’t right for you,</i>” which can be devastating and dangerous. Reinforces stigma and feelings of being “too much” or “not enough”. Increases risk of self-harm, suicide, or disengagement from service.</p> <p>Accessibility is a crucial part of ensuring equity in mental health services, especially for people with disabilities, language barriers, or communication differences. Phone-only systems such as NHS 24 can be overwhelming or inaccessible for people with anxiety, hearing impairments, or neurodivergence. Language barriers can prevent people from understanding or being understood. Text-based options (SMS, WhatsApp, webchat) allow people to explain themselves more clearly, at their own pace.</p> <p>Rigid referral systems (e.g., only via GP) exclude those who struggle to advocate for themselves. Self-referral pathways empower individuals to seek help without needing a gatekeeper.</p> <p>Evidence clearly shows that people from minority ethnic backgrounds in the UK are more likely to experience mental health problems—and face greater barriers to accessing support.</p>	<p>suicide ideation and thoughts</p> <p>People with mental health conditions, suicide ideation and thoughts, staff, police Scotland</p> <p>People with mental health conditions, suicide ideation and thoughts</p> <p>People who attract a diagnosis of personality disorder</p> <p>People with disabilities, language barriers, or communication</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>A trauma-informed approach is essential in mental health services, especially for individuals with complex needs or histories of adversity. It shifts the focus from “<i>What’s wrong with you?</i>” to “<i>What happened to you?</i>”, creating a foundation of safety, trust, and empowerment. Staff at the centre are trained in trauma awareness and de-escalation. Flexible, person-centred care plans. Calm, welcoming environments use of language that is validating, not pathologizing.</p> <p>Services see a seasonal increase in service demand—particularly during the summer months and festivals. It’s a really important example of local flexibility in mental health crisis support that responds to seasonal and cultural needs.</p> <p>Travelling communities—such as Irish Travellers or Roma—when accessing healthcare, particularly in emergency settings like A&E (Accident & Emergency departments) face challenges like often highly stigmatised, which can lead to a Reluctance to seek care due to fear of judgment or mistreatment which can lead to worse health outcomes due to delayed or avoided treatment.</p> <p>The ECC can provide initial support for people new into the country. For example, displaced individuals from Ukraine, particularly those in temporary accommodation and potentially experiencing mental health distress. Individuals are connected to the crisis centre and to crisis navigators who offer short-term support, help navigate complex health and social care systems and provide emotional and practical guidance.</p> <p>Stigma and negative experiences with statutory mental health services are a major barrier for many LGBTQIA+ people, and they can have long-lasting effects on trust, engagement, and wellbeing.</p>	<p>differences, neurodivergence.</p> <p>People with disabilities, carers, mental health conditions</p> <p>Ethnic minority</p> <p>People who have experience of trauma</p> <p>Visitors to Edinburgh</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Edinburgh Crisis Centre has strong collaboration with local LGBTQIA+ groups has helped build trust and safety. People are more likely to seek support from services that are visibly inclusive and reflect the community they serve.</p>	Travelling communities
<p>Loss of helpline or text-based support would have a significant negative impact, especially for trans individuals who may fear judgment or misgendering in voice calls</p>	New Scots
<p>Loss of safe space for trans: Unisex rooms and lack of privacy in some services can be deeply distressing, particularly for trans women and others with trauma histories.</p>	
<p>LGBTQIA+ people are drawn to cities, many arrive without family or social support, can face housing insecurity, especially if young or estranged, isolation and loneliness despite being in a busy city, higher risk of mental health crisis, especially for trans and non-binary people.</p>	LGBTQIA+
<p>Experiencing a hate crime can have long-term mental health impacts, especially for LGBTQIA+, Trans, non-binary people and other marginalized groups. It's not just a one-time event; it can deeply affect a person's sense of safety, identity, and trust in others.</p>	LGBTQIA+
<p>The ECC provide intersectional, holistic mental health support that sees people as whole individuals, not just diagnoses or isolated issues.</p>	Trans
<p>For people who are unmarried, living alone, and in distress, the ability to access non-medicalised, user-defined crisis support can be life-saving — especially when they're at the threshold of not being able to ask for help themselves.</p>	Trans
<p>Anonymity of text-based support (like helplines, SMS, or webchat) is a crucial factor in why many people choose to reach out that way, especially in moments of vulnerability. People can express themselves more freely without worrying about how they sound or look. Safer for</p>	LGBTQIA+, Trans, non-binary people

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>those in unsafe environments: Especially for people experiencing domestic abuse, controlling relationships, or family rejection.</p>	<p>LGBTQIA+, Trans, non-binary people</p> <p>People with mental health conditions, ethnic minority, LGBTQIA+, Trans, non-binary people</p> <p>People who are unmarried, living alone, and in distress,</p> <p>People experiencing domestic abuse, controlling relationships, or family rejection.</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	
<p>Negative</p> <p>The Edinburgh Crisis Centre provides support to the residents of the City of Edinburgh. The overwhelming area in which support is provided to is an urban community. However, this does include areas such as South Queensferry which represents a small coastal community. Loss</p>	<p>People living in rural environments and communities</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>of or reduction in availability of access to distress support, which is provided either remotely and/or in person on a 24hour & 7 day a week basis will likely impact on these groups significantly as follows- Increase in feelings of isolation and additional barriers to accessing support for those who live in areas where public transport is less available, and remote support would be more limited.</p>	<p>.</p>

Economic	Affected populations
<p>Positive</p> <p>Approx £23m of EIJB spend will still be delivered via block contracts, primarily with third sector providers. This will continue to support local businesses and employees.</p>	<p>Local businesses and staff</p>
<p>Negative</p> <p>50% of visitors to the centre are from SIMD1–3 (most deprived areas)</p> <p>People with limited income can significantly restrict access to support services, which in turn increases the likelihood of individuals reaching a point of crisis.</p> <p>Cumulative and compounding crisis affecting people, disabilities or mental health challenges, due to cuts to local services and community support. reduced availability of early intervention programs</p> <p>Changes to Benefits PIP (Personal Independence Payment) reforms have made it harder for people—especially young people with mental health conditions—to qualify. Welfare reform has introduced stricter assessments and conditionality, increasing stress and uncertainty.</p>	<p>People on low incomes, unemployed, people with mental health issues, physical disabilities</p> <p>People on low incomes, unemployed, people with mental health issues, physical disabilities</p>

Economic	Affected populations
<p>Cost of living increases disproportionately affect low-income households.</p> <p>This all-increases anxiety, depression, and crisis presentations on a particularly on a already vulnerable group. Statutory crisis services (MHAS) are overwhelmed, with long waiting lists and limited capacity.</p> <p>A 50% funding cut to the Edinburgh Crisis Centre would not only reduce immediate crisis support but also ripple through the wider health and social care system, increasing pressure on emergency services and worsening outcomes for the city's most vulnerable residents.</p> <p>People who are experiencing food poverty can contribute to or even trigger a mental health crisis. It can worsen existing mental health conditions and increase the risk of major depressive disorder. The crisis centre can help people link to food banks and other community services bypassing the need for statutory involvement.</p> <p>With the reduction this would see a redesign of current services which will impact staff and volunteers.</p> <p>Staff facing redundancy are at risk of falling into poverty, especially if they lack savings or have high living costs.</p> <p>Unemployment and poverty can trigger a cascade of emotional, financial, and practical challenges. This does not always require a medical response but a social, practical support which the crisis centre is in a position to help with.</p> <p>Staff from the crisis centre are considering their futures which is already having an impact in terms of stability of services, although coping for now.</p>	<p>People on low incomes, unemployed, people with mental health issues, physical disabilities</p> <p>People on low incomes, unemployed, people with mental health issues, physical disabilities</p> <p>People on low incomes, unemployed, people with mental health issues, physical disabilities</p> <p>Staff</p> <p>Systems pressure</p>

Economic	Affected populations
	Staff

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

All services affected by this proposal are carried out by third sector organisations. Robust contract management processes exist to ensure that equality, human rights, environmental and sustainability issues are handled appropriately.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

This will need to be carefully considered, and robust communications developed in partnership with providers impacted.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

Input from people who use the service and to hear what they need

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Regularly review the IIA to ensure any new impacts are captured	Andy Hall, Director: Strategy		
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy		

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

It is not possible to fully mitigate the impact of removing funding, however, where mitigations are possible these have been identified.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

Onward discussion with any organisation impacted on. Review of actions from this IIA frequently alongside providers. Ongoing monitoring of data to recognise any impacts or trends.

16. Sign off by Head of Service

Name: Andy Hall

Date: 15 August 2025

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website

www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care sarah.bryson@edinburgh.gov.uk to be published at

www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/