Serenity Integrated Mentoring (SIM) Model of Care for people experiencing regular mental health crisis episodes

Key messages

- SIM is a multidisciplinary approach for people with complex mental health needs, including borderline personality disorder or similar, who remain undiagnosed and are often frequent, high intensity users of emergency services.

- With the right balance of care and challenge, they can avoid escalating their problems and being detained under Section 136 of the Mental Health Act.

- SIM can help frontline healthcare workers and the police provide a better service to people who currently experience regular mental health crisis episodes.

- SIM will improve care for people who are struggling with complex mental health disorders and are regularly detained or treated by emergency services for crisis episodes.

- SIM will see police officers receive specialist mental health training so that they can work alongside NHS mental health care coordinators to mentor individuals, supporting them to find new ways of coping and managing with their mental health.

- The mentoring will be targeted to support individuals in the South West who are regularly detained under Section 136 of the Mental Health Act, or frequently come into contact with emergency services, due to repeat crisis episodes.

- Mentoring has been proven to address the practical, social and emotional issues that contribute to a mental health crisis, resulting in fewer detentions under Section 136 and more proactive support for individuals.

- Under the scheme, police mentors and NHS mental health care coordinators work together. The involvement of a police mentor means that individuals not only receive care for their health via their NHS team, but also clear advice from the police mentor on how their behaviour may be perceived by others in society.

- Together, the police mentor and the mental health care coordinator work with the individual to develop a shared care and response plan that addresses their health and helps them to set safer boundaries for their behaviour. SIM can also assist service users to avoid criminal justice outcomes.

- The pilot study in the Isle of Wight showed significant clinical improvements – crisis calls to police and ambulance services reduce and are often eliminated. Admissions to A&E reduce significantly, and individuals and families of mental health service users felt more supported.
1. **Why use SIM?**

   The SIM model of care combines the best clinical care with compassionate but consistent behavioural boundary setting to reduce harm, promote healthier futures and reduce repetitive patterns of crisis that impact 999 and other emergency care teams.

   The traditional approach requires substantial resources, often across multiple emergency services. SIM combines police and health services to better identify, support and mentor individuals across multiple services; this also improves outcomes and provides support for families and carers.

   Annually, around 88% of people presenting to the police with a mental health condition are already known to local mental health services. By joining up police and health within the SIM programme it ensures that those within this 88% who have been identified as being High Intensity Users, are supported holistically for long term health improvement.

2. **How does it actually work?**

   SIM trains a police officer in mental health high intensity behaviour, risk management and basic clinical theory. The police officer is embedded in the local community mental health team to assist with the clinical and risk management of the highest intensity users. Over time, this multi-dimensional team working intensively with the service user combine clinical, risk and behavioural management skills to reduce, and in some cases remove, high intensity behaviour which is recorded in a care and response plan. The plan enables the service user to adapt more consistent and healthy coping strategies.

   With consistent support, SIM can eliminate crisis calls and other high-risk events, from within the selected group, including police, ambulance calls and response and emergency department and mental health bed admissions. SIM helps these high intensity users engage with their local services more appropriately.

3. **How was SIM developed?**

   SIM is an award-winning mentoring programme for service users struggling to cope with highly intensive patterns of behaviour. The Isle of Wight CCG commissioned the UK’s first SIM officer in July 2015. The SIM model was developed by Paul Jennings from the Mental Health Team at Hampshire Constabulary who recognised a need to marry up mental health and policing to support high intensity users in the most appropriate way and provide long-term support and improved outcomes. Backed by the Wessex Academic Health Science Network in October 2016, SIM was awarded an NHS Innovation Accelerator (NIA) fellowship to promote high impact innovations and shape the national strategy.

4. **What NHS organisations are involved – is this all of London?**

   The Metropolitan Police and four mental health trusts in London are implementing the model as “pathfinder” sites with a view to rolling this out more widely in the capital following evaluation of these sites. The project is delivered by NHS England via NHS RightCare. The Health Innovation Network is coordinating the programme management of the London pathfinder sites.

5. **Why are police officers involved in mental health care?**
As police officers work directly with high intensity users at risk of being detained under Section 136 it is appropriate that they work alongside local community mental health teams to support those individuals nearing, or in, crisis.

6. **How are people referred to the programme?**

Referrals can happen in a number of ways. An eligible person could be identified when they come into contact with emergency services while in crisis, or proactively referred by mental health teams as part of ongoing care. The decision to offer mentoring is made by a team consisting of representatives from mental health services, police, ambulance, and A&E representatives.

7. **Who is eligible?**

SIM will focus on high intensity users of crisis services, including ambulance, police, mental health and emergency care and at risk of, or have previously been, sections under the Mental Health Act. These individuals have complex needs and frequently use a range of public services. The SIM model delivers significant benefits to these individuals, their families and communities, as well as a reduction in the number of admissions under Section 136s and associated costs.

8. **Why not simply continue to use Street Triage services?**

Street Triage teams do great work and the two approaches can work well together. However they approach the issues in different ways – Street Triage teams are reactive and provide better support and identification of people in crisis. By contrast, SIM works proactively to reduce the numbers of times people experience crisis, resulting in a more preventative approach in the longer term.

9. **How much is this costing?**

Each SIM team is tailored as required to the needs of the community that it serves. Consistently, there will always be a minimum of a police officer and mental health worker. As the programme is in its pathfinder phase, and has only been trailed in one area, the Isle of Wight, costings cannot be estimated per area at this stage.

10. **I am interested, who do I contact?**

For more information please contact Michelle Hale, Programme Manager at SW AHSN by email [contact information]

April 2018