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Serenity Integrated Mentoring (SIM)

Case Study 2018-2020

Part of
The AHSN Network

What is SIM?

Serenity Integrated Mentoring (SIM) is an innovative mental health workforce model that brings together police and community mental health services in order to better support people with complex mental health needs whilst reducing demand on NHS and police services. Uniquely the SIM model concentrates on working with the user when they are not in crisis, with the aim of preventing further crisis (Figure 1).

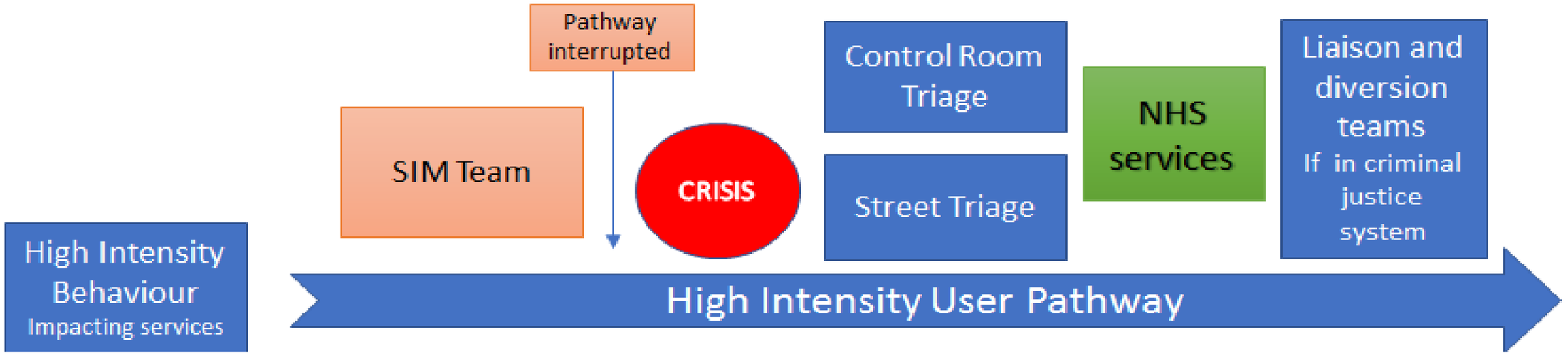

Figure 1: High Intensity User pathway

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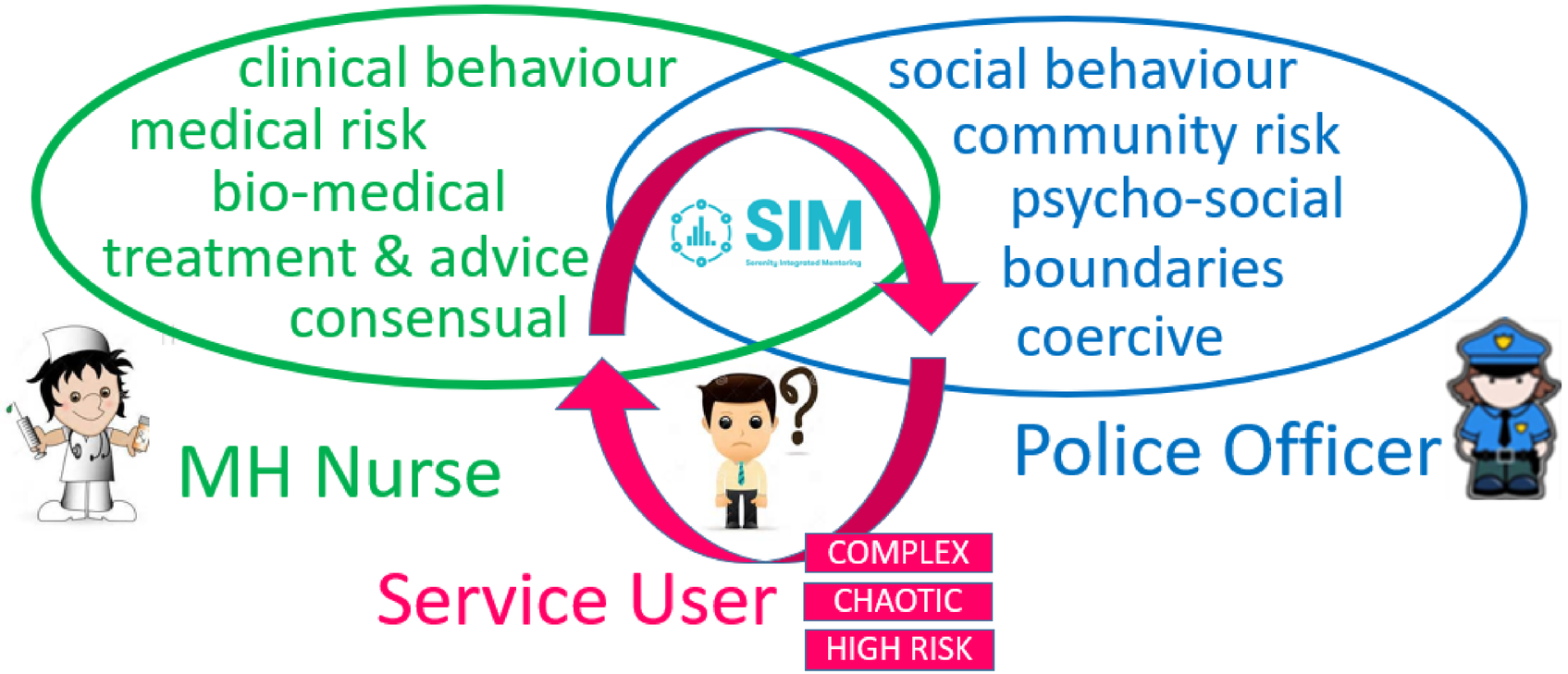
What does a SIM team look like?



A FUSION OF SKILLS using a MENTORING MODEL
that is
integrated, personalised, consistent, resilient and supportive.

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SIM Programme Content

The SIM programme consists of:

- A model of care using specialist police officers within community mental health services to help support service users struggling with complex, behavioural disorders

- SIM supports the small number of service users in every community struggling with complex mental health disorders who often request emergency services whilst making limited clinical progress

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Potential Benefits of the SIM Approach

- Reduced cost to the police and NHS/ambulance services due to reduced crisis/999 calls, attendances and mental health bed days.
- Reduced pressure on the police/ambulance/ED services, releasing them to deal with other demands.
- Improved patient experience as service users receive earlier intervention leading to higher recovery rates.
- Service users receive mentoring to help them to avoid reaching crisis point and improve their quality of life.

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Why use SIM

- There are a small number of high intensity service users in every community struggling with complex mental health disorders. These high intensity service users are often '**High Volume Service Users**' in the 999 call centre, putting additional strain on the network and on mental health inpatient beds.

- Responding to high intensity patients using 999 emergency response and subsequently holding high intensity service users in police custody or a hospital bed is the most expensive interaction and often is only 'firefighting' the problem.

- High intensity service users have limited quality of life as they are solely dealt with when in crisis so usually make limited clinical progress between interventions.

- With the only interacting with high intensity service users being when they are in crisis this creates an additional risk to the public who often find themselves in risky situations created by the patients.

- A patient detained in custody under Section 136 costs on average £497 for each occurrence

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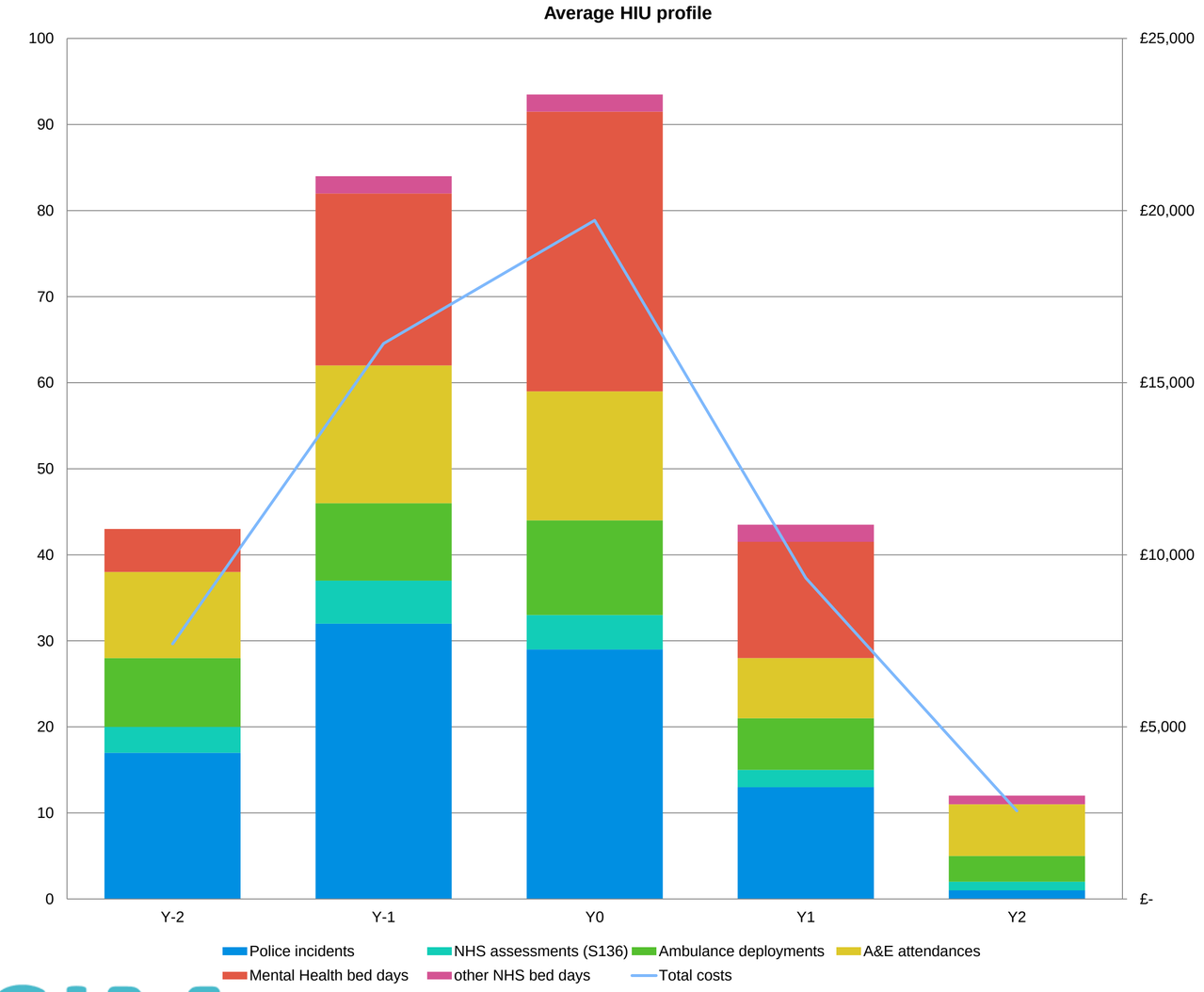
Average HIU profile - illustrating the benefits of SIM



In the year of the intervention (Y0):

- 29 police incidents
- 4 NHS assessments (s136)
- 11 ambulance deployments
- 15 A&E attendances
- 33 mental health bed days
- 2 other NHS bed days

Average spending per HIU

- Y-1: £16,200
- Y0: £19,800
- Y1: £9,400
- Y2 £2,600

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Aims and Objectives

- Set up locality teams with police and mental health leads
- Determine high intensity user caseload through monitoring of 999 calls, police and Emergency Department records and high users of other crisis intervention teams
- Work with caseloads to determine the underlying reasons for crisis situation and help patient to access required services which may link into in local authority (e.g. housing), charity, volunteer sectors etc.
- Regular contact with patient until able to step down to local community providers

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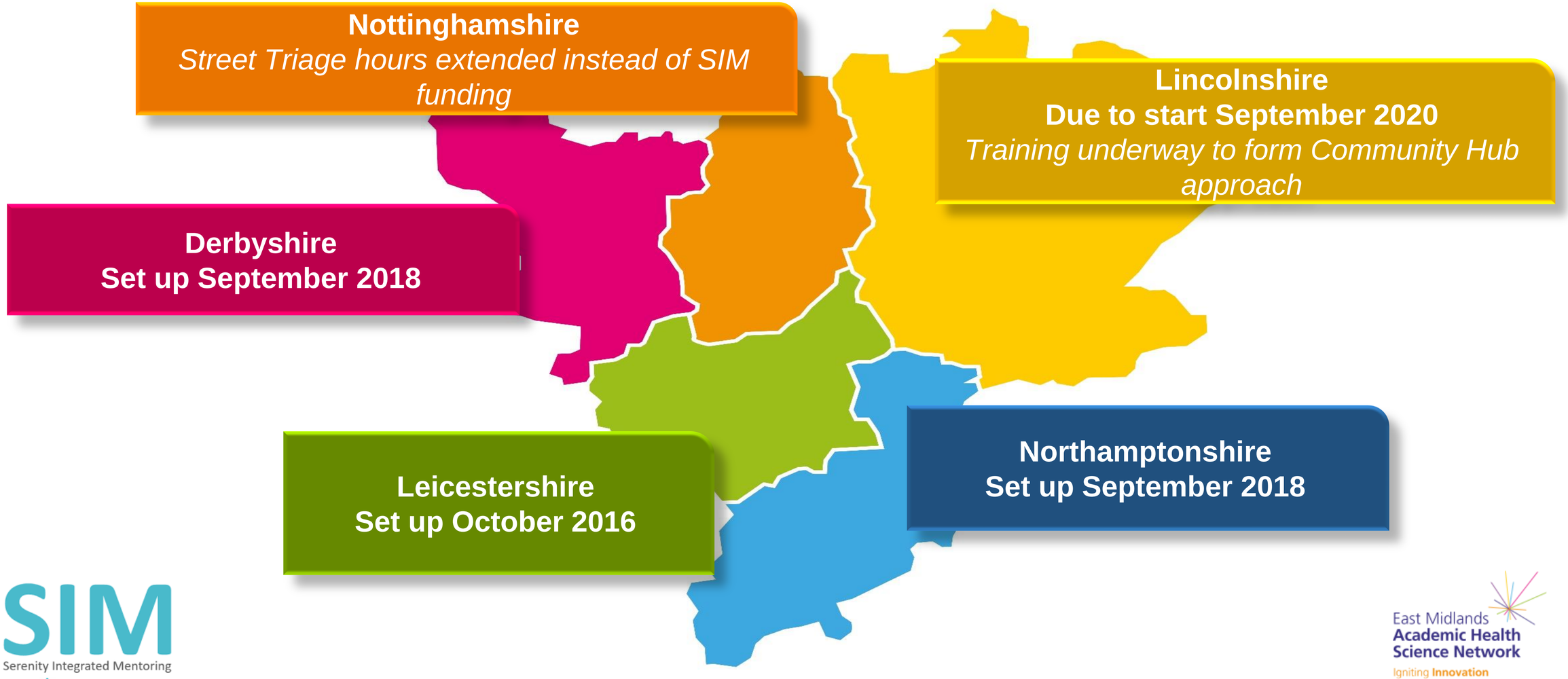
East Midlands spread and timeline



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Challenges in the East Midlands

- Northamptonshire trained a mental health officer and a police officer to work closely together yet disbanded the service within 12 months.
- In Lincolnshire the rurality resulted in the requirement of a slightly different approach – currently training 10 community hubs rather than a small number of centralised teams.
- Engagement in areas looking to implement other high intensity solutions (e.g. street triage) meant that SIM was not necessarily the focus.
- One area trained two individuals only which meant that they had no cover for sickness / stress / holidays. Made the service fragile.
- Covid-19 is impacting on the support that SIM teams are able to provide as contact is usually face to face and in patients homes or preferred public spaces (e.g. café, community centres).

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Number of patients impacted 2019/2020

Year	Metric	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2019/20	Number of service users supported through the programme (Derbyshire and Leicestershire) - cumulative, adding new referrals onto existing totals	103	133	167	167 – deployment paused due to COVID
2018/19	Number of service users supported through the programme - cumulative, adding new referrals onto existing totals	26	31	28	68

Activity data is accumulative and includes new and discharged high intensity service users

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