Serenity Integrated Mentoring (SIM) is a model of mental health intervention set up by Paul Jennings in 2013 [date], and accelerated through the NHS Innovation Accelerator Programme between 2016-2018, in partnership with the Academic Health Science Network (ASN) and endorsed by NHS England. In March 2021 SIM and similar associated interventions were operating in 23 Trusts across NHS England.

We believe SIM is in breach of several articles of the UN convention on the Rights of Disabled People. We include a brief summary below; for further detail please see our [full statement on Human Rights.](https://stopsim.co.uk/2021/05/05/concerns-regarding-the-human-rights-and-equalities-implications-of-the-high-intensity-network-hin-and-serenity-integrated-mentoring-sim/) For further information and statements on SIM, please visit our website; <https://stopsim.co.uk/category/coalition-statements/>. Please note that archived copies of the documents referenced are available from the StopSIM Coalition upon request where they are no longer available online. Please email; [stopsimmh@gmail.com](mailto:stopsimmh@gmail.com)

SIM is designed for people who are in contact with mental health services, who are frequently at high risk of suicide and self-harm, and deemed “high intensity users” of emergency services. It is our understanding that a significant number of service users receiving treatment under SIM are reported to have a diagnosis of Borderline Personality Disorder[[1]](#footnote-1) or other long-term mental health conditions. They would, therefore, be considered disabled under The Equality Act (2010).

A key component of the SIM intervention includes a “Response Plan” which coordinates the treatment given to an individual across multiple-agencies[[2]](#footnote-2),, including police, ambulance, A&E and mental health services. SIM’s “Response Plans'' explicitly advocate withholding, or deterring people from using, services which might be life-saving. This includes assessment, tests, x rays and treatments at A&E for any health condition.

The Business Case for Commissioning SIM across NHS Trusts in England states the following in relation to the impact a SIM Response Planis expected to have on health care professionals:

“Specifically, they can give doctors and nurses the confidence NOT to treat or respond in ways in which they would have felt compelled to before, such as:

* Not requesting scans/x-rays/MRIs/blood tests
* Not keeping the individual in the ED for observation
* Not pursuing the individual if they decide to discharge themselves
* Not requesting the police to find the individual or conduct a welfare check at home”.[[3]](#footnote-3)

The Business Case document further specifies that SIM “provides frontline responders with the confidence to trust response plans which advise them not to intervene”[[4]](#footnote-4). An example of this is provided in relation to the implementation of SIM in Surrey[[5]](#footnote-5), known as the Surrey High Intensity Partnership Programme (SHIPP). Described as a positive “example of cultural change in action” in relation to a service user in serious distress, this publication states:

“The officers followed her SHIPP response plan and did not detain the person under the Mental Health Act. A short time later she intentionally overdosed after the police had left the scene and was admitted to A&E. The case was automatically referred to the Independent Office for Police Conduct (IOPC) as required in law. Having reviewed the case, the IOPC advised that the officers in question had no case to answer because they followed due procedure according to the clinically endorsed care plan.”

Whilst the individual officer may have no question to answer according to the IOPC, at a corporate level, the police service and the NHS have a duty to uphold Article 2, the Right to Life. It is our belief that the SIM model fails to comply with this responsibility and is operating in breach of these fundamental human rights.

This demonstrates that SIM explicitly advocates withholding potentially life-saving treatments from disabled people. We strongly believe that this is an act of discrimination *on the basis of* disability. As outlined in our [statement relating to SIM’s ‘evidence base’](https://www.stopsim.co.uk/coalition-statements/#evidence-statement) there is a lack of robust evidence that the quality and effectiveness of this intervention provides greater, or indeed equal, outcomes in comparison to standard, NICE recommended interventions[[6]](#footnote-6) using equivalent resources. Therefore we do not believe it is proportionate or lawful for SIM to operate in a discriminatory manner, in breach of the Equality Act.

1. Paul Jennings, Catherine B. Matheson-Monnet. Multi-agency mentoring pilot intervention for high intensity service users of emergency public services: the Isle of Wight Integrated Recovery Programme. J Criminol Res Policy Pract. 2017 Jan 1;3(2):105–18; Paul Jennings. SIM Project Pilot Report 2013-2015 [Internet]. Available from: <https://highintensitynetwork.org/img/resources/SIM_Pilot_Report_2013.doc> [archived and deleted; last accessed 4 May 2021]. [↑](#footnote-ref-1)
2. SIM London: South London & Maudsley NHS Foundation Trust Operational Delivery Guide [Internet]. 2018. Section 26, ‘Response Plans’. Available from: <https://healthinnovationnetwork.com/wp-content/uploads/2018/06/SIM-Operational-Delivery-Guide.docx> [accessed 4 May 2021]. [↑](#footnote-ref-2)
3. SIM and High Intensity Network Business Case [Internet], p. 7. Available from: <https://highintensitynetwork.org/img/resources/SIM_and_High_Intensity_Network_-_Business_Case_(Commissioner)_v4.docx> [archived and deleted; last accessed 4 May 2021]. [↑](#footnote-ref-3)
4. SIM and High Intensity Network Business Case [Internet], p. 9. Available from: <https://highintensitynetwork.org/img/resources/SIM_and_High_Intensity_Network_-_Business_Case_(Commissioner)_v4.docx> [archived and deleted; last accessed 4 May 2021].

   [↑](#footnote-ref-4)
5. NHS Innovation Accelerator: Understanding how and why the NHS adopts innovation. The Bayswater Institute, AHSN Network and NHS England [Internet]. 2018. p. 52. Available from: <https://nhsaccelerator.com/wp-content/uploads/2018/11/NHS-Innovation-Accelerator-Understanding-how-and-why-the-NHS-adopts-innovation.pdf> [accessed 4 May 2021]. [↑](#footnote-ref-5)
6. NICE. Borderline personality disorder: recognition and management. Clinical guideline [CG78]. National Institute for Health and Care Excellence; 2009. [↑](#footnote-ref-6)