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To:
- NHS mental health trusts:
  - medical directors
  - directors of nursing
- Integrated care boards:
  - medical directors
  - chief nurses

cc.
- Regional directors
- Regional medical directors
- Regional mental health senior responsible officers
- Regional mental health leads

NHS England
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10 March 2023

Dear Colleagues,

NHS England position on serenity integrated mentoring (SIM) and similar models

Thank you for the responses submitted to my letter of July 2021 commissioning local reviews of SIM and similar models. We have reviewed all the material received and also consulted with a range of experts by experience, clinicians and stakeholders to produce a clear national position which we are setting out in this letter.

We are grateful to the STOPSIM coalition for initially highlighting concerns about the SIM model, for giving these concerns a platform via their campaign and also for the time they have put into assessing the model and making constructive proposals for change.

It is NHS England's position that SIM or similar models must no longer be used in NHS mental health services. More specifically, the following three elements, which were all included within SIM but were not exclusive to it, must be eradicated from mental health services:

- Police involvement in the delivery of therapeutic interventions in planned, non-emergency, community mental health care (this is not the same as saying all joint work with the police must stop).

- The use of sanctions (criminal or otherwise), withholding care and otherwise punitive approaches, as clarified in NICE guidance.

- Discriminatory practices and attitudes towards patients who express self-harm behaviours, suicidality and/or those who are deemed ‘high intensity users’.

More detail on each of these elements is set out in Annex A to this letter.

The work of the STOPSIM coalition and the subsequent review has taught us valuable lessons about the vital importance of engagement with lived experience in the design, delivery and evaluation of service models at national and local level, and the risks involved if this is overlooked.

Next steps

NHS England will continue to review the key principles for ensuring people in crisis get the right support at the right time as we agree a framework for joint working between police and mental health services over coming months. Ongoing engagement with people with lived experience will be critical as we do this work, alongside government and policing partners.

We know services up and down the country are making significant shifts in the involvement and engagement of people with lived experience in the design and delivery of services. This is particularly critical as local systems deliver on plans to expand all age community and crisis services using the additional £2.3 billion of NHS Long Term plan funding.

Meanwhile, NHS England will continue to engage with the small minority of Trusts that indicated in their responses that one or more of the above elements may have been present in their services, to ensure that:

A) these elements are eradicated and work is underway to engage with experts by experience locally to co-design alternative services. These alternatives need to be evidence based, trauma informed and based on meeting people’s needs.

B) patients who have previously been under SIM or similar services now receive a care review to make sure that they are receiving care in line with NICE recommendations relevant to their condition(s).

Thank you all for your commitment to working with and learning from patients and experts by experience to deliver evidence based, trauma informed and therapeutic treatment and support across the mental health pathway, and to ensuring that we as the NHS learn from this.

Yours faithfully,

Professor Tim Kendall
National Clinical Director for Mental Health
NHS England

Annex A: Detailed descriptions of the key elements to be eradicated from mental health services

Key element	Additional detail
The police should never be involved in the delivery of therapeutic interventions in planned, non-emergency, community mental health care	• This is not the same as saying joint working with the police must stop – joint working is critical. Indeed, we will be working with experts by experience, clinicians and policing colleagues to agree a National Partnership Agreement that sets out principles for joint working with police. • Police may come into contact with people who have engaged in criminalised behaviour while carrying out their statutory obligations. This must not be conflated with active and routine involvement of police in mental health services • It is clear the employment or secondment or otherwise embedding of police officers within CMHTs as part of routine appointments is not appropriate.
The use of sanctions (criminal or otherwise), withholding care and otherwise punitive approaches	In September 2022 NICE published an update to its guideline on 'Self harm: assessment, management and preventing recurrence'. This states:**"Do not use aversive treatment, punitive approaches or criminal justice approaches such as community protection notices, criminal behaviour orders or prosecution for high service use as an intervention for frequent self-harm episodes." NICE states that this amounts to malpractice.** Examples that have emerged and must stop include: 1. **behavioural contracts or similar:** making patients sign contracts about how they will behave (for example with threat of removing access to services if they do not comply) 2. **threat of withholding or withdrawing services** as a deterrent, or more broadly to elicit desired behaviour 3. **Anticipatory care plans** which instruct mental health staff or other agencies not to see a patient during psychiatric or medical emergencies; 4. **criminal sanctions** (eg community protection orders, behaviour orders, bail conditions, arrests, charges, cautions, prosecutions or imprisonment) applied in response to people presenting to health services, or deemed to be doing so, regularly.
Discriminatory practices and attitudes towards patients who express self harm behaviours, suicidality and/or those who are deemed 'high intensity users'	Discriminatory and un-evidenced beliefs regarding people with complex mental illnesses and 'high intensity needs' must be challenged. Examples of practices that need to end include: • Labelling of patients by professionals as 'manipulative' and 'attention seeking'. • Telling patients that they have capacity to take their own life.