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INFO COLLATED FROM THE STOPSIM COALITION'S  
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## **StopSIM: Mental Illness Is Not A Crime**

We are a coalition of service users and allies campaigning for the High Intensity Network's Serenity Integrated Mentoring (SIM) model to be halted immediately. We call on NHS England to publish the joint StopSIM national policy in full immediately. We believe that SIM is unlawful, unethical and unacceptable.

### **What Is SIM (Serenity Integrated Mentoring)?**

Broadly speaking, a 'model of care' describes a method in which health services are delivered. SIM is a model of care for mental health services that has been developed by an ex Hampshire police Sgt. Paul Jennings. It is already being used in 23 out of 52 NHS Trusts in England, and there are plans to continue expanding it rapidly. SIM is owned and run by the High Intensity Network (HIN): a private limited company owned and directed by Paul Jennings and his wife, Kimberley Jennings.

The SIM model is designed for people who are very

unwell, and who most often come into contact with emergency services. Despite being at very high risk of self-harm and suicide, the SIM model instructs services that usually provide care in an emergency not to treat these people. This includes A&E, ambulance services, mental health services and the police. This also affects people under the SIM model if they want to access a diagnosis or treatment for physical health conditions. For example, they can be denied care for a chest X-ray, even if people with the same physical symptoms would usually be offered one.

SIM justifies this with the argument that these people's behaviour is "attention seeking", and places an "unnecessary financial burden" on the NHS. They claim that when service users under SIM receive care or treatment from the NHS, "high risk behaviours" (including self-harm and suicide) are "positively reinforced' by 999 teams (meaning that it would encourage the patient to repeat the high risk behaviour)."

A key part of SIM is the police being a part of community mental health teams. These police officers are called "High Intensity Officers" (HIOs) and they are given NHS contracts. SIM documents state that HIOs receive 3 days of initial classroom training, which

is “facilitated and led by Paul Jennings” (who is not a mental health professional), and ‘understanding of mental health provision and services’ is not an essential job requirement. HIOs have full access to service users’ medical records, and are also able to share police records with medical staff.

High Intensity Officers are repeatedly described in SIM documents as “coercive”, this means using force or threats to make someone do what you want them to do. The role of HIOs is to apply pressure on people under the SIM model until they stop “demonstrating intensive patterns of demand”, this means until they stop contacting services such as 999, A&E, mental health services and the police. One threat which is used to pressure individuals is legal action, such as the use of Community Behaviour Orders (for example, as a consequence of calling 999 when feeling suicidal) which can result in up to 5 years in prison.

## **Our Concerns About SIM:**

- We believe that SIM breaches the Human Rights Act 1998. SIM’s policy on withholding potentially life-saving care from patients breaches Article 2, relating to the Right to

Life.

- We believe that SIM breaches the Equality Act 2010. SIM discriminates against people on the grounds of disability, gender, race, gender reassignment and sexuality.
- We believe that SIM breaches UK GDPR regulations. SIM allows 'sensitive data' (information like medical records, ethnicity, religion, sexuality, gender reassignment and financial information) to be shared between services without the subject's consent (the subject is the person who the information is about).
- We believe that service users under the SIM model are suffering institutional abuse. Institutional abuse is where individuals are treated badly, cruelly, or roughly, because of the way an organisation is set up. This can include neglect (when a person isn't listened to or helped) and preventing someone from doing what they want to do, as well as lack of respect for a persons' privacy and dignity.
- We believe the way SIM operates could be classed as institutional abuse. Our statement on this will be published shortly.

- We believe that SIM will disproportionately impact people from minoritised and racialised communities. It is likely to act as an additional barrier to asking for help, especially because police are involved in mental health care, given the fear of police brutality and discrimination.
- There is no reliable evidence that SIM helps people. SIM's outcome measures (how they measure success) focus on "service demand", meaning how often people use services. There are no outcome measures used to assess the patients' wellbeing or experience.
- Usually when a new treatment is introduced into the NHS there is a careful process of checking that it is safe and effective before it is rolled out to patients. This includes trialling it with a small number of people and assessing how well it meets their needs as well as catching any unintended consequences or side effects. SIM bypassed this process by being sold as an 'innovation' or 'quality improvement' measure and so research into the safety and effects of SIM has not been done.
- SIM states that most of the people under the SIM model have a diagnosis of borderline

personality disorder and a history of sexual abuse or violence. People with a diagnosis of BPD/EUPD are already highly stigmatised and discriminated against, even within mental health services. We believe that adding police into their care teams will only increase the substantial stigma they face and risks causing further trauma to people who are already struggling with post-traumatic symptoms.

- The SIM model has had no meaningful patient, carer and public involvement in its development or delivery. This means the people who truly know what it's like to struggle with mental health difficulties or self-harm have not been involved in creating SIM (which is usually required in the NHS), and so it may fail to meet their needs.
- SIM criminalises people for experiencing mental distress, and does nothing to address their unmet need for support.

## **What We Want To Happen:**

We have launched a petition asking NHS England to:

- Stop SIM being used or expanded across the NHS immediately
- Conduct an independent inquiry and evaluation of SIM as soon as possible. We have asked them to look into the evidence for SIM, as well as its safety, legality, ethics, governance and acceptability to service users.

An inquiry is an official investigation into events or actions, which is ordered by the government. We want an independent inquiry, meaning that it's conducted by people who are objective and do not have an interest one way or another. This will mean that the people responsible for SIM are not able to 'mark their own homework', as they have done so far.

A public inquiry can be called because of "public concern". During an inquiry, people involved in the events or actions (in this case those involved with SIM) can be required to give testimony and provide other forms of evidence. Interested members of the public can also make written evidence submissions and listen to evidence given by others. A decision is then made regarding the outcome and what will happen in future.