

To: Medical Directors of NHS Mental Health Trusts

Tim Kendall
National Clinical Director for Mental Health
NHS England and NHS Improvement

11 May 2021

Dear Colleagues,

Concerns relating to Serenity Integrated Mentoring (SIM) and similar models

I am writing to you in relation to concerns raised with NHS England and Improvement (NHSE/I) about SIM and similar models of care which are being used to support people with complex mental health needs in a number of mental health Trusts.

The concerns that have been raised with NHSE/I about the implementation of the SIM model **in four open letters, which I attach for your information**, relating to:

- A lack of data on patient reported outcomes and patient experience;
- The model not aligning with NICE guidelines for supporting people who have self-harmed and who have complex mental health needs associated with a diagnosis of personality disorder;
- The principle of involving police in the case management of people with complex mental health needs;
- The legal basis for sharing of patient records as part of the model
- The human rights and equalities implications of the approach.

I would like to clarify that NHSE/I does not mandate the 'SIM' model and at this time is not formally endorsing or promoting its spread. The model was selected to be part of the *NHS Innovation Accelerator programme* in 2018 and supported by the Academic Health Sciences Network as a 2-year programme with the aim of improving care for an under-served group of patients who experience poor outcomes.

However, in light of the lack of evidence base for the interventions provided by this model and the concerns raised by patient groups about how it is being implemented, I am asking all Medical Directors **to review where SIM or similar models are being provided to ensure that they are in line with NICE guidelines for patients with [personality disorder](#) and [self-harm care](#), as well as patient confidentiality and**

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data sharing laws. The review should include engagement with patients' about their experiences of the service, as well as service leads, and should consider the concerns that have been raised in the correspondence sent to NHSE/I.

The NHS Long Term Plan (LTP), through its investment in community mental health services is seeking to bring significant improvement to services for people who have complex mental health difficulties associated with a diagnosis of 'personality disorder'. In our guidance to support allocation of funding for these services in January 2021, we set out that when expanding care for people with a diagnosis of a personality disorder, all local services should:

- Embed a compassionate, **trauma-informed ethos and reject punitive approaches** to care;
- **Co-produce service provision from design to delivery** with people with lived experience of a diagnosis of 'personality disorder', recognising particular sensitivities around diagnostic labelling;
- Meet **NICE guidelines for patients with a diagnosis of [personality disorder](#) and for [self-harm care](#)**;
- Address concerns raised by the **National Confidential Inquiry into Suicide and Safety in Mental Health report into ['Safer care for patients with personality disorder'](#)**;
- Ensure improved skills and competences in supporting people with a diagnosis of PD by implementing the **[knowledge and understanding framework](#)** for all relevant staff (not just 'PD specialist' staff);
- Improve **timely access to evidence-based psychological therapies** and tackle long waiting lists by ensuring staff take up CPD training opportunities;

Therefore we would be grateful if all Medical Directors could review their local service provision, and SIM or similar models that they have in operation, to ensure that they support the above LTP ambitions which we know will bring about real improvements for people with complex mental health needs.

Yours faithfully,



Tim Kendall
National Clinical Director for Mental Health
NHS England and NHS Improvement

Annexes: Four letters to NHSE/I from the StopSIM Coalition