Developing a model of care to improve mental health crisis response

Across the UK, emergency and healthcare services respond to people in crisis. Many will have crises relating to their mental health, and the care offered by emergency and mental health teams will meet most patients’ needs. However, patients’ crisis behaviours become cyclical and regular and they are unfairly labelled as ‘time wasters’ or ‘attention seekers’.

Improving care

Hampshire Constabulary was one of the first police services in the UK to recognise limitations in the way it handled mental health crisis incidents. The Serenity Partnership – a collaboration between Hampshire Constabulary, Isle of Wight Trust and Southern Health Foundation Trust – was established in response to this. The partnership began in October 2012 on the Isle of Wight, with a street triage team (a joint response team of police and mental health services). However, the focus soon widened to include phone call management. By 2013, mental health nurses were working in the police control room and speaking to people who were calling in crisis.

Both these teams continue but Hampshire Police then developed a third team focusing on the most frequent and challenging cases who posed the highest levels of risk to themselves and others. Officers had realised NHS services alone were unable to cope with the most behaviourally intensive individuals. Working with clinical experts, they decided to bring the basic principles of policing into the care pathways of mental health patients and developed the Serenity Integrated Mentoring (SIM) model of care.

SIM carefully selects police officers and posts them full-time within community mental health teams. The officers are selected for their preventive thinking, relational approach and ability to validate feelings. They are also selected because of their ability to gently unpack a crisis and challenge patients’ behaviour.

Results

This integrated approach has produced some extremely positive results, including:

- A 90% reduction in crisis demands placed on emergency services;
- A 53% reduction in all crisis calls;
- Spare bed capacity within inpatient settings;
- Improved relationships between mental health nurses and their patients and less abusive behaviour;
- Service users living more structured and self-disciplined lives with healthier identities.

Data from six service users revealed that police incidents had reduced by 97%; ambulance deployments were down by 81%; attendance at accident and emergency departments had dropped by 69% and mental health bed occupancy had been eliminated. Total response costs for four of the most intense service users reduced from £78,000 in the year of the intervention to £35,000 in year one and £6,200 in year two.

Developments across the UK

In October 2016, supported by Wessex Academic Health Science Network, SIM was awarded an NHS Innovation Accelerator (NIA) fellowship. The NIA accelerates uptake of high-impact innovations and provides real-time practical insights to inform national strategy. SIM is now being spread across England through the newly formed High Intensity Network, a digital platform that is already helping 15 NHS trusts set up SIM teams. In June 2017, the first SIM team launched in the Netherlands and the first US team will be established in Minnesota in the autumn of 2017.

Conclusion

From a policing perspective, projects such as SIM develop staff in law enforcement agencies by teaching officers there is often a story of trauma and damage behind every poor behavioural choice. It also shows them that identifying the human factors driving criminality is often as worthwhile as sanctioning the behaviour on the surface.