



serenity **integrated**

MENTORING

Isle of Wight **NHS**
NHS Trust



HOW IT ALL STARTED

STREET TRIAGE

PILOT

NOV 2012 - MARCH 2013

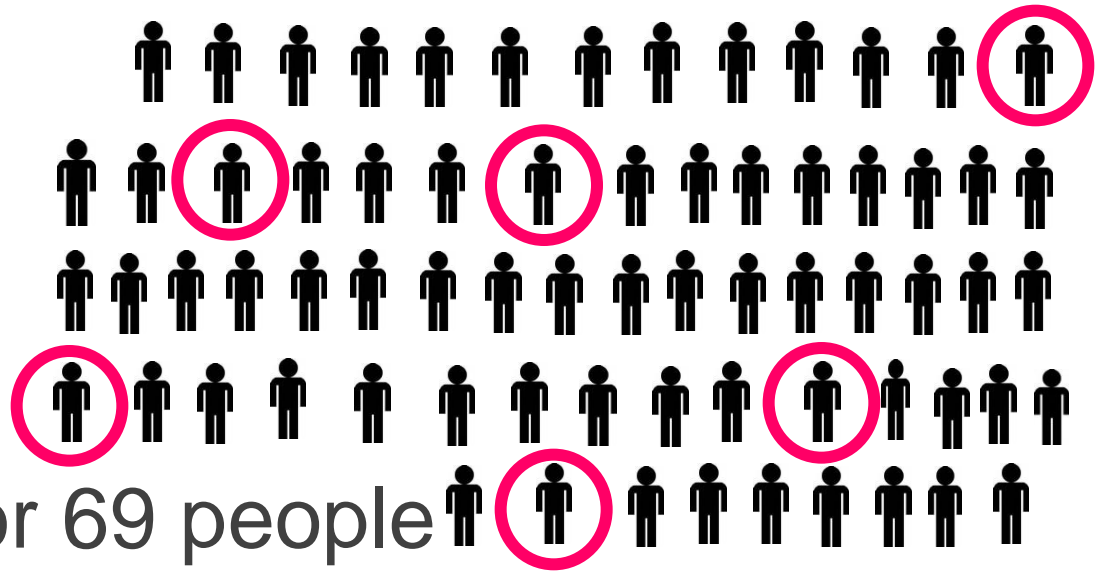
THE FIRST *STREET TRIAGE*
IN THE UK



- Friday and Saturday nights for 6 months
- 112 deployments
- s136 police powers used 5 times (4%)
- Police reported that 45 s136 prevented
- 36 referrals made

A SECOND PROBLEM

165



s136 detentions for 69 people

but just 6 service users caused

54!

Percentage of s136 detentions caused by High Intensity patients



WHO ARE THEY?

THEY ARE....

“Within my mental health service, I have two groups of service users with Personality Disorder. The first group makes clinical progress. The second is simply **uncontrollable**”

A Mental Health Manager of an NHS Trust

Comment made during an informal discussion at a Mental Health Crisis Care Concordat Regional Conference (Summer 2014)

HIGH
INTENSITY
USERS

THEY ARE....

common characteristics of high intensity users

Female

Over 30 years of age

History of sexual abuse or violence

Diagnosis of **Borderline** or **Anti-Social Personality Disorder**

Dissociative episodes ('out of body')

'Disenfranchisement' (*deprivation of rights or privileges*) from the NHS

A preference to be dealt with by police officers, not NHS

Highly stigmatised people

Socially isolated

Downward mobility

Co-morbidity (2 or more illnesses)

Physical health problems



University of Brighton



HIGH
INTENSITY
USERS

THEY ARE....

- Not making any significant **clinical progress**
- Having a **high impact** on their NHS care co-ordinator
- Repeatedly being **detained under s136** Mental Health Act
- Attending **A&E** for compassion and emotional rewards
- Requesting **ambulance** with malicious medical claims
- Putting members of the **public at risk** from their suicidal acts
- A *Medium-High* risk of death by '**accidental suicide**'
- Behaving in **disorderly** ways that could end with a court order
- Impacting on **family life**

THEY ARE....

People who:

- we need to **understand and support**
- are **'broken' – not 'bad'**
- Are often **victims** of crime, abuse and neglect
- **cannot** be 'quick fixed'
- we **cannot** write a 'tactical plan' for them
- we need levels of **patience** we are not used to
- need to **avoid court** at every opportunity
- **do not belong** in prison

People who need an new, innovative approach?



integrated

RECOVERY

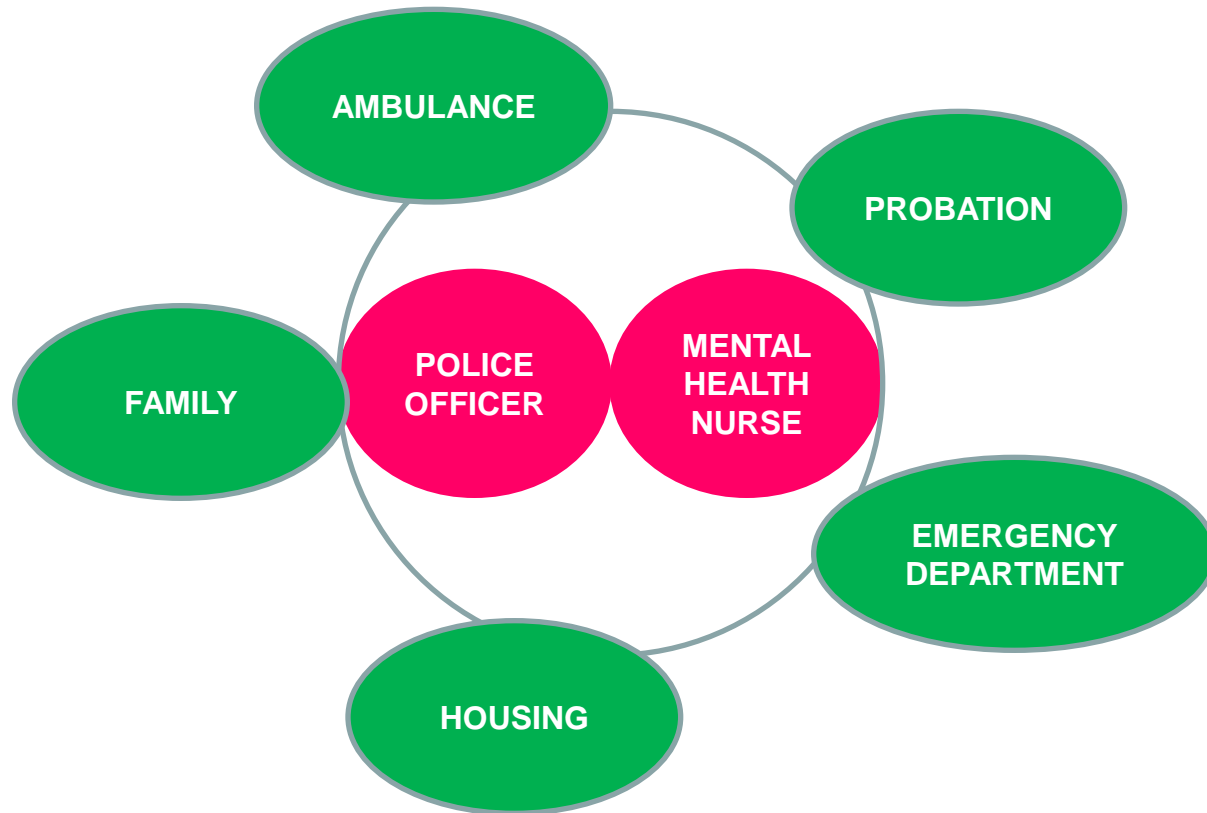
programme

supporting *high intensity users* of public services

PILOT

June 2013 – December 2014

IRP – integrated but led by police and MH



The core members of any team has to be the police and the MH nurse.

-Only the police officer can bring the **strictest possible sanctions** to the team.

-Only the MH nurse can make the **clinical MH risk assessments**

-All other members of the team play important roles but the blue roles are essential to success



integrated

RECOVERY®

programme

transparent **positive risk taking** patient

non judgemental risk management **honest**

nobody changes behaviour that works

personal responsibility holistic sufficient time

adaptable **recovery focussed** reliable

proportionate use of criminal justice **mentoring**

transparent clinically authorised **compassionate**

information shared **boundaries** mental capacity

collectively resilient consent and attendance

care and response planning **presence**

ACCESS:

1. The service is accessible to minority and ethnic groups ✓
2. A specialist service when PD becomes criminal/anti-social ✓
3. Mid to long term in duration ✓
4. Ability to self refer
5. Includes PD patients who self harm ✓

AUTONOMY AND CHOICE

6. Not compulsory ✓

OPTIMISTIC AND TRUSTING RELATIONSHIP

7. Offers an approach that provides hope and optimism ✓
8. Patient trusts the process and the panel ✓
9. Open and engaging ✓
10. The service is consistent and reliable ✓
11. The service is robust with boundaries but not judgemental ✓
12. Boundaries are provided ✓
13. Sufficient time is given to the patient ✓

MANAGING ENDINGS AND SUPPORTING TRANSITIONS

13. It provides fully structured exit strategies ✓

ASSESSMENT

14. It involves staff from community MH teams ✓
15. It can access psychological support ✓
16. It focuses on occupational development ✓
14. It focuses on social development ✓

CARE PLANS (ACTION PLANS)

18. It is centred around care or response plans ✓
19. The approach and style is transparent – no hidden agendas ✓
20. The service can provide access to therapists ✓
21. The service offers a flexible frequency of contact ✓
22. The service lasts longer than 3 months ✓

THE ROLE OF DRUG TREATMENT

23. Anti-psychotic meds not used for PD ✓
24. No use of medication (except for short term use of sedatives) ✓
25. No poly-pharmacy

MULTI-DISCIPLINED SPECIALIST TEAMS

26. A multi-disciplined team that can deal with high levels of risk. ✓
27. The service offers access to diagnostic services if there is doubt ✓
28. The service is supported by a robust information sharing agreement
29. Collaboration with other services ✓
30. Links in nationally, has training component & multi centred research. ✓

EXTRA ELEMENTS:

- Non MH staff are trained in KUF PD course ✓



	CLINICAL PROGRESS	IMPACT ON PRACTITIONER	FAMILY AND FRIENDS	S136 MHACT	CRISIS DEMAND	RISK REDUCTION	PREV OF CRIME & DIS	OTHER
Jane 40's	Green	Green	Green	Green	Green	Green	Green	Green
Gena 20's	Green	Green	Yellow	Green	Green	Green	Red	White
Susan 40's	Yellow	Yellow	Yellow	Green	Green	Yellow	Green	White
Tina 60's	Green	Green	Yellow	Green	Green	Green	Green	White
Wendy 40's	Yellow	Green	Yellow	Green	Green	Green	Green	White
Mia 50's	Yellow	Green	Yellow	Green	Red	Red	Red	HIGHER RISKS DURING DISCH'GED PERIOD

“The Integrated Recovery Programme promotes a ‘focus to change’.

Our therapeutic pathways go somewhere different”

“I don’t dread coming to work anymore”

“They may never thank you for it but inside they know it is exactly what they needed”

“She no longer phones me 40 times a day”

“I dislike her less now”

“It becomes a two parent structure”

“Suddenly, we become the good cop!”

“We can tell a service user that consequence X could happen. Police tell the same person that consequence X will happen”.

“Jane’s discharge would never have happened if it wasn’t for the Integrated Recovery Programme”

“IRP re-sets the boundaries, re-tunes the goals and re-boots the focus”.

The 2 ways we are reducing crisis demand and s136 detentions

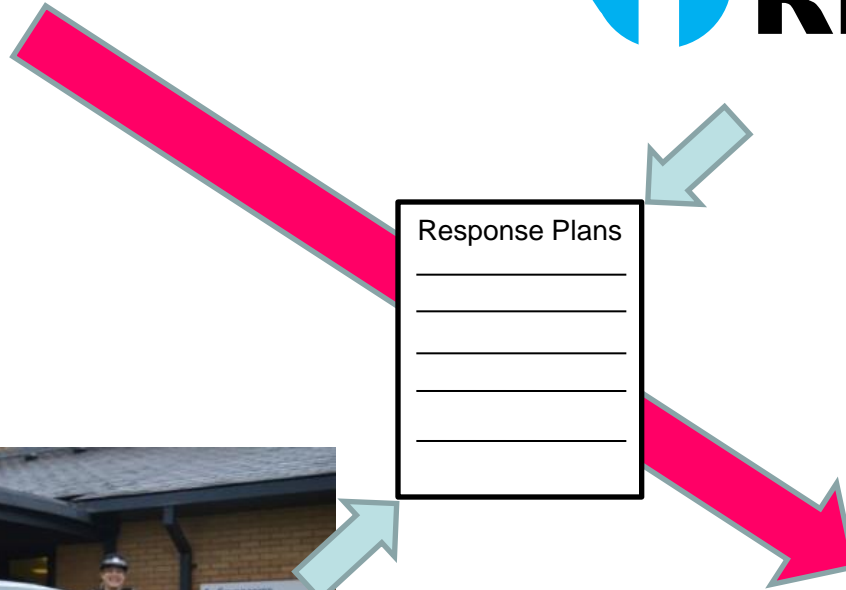
188

s136 TOTAL
2012

2



integrated
RECOVERY
programme
2013 - 2014



1



FIRST STREET TRIAGE TEAM IN THE UK
Launched 1st November 2012

63

s136 TOTAL
2015

**IS THIS METHOD COST
EFFECTIVE?**

health economics – a case study

‘Jane’

2010-2013

POLICE DEPLOYMENTS TO LIVE INCIDENTS	52
Average time spent at incident	1 hour 19 minutes
Average cost of 2 constables attending a MH incident	£45
CORE POLICING COSTS	£2340
POLICE USE OF S136 DETENTION POWERS	7
NHS COST OF ASSESSING PERSON DETAINED UNDER S136	£645
NHS ASSESSMENT COSTS	£4515
MENTAL HEALTH WARD ADMISSIONS	21
DAYS/NIGHTS ADMITTED	111
NHS COST PER DAY OF ADMISSION	£283
NHS COSTS OF WARD ADMISSIONS	£31413
A&E ADMISSIONS	54
NHS COSTS PER ADMISSION (HIU RATE)	£80
A&E COSTS	£4320
AMBULANCE DEPLOYMENTS TO LIVE INCIDENTS	40
COST PER AMBULANCE DEPLOYMENT	£208
AMBULANCE COSTS	£8320
TOTAL PUBLIC SERVICE COSTS FROM JANE	£50903

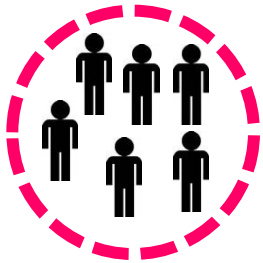
JANE’S COST PER YEAR BEFORE IRP = £16968

◆ 8 HIU patients in every 140,000 population

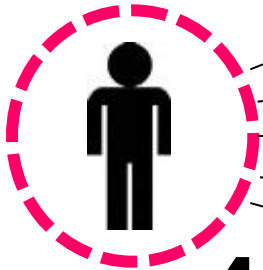
60 million people in England and Wales

◆ 428 populations in the Home Office

£HIU?



3424



- Police
- A&E
- Ambulance
- s136 events
- MH Ward days

4 years

£16968 a year



£58.1m a year

**IS THERE A WIDER RISK
PICTURE?**

other risk profile information of **Cluster 8 (PD)** service users who have been detained **s136** in **2015** on the **Isle of Wight**

	<u>% of the cohort</u>
PREVIOUS CONVICTIONS	70%
NAMED SUSPECT IN 2015	55%
CHARGED WITH AN OFFENCE IN 2015	20%
<hr/>	
REPORTED A POLICE INCIDENT IN 2015	80%
VICTIM OF CRIME OR ASB IN 2015	70%
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SUBJECT OF A CASE MNGT PROCESS	70%
e.g. MARAC – CHILD PROTECTION – ADULT SAFEGUARDING	
<hr/>	
REPORTED MISSING DURING 2015	40%
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AVERAGE NO OF POLICE INCIDENTS DURING 2015	
1----- 17 -----72	
LOWEST	HIGHEST

DEVELOPING THE SIM COURSE



integrated

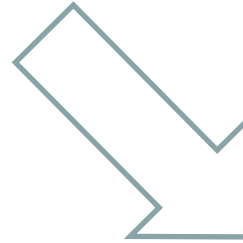
RECOVERY

programme

2013 - 2014

Removal of the word 'Recovery'

- Removal of performance pressure
- Implies complete discharge at some point which can increase anxiety



Inclusion of the word 'Serenity'

- Proud of our brand
- Implies peace and calm



serenity

integrated

Inclusion of the word 'Mentoring'

- Reinforces the clinical approach
- Emphasises personal responsibility

MENTORING



www.insightcommunity.co.uk