

7th September 2006



Mrs Kathryn Smith
Lead Occupational Therapist
Longreach House, Mental Health Centre
Cornwall Partnership Trust
TR15 3ER

Dear Kathryn

**Be SMaRT Sensory Therapy Cart / Be SMaRT Sensory Processing Assessment Tool:
NEAT Application**

I am writing in strong support of the above application, led by yourself, in my various capacities at DH and CSIP/NIMHE: Project managing a National Exploratory Self-Injury Exercise, a National Pilot Collaborative Project implementing routine exploration of violence and abuse in assessment and care planning and, lastly, the establishment of a number of high-support community residential services for women assigned a diagnosis of borderline personality disorder. Formerly, I was principally responsible for developing the National Women's Mental Health Strategy and main author of the subsequent DH Implementation Guidance: Mainstreaming Gender and Women's Mental Health.

The relevance of detailing this experience is to illuminate the breadth of knowledge I have of mental health services country-wide across both the acute and secure mental health sector, and the unfortunate gaps that persist between policy and service implementation. In particular, the lack of authentic involvement of service users in the care planning process, therapeutic support that addresses both the underlying causes of mental ill health and presenting symptoms/ behaviours, over reliance on medication/physical treatments and the absence of a genuine 'hope and recovery' ethos of care (with the notable exception of pockets of excellent practice!). I continue to have a particular focus on those service users regarded as 'challenging' with a range of complex behaviours.

I was therefore most gratified to visit the Mental Health Unit at Longreach House recently and learn about, at first hand, the inspiring and innovative work that was taking place with acute inpatients with regard to the BeSMaRT Sensory Assessment linked to the Be SMaRT Cart. I also had the opportunity to talk at length with two service users. One, with a long-term borderline personality disorder diagnosis, who had been severely self-harming over many years and, the other person, who was emerging from a total psychological breakdown. The impact of Be SMART had clearly been transformative for both these individuals and they spoke highly of this therapeutic approach. It is a very *accessible* therapeutic tool that promotes active joint working between practitioner/therapist and service user, service users begin to regain a sense of control over their condition and experience the benefits at an early stage ... underpinned by a solid evidence base and rationale.

I could immediately recognise the wide-ranging application this approach could have, not only across the mental health sector but also, in alleviating distress experienced by patients with physical ill health and in addressing the challenging and disruptive behaviour of children, young people and adults in, for example, schools, prisons and social care residential settings.

I very much welcome your involvement in our national self-injury conference, taking place next week, in both presenting Be SMaRT approach and debating the issues surrounding the appropriate care for those service users who self-injure primarily as a coping mechanism or survival strategy. I am also intending to discuss this therapeutic approach with Louis Appleby, Director of Mental Health, with a view to inviting you to present to senior colleagues at both DH and CSIP/NIMHE.

Lastly, subject to a positive outcome to your application, I look forward to a more direct involvement in the proposed research programme in an advisory capacity. (If

required, I'm happy to forward signed hard copy of this letter)

Yours sincerely

LIZ MAYNE
Project Management Lead
National Mental Health Trusts Collaboration Project