IASLT

Submitted by the Irish Association of Speech and Language Therapists in response to the publication of:

'Sharing the Vision: A Mental Health Policy for Everyone'

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Executive Summary

IASLT make the following key recommendations:

- **Inclusion of Speech and Language Therapists as core members of all Mental Health Teams.**
- **Recognition that infants, children, young people and adults with Mental Health disorders are at risk of experiencing speech, language and communication (and swallowing) disorders. Likewise, those with speech, language and communication disorders are at risk of experiencing mental health disorders.**
- **Recognition that Mental Health Services are largely verbally mediated, that is through (primarily spoken, written or signed) language and communication.**
- **Recognition that significant communication barriers exist for those with speech, language, communication and swallowing disorders in accessing mental health assessment, diagnosis, treatment and in working towards their recovery.**
- **Speech and Language Therapists work within mental health services to:**
    - provide assessment, diagnosis and intervention for a wide range of speech, language, communication and swallowing disorders where these occur within the context of the person's mental health disorder;
    - provide universal and targeted services to promote optimal early communication development and support infant mental health and wellbeing;
    - increase accessibility of mental health services, including e-health, for those with speech, language and communication needs;
    - ensure the voices of those with speech, language, communication, and swallowing needs are represented throughout mental health services, and particularly in peer run/peer led services;
    - support the implementation of a Human Rights approach in mental health services, particularly in relation to decision making supports, in advocacy, and in reducing the risk of seclusion and restraint;
    - support those who access mental health services, their families, carers and supporters (FCS) and the mental health service in general to improve and maintain the safety and physical well-being of those who experience swallowing difficulties within the context of their mental health disorder.

Introduction

The publication of *Sharing the Vision: A Mental Health Policy for Everyone*[1] (hereafter referred to as *STV*) was eagerly anticipated by the Irish Association of Speech and Language Therapists (IASLT) back in June 2020. Likewise, Speech and Language Therapists (SLTs) working within mental health contexts were also keen to review the content and to examine how speech and language therapy services were integrated into service plans and policies for the future. Given the significant amount of research and clinical practice that has developed, even prior to, but also since *A Vision for Change*[2] (in 2006), both IASLT and its membership expected obvious visibility of the profession in the June 2020 publication.

While there was some updated and refreshing content in the revised policy, including reference to positive mental health and primary prevention, IASLT was greatly disappointed, like many other professional associations (e.g. Irish Association of Social Workers, Psychological Society of Ireland), as it struggled to find any clear recognition of the role of the Speech and Language Therapist in the delivery of services to those with mental health disorders and their families.

This document is the IASLT response to *Sharing the Vision: A Mental Health Policy for Everyone.* Like other healthcare professional associations, it 'calls out' the obvious lack of *vision* that permeates this policy, specifically with regard to the necessary contribution the profession of speech and language therapy has to make in working with those with mental health disorders and their families. This document works on the basis that communication is central to mental health care, being 'a core human capacity…interwoven with mental health and well-being' (p.3)[3].

The discussion in this document centres on five main premises (listed below) that underline the need for Speech and Language Therapists to be proactively integrated into the delivery of mental healthcare for individuals and their families and involved in the ongoing development of policy and practice.

Table 1: Five premises for involvement of SLTs in mental healthcare delivery

Premise #1: Communication is key to the success or failure of this policy.

Premise #2: Communication is the focus of speech and language therapy.

Premise #3: Communication is central to mental health and mental health care.

Premise #4: Communication is central to recovery in mental health context.

Premise #5: The management of dysphagia (difficulties with eating, drinking and swallowing) is a key role of Speech and Language Therapists in Mental Health Services for all patients over 18 years.

Premise #1: Communication is key to the success or failure of this policy

1.1 Communication* is the fundamental business of the health and social care discipline of speech and language therapy. Speech and Language Therapists work with people with speech, language, communication and swallowing disorders. Intervention by a Speech and Language Therapist is core to optimum mental healthcare of individuals who may have impairments associated with, or due to, their mental health diagnosis. Speech and language therapy intervention in this domain is based on the understanding that 'the influence of communication on mental health and wellbeing and, conversely, the influence of mental health disorders on communication is evident from the very earliest stages of development and persists across the lifespan' (p.1)[3].

1.2 A quick search through the *STV* document, reveals that, although communication is repeatedly referenced as central to any discussion of services for people with mental health disorders and their families, carers and supporters, there is a glaring omission of the scope of the role of the Speech and Language Therapist as part of the mental health teams (aside from a brief mention as related to working with individuals with intellectual disability[1] (p.56 *STV*)[1]. This lack of reference to speech and language therapy is in direct contradiction to what *STV* is espousing to do, that is, to provide: *"integrated and co-ordinated care according to a service users' total individual needs"* and *"at a time, in a setting, in a culturally competent manner that makes access as easy and straightforward as possible"* (*STV* p.19)[1]

1.3 Furthermore, among the '*critical success factors'* of supposed implementation of this policy is 'communication' (*STV* p.20)[1] as cited in the opening chapter. Yet it seems that speech and language therapists, despite their best efforts in consultation with relevant bodies, were not heard, even ignored, in drawing up this plan. What is even more worrying is a statement on page 111 (an action point linked to recommendation number 99) which states: '*ensure that through the lifetime of this policy, ongoing communication and engagement take place to ensure that implementation plans are consistent with the priorities identified by multiple stakeholders'* (*STV*, p.111)[1].

* *Communication in this document is taken to mean the transmission of information between speaker and listener through the spoken (including written and signed) word, and involves both a person's understanding of speech, language and/or sign language; communication is also affected by voice and fluent speech.*

Implications:

- The position of IASLT is that speech and language therapy is core to mental healthcare and delivery and, as such, the Speech and Language Therapist should routinely be part of mental health multidisciplinary teams. IASLT therefore calls on the Minister for Health and the Minister for Mental Health and Older People (along with the relevant departments involved in STV's implementation) to ensure that IASLT members and those directly involved in mental health care, be consulted on the implementation process. This collaboration is crucial if the aspirations contained in *STV* are to be achieved in a meaningful and effective way.

- Key to successful implementation of a mental health care system for all, is inclusion of the person with a mental health disorder and their families/ carers, along with the specialist skills of professionals who are uniquely placed to support this implementation, such as Speech and Language Therapists.

Premise #2: Communication is the focus of speech and language therapy

2.1 SLTs are concerned with the diagnosis, treatment and rehabilitation of people with speech, voice, fluency, language, and communication disorders; they also assess and treat those with eating, drinking or swallowing difficulties. As such then they uniquely qualified and skilled specialists in these areas. Speech and Language Therapists work within the premise that communication is a dynamic, multiparty activity, where speakers and hearers play equal parts in the success or failure of information sharing.

2.2 SLTs focus on how messages are understood, expressed and communicated through language; they are concerned with supporting those whose speech and language skills may compromised due to (neuro-) developmental (e.g., Developmental Language Disorder (DLD), intellectual disability (ID), autism spectrum disorders (ASD), attention deficit hyperactivity disorder (ADHD) or other), or acquired communication disorders (e.g. language disorder following stroke/aphasia, traumatic head injury, dementia).

2.3 SLTs work with people with mental health disorders[4,5,6] from the point of referral to discharge, or as they continue on their recovery journey (See Fig. 1). Among children with emotional and behavioural disorders, there is a significant and long-established co-occurrence of mental health difficulties and language and communication impairments (this co-occurrence has been estimated to be in the region of 80% of cases according to a meta-analysis of studies in the area)[7]; likewise, children and adolescents with identifiable language or communication impairments can experience significant mental health difficulties, stemming from a struggle to communicate, learn, and socialise through language[8,9]. Among adults with mental health disorders, over 80% of patients with mental health disorders screened in the Irish context demonstrated difficulties with understanding and expressing spoken language, while 60% also presented with a spoken discourse/communication impairment [10].

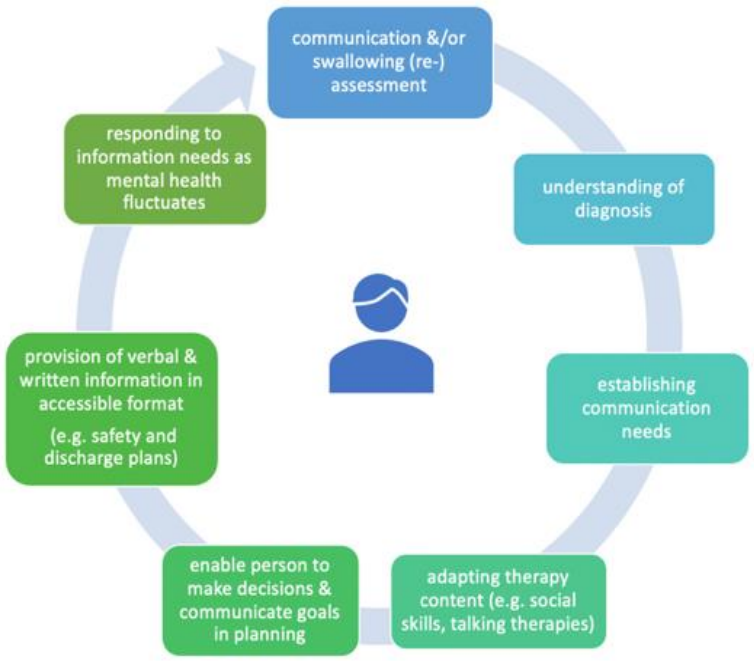

Figure 1: Speech and language therapy involvement from point of referral to discharge in mental health care

Premise 2 (Continued)

2.4 SLTs work with people from the 'cradle to the grave', that is, working across the lifespan with infants, children, young people, adults and older adults. It is certainly a progressive development to see the prioritisation of primary prevention and positive mental health in *STV*. As prevention, promotion and early intervention take place through the capacity of every relationship that babies and young children have, Speech and Language Therapists play a key role in the provision of high-quality infant mental health services which support and enhance infant-adult interactions to ultimately shape early communication development. The role of the speech and language therapist is "invaluable in nurturing the communicative foundation of relationships"(p.3.)[3]. Moreover, the Speech and Language Therapist plays a crucial role with children, young people and older people in our society who struggle with language and communication, whether associated with an underlying Developmental Language Disorder or as integral to an identifiable medical, or mental health diagnosis (e.g. ID[11], ASD[12], ADHD[12,13], dementia[14], schizophrenia[9,15] mood disorders[15], anxiety[15]).

2.5 SLTs work with the person and their communication environment, which means their families, carers, and others, or their communication partners, in other words. They work to break down barriers to communication, both physical and psychological, so that individuals can express their needs, wants and desires and be heard, recognising that communication is a basic human right[16].

2.6 SLTs are also uniquely qualified to treat swallowing disorders in people with mental health disorders. Almost one-third of adults with mental health disorders screened in an Irish study[10,17], exhibited symptoms of a swallowing disorder. Side effects of medication, fast-eating syndrome and other conditions can put the person with mental health difficulties at risk of choking or even death[18-22] (See Premise #5).

Implications:

- *Sharing the Vision* does not recognise the extent of the role of the Speech and Language Therapist across the lifespan and with many clinical populations. The document solely *recognises the role within the context of those with intellectual disability. While their inclusion within 'mental health and intellectual disability (MHID) teams'* and the recognition that *'it is important to include speech and language therapists (SLT) as core members of the Adult-ID and CAMHS-ID teams'* (STV, p.56), this reference falls far short of the scope of what speech and language therapy has to offer to all those impacted by speech, language or communication needs.

- Speech and Language Therapists should be embedded within mental health teams to allow for interdisciplinary work to take place, to optimally meet the unique needs of each person with a mental health difficulty thereby supporting them to access and participate in their own recovery journey.

- The lack of inclusion of a Speech and Language Therapist on a multidisciplinary team within mental health contexts, has consequences for the optimal treatment in this domain of practice, falling significantly short of best practice.

Premise #3: Communication is central to mental health and mental health care

3.1 The centrality of language and communication to psychiatry is long established[23]. Communication is both the tool and the focus of mental health care as often a mental health diagnosis is partially made on the basis of changes to, or deterioration in, behaviour or emotional wellbeing. Communication (or lack of) is often the barometer that helps to measure the outward sign of inner turmoil or distress. As such then, language and communication are key to understanding mental health disorders and how those people affected cope with the everyday demands of life, where interaction and (social) communication is prized over withdrawal and silence. The prevalence and nature of speech, language, communication and swallowing disorders among those with mental health disorders is well established[7-10], with prevalence in Irish contexts also clearly identified[10].

3.2 Many individuals (both children and adults) with mental health disorders experience language and communication challenges, either associated with, and/or intrinsic to their psychiatric presentation. Perhaps those children with communication and mental health difficulties associated with, for example, intellectual disability, ASD, ADHD are more easily identified because of educational demands that come with a clearly identifiable diagnosis. Infant mental health and communication must also be considered as the fragile language learning dynamic may be affected by transactional difficulties in the parent-child relationship[24].

3.3 Some adults with mental health disorders, for example, will have an underlying language disorder that may have gone undetected since childhood. Such individuals may have learnt to mask those difficulties but may have struggled both socially and academically as a result. Others, because of the nature of their mental health diagnosis (e.g. schizophrenia, bipolar disorder) will have language and communication challenges intrinsic to the diagnosis. Whatever the supposed 'cause' of these difficulties, the effects are great, often wreaking havoc on a person's desire to communicate and integrate socially, academically or occupationally. Furthermore, the extent of underlying language and communication difficulties has not gone unnoticed in youth justice and forensic mental health settings[25-27].

3.4 Many adults (and young people) with mental health disorders have spoken of their distress with communication[28-30]. These accounts cannot be ignored as they provide important perspectives to help inform and shape care and tailor interventions.

3.5 Finally, from a communication needs perspective, it is ironic that the 'talking therapies' get multiple mentions throughout *STV*, without any consideration of the skills required to engage in such language and communication driven interactions. There is an assumption here, that mental health service users can all engage equally and effectively in such therapies. This is certainly *not* the case for those who have language and communication impairments as intrinsic to or associated with their mental health diagnosis. However, SLTs are uniquely placed to support and help those to avail of such interventions (including, for example, Cognitive Behavioural Therapy[31],) if given the opportunity by a more forward-thinking implementation policy.

Implications:

- It seems obvious, therefore, that speech and language therapy as a profession has a significant role to play in mental health and mental health care, working with those who struggle to communicate. *Sharing the Vision* does not recognise this role. In fact, the only clinical group explicitly mentioned in *STV* as having 'communication challenges' are those with ID and mental health disorders (*STV,*p.56).There are also vague references to 'the need for appropriate specialist assessment and psychosocial interventions' for those with ADHD for example (*STV,* p.56), and other references to the involvement of healthcare professionals with other groups (*STV,* p.51) but such references do not go far enough. It is important to consider the risks involved in not providing this level of care, not least a deterioration in a person's mental health and recovery.

- Despite claims that stakeholders, including those with mental health conditions, were consulted to help inform STV, there is little or no evidence of the voice of the service user with regard to communication needs.

- The omission of the SLT in any considerations of the rollout of 'talking therapies' across this population of service users must be questioned; IASLT calls for the mental health workforce to be educated in the links between mental health disorders and communication needs.

- Speech and Language Therapists should be embedded in Community Mental Health teams (and other key settings) to allow them to collaborate with their colleagues in Primary care settings.

Premise #4: Communication is central to recovery in mental health context

4.1 *Sharing the Vision* references 'recovery' in the mental health context throughout the document. From the goals of a 'refresh' to *A Vision for Change*[20], one of the key priorities stated is 'a requirement to focus on social inclusion and recovery' (*STV* p.13)[1]. In the current document, there are numerous references to recovery as 'person-centred' (p.16)[1], recovery as a service delivery principle (p. 17)[1], 'recovery education' (p.36)[1] and a discussion of 'recovery colleges' (p.42)[1]. This focus on recovery is welcome, given that the principles of the 'recovery model' in mental health contexts[32] is consistent with the principles that underlie the philosophy and practice of speech and language therapy[6] (See Figure 2).

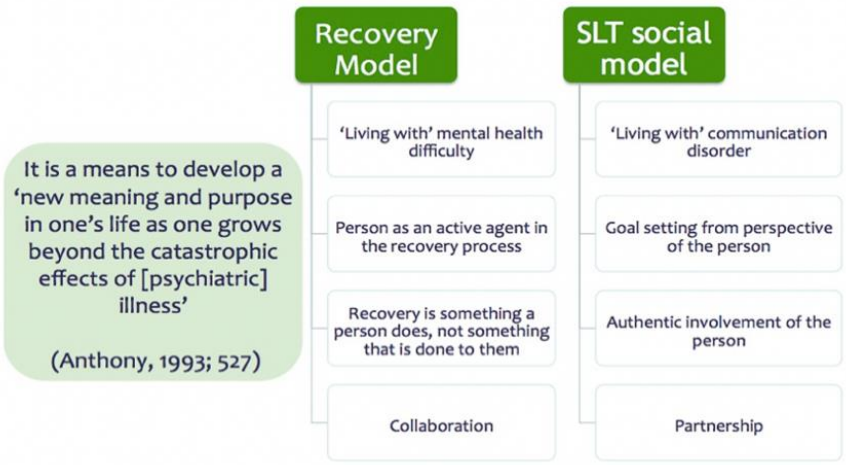

Figure 2: Parallels between the recovery model of care and the Speech and Language Therapy social model of intervention.

4.2 As such then, there is an explicit connection between a person's recovery plan and that which the SLT can do to support that person. Social interaction, inclusion and communication are core to recovery, not least to support 'personal decision-making' (*STV,* p.16) and taking cognisance of a person's lived experience of communication challenges.

4.3 As referred to above, communication is not solely the responsibility of the person with the diagnosis; communication is a joint and shared endeavour. Communication is also facilitated by supports in the environment that enable a person to communicate their needs effectively, for social or vocational purposes. Families, carers, and supporters all have their part to play, along

with mental healthcare advocates, given that they are 'people whose primary role is to support an individual around decision-making or having their voice heard' (*STV,* p.58)[1].

Implications:

- It seems 'at odds' therefore, that the role of the SLT is absent from discussions of recovery in *STV*, given this close relationship between the work of the SLT and the goals of recovery; once again vague and indeterminate references are made to healthcare professionals, missing out on the important opportunity to further inform what recovery may 'look like' for individuals and their families.

- Furthermore, the 'recovery' principles do not just apply to adult mental health contexts of care; recovery is key in CAMHS and other services also (e.g. forensic) and SLTs have a significant role to play in enabling children and young people to communicate effectively to reach their educational and emotional potential.

Premise #5: The management of dysphagia (difficulties with eating, drinking and swallowing) is a key role of Speech and Language Therapists in mental health services for all service users over 18 years.

5.1 Many adults with mental health conditions have unidentified dysphagia[10]. As already referenced above, unmanaged dysphagia may lead to aspiration, malnutrition, choking and death[18-22]. There is a significantly greater prevalence of eating, drinking and swallowing difficulties in acute and community mental health settings when compared to the general population[10]. The risk of death due to choking has been reported as 30-100 times more likely in people with schizophrenia than in the general population[18,20.] These higher rates of dysphagia and choking are due to factors such as: medication side effects [18,19]; behavioural or physiological changes associated with the psychiatric condition itself[20]; effects of institutionalisation and behavioural manifestations of mental health conditions ; co-morbidities which can predispose to dysphagia such as brain injury, intellectual disability, Parkinson's disease and dementia. Additionally, it has been found that the older person may have more difficulty in metabolising antipsychotic medications, for example, affecting the ability to swallow safely and impacting a person's quality of life in general[33].

5.2 Therefore, there is a clear need to address the safety of those accessing mental health services who experience dysphagia as part of their mental health disorder. Speech and Language Therapists working within mental health services are integral to supporting services to reduce the significant risks associated with such swallowing difficulties. Continued under resourcing of speech and language therapy in mental health services will result in preventable illness and death of service users of the mental health service.

5.3 Speech and language therapy input establishes safe and effective eating, drinking and swallowing, facilitates adequate nutrition and hydration and reduces the risk of choking and aspiration pneumonia. Speech and Language Therapists embedded within the mental health service identify and provide support for dysphagia by working directly with service users, their families, carers, and supporters and staff within the mental health service. Additionally, they support the mental health service to develop appropriate risk assessment and management pathways for those who experience dysphagia and/or choking in the context of their mental

health disorder. This support from speech and language therapy prevents unnecessary illness, acute hospital admission and death of those accessing mental health services. Speech and Language Therapists in mental health services work closely with their colleagues in Primary Care and acute hospitals to ensure dysphagia needs are managed appropriately.

Implications:

- IASLT strongly recommends that the management of dysphagia associated with mental health disorders (led by Speech and Language Therapists and embedded within the multidisciplinary mental health team), is considered integral to any on-going or future planning and implementation of best practice.

- Inclusion of SLTs as core members of mental health teams would be a considerable step towards ensuring that reasonable measures to protect service users from the risk of harm associated with the design and delivery of mental health services have been taken.

- Only when speech and language therapy is core to mental health teams will dysphagia (associated with mental health disorders) be appropriately identified and managed leading to a reduction in preventable illness and death associated with swallowing disorders.

- Inclusion of SLTs who can manage dysphagia associated with mental health conditions would support the vision of a true "whole person" approach (*STV* p. 35) [1] and contribute considerably to maintaining the highest possible standards of physical and mental health and well-being for those who access mental health services.

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