

## STAKEHOLDER COMMENT FORM

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**Organisation: Royal College of Speech and Language Therapists (RCSLT)**

**Section and para. no**

Primary  
RCSLT  
Response  
  
(Generic and  
overarching)

In this response RCSLT aim to draw the government's attention to the **serious and significant gap in current mental well being and mental health service provision for people with communication support needs (people with CSN) in Scotland.**

To support this view we summarise below two areas of pertinent evidence, i.e.

1: Evidence people with CSN experience poor mental well being and / or mental health and

2: Evidence of serious gap in mental health and well being services for people with CSN

**1. Evidence people with CSN experience poor mental well being and / or mental health;**

The three RCSLT documents attached provide evidence of the incidence of CSN within populations of people accessing mental health services.

**A: Reference 1 (attached):**

The Executive Summary of the government's own research (Social Research Unit Report 34/2007: Communication Support Needs: A Review of the literature) notes compared to the general public people with CSN are more likely to:

- experience negative social interactions/communication within education, healthcare, criminal justice system, etc.
- be misjudged in terms of cognitive and educational level and in terms of mental health status
- be involved in the criminal justice system as both victims and perpetrators of crime
- have difficulty accessing the information required in order to utilise services
- live in socially deprived areas

( Further )...the specialised terminology and forms of language associated with health, criminal justice, financial services, etc. may be especially problematic for people with CSN.

**B: Reference 2 (attached):**

RCSLT "Linking Mental Health and Well Being with Communication Support Needs" highlights the correlation between Mental Health and

Well Being programmes target groups and groups of people where CSN. People with CSN are disproportionately represented within the following target groups.

- Boys and young men
- Children
- Children, young people and adults from disadvantaged communities
- Older people
- Majority of people who end up in psychiatric services.
- People with long term conditions.

The paper concludes;

1. Certain groups within the population have high levels of CSN including number of the target groups of the national programme **therefore health promotion and prevention has to take account of CSN – for equal access sake.**
2. There appears to be a correlation between CSN and psychiatric service use **therefore it would make sense for health promotion, prevention and rehabilitation programmes to be targeted at or at least made accessible to people with CSN.**

**C: Reference 3 (attached):**

RCSLT Speech and Language Therapy in Mental Health Services (Briefing paper Feb. 2007) highlights the incidence of CSN in relevant populations.

*78% of patients with mental health disorders screened had communication impairments ranging from severe receptive and expressive dysphasia, dysfluency, hearing problems, voice and articulation problems and dysarthria (Emerson and Enderby 1998).*

*Of 62 attendees at area psychiatric services 84% had a language impairment and 74% had communication and discourse problems. "Clearly, impairment of communication and /or language may compound the negative experience of psychiatric illness, as well as offering insights in to the origins of psychiatric symptoms" (RCP, 2004).*

*62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected. (Goodyer, 2000; Cohen 1993)*

*38% of children referred to child psychiatric services met one or more criteria for a previously identified language impairment while 41% met criterion for unsuspected language impairment. In total 63.6% of children referred had a language impairment.(Cohen et al. 1998)*

*Communication disorder becomes apparent during the course of all*

*types of dementia varying according to disease type, duration and other factors including pre-morbid skills and environment (Bryan & Maxim, 1996).*

*23% of older people referred to SLT Mental Health Services in Aberdeen have a mental health diagnosis (e.g. depression, anxiety) plus dysphagia. (SLT, Grampian).*

*Incidence of speech and language problems in people receiving mental health services is substantially higher than the general population. (Bryan, Maxim and MacIntosh et al 1991)*

*A consistent finding of studies on patients with mental illness is that they have poor communication skills, which persist even when the illness is pharmacologically controlled (Mueser et al., 1991; Trower, 1987; van Dam-Baggen and Kraaimaat, 1986).*

#### **D: Risk factors and Protective Factors**

**“Protective factors”** crucially rely on an individual’s capacity to communicate effectively with other people, i.e. social skills, positive experience of early attachment, good communication skills, supportive social relationships, sense of social belonging, community participation, employment, positive educational experiences and access to support services.

Impaired communication competence conversely impacts on development and sustainability of Protective Factors. One might expect then people with CSN to feature more commonly among populations of people with minimal mental well being and / or maximal mental ill health.

**“Risk factors”** are typical features of the lives of people with communication support needs or disabilities (See Reference 1 attached), i.e. poor coping skills, insecure attachment in childhood, intellectual disability / learning difficulty, peer rejection, social isolation, poverty, unemployment / economic insecurity, school failure, social discrimination, lack of support services.

Impaired communication competence evidently impacts on the likelihood a person will experience risk factors. One might expect then people with CSN to feature more commonly among populations of people with minimal mental well being and / or maximal mental ill health.

#### **2: Evidence of serious gap in mental health and well being services for people with CSN**

#### **A: Incidence of CSN in people accessing acute mental health**

## **care services**

The evidence presented in Reference 3 attached exposes the incidence of CSN among people arriving in acute mental health care services.

The extra-ordinarily high incidence of people with CSN in mental well being or health crisis would suggest current promotion and prevention activities are not necessarily reaching people with CSN.

### **B: Undetected CSN among people accessing (or re-accessing) acute mental health services**

The evidence presented in Reference 3 attached also exposes the incidence of undetected CSN arriving in acute mental health care services.

*62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected. (Goodyer, 2000; Cohen 1993)*

*38% of children referred to child psychiatric services met one or more criteria for a previously identified language impairment while 41% met criterion for unsuspected language impairment. In total 63.6% of children referred had a language impairment.(Cohen et al. 1998)*

### ***DATA ON YOI AND UNDETECTED CSN.***

### **C: Absence of (or severe restrictions on) SLT provision for people with CSN.**

**(i) There is some good evidence of the speech and language therapy (SLT) value and impact** in mental health services described in References 2 and 3 attached.

For example -

*Psychiatrists and neurologists have difficulty differentiating schizophrenic from dysphasic speech but SLT assessment is known to be more reliable. (Muir, Taimer and France 1991)*

*Individuals with suspected dementia should have access to SLT assessment and management as part of a multidisciplinary team with specialist mental health skills (Heritage & Farrow, 1994).*

*Language assessment contributes to differential diagnosis between different types of dementia (Snowden & Griffiths,2000) and make a vital contribution to early diagnosis (Garrard &Hodges, 1999).*

*SLT can relate intervention to assessment findings, where otherwise intervention is largely pharmacological and activity-based (Muir, 2001).*

*Orr (2001) notes that the SLT enables the rest of the team by facilitating the team's understanding of the patient, allowing for risk assessment, diagnosis and therapy.*

*Dobson et al. (1995) noted a reduction in medication dosage with therapy for communication skills.*

*Orr (2001) refers to a number of individual cases, where in each case SLT resulted in improved communication so that frustrations were no longer communicated via aberrant behaviour.*

*For personality disorder management conversational analysis resulted in communication changes by both psychiatrist and personality disordered patient, allowing subsequent therapy where patient had been considered untreatable. (Kramer, 1999)*

*Faber, Abrams and Taylor (1983) and Fraser et al. (1997) report on the value of SLT descriptions of language in schizophrenia due to their specialist training.*

*Thomas (1997) states '...at present, theoretical linguistics, and practical assessments of human communication based on this, plays no part in the education and training of psychiatrists. Speech and language therapists have an important role to play in the future education of psychiatrists'.*

**(ii) There are a number of policies and laws which recommend, in Codes of Practice, frameworks etc.** that SLT is either sought or specialist communication support is provided as a matter of good practice. (See Reference 3).

For example;

**1. Mental Health (Care and Treatment)(Scotland) Act 2003:**

The principles in the Codes of Practice emphasise the need to take account of person's feelings and wishes using whatever means of communication best suits the person. SLTs specific professional competences include expert assessment and management of individuals communication support needs including access to, provision and support in respect of communication aids.

• **Adults with Incapacity Act - revised Codes of Practice**

Principles that form the foundation of these Codes of Practice are similar to those in Mental Health (Care and Treatment)(Scotland) Act. SLTs have a similar role to that described above in relation to Adults with Incapacity due to mental disorder. The role of SLTs is

made more explicit in the revised Codes of Practice (Part V).

- **CAMHS Framework**  
Identifies SLTs as key members of tier 3 and 4 services.
- **National Care Standards for Older People with Mental Health Problems living in Care Homes**  
Standard 18 - Supporting communication - states

*“...people should expect to “have help to use services, aids and equipment for communication, if (their) first language is not English or if (they) have any other communication needs.”*

Meeting this standard involves regular assessment and review of individual’s communication needs; staff helping individuals to get and use specialist communication equipment ...

**Despite this evidence, policy and legislative drivers**, according to a 2005 RCSLT survey of SLT services, there are only an estimated 13 wte SLT posts dedicated to all mental health care groups in Scotland including Child and Adolescent Mental Health (CAMHs), old age psychiatry, learning disability with co-morbid mental illness and forensic - learning disability services. This compares to 11 wte in Rampton Forensic Unit (England) alone.

Of the ten health boards which responded to the RCSLT survey only 6 had any dedicated service at all. There are very few if any SLT sessions provided in general psychiatry services across Scotland.

**D: Little evidence of “Inclusive Communication” approaches in provision of current Mental Health and Well Being Services.**

RCSLT recognize and welcome the fact that good communication with potential and actual service users is central to the role of all individual staff (whatever sector) and organizations providing promotion, prevention and support services.

Given the communication profile typical of groups with low protective factors and / or high risk factors and the communication profile of groups predominantly using mental illness services SLTs would recommend and expect to commonly see evidence of good inclusive communication total communication practice integral to all promotion, prevention and support work.

Reference 2 concludes;

1. Certain groups within the population have high levels of CSN including number of the target groups of the national programme therefore health promotion and prevention has to take account of CSN – for equal access sake.

2. There appears to be a correlation between CSN and psychiatric service use therefore it would make sense for health promotion, prevention and rehabilitation programmes to be targeted at or at least made accessible to people with CSN.

Unfortunately there is little evidence of good inclusive communication total communication approached within services. For example even national social marketing and communications activity to date has not used inclusive communication approaches and is therefore not “communication accessible” to many people with CSN.

The current low “communication accessibility” of mental health provision both at national and local level indicates there are gaps in the evidence base informing current mental health and well being provision particularly in respect of CSN and that the SLT evidence base, knowledge and skills are not well integrated across the three key principles of mental health provision.

The expert inclusive communication / total communication evidence base is both developed by and familiar almost exclusively by SLTs.

### **RCSLT Recommendations for National Action plan and Local Action Plans**

Based on the evidence presented above and in attached references RCSLT call on the Scottish Government at national level and providers at local level to;

1. **Recognise and take CSN seriously** across the three themes of promotion, prevention and support services.
2. **Take action on CSN.** Specifically RCSLT recommends;
  - 2.1: Significantly increase awareness at both national and local levels and across agencies of;
    - the incidence of CSN within populations with high “Risk Factors” and / or low level “Protective Factors”;
    - the implications of this for prevention, promotion and support services and
    - the skills, knowledge and good practice necessary to accommodate CSN throughout mental health services.
  - 2.2: Identify demand for and review provision of CSN services, including SLT, across the prevention, promotion and support services at a local level.
  - 2.3: At a national level commission research examining the impact of CSN provision, including SLT, in the mental health services across prevention, promotion and support services in order to determine best practice and service models and
  - 2.4: Produce and support implementation of a CSN Development Plan for Scotland’s prevention, promotion and support mental well being and mental illness services.

## RCSLT Comments on specific sections and paragraphs

<p>Introduction, para 5</p>	<p><i>“...we need to build on these and do even more, especially to address inequalities ... This work forms part of the Scottish Government’s wider health and wellbeing ambitions for a Healthier Scotland and is integral to addressing health and social inequalities. The future direction also adds to and complements a range of policies, not just on health and wellbeing, but for achieving the wider strategic objectives of the Scottish Government.”</i></p> <p>RCSLT welcome the fact that addressing “inequalities” is a primary objective of mental health policy.</p> <p>People with (CSN) are disproportionately represented within groups who experience inequalities of opportunity and outcomes not only in relation to health but also other areas of life such as education, employment and justice (see Reference 1 attached).</p>
<p>Section 2</p>	<p>RCSLT agree with the “Principles” set out in the documents.</p> <p>RCSLT particularly welcome the statement in respect of stakeholder’s ability to set “the context, conditions and opportunities” for individuals to change.</p> <p>Given the information set out above (Primary RCSLT Response) RCSLT suggest that stakeholders ability to set context, conditions and opportunities for change is, in part, dependent on their awareness, capacity to respond to CSN of the target population.</p> <p>RCSLT suggest in order to develop stakeholder’s capacity to set “the context, conditions and opportunities” the action plan must crucially respond to communication support needs.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li>2. <b>Take action on CSN.</b></li> </ol>
<p>3.2</p>	<p>Given the evidence reported in Reference 1 attached RCSLT very much welcome the stated key objective “to extend the reach of mental health improvement knowledge and actions into policy and public service delivery, most notably out with the healthcare system”</p> <p>RCSLT suggest in order to do this the action plan must crucially respond to communication support needs of the target population.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p>

	<p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
4.1	<p>RCSLT wish to highlight that the dimensions of mental wellbeing listed in the paper are all areas of significant difficulty for people with CSN which is likely to, at least in part, explain the high incidence of CSN within populations of people with minimal mental well being and maximal mental illness (see Reference 1, 2 and 3 attached).</p>
Section 5 – introductory paragraph	<p><i>“Population mental health addresses the needs of the whole population, covering known risk and protective factors and addressing often underlying structural issues that can help or hinder mental health and wellbeing, such as strong communities and access to meaningful work (help) or discrimination and poverty (hinder). It also involves targeting efforts at people, families, groups, communities and geographical areas that are at greatest risk of poor mental health and who may have complex and multiple needs.”</i></p> <p>RCSLT support the above statement. RCSLT suggest in order to do address the needs of the whole population the action plan must crucially respond to the communication support needs in that population.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
5.3	<p>RCSLT agree with and strongly support three mains themes described.</p> <p>Given information provided above and in attached references highlighting that “Protective factors” crucially rely on an individual’s capacity to communicate effectively and “Risk factors” are typical features of the lives of people with communication support needs RCSLT suggests in order to optimize success the action plan must crucially respond to communication support needs within the population. .</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
Section 6.,	<p><i>“Any work that takes a broad approach (rather than individual</i></p>

Intro para 3	<p><i>interventions), as population based mental health improvement work does, should ensure that particular focus is paid to the actions, accessibility and applicability of messages to a variety of settings and to targeting efforts at those who need it most. This includes work in the promotion of mental wellbeing and in the prevention of mental health problems and illness and improving the quality of life of people experiencing mental health problems or illness.”</i></p> <p>Given the information presented in the Primary RCSLT Response above and attached reference documents support the above statement.</p> <p>RCSLT particularly welcomes recognition of the need to consider “accessibility” when considering targeting efforts at those who need it most.</p> <p>RCSLT suggest in order to achieve this objective the action plan must crucially respond to the communication support needs.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li>2. <b>Take action on CSN.</b></li> </ol>
6.1	<p>RCSLT welcome the targeting of populations proposed for the action plan particularly as people with CSN are disproportionately represented in these target groups (see below and reference 2).</p> <p>RCSLT suggest in order to meet the needs of these target groups the action plan must crucially respond to the communication support needs.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li>2. <b>Take action on CSN.</b></li> </ol> <p><b><u>Target groups and Communication Support Needs</u></b></p> <ul style="list-style-type: none"> <li>• <b>People in institutional settings, such as those in secure care or subject to detention:</b></li> </ul> <p><i>At Polmont Young Offenders Institute - 26% of young men have clinically significant communication impairment and 70% of young</i></p>

offenders have difficulties with literacy and numeracy (Scottish Prison Service, 2003).

- **People living in care homes or long-term nursing care settings.**

Communication disorder becomes apparent during the course of all types of dementia varying according to disease type, duration and other factors including pre-morbid skills and environment (Bryan & Maxim, 1996).

Studies that look at the incidence of swallowing difficulty in dementia show a high rate of dysphagia: Bronchopneumonia was the leading cause of death in Alzheimer's disease and 28.6% in this study were found to be aspirating. (Horner et al, 1994)

23% of older people referred to SLT Mental Health Services in Aberdeen have a mental health diagnosis (e.g. depression, anxiety) plus dysphagia. (SLT, Grampian).

78% of patients with mental health disorders screened had communication impairments ranging from severe receptive and expressive dysphasia, dysfluency, hearing problems, voice and articulation problems and dysarthria (Emerson and Enderby 1998).

Language assessment contributes to differential diagnosis between different types of dementia (Snowden & Griffiths, 2000) and make a vital contribution to early diagnosis (Garrard & Hodges, 1999).

- **People in non-health care settings, such as veterans or the homeless, who may not otherwise be reached by traditional health care or health improvement approaches.**

(See Reference 1 attached)

- **People with physical and/or mental illness, people with alcohol problems, people misusing drugs, people who are victims of violence and abuse, people who are perpetrators of violence and abuse.**

See information on populations of young people in justice system above.

62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected. (Goodyer, 2000; Cohen 1993)

Of 62 attendees at area psychiatric services 84% had a language impairment and 74% had communication and discourse problems. "Clearly, impairment of communication and /or language may compound the negative experience of psychiatric illness, as well as

	<p><i>offering insights in to the origins of psychiatric symptoms” (RCP, 2004).</i></p> <p><i>78% of patients with mental health disorders screened had communication impairments ranging from severe receptive and expressive dysphasa, dysfluency, hearing problems, voice and articulation problems and dysarthria (Emerson and Enderby 1998).</i></p> <p><i>Incidence of speech and language problems in people receiving mental health services is substantially higher than the general population.(Bryan, Maxim and MacIntosh et al 1991)</i></p> <p><i>A consistent finding of studies on patients with mental illness is that they have poor communication skills, which persist even when the illness is pharamacologically controlled (Mueser et al., 1991; Trower, 1987; van Dam-Baggen and Kraaimaat, 1986).</i></p> <p><b>• Looked after and accommodated children, children whose parents have problems with drugs and/or alcohol, children whose parents have a mental illness.</b></p> <p>See information above.</p> <p>Note Sure Start objectives recognise essential need to focus on development of children’s and parent’s skills in communication and language.</p> <p><b>• People without access to key assets or resources.</b></p> <p>(See Reference 1 attached)</p> <p><b>• People and groups who experience discrimination.</b></p> <p>(See Reference 1 attached)</p>
6.3	<p><i>“The best research evidence suggests that particular attention and emphasis is given to the early years of life and also to the mental wellbeing of children and young people, especially those who are at greatest risk of mental health problems”.</i></p> <p>RCSLT support the drive to pay particular attention to early years of life and those at greatest risk.</p> <p>RCSLT highlight that communication difficulties are the most common difficulty faced by children and young people. RCSLT also refer the government to information above relating to Protective and Risk Factors and the fundamental nature of communication competence in relation to these factors.</p> <p>RCSLT suggest in order to optimize impact of services in early years</p>

	<p>the action plan must crucially respond to communication support needs.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
6.4	<p><i>“As well as identifying which people to focus attention and efforts on, and the importance of taking a life stages approach, emphasis also needs to be given to the places and settings where people live, learn, work and play. This will involve giving prominence to work in employment and workplace settings; educational settings – particularly schools, colleges and universities; to sport, recreational and cultural settings; to institutional settings such as prisons and care homes and also to built communities and both urban and rural living.”</i></p> <p>RCSLT support the above statement. Given the information presented in the RCSLT Key Response above and reference 1 attached RCSLT suggest in order to optimize success of the action plan it must crucially respond to communication support needs.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.3	<p><b>Promote and improve mental health and promote and improve mental well being.</b></p> <p><i>“...suggest that efforts are made to promote and embed the skills, attributes, belief, values and circumstances that increase resilience, self-efficacy, a sense of mastery, coherence and control, individually and collectively.”</i></p> <p>RCSLT support this suggestion.</p> <p>RCSLT point out given the information presented above in the Primary RCSLT Response particularly in respect of protective and risk Factors CSN must be taken much more seriously and comprehensively acted upon in any and all efforts geared to developing <i>“resilience, self-efficacy, a sense of mastery, coherence and control, individually and collectively.”</i></p> <p>RCSLT call on the Scottish Government at national level and</p>

	<p>providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.3 continued	<p><i>“Work in this arena must include the promotion of mental wellbeing for people living with, and/or recovering from, both physical and mental illnesses and should address the specific challenges faced by people who are subject to discrimination in its many forms (see the Fair For All strands).”</i></p> <p>Further to comment on 8.3 above and evidence reported in RCSLT Reference 3 attached regarding proportion of people living with or recovering from mental illness who have communication support needs RCSLT reiterate CSN must be taken much more seriously and comprehensively acted upon in any and all efforts geared to developing <i>“resilience, self-efficacy, a sense of mastery, coherence and control, individually and collectively”</i> among populations of described.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.3.1	<p><i>“Work ... should draw on the available and developing evidence base”</i></p> <p>RCSLT support the above statement.</p> <p>Although there is convincing evidence of the link between communication support needs and mental well being and mental illness (see Reference 1, 2 and 3) this is not widely recognized or apparently acted upon within local or national promotion work.</p> <p>An RCSLT survey of SLT expertise in mental health services in Scotland showed only 13 WTE SLTs worked in the whole of Scotland for all age and client groups accessing mental health services.</p> <p>RCSLT want specific action taken to expose the evidence base in respect of communication support needs in target communities. There is an urgent need to raise the awareness of the communication profile of relevant populations (see Reference 1 attached) and how communication needs can best be accommodated in any promotion work using “Inclusive Communication” approaches.</p>

	<p>RCSLT would also like to see investment in research examining the impact of “Total Communication” (or “Inclusive Communication”) approaches to mental well being promotion work.</p> <p>RCSLT suggest in order to do this the action plan must crucially respond to communication support needs.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.3.2	<p><i>“Any work should...(address) specifically those ... groups where people are most likely to experience poorer mental well being.”</i></p> <p>RCSLT support the above statement.</p> <p>Given the information presented above in Primary RCSLT Response RCSLT stress in order to do this the action plan must crucially respond to the communication support needs as described above.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.3.3	<p>Mental well being and mental health literacy.</p> <p>Given the strong link between communication support needs and mental health and well being RCSLT would like the literacy referred to to include an awareness of communication support needs, how such needs (as often invisible or at east undetected needs) might manifest themselves in people’s behaviour and interaction with services and what practitioners should do in order to meet those needs in their day to day work.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.3.4	<p><i>“... concentrating efforts on the early years of life”</i></p>

	<p>RCSLT agree that promotion work in the early years is very important.</p> <p>See comments on paragraph 6.1 above.</p> <p>Given that</p> <ul style="list-style-type: none"> <li>• Communication difficulties are the most common childhood developmental difficulty (est. 5% of children) and</li> <li>• The fundamental nature of communication competences (of children, parents and other carers) in relation to Risk and Protective Factors and</li> <li>• The high proportion of CYP arriving in acute mental health settings with (often undetected) communication difficulties is so high and</li> <li>• Recommendations in respect of SLT provision in the CAMHS framework</li> </ul> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li>2. <b>Take action on CSN.</b></li> </ol>
9.1	<p><b>Action 1: Promotion of Mental Well Being</b></p> <p>RCSLT support the actions suggested as appropriate and valuable but stress they will only be effective in groups with low protective / high risk factors if communication support needs are recognised and taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to promoting mental well being.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li>2. <b>Take action on CSN.</b></li> </ol>
8.4	<p><b>Prevention: Raise efforts around prevention of mental health problems, mental illness and suicide.</b></p> <p><i>“Work in this arena should therefore promote the determinants of good mental health and mental wellbeing. It should also tackle the main risk factors for mental health problems, mental illness...”</i></p> <p>RCSLT support the actions suggested as appropriate and valuable</p>

	<p>but stress they will only be effective in groups with low protective / high risk factors if communication support needs are recognised and taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to preventing mental health problems, mental illness and suicide.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.4.1	<p><i>“Greater holistic support for parenting for families... early attachment and cluster of factors associated with social inequalities...”</i></p> <p>Sure Start programmes across Scotland have recognise the valuable contribution Speech and Language Therapists (SLTs) make in supporting development of positive parent-child communication, relationships and attachment.</p> <p>Reference 1 attached shows there is a relationship between communication ability and markers of social inclusion.</p> <p>RCSLT has received reports that where SLT involvement in parenting development work exists funding for this is short term and has in at least one instance been prematurely terminated.</p> <p>It appears although parent – child interaction and communication is recognized as being fundamental to the development of healthy children, families and communities this has not been reflected in funding of SLTs whose primary knowledge, skills and expertise is in communication development including how parent-child interaction can be enhanced to the benefit of all.</p> <p>RCSLT support the actions suggested as appropriate and valuable but stress the success of the action plan in this area will only be optimized if communication support needs are taken much more seriously than they are currently and comprehensively acted upon.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
8.4.2	<p><i>“Good progress is being made on prevention activities where people</i></p>

	<p><i>are at greater risk of developing mental health problems, mental illnesses... and where people experience significant physical health problems such as ...long-term physical conditions. Efforts in this area should re-focus and be raised.”</i></p> <p>Given the information presented above and in the Primary RCSLT Response RCSLT questions the statement “Good progress is being made...etc.” in respect of people with communication support needs.</p> <p>RCSLT very much welcome the suggestion therefore to re-focus and raise efforts and call on the government in doing so that they ensure CSN are taken much more seriously and comprehensively acted upon in any and all efforts geared to promoting mental well being and preventing mental illness.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
9.2	<p><b>Action 2 – Prevention: Mental Illness</b></p> <p>RCSLT support the actions suggested as appropriate and valuable but stress they will only be effective in groups with low protective / high risk factors if communication support needs are recognised and taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to preventing mental illness.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
9.3	<p><b>Prevention: Suicide and Harm</b></p> <p>RCSLT support the actions suggested as appropriate and valuable but stress these will only be effective in groups with low protective / high risk factors if communication support needs are taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to preventing suicide and harm.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p>

	<p>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p>2. <b>Take action on CSN.</b></p>
8.5	<p><b>Support: improve the quality of life, social inclusion, health, equality and recovery of people who experience mental illness.</b></p> <p>RCSLT agree that <i>“much more needs to be done”</i> for people who experience mental illness.</p> <p>RCSLT support the actions suggested as appropriate and valuable but point out (given the information presented above in the Primary RCSLT Response) the success of the action plan in this area will only be optimized if communication support needs are taken much more seriously than they are currently and comprehensively acted upon.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p>2. <b>Take action on CSN.</b></p>
8.5.1	<p><i>“Further work is required on addressing stigma, prejudice and discrimination... Greater equality of opportunity is also required in areas such as employment, housing, education, and cultural, recreational and sporting activities.”</i></p> <p>RCSLT support the actions suggested as appropriate and valuable but point out (given the information presented above in the Primary RCSLT Response) the success of the action plan in this area will only be optimized if communication support needs are taken much more seriously than they are currently and comprehensively acted upon.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p>1. <b>Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p>2. <b>Take action on CSN.</b></p>
8.5.1 continued	<p><i>“Increasing access to mental health and mental illness literacy can also help in enabling people to have the information, education and knowledge they need to keep well and help to support behaviour</i></p>

	<p><i>change in a positive way. Improved mental health literacy can also support, enable and encourage people to seek help earlier and access care, support and treatment earlier, before problems get worse or a crisis arises.”</i></p> <p>RCSLT agree that mental health and mental illness literacy is crucial to the positive outcomes described.</p> <p>In order to have this “literacy” though people have to have “communication accessible” information and education.</p> <p>RCSLT support the actions suggested as appropriate and valuable but point out (given the information presented above in the Primary RCSLT Response) the success of the action plan in this area will only be optimized if communication support needs are taken much more seriously than they are currently and comprehensively acted upon.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li><b>2. Take action on CSN.</b></li> </ol>
9.4	<p><b>Action 4 - Support to improve quality of life, social inclusion, equality, recovery and addressing stigma, prejudice and discrimination</b></p> <p>RCSLT support the actions suggested as appropriate and valuable but stress these will only be effective if communication support needs are taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to support social inclusion, recovery and addressing discrimination.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <ol style="list-style-type: none"> <li><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</li> <li><b>2. Take action on CSN.</b></li> </ol>
9.5	<p><b>Action 5 - Development of a local capability to improve capacity and provide leadership of, and support for, mental health improvement as a core part of mainstream planning and service delivery across each of the key themes.</b></p> <p>RCSLT support the actions suggested as appropriate and valuable particularly those referring to;</p>

	<ul style="list-style-type: none"> <li>• improving capacity and capability of practitioners.</li> <li>• Building mental health literacy</li> <li>• Understanding and acting on evidence</li> </ul> <p>RCSLT stress however these organizational developments will only be effective for many people with CSN if communication support needs are taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to preventing mental illness.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
9.6	<p><b>Action 6 – Support the key role for Community Health (and Social Care) Partnerships in mental health promotion and prevention actions.</b></p> <p>RCSLT support all the actions suggested as appropriate and valuable but again we stress these will only be effective if communication support needs are taken much more seriously than they are currently and comprehensively acted upon in any and all efforts by Community Health Partnerships.</p> <p>Implementation of the DDA requires public bodies to actively promote equality of opportunity. This includes actively responding to the needs of people with CSN.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
9.7	<p><b>For all of the above 6 suggested actions, there is a need to connect local strategic and delivery work with the overall three main expectations and emphasise how inequalities will be addressed.</b></p> <p>RCSLT support the requirement described above particularly it's emphasis on inequalities.</p> <p>RCSLT emphasise the need to address inequalities experienced by people with CSN as described in RCSLT Reference 1 attached.</p>

	<p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
9.8	<ul style="list-style-type: none"> <li>• <i>“Social marketing and communications activity – reaching out to the general public, communities, targeted populations and other agencies and stakeholders.</i></li> <li>• <i>Contributing to improving community wellbeing and more social coherence.”</i></li> </ul> <p>RCSLT support these suggested actions but stress the need to consider the communication support needs in all and any social marketing and community well being efforts – particularly given the higher incidence of CSN among target groups and those populations with low protective and / or high risk factors.</p> <p>RCSLT call on the Scottish Government at national level and providers at local level to;</p> <p><b>1. Recognise and take CSN seriously</b> across the three themes of promotion, prevention and support services.</p> <p><b>2. Take action on CSN.</b></p>
10.1	<p><b>National Support Activities</b></p> <p>RCSLT support all the suggested areas of national support activities but point out they will only be effective in groups with low protective / high risk factors if communication support needs are taken much more seriously than they are currently and comprehensively acted upon in any and all efforts geared to promoting mental well being.</p> <p>RCSLT call on the government, at a national, level to recognize and respond to the needs of people with CSN. Specifically;</p> <p>RCSLT call on the government to</p> <p><b>1. Substantially increase awareness</b> at both national and local levels and across agencies of ...</p> <ul style="list-style-type: none"> <li>• the incidence of CSN within populations with high “Risk Factors” low level “Protective Factors”;</li> <li>• the implications of this for prevention, promotion and support services and</li> <li>• the skills, knowledge and good practice necessary to accommodate CSN throughout mental health services.</li> </ul> <p>This could be part of the national agenda in respect of <b>Capacity building, skills, competencies and training and Social</b></p>

**Marketing, Communications and PR**

**2.** Identify demand for and review provision of CSN services, including SLT, across the prevention, promotion and support services at a local level.

This could be part of the national agenda in respect of **Research, evidence and evaluation and National performance management**

**3.** At a national level commission research examining the impact of CSN services, including SLT, in the mental health services across prevention, promotion and support services in order to determine best practice and service models and

This could be part of the national agenda in respect of **Research, evidence and evaluation**

**4.** Produce and support implementation of a CSN focussed initiatives for Scotland's prevention, promotion and support mental well being and mental illness services.

This could be part of the national agenda in respect of **encouraging and supporting innovation.**

Please add extra rows if needed.

**Please return to:** Nicola Radley, Area 3ER, Mental Health Division, St Andrews House, Regent Road, Edinburgh, EH1 3DG

By Email: [nicola.radley@scotland.gsi.gov.uk](mailto:nicola.radley@scotland.gsi.gov.uk)

## **Reference 1**

### **Communication Support Needs: A Review of the Literature**

Prof. James Law, Dr Anna van der Gaag, Prof. Bill Hardcastle, Dr Janet Beck, Andrew MacGregor and Charlene Plunkett

### **Social Research Research Findings No.34/2007 (Social Justice)**

#### **Executive Summary**

In 2006, the Scottish Executive commissioned a review of the existing literature on the needs and experiences of people with communication support needs (CSN). This review looks at how people with CSN engage with services and the barriers that they experience. It also identifies gaps in the literature and makes recommendations for further research. This document summarises the main findings of the literature review.

#### **Main Findings**

'Communication support needs' is a relatively new term which is used to encompass the needs experienced by people with communication difficulties associated with a range of disabilities. As defined for the purposes of this review, people with CSN have difficulties associated with one or more aspect of communication.

Speech and Language Therapy referral data suggest that there is between 1 and 2% of the population at any one time with severe CSN requiring specific assistance to meet their needs and that as much as 20% of the population may experience some difficulties in communication at some point in their lives relative to the population as a whole.

The evidence indicates that

- public sector service provision is not currently meeting the needs of people with CSN.

Compared to the general public people with CSN are more likely to:

- be unemployed or employed at an inappropriately low level
- experience negative social interactions/communication within education, healthcare, criminal justice system, etc.
- be misjudged in terms of cognitive and educational level and in terms of mental health status
- be involved in the criminal justice system as both victims and perpetrators of crime
- have difficulty accessing the information required in order to utilise services
- live in socially deprived areas

The specialised terminology and forms of language associated with health, criminal justice, financial services, etc. may be especially problematic for people with CSN.

Particular difficulties are associated with transitions within and between services, where individuals with CSN face increased communication demands with unfamiliar people.

There is a need for more training and education aimed at increasing awareness and understanding of CSN, promoting good practice in facilitating effective communication and challenging negative stereotypes and attitudes.

Where initiatives have been implemented with positive results they tend to be limited geographically and linked only to specific aspects of a single service.

## **Background**

This review was commissioned by the Scottish Executive in 2006, as part of its commitment to investigate the needs and experiences of people with CSN and to explore appropriate development of service provision for them.

## **Aims and objectives**

The main aims of this study are to review the existing literature on the needs and experiences of people with CSN and to highlight the implications for service provision.

The key objectives of the study were to:

- Define 'Communication Support Needs' for the purpose of this review (The review did not focus on those speaking English as a second language, or on issues associated with adult literacy or numeracy. in their communication skills).
- Identify the range of barriers to communication experienced by people with CSN and how this impacts on their use or non-use of services.
- Draw out the differences and commonalities experienced by all groups of people with CSN.
- Explore and analyse the literature relating to service providers' understanding of CSN and their ability to meet the needs of people with CSN.
- Identify gaps in the literature and make recommendations for future research.

## **Method**

The relevant literature was identified through systematic searching of online bibliographic databases and through the recommendations of subject experts.

## **Findings**

### **Who has CSN?**

People with CSN have difficulties with one or more aspects of communication. For example, someone with CSN may experience difficulty in producing speech, expressing ideas or understanding what another person is saying to them.

Some CSNs may be easier to recognise than others. Thus CSNs that are related to problems in speech are more apparent to the public than CSNs associated with difficulties in understanding language. A wide range of people may be classified as having CSN. Many are associated with conditions which are physical (cleft palate), sensory (hearing or visual impairment), cognitive (dementia or learning disability) or "medical" (laryngectomy or multiple sclerosis) in origin. Others such as specific language difficulties may have no known cause.

Speech and Language referral data suggest that there is between 1 and 2% of the population at any one time with severe CSN requiring specific assistance to meet

their needs and that as much as 20% of the population may experience some difficulties in communication at some point in their lives relative to the population as a whole.

### **Experience of Services**

The findings from the review are organised into a number of chapters reflecting the experiences of people with CSN within each public sector service.

#### ***Health and social care***

In general, people with CSN report that they find it difficult having their needs met across the health sector. This may be especially true in primary care where the need for the individual to be able to communicate their needs themselves is paramount. Evidence reviewed points to a lack of awareness of the communication difficulties experienced by individuals with CSN and ways of overcoming these difficulties. The attitudes of healthcare providers may play a crucial role in the uptake of healthcare services by people with CSN. In one example, parents with learning disabilities reported a reluctance to access parenting support due because of their experience of negative attitudes of specialist staff. Findings of the review recommend that healthcare staff receive communication training to promote understanding of the complex needs of individuals with CSN and provide knowledge of ways to overcome barriers to communication in the healthcare context.

#### ***Education***

The evidence suggests that children with CSN often under perform in school, which is a highly verbal environment. They are also at greater risk of bullying and alienation due to a lack of peer understanding. Transitions through the education system can be challenging for children and young people with CSN. For example, moving to secondary school can be particularly problematic as the children encounter a wide range of different teaching styles and teachers with varied awareness and experience of teaching children with CSN. The problems tend to be exacerbated as the young people move out into further and higher education. Once someone has left school they may lose existing sources of technical support and be unaware of the career or further education options available. Existing literature suggests that planning for transitions should begin well in advance of their leaving school. The reviewed literature recommends consulting children with CSN when addressing their needs within the education system. For children with CSN to benefit fully from the education system, there should be collaborative working between the different professionals involved in education.

#### ***Employment and Financial Services***

Many people with CSN encounter difficulties entering the labour market due to lack of experience and/or confidence. The evidence reviewed suggests that of those who have been successful in finding employment many are likely to have a lower level of CSN and tend to be employed at a level below their abilities. The literature suggests that although employers appear to be supportive, they often fail to meet the needs of employees due to lack of awareness and understanding of CSN. Those not in employment experience difficulties accessing financial assistance, especially advice regarding benefits. They commonly have difficulty understanding and completing forms. The available evidence in the review recommends person centred planning and the use of social networks to support individuals with CSN in employment and

promote awareness of their needs. To ensure that those out of work receive adequate financial support, the benefits process needs to be more transparent, both in terms of application and decision making.

### ***Criminal Justice***

The evidence indicates that a high proportion of people in juvenile offenders' institutions and prisons have CSN, whether in oral or written language skills. People with CSN are also more likely to be victims of crime than the population as a whole. The legal process, which can be challenging for the general public, is likely to prove particularly problematic for people with CSN. This is made worse by a lack of awareness and understanding of CSN by the professionals involved in the criminal justice system. In turn this can lead to inaccurate judgements on the cooperativeness of individuals with CSN and the reliability of the information they provide. Effective communication may be ensured by the introduction of pictorial communication aids to legal settings. Individuals with CSN may benefit from the presence of an appropriately trained advocate in legal settings. Lastly, criminal justice professionals would benefit from specialist training in identifying individuals with CSN and strategies to overcome barriers to communication.

### ***Experiences of Other Services***

The limited evidence available in the areas of housing, travel and leisure indicate that adults living alone with CSN involving learning disability were more likely to live in areas of social deprivation. In terms of travel a large number of people report difficulties in using public transport. Adults with CSN related to stammering report avoiding leisure activities that involve social interaction. In some cases individuals who experience CSN later in life as a result of stroke described a loss of self identity, making them withdraw from former leisure activities.

### **Conclusions and Recommendations**

The term CSN covers a wide range of people with different disabilities and with varied levels of needs. Many of the needs experienced by people with CSN are comparable across the different disability groups. Despite this, and despite the relatively large numbers of people involved, communication needs are rarely recognised by those providing services.

The review has identified a number of prominent gaps in the literature:

- Public awareness and understanding of communication disability and public attitudes towards people with communication support needs
- The costs of communication support needs to the individual and to society as a whole
- The relative value of an enhanced "communication accessible" model of service delivery across sectors

Specific gaps in the evidence base related to aspects of service delivery include:

- Children and young people's experience of CSN within the educational context
- Transition periods and attitudes of criminal justice professionals
- Attitudes of criminal justice professionals
- Housing (problems identified include limited choice, lack of privacy, abuse and exploitation, increased probability of social deprivation)

- Travel (problems identified include difficulty accessing and understanding information, negative attitudes, anxiety associated with crowding)
- Leisure (problems identified include communication demands of some leisure activities inhibit involvement by people with CSN, limited availability of appropriate group activities)
- Financial services (problems identified include communication demands associated with complex documentation when accessing services/benefits, staff may lack appropriate training)

The findings of the review indicate that there is a clear need for service providers to improve their understanding of CSN in order to be sensitive to the very different needs of people with CSN. There is a need for CSN training to be administered to all public sector staff. While there are examples within the literature of communication training packages within specific public sectors addressing the communication needs of specific disability groups, there is no standard package that can be implemented across services, focusing on training for knowledge and understanding of CSN as one group.

### **Recommendations for Further Research**

The findings of this review indicate three lines of enquiry for future research. Consultation with a group of people with CSN is recommended for setting up and monitoring of each research project.

#### ***Study 1. Expectations and improvements for service users with CSNs.***

The first line of enquiry would explore the experience of the full range of services of people with CSN in Scotland.

#### ***Study 2. Public attitudes to and understanding of people with CSNs***

The second strand of research would explore public attitudes towards CSN across Scotland to address ignorance and prejudice associated with CSN.

#### ***Study 3. Developing and evaluating a communication friendly environment across local services.***

The final research project would involve the implementation and evaluation of a Communication Access package across all services in a pilot location. This would include publicity, training, and the availability of support workers related to specific aspects of services.

## Reference 2



### **Linking Mental Health and Well Being with Communication Support Needs**

#### **What do we mean by Communication Support Needs (CSN)?**

- **Having difficulty understanding normal speech or writing** – so a person might not be easily able to read a poster, leaflet, appointment card, letter, magazine or sign outside a building; interpret ambiguous or sophisticated adverts; access or read websites; understand advice on the phone or join in groups with lots of “talk” based activities and /or
- **Having difficulty expressing self effectively using normal speech and /or writing** – so a person might not easily be able to name, describe or speak about their thoughts and feelings; problem solve or negotiate using speech or writing; use a telephone help line; use an on-line support service; confidently use a face to face advice service or engage in group work.

#### **Who has Communication Support Needs (CSN)?**

##### **1. Mental Health and Well Being Programmes target groups.**

###### **a) Boys and young men**

- Boys account for 3 out of 4 children with speech and language impairments.
- Polmont YOI - 26% of young men in have clinically significant communication impairment and 70% of young offenders have problems with poor literacy and numeracy (SPS own figures).

###### **b) Children**

- 5% of child population have significant communication disorders.

###### **c) Children, young people and adults from disadvantaged communities**

- Higher incidence of difficulties reading or reading English among communities with poor life circumstances, BEM communities, travelling people.
- Higher incidence of illness affecting communication e.g. **Stroke**
- Sure Start Objectives recognise essential need to focus on development of children’s and parent’s skills in communication and language.

###### **d) Older people**

- High incidence of conditions or disability affecting communication, e.g. sensory impairment, literacy difficulties, aphasia, dementia and Alzheimer’s, MND, MS, cancer (CNS, Head and Neck).

##### **2. Majority of people who end up in psychiatric services.**

- Of 62 attendees at area psychiatric services (acute to community based) 84% had a language impairment and 74% had communication and discourse problems. RCP (2004).
- 78% of patients with mental health disorders screened had communication impairments ranging from severe receptive and expressive dysphasia, dysfluency, hearing problems, voice and articulation problems and dysarthria (Emerson and Enderby 1998).
- 62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected. (Goodyer, 2000; Cohen 1993)

### **3. Anyone who is ill, tired, anxious, angry, frightened etc.**

#### **What's the link?**

3. Certain groups within population populations have high levels of CSN including number of the target groups of the national programme **therefore health promotion and prevention has to take account of CSN – for equal access sake.**
4. There appears to be a correlation between CSN and psychiatric service use **therefore it would make sense for health promotion, prevention and rehabilitation programmes to be targeted at or at least made accessible to people with CSN.**

#### **How can MHWB programme implementation respond to this link?**

**Develop and implement an “Inclusive Communication Strategy” and then apply to all promotion, prevention and rehabilitation programmes.**

In practice this could mean

1. Developing a good “Service to User” Communication Standard to encompass the needs of everyone with or without CSN then
2. Implementing the good “Service to User” Communication Standard through the provision of guidance and skills training for front line staff and the development of appropriate communication support resources. E.g. symbol based leaflets, posters, letters etc; guidance on how to simplify language to reach maximum audience etc.

#### **What can Speech and Language Therapists do?**

- Advise on development and implementation of an Inclusive Communication Strategy as part of the MHWB Programme implementation.
- Advise on how to make health promotion, prevention and rehabilitation programmes more inclusive of people with CSN,
- Support MHWB work force to develop appropriate communication skills and competences and
- Support development of practical communication resources to make programmes more accessible to people with CSN.
- Facilitate partnership working with a variety of user organisations representing people with CSN.

**For more information contact**

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## RCSLT Reference 3



### **Speech and Language Therapy in Mental Health Services<sup>1</sup>**

**Briefing paper Feb. 2007**

#### **A: Why SLTs have a role in mental health services**

##### **i) Needs of service users and skills of SLTs**

Speech and Language Therapists (SLTs) are dedicated to the needs of people with communication support needs (or impairment) and eating, drinking and swallowing difficulties (dysphagia).

A high number of people accessing mental health services in the community or hospitals present with significant communication support needs and / or dysphagia.

*62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected. (Goodyer, 2000; Cohen 1993)*

*38% of children referred to child psychiatric services met one or more criteria for a previously identified language impairment while 41% met criterion for unsuspected language impairment. In total 63.6% of children referred had a language impairment. (Cohen et al. 1998)*

*Of 62 attendees at area psychiatric services 84% had a language impairment and 74% had communication and discourse problems. "Clearly, impairment of communication and /or language may compound the negative experience of psychiatric illness, as well as offering insights in to the origins of psychiatric symptoms" (RCP, 2004).*

*Communication disorder becomes apparent during the course of all types of dementia varying according to disease type, duration and other factors including pre-morbid skills and environment (Bryan & Maxim, 1996).*

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<sup>1</sup> Sources of evidence referenced in this brief include;

- RCSLT Clinical Guidelines
- RCSLT Communicating Quality 3
- RCSLT Position Paper on SLT Provision for People with Dementia
- Presentations given by practitioners at RCSLT Mental Health Network (MHN) launch, June 2006
- Literature collated by RCSLT Mental Health Network (Scotland) and MH Special Interest Group (England)
- RCSLT Accredited Specialist Adviser in MH
- Authors of relevant literature.

*Studies that look at the incidence of swallowing difficulty in dementia show a high rate of dysphagia: Bronchopneumonia was the leading cause of death in Alzheimer's disease and 28.6% in this study were found to be aspirating. (Horner et al, 1994)*

*23% of older people referred to SLT Mental Health Services in Aberdeen have a mental health diagnosis (e.g. depression, anxiety) plus dysphagia. (SLT, Grampian).*

*A study of 60 people using both acute and community care services found 23% of people with schizophrenia and 27% of people with bi-polar disorder had a swallowing impairment. This is considered a gross underestimate as identification in this study relied on external observation. Objective assessment, for example using videoflouroscopy, would, it is expected, increase identified cases in this population. (reference tbc)*

*78% of patients with mental health disorders screened had communication impairments ranging from severe receptive and expressive dysphasia, dysfluency, hearing problems, voice and articulation problems and dysarthria (Emerson and Enderby 1998).*

*Incidence of speech and language problems in people receiving mental health services is substantially higher than the general population.(Bryan, Maxim and MacIntosh et al 1991)*

*A consistent finding of studies on patients with mental illness is that they have poor communication skills, which persist even when the illness is pharamacologically controlled (Mueser et al., 1991; Trower, 1987; van Dam-Baggen and Kraaimaat, 1986).*

## **ii) Legislation and Policy**

There are numerous pieces of legislation and policies of relevance to this care group to which SLTs can and do make a very positive contribution.

### **3. Mental Health (Care and Treatment)(Scotland) Act 2003:**

The principles in the Codes of Practice emphasise the need to take account of persons feelings and wishes using whatever means of communication best suits the person.

SLTs are specifically qualified to and skilled in;

- Assessing the communication capacity of an individual
- Advising on and providing the best means by which to ascertain present wishes and feelings of the adult.
- Defining the individual's needs in terms of aids and adaptations to optimise their communication capacity.
- Providing advice, training, support and the necessary aids and adaptations to those living with, caring and working for the individual.
- Directly assist those living with, caring and working for the individual to communicate effectively with the individual.
- Advise on the most effective means of presenting information and choices to the individual thereby maximising the adults opportunity to exert free choice.

#### **• Adults with Incapacity Act - revised Codes of Practice**

Principles that form the foundation of these Codes of Practice are similar to those in Mental Health (Care and Treatment)(Scotland) Act. SLTs have a similar role to that described above in relation to Adults with Incapacity due to mental disorder. The role of SLTs is made more explicit in the revised Codes of Practice (Part V).

- **National Care Standards for Older People with Mental Health Problems living in Care Homes**

Standard 18 - Supporting communication - states

*“...people should expect to “have help to use services, aids and equipment for communication, if (their) first language is not English or if (they) have any other communication needs.”*

Meeting this standard involves regular assessment and review of individual’s communication needs; staff helping individuals to get and use specialist communication equipment and support from named worker or trained communication support workers, including trained interpreters.

SLTs are central to

- Assessment and review of person’s communication needs;
- Provision and effective use of specialist communication equipment;
- Training support workers and others about how best to interpret, respond to and support a person’s communication.

- **CAMHS Framework**

Identifies SLTs as key members of tier 3 and 4 services.

- **Delivering for Health**

Underlying strategies arising out of Delivering for Health are the common themes of self care, patient as partner and carers supported as partners.

All these themes require effective communication between providers and service users. SLTs are uniquely placed to advise on achieving related objectives in relation to estimated 250,000 people in Scotland with communication support needs.

## **B: Speech and language therapy activity, value and impact in MH Services**

The following sections (1-5) describe SLT activity and provide evidence of the value and impact of each of these activities in turn.

### **1. Detailed assessment of communication skills and needs**

#### **Involves**

- Assessment of individuals verbal and non-verbal receptive and expressive language skills and factors that contribute to the person’s communication competence across a range of environments.

- Assessment methods include both direct formal and informal assessment of the individual (e.g. detailed discourse analysis to identify indicators of for example psychotic illness) and consultation with the persons family members and significant others.

### **Value / Impact**

- **Contributes to multi-disciplinary team (MDT) diagnosis**

Language disorder is under-diagnosed in this population.

*Psychiatrists and neurologists have difficulty differentiating schizophrenic from dysphasic speech but SLT assessment is known to be more reliable. (Muir, Taimer and France 1991)*

*Individuals with suspected dementia should have access to SLT assessment and management as part of a multidisciplinary team with specialist mental health skills (Heritage & Farrow, 1994).*

*Language problems appear to be directly implicated in the onset and course of psychological disorders and may well be risk factors (Cantwell, Baker and Mattison, 1979).*

- **Contributes to differential diagnosis**

*Language assessment contributes to differential diagnosis between different types of dementia (Snowden & Griffiths, 2000) and make a vital contribution to early diagnosis (Garrard & Hodges, 1999).*

- **Provides a model for intervention based on assessment findings**

*SLT can relate intervention to assessment findings, where otherwise intervention is largely pharmacological and activity-based (Muir, 2001).*

- **Contributes to impact of MDT intervention**

The majority of the MDT intervention is mediated through verbal and written communication. SLT assessment and subsequent advice and support can optimize the impact of others interventions.

*Team members get greater satisfaction from encounters if their own communication skills are maximised and therefore adequate to the task. Support for training from SLT's. (Erber 1994)*

- **Contributes to individual's, carers and others understanding of factors contributing to mental illness.**

*Orr (2001) notes that the SLT enables the rest of the team by facilitating the team's understanding of the patient, allowing for risk assessment, diagnosis and therapy.*

- **Provides baseline to monitor change and evaluate ongoing intervention**

Comprehension and language assessment can be a sensitive indicator of change in functioning following drug treatment.

## **2. Development and provision of communication programmes**

Communication programmes developed by SLTs commonly have two distinct elements;

### **i) Direct one to one and / or group therapy.**

#### **Involves -**

- Therapeutic interventions designed to remediate and / or facilitate communication in the areas that are difficult for the individual, e.g. turn taking, problem solving and negotiation through appropriate language and non-verbal behaviour, conversation skills and / or stimulating use of language and communication.

#### **Value / Impact**

- **Helps the individual to achieve greater insight** into their communication difficulties (where appropriate) which in turn to reduce frustration caused by communication impairment and improves confidence.
- **Enabling the individual to develop new or regain “lost” communication skills, motivation and confidence.**

*Hoffman and Satel (1993) reported good results with direct therapy to improve language and reduce auditory hallucinations.*

*Social skills training found to be effective with patients with schizophrenia. (Mojabai et al)*

- **Enabling the individual to maintain current communication skills or help them to make optimum use of residual skills.**

*Increased use of language may enable patients to maintain communication skills for longer or may have an impact on mood, confidence and general well-being. (Clark L 1995)*

*Social skills training may help the illness to stabilise.(Hartley 1993)*

- **Enabling the individual to gain from others MDT interventions** which are mediated through language

*Dobson et al. (1995) noted a reduction in medication dosage with therapy for communication skills.*

- **Contributing to individual’s mental health**

*Work on communication can contribute to an individual’s mental health..  
See Dobson et al. (1995) above.*

*“Successful communication is also essential in enhancing the well-being of the individual.” Shulman MD & Mandel E (1988)*

## **ii) Indirect Therapy**

### **Involves**

- Assessment of the individual or client groups “communication environment” in relation to attitude, knowledge and skills of those they live, learn, work and socialize with as well as the physical environment, resources, structures and systems in place to support optimum communication by and with the individual.
- Provision of training and / or user friendly advice and guidelines to carers and others describing appropriate strategies to enhance the individuals (or a particular client groups) communication.
- Provision of appropriate resources such as communication aids to facilitate implementation of recommended communication strategies. For example “translating” written legal information and forms in to communication accessible formats for people with a diverse range of communication support needs.

### **Value / Impact**

- **Contributes to creation of an environment conducive to mental health and well being** of the individual by reducing individual’s and others “interaction related” distress.

*Social skills training improves relationships of schizophrenic patients with their families.(Leff 1994)*

- **Supporting service users to access mainstream community services** more generally e.g. local leisure facilities.
- **Reduces incidence of challenging behaviours** arising out of communication breakdown between individuals and those around them.

*Inability to communicate effectively may be the cause of many challenging behaviours (Bryan & Maxim, 2003; Stokes, 2004).*

*Orr (2001) refers to a number of individual cases, where in each case SLT resulted in improved communication so that frustrations were no longer communicated via aberrant behaviour.*

- **Increases potential for successful interaction between MDT colleagues and patients** with various mental illnesses and thereby improving the impact of interventions across the MDT.

*For personality disorder management conversational analysis resulted in communication changes by both psychiatrist and personality disordered patient, allowing subsequent therapy where patient had been considered untreatable. (Kramer, 1999)*

*“The pre-condition for successful participation in most forms of psychotherapy is adequate communication skills” (France 1995).*

*“Successful communication is also essential in enhancing the well-being of the individual.” Shulman MD & Mandel E (1988)*

*Orr (2001) notes that the SLT enables the rest of the team by facilitating the team’s understanding of the patient, allowing for risk assessment, diagnosis and therapy.*

*Team members get greater satisfaction from encounters if their own communication skills are maximised and therefore adequate to the task. (Erber 1994)*

- **Supports MDT to fulfill legal obligations** for example under the Mental Health Act and Adults with Incapacity Act. Codes of practice emphasise requirement to optimize individuals involvement in decision making and care planning using communication supports appropriate to the individual. SLS are uniquely qualified to assess need and advise on appropriate communication strategies.

- **Helps carers cope with stress** associated with interaction with individuals.

*There is evidence that carers find behavioural and communication problems more stressful than aspects of Activities of Daily Living (ADL) and self care impairments (Haley et al, 1994).*

- **Increases MDT and others awareness of communication in general** and the impact their communication behaviour has on the mood, motivation and behaviour of service users.

*Faber, Abrams and Taylor (1983) and Fraser et al. (1997) report on the value of SLT descriptions of language in schizophrenia due to their specialist training.*

*Thomas (1997) states ‘...at present, theoretical linguistics, and practical assessments of human communication based on this, plays no part in the education and training of psychiatrists. Speech and language therapists have an important role to play in the future education of psychiatrists’.*

### **3. Assessment of eating, drinking and swallowing difficulties.**

#### **Involves –**

- Observation, formal assessment, discussions with carers and others and often videofluoroscopic examination. Also includes consideration of effects of mental health and mood, posture and general social skills, medication and the environment on eating, drinking and swallowing.

#### **Value / Impact**

- **Contributing to MDT diagnosis and effective management planning.**

*Eating and swallowing problems are common within this client group due to the side effects of medication. Differential diagnosis of the nature of the problem, eg, iatrogenic*

*(due to drug therapy) versus psychological, is essential for effective management. Bach DB, Pouget S, Belle K, Kilfoil M, Alfieri M, McEvoy J & Jackson G (1989)*

- **Contributing to the MDT decision regarding need or non-oral nutrition and hydration.**

#### **4. Development and provision of eating, drinking and swallowing programmes.**

##### **Involves -**

- Production of eating, drinking and swallowing guidelines often in collaboration with other members of the dysphagia team – physiotherapists, dietitian, occupational therapists, nursing staff in hospitals and care homes and, if videofluoroscopy involved, consultant radiologist and radiographer.
- Provision of training and demonstration for those preparing food and giving the person food and drink, including family and carers, wherever the person consumes food and drink.
- Ongoing monitoring and evaluation of the eating and drinking programme, altering aspects as person functioning improves or deteriorates.

##### **Value / Impact**

- Establishing safe and effective eating, drinking and swallowing **ensures adequate nutrition, reduces risk of infection and illness and contributes to general physical and mental well being** of individuals.

*Identifying which behavioural strategies facilitate the eating and drinking process and communicating these to the relevant carers maximises the effectiveness of the individual's eating and drinking. (This) may also have a positive impact on both the individual's and carer's psychosocial experience of mealtimes. Coyne ML & Hoskins L (1997), Kayser-Jones J & Schell E (1997), Osborn CL & Marshall MJ (1993).*

#### **5. Take on wider roles with the mental health team either individually or as co-workers.**

##### **C: SLT mental health services in Scotland.**

According to a 2005 RCSLT survey of SLT services there are only an estimated 13.1 wte SLT posts dedicated to all mental health care groups in Scotland including Child and Adolescent Mental Health (CAMHs), old age psychiatry, learning disability with co-morbid mental illness and forensic - learning disability services. This compares to 11 wte in Rampton Forensic Unit (England) alone.

Of the ten health boards which responded to the RCSLT survey only 6 had any dedicated service at all. There are very few if any SLT sessions provided in general psychiatry services across Scotland.

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