RCSLT East Midlands Hub
Day

6 November 2019
@RCSLTEastMidHub
THE MENTAL HEALTH OF SPEECH AND LANGUAGE THERAPISTS: ARE WE WELL ENOUGH TO PROVIDE A QUALITY SERVICE?

• Quantitative study (April-July 2018)
• Qualitative study (February-March 2019)
WHY DO THIS RESEARCH?

• “If I could think of something else to do, I would.”
• “Remind me why I’m doing this job!”
• “I wonder if I’d be happier stacking shelves at Tesco…”

• Cocks & Cruice (2010) n=23
• Loan-Clarke et al. (2009) n=516

• Little awareness
If @Jeremy_Hunt thinks for one second he will get away with smearing and devaluing our magnificent nurses, paramedics, midwives, radiographers etc the way he did us, he’s truly beyond decency.

Just you try, Jeremy. Just you try.
NHS starting salaries:

Nurse £23.0k
Paramedic £23.0k
Midwife £23.0k
Junior doctor £27.1k
Radiographer £23.0k
Healthcare assistant £17.5k
Physiotherapist £23.0k
Occupational therapist £23.0k

Are you actually *trying* to destroy the NHS, @BorisJohnson?
PRESENTEEISM

- Negative impact: productivity, performance, client satisfaction

- Poor decision-making and planning, time management difficulties, errors and irritability (Smedley, Dick & Sadhra, 2013).

- High in the NHS (organization and cultural climate).
  - guilt, stigma, and a culture that encourages self-reliance and coping (Harvey et al., 2009).
QUANTITATIVE STUDY: METHODOLOGY

- Ethical approval from Birmingham City University
- National study: England, Scotland, Northern Ireland, Wales
- All employment sectors: NHS, other employers (e.g. schools, charities), independent practitioners
- Recruitment
  - Article in Bulletin (January 2018)
  - CENs, RCSLT e-Research newsletter, ASLTIP online forum, IPSLT Yahoo group
  - Twitter (UK based SLTs)
  - Facebook pages
SURVEY METHODOLOGY: SAMPLE & MATERIALS

- 632 SLTs completed an online questionnaire at Time One
- 295 completed the follow-up at Time Two (3 months later)

- Speech-Language Pathologist Stress Inventory (SLPSI)

CONTRIBUTORS

- Generic Job Satisfaction Scale (GJSS)

OUTCOMES

- General Health Questionnaire-28 (GHQ-28)
RESULTS: DEMAND & WELLNESS

- 245 (45%) have ‘large’ caseloads (bigger than 40)

- 534 (85%) work additional hours, for which they aren’t paid

- 247 (39%) took sick leave in the last 9 months

- 518 (82%) go to work when unwell
**GHQ-28: A HEALTH SCREEN**
Anxiety, depression, somatic symptoms, social function

<table>
<thead>
<tr>
<th>Classification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASS: No distress</td>
<td>46.7%</td>
</tr>
<tr>
<td>FAIL: Mild distress</td>
<td>17.4%</td>
</tr>
<tr>
<td>FAIL: Severe distress</td>
<td>38.6%</td>
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</tbody>
</table>

53.3% ‘case-ness’
• Not everybody is distressed

• 46.7% are not distressed

• There are people who are well and happy
<table>
<thead>
<tr>
<th>Employment sector</th>
<th>Number of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizationally employed (mostly NHS)</td>
<td>291/536</td>
<td>55.0%</td>
</tr>
<tr>
<td>Portfolio career</td>
<td>19/38</td>
<td>59.4%</td>
</tr>
<tr>
<td>Self-employed</td>
<td>19/58</td>
<td>33.9%</td>
</tr>
</tbody>
</table>
THE JOB DEMANDS CONTROL SUPPORT MODEL
(KARASEK, 1979; JOHNSON & HALL, 1988)
SLPSI STRESSOR SUBSCALEs

• DEMAND:
  • Too much work to do/caseload too big/etc.

• CONTROL:
  • Clients have complex needs/scheduling is inflexible/etc.
  • Administrative policies limit effectiveness/lack control over service delivery models

• SUPPORT:
  • Lack support at work, other professionals don’t understand what an SLT does/public doesn’t value SLT/etc.
General well-being

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE (COLLECTIVE)</td>
<td>22.9</td>
</tr>
<tr>
<td>LOW-STRAIN (COLLECTIVE)</td>
<td>16.7</td>
</tr>
<tr>
<td>HIGH-STRAIN (COLLECTIVE)</td>
<td>27.9</td>
</tr>
<tr>
<td>ISOOSTRAIN</td>
<td>32.5</td>
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</table>
QUALITATIVE STUDY

- 15 semi-structured interviews
- Early themes – only starting to analyse
  - Utilizing the evidence-base can be difficult due to poor job design

IMPROVEMENTS:
- Better supervision, more autonomy
- Senior management needs to have knowledge of the profession
- Commissioners need to be educated so that staffing levels are appropriate
IMPROVING THE QUALITY OF SERVICES

Focus on Quality
“I’ve always felt speech and language therapists are only little departments, aren’t they? There’s never enough of us about. And it’s like a catch-22 then, how do you show your value when you can’t actually do that job well? And if you’re being spread out – I say to people, ‘We’re the Marmite service. We’re spread so thinly.’ So how do we make an impact, how do we show our colleagues and stakeholders that we have a specific role to play with particular clients, if we’re only popping in once or twice a week and we’re not actually embedded within the team? Difficult to show value when can’t do the job.”
KEY MESSAGES FOR IMPROVING THE QUALITY OF SERVICES

• **Job design** is critical to SLT well-being

• SLTs who are well will be more effective (provide quality services)

• Careful **job design** facilitates the **capacity** to provide quality through evidence-based practice

• **Job design** includes appropriate staffing levels; education of commissioners is suggested
Thank you for listening.

Any questions?

@SAClaire
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Advanced Practice Workshop: what you need to know

Della Money
Multi-professional framework for Advanced Clinical practice

New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours.
Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.
### Table 1: The relationship between Advanced Level Practice and Consultant Practice

<table>
<thead>
<tr>
<th><strong>Advanced Level Practice</strong></th>
<th><strong>Consultant Practice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not a substitution role but ‘value added’ from own profession/field of practice</td>
<td>• Expertise in all the pillars – integrating practice, research and education – Boyer’s model with system–wide consultancy</td>
</tr>
<tr>
<td>• Shared competences with medicine in some areas as reflected in the HEE levels of practice document</td>
<td>• Strong strategic and systems leadership role for field of practice</td>
</tr>
<tr>
<td>• Beginning journey focusing predominantly on client-centred consultancy,</td>
<td>• Flexibility in focusing on the four pillars depending on the need of the system, organisation to meet the needs of people/population</td>
</tr>
<tr>
<td>• Has professional expertise in own professional role and field of practice</td>
<td>• Assumption is that working at advanced level practice or having expertise in field of practice - might look different for different disciplines or contexts</td>
</tr>
<tr>
<td>• Beginning a journey of growing expertise in the other 4 pillars</td>
<td></td>
</tr>
</tbody>
</table>
Broad principles

Clinical Practice: Enabling a multi professional understanding across professions

Education: Providing diverse and engaging opportunities for existing professionals & students

Leadership and management: Population health, workforce planning and transformation, System leadership

Research, evaluation and audit: Relevant and driving transformation
Academy for Advancing Practice

- ACP capabilities
- Consultant-level capabilities

- Standards for the equivalence (SER)
- Standards of education & training (SET)
RCSLT view: what does it mean?

- “Level” of practice not role
- Equivalent in most cases to band 8a
- Capabilities cover four pillars of practice – but proportions of time might vary
- Some ambiguity over applying to AHPs - but you can be an SLT and ACP, no need to become a generalist
- ACP is seen as different from highly specialist SLT
- The challenge for SLTs: ensure you take advantage of the new structures and frameworks – they apply equally to us
RCSLT Position Statement

- Sets out how RCSLT is engaging nationally
- Encourages SLTs to highlight the business case for ACP SLTs
- Encourages SLTs to consider an ACP career pathway
Other RCSLT work

- Developing guidance on making the case for SLT ACP
- Identifying where an ACP SLT can make a difference to patient experience and to the system
- Making the case that ACP SLTs are not limited in scope to medical settings
- How to encourage and support SLTs to consider the ACP career pathway.
National Frameworks

Musculoskeletal core capabilities framework for first point of contact practitioners
Advanced Clinical Practice in Learning Disabilities and Autism Capabilities Framework

Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism
The Framework

- HEE commissioned the development of a multi-professional Capabilities Framework for LD and/or Autism

- The capabilities describe
  - a high degree of autonomy, complex decision making and management of risks.
  - the skills and knowledge that the workforce need to apply in order to deliver high quality, compassionate, advanced levels of care.
  - support development and planning of the workforce, to inform the design of curricula and the delivery of education and training.
Process

- Supported by Skills for Health
- Steering Group 21st September 2018
  - Small group of key stakeholders
  - Representation of wider reference group
- Draft framework developed
  - Consultation with Reference Group
  - Expert groups/workshops
  - Co-production
- Analyse findings and final Framework
5 Domains

- Personalised and collaborative working
- Health and wellbeing
- Personalised care and support
- Risk, legislation and safeguarding
- Leadership and management, education and research
Capabilities

- Each Domain has 3 – 7 capabilities
- These may be:
  - Core
  - Role specific
  - Both

Personalised and collaborative working
- Capability 2 – leading Inclusive Communication approaches
- Core capabilities
- Role specific capabilities (of SLTs)
Other initiatives

- HEE Survey re ACP roles
- Nottingham University project ACP evidence base
- New frameworks in development
- Generic multi-professional JDs (ICS/STP)
- Requests for stories & cases
- RCSLT Working Group – ACP/consultant, impact and value

Get involved!
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Visual Incident Review Resource - A structured way to talk about an incident

- Emma-Kay Dominey-Hill, SLT Manager for High Secure and SLT Clinical Lead for CAMHS
- Jess Renton, Highly Specialist SLT
- Darran Hill, MVA Team Leader
Visual Incident Review Resource – Where did we start…

- Drivers: External and Internal
- Situation of individual services
- Developing awareness of other services needs
- No service user involvement
- Came together as a trust wide collaboration of SLT’s and MVA Team
Visual Incident Review Resource – The Process

- Identified the need for a standardised tool based on Comic Strip Conversations principles (Grey, 1994)
  - Sourcing resource developer who was a previous SLT that had worked with trust
  - Photos of areas
  - Sourcing a local artist
  - Service user involvement in production of resource
43
Images of Staff

Options of Male and Female staff
Visual Incident Review Resource – Where are we now?

- Currently trialling resource
- Resource use modelled by SLT’s involved in project in collaboration with key worker
- 3 pilot sites – Orion, Rampton and Hopewood
- Gathering feedback from service users, staff and teams
Visual Incident Review Resource – What we are learning…

- Materials
- Staffing (both SLT and others)
- Service user
- It is only a resource! Doesn’t solve all problems.
- Good initial responses from team!
Visual Incident Review Resource – What’s next?

• Resource is adapted following feedback
• Feedback informs: Formulation and care of individual
  Wider Trust Practice
• Role out across other sites – low secure, mental
  health inpatient, secure children’s service
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Feedback of transwomen regarding voice therapy

IOANNA GEORGIADOU, PHD, RCSLT, HCPC, CCC-SLP
NOTTINGHAM CENTRE FOR TRANSGENDER HEALTH
SARAH RABIN, SLT STUDENT
DE MONTFORT UNIVERSITY
Introduction
Nottingham Centre of Transgender Health

- Caseload
- Focus on Trans Women
- Number of Session offered
Vocal parameters and session structure

- Pitch
- Intonation
- Rhythm
- Loudness
- Resonance

**Average frequency (Hz)**

- Male voice: 125 Hz
- Ambiguous voice: 165 Hz
- Female voice: 225 Hz
## Assessment

<table>
<thead>
<tr>
<th></th>
<th>Initial Session</th>
<th>Final Session</th>
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<tbody>
<tr>
<td>Counting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
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<tr>
<td>Conversation</td>
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</table>
Outcomes of voice feminization

**Quantitative Research**
(Gelfer & Tice, 2012; King et al., 2012; Gorhan-Rowan & Morris, 2005)
- Pitch measured in Hz.
- Patient, SLT and listener feedback.

**Qualitative Research**
(Hanckock et al., 2011; McNeil et al., 2008)
- Increase in QoL is positive self-perception of voice quality.
- Link between a self-perceived feminine voice and happiness.
Background

- SLT services – stigmatization and negative healthcare experiences (Safer et al., 2016).

- **Voice and communication style** are obstacles to **QoL**.

  **Importance**
  - **Alignment** of visual presentation and voice (Hancock & Haskin, 2014)
  - ‘Passing’ as a factor for a successful transition (Davies & Goldberg, 2015)

  **Note:** Some trans people do not wish to change their voice (Kelly and Robinson, 2011)
Background

Gap in the literature:

Documenting the opinion of the patients themselves regarding the most helpful voice feminization techniques/exercises.
AIM of the present study

Techniques/exercises: Voice analysis software, warm-up exercises (singing/vocal function)
Method

- 49 trans women (ages 19-74)
- 5 one-to-one voice sessions

**Questionnaire:**

- Scaling (SLT’s skills)
- Open ended

1. Most helpful exercises and techniques
2. Least helpful exercises and techniques
3. Additional comments

The present study presents findings for 1. **Most helpful voice exercises and techniques.**
Results

Exercises that were rated as most helpful:

- **Pitch/Resonance:** 42.86% (21)
- **Intonation:** 28.57% (14)
- **Rhythm:** 20.41% (10)
Results

Techniques that were rated as most helpful:

- **Praat Voice Analysis Software:** 32.65% (16)
- **Warm-Ups:** 20.41% (10)
- **Breathing/Posture:** 6.12% (3)

Note: * Praat: Home use of the software
Discussion

Future studies

- Larger scale studies
- **Interviews** (more detail, personal)
- Details on personal **characteristics**

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Is there a **correlation** between survey results and qualitative/quantitative outcomes of voice feminization?

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Does more practice *or* being younger *or* musically trained *correlate* with better voice perception/voice feminization?
What’s Next!

1. **Co-production** of clinical services and research
2. **Questionnaire** can be more structured – specific exercises listed
3. Keep the **qualitative part** of the questionnaire
4. Continue to support patients in their **use of technology**
Thank you!

Questions or comments?
References


Hancock et al., 2011


Discussion – Themes from literature

- **Pitch** is considered a primary parameter for voice feminization
- **Use of voice analysis software** is common among SLTs
- SLTs use a **variety** of exercises and techniques (useful to examine them and inform clinical practice as to which ones are most helpful)
- Important to consider **opinions** of trans women on voice feminization techniques
Session structure

Session 1
- Pre-assessment (interview and recordings of frequency)
- Introduction to voice (posture and breathing, warm-up exercises and resonance/tuning at the sound level)

Session 2
- Review of previous exercises
- Resonance and tuning at the word/phrase level
- Intonation @word/phrase level (singing and intonational contour)
- Praat recordings

Session 3
- Review of previous exercises
- Resonance and tuning at the sentence level
- Intonation and rhythm (vowel elongations) exercises at the sentence level
- Praat recordings

Session 4
- Review of previous exercises
- Structured phone conversation
- Praat recordings

Session 5
- Review of previous exercises
- Unstructured phone conversation
- Praat recordings
- Post-assessment