# Royal College of Speech and Language Therapists Response to NHS England CAMHS Service Specifications Consultation

## Introduction

Research has found that many children and young people with mental health needs have speech, language and communication needs (SLCN) and interaction difficulties. These are often previously unidentified:

- 81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014).
- 28% of referrals to a child psychiatric outpatient clinic had a moderate or severe language disorder that previously had not been suspected or diagnosed (Cohen et al, 1989).

In addition:

- at least 60% of children and young people in touch with youth justice services present with speech, language and communication difficulties (Bryan et al 2007). Many of them will also present with mental health difficulties.
- severe and pervasive communication impairment, much of it previously unidentified, has been found in children and young people in residential care (McCool S and Stevens IC 2011).

Therefore, while we were pleased to see that the Child & Adolescent Medium Secure Service Specification recognises the importance of meeting the communication needs for all young people (p. 14), **we feel strongly that the unique role of the speech and language therapists in the assessment, diagnosis and management of communication and interaction needs for children and young people with mental health needs should be strengthened throughout**:

## 1. Speech and language therapy should be part of the core multi-disciplinary team

Speech and language therapy plays a crucial role in identifying and supporting communication and interaction difficulties. Therefore, given the prevalence of language needs in this cohort, speech and language therapists should be part of the core multi-disciplinary team (MDT).

**We recommend this is reflected in the following places:**

- **General Adolescent Service Specification, p. 12**
- **Medium Secure Service Specification, p. 6 and p.10**
- **Low Secure Service Specification, p. 5 and p.9**
- **Forensic Outreach Service Specification, p.12**
- **PICU Service Specification, p. 7**

It should also be noted that extensive assessment, including self-report and educational and psychological interventions, are proposed. We are fully supportive of this aim.

However, all of the proposed assessments eg HoNOS and most of the interventions are verbally mediated. They put a significant demand on language processes both expressive and receptive. It is perfectly possible for assessments and interventions to be modified and adapted for use with young people who have limited communication (Bryan and Gregory 2013 and Gregory and Bryan 2011), but this requires detailed language assessment and skilled intervention by a speech and language therapist to underpin the work of other members of the MDT.

## 2. Speech and language therapy assessments should be provided 'within house'

CATALISE, a multinational and multidisciplinary Delphi consensus study, states that "Referral for language assessment is recommended for children who present with behavioural or psychiatric difficulties" and that "the high prevalence of unsuspected language impairments in these populations motivates this recommendation" (Bishop et al, 2016).

Given this high prevalence, it is crucial that assessments of children and young people accessing CAMHS are carried out routinely by speech and language therapists who are part of the core team of CAMHS staff.

We welcome the reference to a speech and language therapist (e.g. assessment of communication and language skills) in the Service Specification Appendix on Learning Disability Service p.28 of the General Adolescent Services Specification.

However, the standardised general assessments specified will not provide even basic speech, language and communication assessment. It should be noted that difficulty in understanding language is very difficult to determine without expert testing (Bryan et al 2015, Pearce et al, 2014). Yet research has found that adolescents who have difficulties understanding language are more likely to report higher levels of emotional and behavioural difficulties (Conti-Ramsden et al, 2013)

Given the links between SLCN, particularly where they are unidentified and/or unsupported, and mental health, **we recommend this reference to the contribution a speech and language therapist can make (Bryan 2014) and the need for an assessment of an individual's communication and language skills on admission is also included in the following places:**

- **General Adolescent Service Specification, p. 6**
- **Medium Secure Service Specification, p.10**
- **Low Secure Service Specification, p.9**
- **PICU Service Specification, p.11**

Speech and language therapists can also contribute to differential diagnoses, for example in the diagnosis of developmental language disorder.* Therefore, the screening and clear pathway for formal diagnosis of neurodevelopmental disorders should be delivered in partnership with speech and language therapy services. The importance of screening for communication needs as well as neuro-disabilities in young adults in the criminal justice system has been highlighted by the Justice Select Committee (Justice Select Committee 2016).

**We recommend this is reflected in:**

- **PICU Service Specification, p. 14.**

*Developmental language disorder is a language disorder which creates obstacles to communication or learning in everyday life. It affects the way children both understand language (make sense of what people say) and use language (words and sentences) and can lead to difficulties with social communication (knowing how to speak to different people in the right kind of way at the right time and understanding the non-verbal rules of communication). It is not a language disorder associated with another condition (such as autism spectrum disorder, brain injury, Downs syndrome, cerebral palsy, sensori-neural hearing loss), but can co-occur with other difficulties (such as attention, motor, reading and spelling, speech, behaviour, auditory processing and intellectual disability) and can be associated with genetic risk factors (such as family history and low level parental education) and with poverty and neglect or abuse.

### 3. Risk assessments should include identification of speech, language and communication needs as a risk factor

Left unidentified and/or unmet, communication and interaction needs can have a range of negative consequences on a person's social, emotional and mental health and wellbeing. They can also:

- affect behaviour. Many children with unidentified and/or unmet communication and interaction needs communicate through behaviour which can lead to exclusion from school, offending behaviour and involvement in the criminal justice system.
- prevent children and young people from accessing and benefitting from treatments and programmes that are primarily verbally delivered (Snow & Sanger, 2011). Therapeutic techniques rely on higher order language skills including the ability to discuss opinions flexibly and to weigh interpretations. There is therefore the potential for miscommunication with some adolescents and for inaccurate inferences to be made about their behaviour (Cohen et al, 2013).
- affect the quality of risk assessment if communication difficulty is either missed, and also, if its effects are not factored into risk. For example, a child who struggles to communicate may lash out. This significantly impacts on risk, particularly if there are other behavioural issues. Similarly, a child deemed at risk of suicide, is at far greater risk if their communication difficulties are missed i.e their ability to seek help via verbal means is reduced. Furthermore, their ability to participate in verbally mediated interventions to prevent suicide is compromised by communication difficulties.
- precede the onset of psychotic experiences and depression. Poorer pragmatic language (the ability to use language appropriately in social situations) at age 9 is associated with psychotic experiences and depression in adolescence. Interventions aimed at helping children improve pragmatic language skills may reduce the incidence of adolescent psychopathology and associated psychological disorder and dysfunction later in life (Sullivan et al, 2016).
- affect the safeguarding of children and young people. Language disorders, particularly social communication difficulties, make young people more vulnerable to exploitation of all kinds, as their ability to read and correctly interpret the intentions of others' communication is impaired. Coupled with the vulnerability they already have because of their mental health needs this is an important risk factor.

**We recommend this is reflected in the following places:**

- **Medium Secure Service Specification, p. 6**
- **Low Secure Service Specification, p. 6**

### 4. Speech and language therapy intervention plays a crucial role in CAMHS services

Children and young people presenting to CAMHS services often have risk factors that are associated with undiagnosed speech, language and communication difficulties such as school failure, isolation, labelling of emotional and behavioural disorder (Bryan et al 2015). It should be noted that once children enter senior school at 11, they are much more likely to have communication difficulties labelled as behaviour problems.

Interventions delivered by speech and language therapists can support:

i. **Improved engagement with the wider therapeutic regime:** language and social communication skills are necessary to engage effectively with the therapeutic regime
ii. **support for staff to deliver verbally mediated interventions with suitable modifications to allow a child with SLCN to engage**

**We recommend this is reflected in all relevant sections, particularly:**

- **Medium Secure Service Specification, p.6**
- **Low Secure Service Specification, p. 6**

iii. **Proactive management of aggression:** Speech and language therapists support young people to learn language to help with emotional regulation and verbal alternatives to violence

**We recommend this is reflected in:**

- **PICU Service Specification, p.7**

iv. **Engagement in advocacy:** Children and young people will only be able to engage in self-advocacy if they have the necessary communication skills to express their views. Contributing to decisions about their care pathway requires verbal engagement and understanding.

**We recommend this is reflected in:**

- **General Adolescent Service Specification, p. 13;**
- **Medium Secure Service Specification, p. 7;**
- **PICU Service Specification, p.8**

v. **Functional communication and support developmental potential.** Left unmet, communication needs can affect a person's relationships, educational attainment and the securing and retaining of employment. It can also affect their engagement in verbally mediated interventions to address mental health conditions.

**We recommend this is reflected in all relevant sections, particularly:**

- **Medium Secure Service Specification, p. 11**
- **Low Secure Service Specification, p.**

## 5. Young people in the criminal justice system

An estimated 60% of young people in the youth justice estate have communication needs (Bryan et al, 2007). Given this prevalence, speech and language therapists have a crucial role to play in providing:

- Specialist assessment and management advice to court and the youth justice process
- Provision of training to practitioners in the youth justice sector in relation to SLCN, and for these practitioners to be able to access speech and language therapy support where they are dealing with young people who have significant communication difficulties, or where they are finding young people very difficult to engage.

**We recommend this is reflected in:**

- **Forensic Outreach Service Specification, p.9**

## References


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