NHS England consultation: Mental health in the long term plan for the NHS
August 2018
Submission from the Royal College of Speech and Language Therapists

Royal College of Speech and Language Therapists

- The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the United Kingdom.
- In preparing this response we consulted with expert members who work in mental health across the age range and in a range of settings.
- We would be happy to discuss any aspects of our submission, or the role of speech and language therapists in mental health, if that would be helpful.
- For background, the RCSLT is a member of the Children and Young People's Mental Health Coalition's Steering Group.
- For more information, please contact peter.just@rcslt.org

1. What are your top three priorities for meeting the mental health needs of people of all ages in England? Over the next five, and ten years?

i. **Identification of need**: the totality of needs affecting or resulting from mental ill-health must be identified:
   - **Communication** – communication needs[1], many of which are life-long, and mental health, in both children and young people and adults, are closely linked.[2] Communication needs are a mental health risk factor and/or co-occur with other risk factors, and are often previously unidentified. They risk support, referrals, assessments, and interventions, particularly verbally mediated ones, being inaccurate or inaccessible.[3] This risks longer waiting lists, failed interventions and a waste of public resources.
     - People with a primary communication impairment are at greater risk of developing a secondary mental health disorder, commonly anxiety or depression.[4]
     - 81% of children with emotional and behavioural disorders had undetected speech, language and communication needs.[5]
   - **Swallowing** – mental ill-health and dysphagia, particularly in adults, are closely linked.[6] This may be an intrinsic part of the disorder or a side effect of medication. Dysphagia puts people at risk of choking, pneumonia, hospital admission and in some cases death, all of which can increase costs to the NHS.
     - Research shows a heightened prevalence of dysphagia in acute and community mental health settings, 35% in an inpatient unit and 27% in those attending the day hospital, which compares to 6% in the general population.[7]
     - Risk of death due to choking in people with schizophrenia is 30 times more likely than in the general population.[8a]

ii. **Prevention and access**: early identification and support for communication needs would help prevent mental health problems from exacerbating. It would promote access to services by removing barriers to people accessing them and support those working in mental health teams to recognise and respond appropriately to communication needs, including through appropriate adaptation of assessments and interventions.[8] Identifying and supporting swallowing needs would help prevent avoidable physical health conditions. Access to services should be equitable across the country, timely, and delivered as close to home as possible.

iii. **Embedded speech and language therapists (SLTs)**: SLTs with the appropriate level of specialism should be embedded in children and young people's and adult's specialist and community mental health teams. This would:
   - support the identification of communication and swallowing needs;
   - improve access to and engagement with services;
   - support the training of the wider workforce in awareness of communication and swallowing needs and their impact on mental health and how to respond appropriately;
   - enable those individuals who need direct speech and language therapy to receive it in a timely manner.

References and notes

1 Communication needs include Developmental Language Disorder, a language disorder associated with another condition such as Down Syndrome, hearing impairment, neurodevelopmental disorders, such as Autism Spectrum Disorder, learning disability, or conditions such as speech difficulties, stammering and many others. Communication needs can also be acquired, for example, as a result of stroke, brain injury, head and neck cancer, progressive neurological conditions (such as dementia, multiple sclerosis, motor neurone disease, Parkinson's). Communication needs can include difficulties with comprehension, expression, and social communication.

2 For more on this see, for example, Bryan K. (2014) Psychiatric disorders and Communication. Louise Cummings (ed), Handbook of Communication Disorders. (pp. 300-318) Cambridge: Cambridge University Press.

3 For more on the impact of communication needs on the accessibility of assessments and interventions see the RCSLT's response to Question 21 of the consultation on Transforming children and young people's mental health provision: A Green Paper. https://bit.ly/2F1SAtu While the Green Paper is about children and young people, the issues around accessibility of mental health assessments and interventions are applicable across the age range.

4 Botting N, Durkin K, Toseeb U, Pickles A, Conti-Ramsden G, (2016) Emotional health, support, and selfefficacy in young adults with a history of language impairment, British Journal of Developmental Psychology; 34, 538–554.

5 Hollo A, Wehby JH and Oliver RM. (2014) Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis, Exceptional Children; 80(2): 169-186.

6 Dysphagia can be the result of a range of conditions, including learning disability, stroke, brain injury, head and neck cancer and some other cancers, progressive neurological conditions (such as dementia, multiple sclerosis, motor neurone disease, Parkinson's).

7 Regan J, Sowman R, Walsh I, (2006) Prevalence of Dysphagia in Acute and Community Mental Health Settings, Dysphagia 95–101.

8 Ruschena D, Mullen PE, Palmer S, Burgess P, Cordner SM, Drummer OH, Wallace C, Barry-Walsh J, Choking deaths: the role of antipsychotic medication, British Journal of Psychiatry (2003), 183, 446-450.

2. What gaps in service provision currently exist, and how do you think the NHS should address them (these can overlap with Q1 but may include a longer list)?

Lack of SLTs in mental health teams: not all mental health teams, whether community or specialist, have access to, let alone embedded, SLTs. As per Q1, this risks communication and swallowing needs being unidentified and unmet with the consequent risk to an individual's mental and physical health and to public resources being wasted.

Other gaps include a lack of:

- understanding of the interplay between mental health and communication needs, particularly those which are linked to neurodevelopmental conditions;

- training of other professionals, including in CAMHS Tier 2, 3, and 4, in communication needs;
- interventions being adapted so they are accessible to those with communication needs;
- post-diagnostic support.

These gaps could be addressed by SLTs being embedded in community and specialist multi-disciplinary mental health teams.

3. People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

- Improved training for all practitioners in awareness of potential co-morbidities, particularly communication and swallowing needs, and how illness in one area can impact on functioning in another. This would help improve first point of contact assessments.
- Improved education for service-users to contribute to their psychological formulation, so they can understand their difficulties and self-advocate.[1]
- For those with communication needs, accessible information is required. The RCSLT Five Good Communication Standards provide a model for how this can be delivered, as does the NHS England Accessible Information Standard.[2]

References and notes

1 Speech and language therapists can support psychological formulation through identifying and describing the speech, language and communication needs (SLCN) of a child or young person. They can also contribute to understanding of how SLCN might contribute to the development and maintenance of other difficulties, for example, how a child or young person interacts with others, their behaviour, and their motivation at school. This can benefit not only the child or young person, but also family members and other professionals by increasing understanding of the difficulties flowing from SLCN and how they might impact across all aspects of development including mental health.

2 As a result of the Government review into the abuse of adults with learning disabilities at Winterbourne View, RCSLT developed the Five Good Communication Standards through the RCSLT National Forum for Adults with Learning Disabilities. These good practice standards provide advice to commissioners and providers on making reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings. These also have wider relevance for ensuring people with communication needs have their needs responded to appropriately and are also applicable in this context. https://www.rcslt.org/news/good_comm_standards See also the Accessible information Standard which could also provide a model for ensuring accessibility. https://www.england.nhs.uk/ourwork/accessibleinfo/ Any services that provide support to young people who meet the following conditions need to ensure that they are also acting in accordance with the NHS England Accessible Information Standard: are over 18 years of age, have an active Education, Health and Care Plan.

4. There are some significant inequalities in how people access and experience care for their mental health needs, and in their outcomes, including but not limited to people who have 'protected characteristics' under the Equality Act 2010. What are your views on what practical steps the NHS should take to address inequalities in the services it provides?

- Training for mental health practitioners in communication needs, how these can impact on the ability to access services and treatment programmes, and the need for assessments to be adapted so they are accessible to individuals.
- Involving people with mental health needs in the design, development, delivery, and evaluation of provision.
- Ensuring multi-disciplinary teams include all relevant professionals including speech and language therapists.
- Having outreach services so that people are not discharged after 1 or 2 DNAs. ***Bercow: Ten Years On*** recommends that providers of health services should replace 'did not attend' (DNA) with the term 'was not brought' (WNB); and ensure that there is a process so that when a child is not brought to an appointment, both the referrer and family are notified, and there is a follow-up by the team around the child.[1]

References and notes

1 These are recommendations 5.8 and 5.9 from ***Bercow: Ten Years On***: https://bit.ly/2FTA0iM This recommendation is for providers of general health services for children. However, it has wider applicability, particularly in relation to follow-up when someone does not attend an appointment, including in relation to mental health services for all people given they are often difficult to reach and engage. ***Bercow: Ten Years On*** also makes a number of recommendations on how children and young people's mental health can improved:

- 2.4.1 the training for both the Designated Senior Leads for Mental Health and Mental Health Support Teams includes information on the link between SLCN and mental health, and how to recognise and respond appropriately to SLCN;
- 2.4.2 Children and Young People's Mental Health Services and, where appropriate, Mental Health Support Teams, include embedded speech and language therapists with the appropriate level of specialism, able to provide the appropriate level of service;
- 2.4.3 trailblazer areas include speech and language therapists with the appropriate level of specialism able to provide the appropriate level of service so that: · Children and Young People's Mental Health Services and the Mental Health Support Teams have the support they need to fulfil their responsibilities to children and young people with SLCN and mental health needs; and · children and young people with SLCN and mental health needs receive the support they need to access and engage with referrals, assessments, and interventions;
- 2.4.4 the special interest group convened by Public Health England to identify key prevention evidence and its relevance to practice, and to highlight gaps and make recommendations for these to be addressed through further research, should include an expert in speech, language and communication and the links with mental health; and
- 2.4.5 funding is available for further research and evaluation of the impact of speech and language therapy interventions in children and young people with mental health needs and SLCN.

5. How best can we bridge the gap between children's and adults' mental health services?

There are a range of options:

- Commissioning of all age mental health services pathway;
- Commissioning of dedicated transition service (16-25 years);
- Allowing young people access to both children's and adults' services for a period;
- For those with Education, Health and Care plans, ensure all local authorities are implementing multi-disciplinary transition meetings.

For more vulnerable young people parents and carers should be involved in treatment and care up to age 21, where appropriate and desired.

6. How can we recruit, train and retain the workforce to deliver the changes we need, particularly to meet your priorities (Q1 above)?

Recruitment

- The definition of the mental health workforce needs to be widened to include all relevant health professionals. Mental health teams should have embedded SLTs with the appropriate level of specialism.

Training

- Training in awareness of communication and swallowing needs and how to respond appropriately.
- Multi-disciplinary team training to deliver a truly integrated workforce.

Retention

- Improved clinical supervision.
- Opportunities for Continuing Professional Development.
- Appropriate levels of staffing to meet patients' needs.
- Appropriate level of specialism and career progression path.
- Evidenced-based and outcome-focussed service delivery models.

7. Do you think the NHS should be doing more to prevent mental ill-health? If so, what should we do to improve this?

Yes.

Education – ensure that the proposed Designated Senior Leads for Mental Health, Mental Health Teams, and NHS specialist mental health services are able to identify and respond to the totality of an individual's needs. As we argued in our consultation submission, SLTs with the appropriate level of specialism must be involved as appropriate.[1]

Health – ensure that relevant health services include embedded SLTs with the appropriate level of specialism to ensure early identification and response to communication and swallowing needs and practitioners are supported to fulfil their responsibilities. In particular for children and young people, there is a need for improved CAMHS provision.

Generally – it is vital that all those involved in preventing mental ill-health work jointly to identify and respond to the totality of an individual's needs.

References and notes
1 See the RCSLT's response to the Transforming children and young people's mental health provision: A Green Paper consultation. https://bit.ly/2F1SAtu

8. Do you think the NHS could do more to intervene early for people with mental ill-health? If so, are there any Mental Health problems we should prioritise to provide better early intervention?

Yes.

Priority for better early intervention should be based on a needs and risk basis, rather than purely on diagnosis. Priority for those groups with communication and swallowing needs could include those :

- who are elderly – many of the conditions associated with ageing can result in communication and swallowing needs;
- with, or suspected of having, a language disorder;
- with neurodevelopmental disorders, including Autism Spectrum Disorder (ASD);
- who have experienced trauma;
- with a known high prevalence of communication needs.[1]

References and notes
1 These include looked after children, those at risk of school exclusion, those attending alternative provision, those in contact with the criminal justice system, those failing literacy assessments, those with emotional difficulties, those in contact with drug services; and those with behavioural problems. Communication needs, often unidentified, also co-occur with ADHD; conduct disorder; attachment difficulties; abuse and neglect; trauma; and selective mutism. For more on this see the RCSLT's response to the Transforming children and young people's mental health provision: A Green Paper consultation. https://bit.ly/2F1SAtu

9. People with more serious and complex mental health problems do not always receive the care they need. Which groups would you prioritise and what extra help would you like to see developed by the NHS?

Priority groups
Again, the groups to be prioritised should be on a needs and risk basis, rather than just purely on diagnosis. They should include those:

- at risk of suicide;
- identified in Q8 where their communication needs not being identified at an earlier stage has resulted in more serious and complex mental health problems which may also lead to swallowing problems.

Extra help

- Adapted and differentiated assessments and interventions so they meet an individual's needs and are accessible.
- Outreach programmes to support engagement with services.
- Improved awareness among practitioners of communication and swallowing needs, their impact and how to respond.
- Ensure mental health services have access to embedded SLTs so those with more serious and complex problems can have their needs identified and met, including through supporting other practitioners to fulfil their responsibilities.

10. Are there examples of innovative/excellent practice (in mental health care or that could be applied from other areas) that you think could be scaled-up nationally to enhance the quality of care people receive for their mental health, reduce costs and/or improve efficiency of delivery?

- No Wrong Door, North Yorkshire County Council's model on rethinking care for adolescents, has wider applicability. The methodology is now being extended in North Yorkshire by the new Back on Track team to those with social, emotional and mental health needs.[1]
- Clayfields House Secure Children's Home is an example of good practice in the secure estate, based on the Secure Stairs model, which could be generalised to the community.[2]
- Autism Oxford uses young people and adults with ASD to provide a consultation service to schools and teaching to professionals, parents and people with ASD.[3]
- We also have service examples from mental health services and criminal justice services with wider applicability that we can share if required.

References and notes

1 For an evaluation of the No Wrong Door model see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625366/Evaluation_of_the_No_Wrong_Door_Innovation_Programme.pdf

2 For more on Secure Stairs, see https://www.england.nhs.uk/commissioning/healthjust/children-and-young-people/

3 http://www.autismoxford.org.uk/

11. What do you think are the specific challenges that will prevent the NHS from being able to deliver good mental health care, and what should we do to overcome them?*

*** Whilst the importance of developing NHS services that promote prevention and are fully integrated with all of the relevant services (e.g. social care, employment and housing support) will be a key component of developing the Long Term Plan for the NHS, Local Authority budgets and the budget for Public Health England are not within the scope of the funding settlement for the NHS. We do, however, acknowledge the interdependencies of the health, community and social sectors; and will be sharing feedback with partners to your ideas can be heard.**

- Need all relevant health professionals – see Q1 on need for embedded SLTs with the appropriate level of specialism in multi-disciplinary mental health teams.
- Evidenced-based and outcome-focussed service delivery models.
- Need services to be appropriately staffed and resourced to support individuals with mental ill-health and practitioners, including in education, who work with them.
- Need NHS finances and programmes, such as Cost Improvement Programmes, to support long-term service and staff development, including career progression.

These will help contribute to improved mental health care outcomes and save the NHS money in the long-run.