

Mental Health Strategy 2021-2031 Consultation Response Document

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Are you responding on behalf of an organisation?	Yes <i>(delete as applicable)</i>
Organisation <i>(if applicable)</i>	<p>Royal College of Speech & Language Therapists NI</p> <p>RCSLT NI are calling for recognition within the new mental health strategy of the links between mental health and communication and swallowing needs. We would like to thank the department for their engagement with RCSLT NI on this issue in recent months. We support the overarching vision and approach outlined in the strategy and commend the Department for their commitment in developing this hugely important piece of work.</p> <p>We appreciate that DoH are aware of the evidence base that demonstrates the links between speech, language, communication and swallowing needs and mental health difficulties and as such we have not sought to replicate it in detail here.</p> <p>Our comments are focussed on specific amendments and additions to the text which we believe would help to reflect better the links between SLCN and mental health, and facilitate greater involvement of SLTs, as part of the wider AHP workforce, in improving the mental health of our population.</p>
Vision and Founding Principles	

Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?

Fully Agree / **Mostly Agree** / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have:

The RCSLT agree with the vision outlined. We welcome that it addresses the whole lifespan, as well as consistency and equity in accessing services with a focus on quality of life. We also welcome the reference in the vision to breaking down barriers and placing the individual and their needs at the centre:

“We want a mental health system that breaks down barriers to put the individual and their needs right at the centre, respecting diversity, equality and human rights, to ensure people have access to the right help and treatment at the right time, and in the right place.

RCSLT members have suggested that a brief definition or discussion of ‘needs’ in the preamble set within a human rights context may be helpful to further support the vision, principles and many of the actions outlined in the document.

Speech and language therapists are attuned to the communication and swallowing needs of individuals and how these are a protective factor (when met) for good mental health and a risk factor (when unmet) for poorer mental health across the lifespan from birth to end of life. However these needs, which are fundamental to understanding and building relationships, may be missed in mental health services as they could be masked by other clinical needs, or be overlooked due to lack of awareness or access to multidisciplinary services.

People with a primary communication problem are at greater risk of experiencing mental health problems than their peers, commonly anxiety or depression; for example 81% of children with social, emotional and mental health needs (SEMH) had undetected speech, language and communication needs. Communication difficulties are often barriers to explaining concerns around mental health and accessing talking therapies.

In addition

RCSLT would request that point 12 include a reference to ‘communication needs’, in addition to, or as an alternative to ‘communication barriers’.

Communication needs refers to an impairment, difficulty or disorder that is clinically significant and may require some adaptations or adjustments to support understanding, expression and participation for the individual concerned. Communication needs are a significant risk factor for developing mental health problems and also significant barriers to individual’s accessing mental health services. Communication needs can be coterminous with a lifelong condition (such as autism or learning disability), as a result of a stand-alone communication difficulty (such as a stammer), or acquired throughout life (due to a brain injury, stroke or head and neck cancer to give a few examples).

Also, these issues are not limited to groups we might usually think of as marginalised, up to 14 million people in the UK (20% of the population) will experience communication difficulty at some

point in their lives, with more than 10% of children having a long-term communication need. These can be acquired (brain injury, stroke) or lifelong (autism, learning disability), transient or persistent.

As such RCSLT NI also ask that when referring to communication needs as barriers to accessing services, as well as a risk factor for mental health, it may be more appropriate to amend the text to “at risk groups who may be more likely to experience to mental ill health”.

Do you agree the founding principles set out provide a solid foundation upon which to progress change?

Fully Agree / **Mostly Agree** / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have

“1. Meaningful and effective co-production and co-design at every stage.

RCSLT NI consider co-design and co-production as key in all our work but are acutely aware that for people with a communication need this will require adaption to make the process fully accessible. As such many individuals with communication needs who experience mental health difficulties may require support and/or adaptations to participate in co-design and co-production. Accessibility as part of the founding principles would align with a human rights-based approach to mental health services across the lifespan as reflected in:

- The UNCRC Article 12 outlines that every child has the best possible health and in relation to the provision of child and adolescent mental health services that measures should be taken to ensure the **accessibility** of these services...*Such strategy should include measures to ensure availability, accessibility, acceptability, quality and stability of such services, with particular attention to children at greater risk, including children living in poverty, children in care and children in contact with the criminal justice system. (CRC General Comments 2016).*
- The United Nations Convention on the Rights of Persons with Disabilities (CRPD) **accessibility** is a key principle enshrined in article 3 of the CRPD. Including accessible within a founding principle in the mental health strategy would link well with the stated intention that the next disability strategy for NI would be *“be explicitly rights-based and act as the central tool for implementing the CRPD in Northern Ireland” (Department for communities expert advisory panel for a new disability strategy March 2021).*

RCSLT NI asks that this principle is amended to include a reference to ‘accessible’ in addition to meaningful and effective co-production and co-design.

VII. The specific needs of particularly at risk groups of people, and the barriers they face in accessing mental health services, should be recognised and addressed.”

RCLST NI would suggest that the word ‘supported’ might be more meaningful here rather than ‘addressed’. Support may be intrinsic to understanding and participation with services and may in some instances need to be ongoing.

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Theme 1: Promoting wellbeing and resilience through prevention and early intervention

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree / **Mostly Agree** / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have

RCSLT NI would welcome a reference to the importance of communication and interaction as a key protective factor in the discussion under ‘Promoting children and their families’ positive mental health’.

Early language development is foundational and fundamental to developing secure attachment to care givers and a protective factor for emotional well-being and positive mental health. Children and young people who access mental health services are much more likely to have communication difficulties:

- children with a mental health disorder report having speech or language problems five times more than those without^[1]
- 81% of children with emotional and behavioural disorders have significant language deficits^[2].
- men who have speech difficulties in adolescence have a significantly higher risk of mental health problems^[3]

Parents are a child’s first and most important educator - RCSLT NI ask that the department consider the inclusion of a case study – as below - to highlight the importance of support for early language from the perinatal stage, as this is crucial for positive social and emotional development:

^[1] NHS Digital. (2018). Mental Health of Children and Young People in England, 2017.

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

^[3] Sadiq FA, Slator L, Skuse D, et al. Social use of language in children with reactive attachment disorder and autism spectrum disorders. *Eur Child Adolesc Psychiatry* 2012; 21: 267.

Belfast Sure Start: Changing time is Chatting Time Series – Empowering parents with information and support

Changing Time is Chatting Time (CTCT) and Anytime is Chatting Time (ATCT) form a suite of resources developed by the Sure Start Speech and Language Therapy (SLT) Team in Belfast Health & Social Care Trust (BHSCT) and used regionally across Sure Start projects.

Parents are provided with information about how a baby's brain develops from 0 – toddler, and the simple message that when you smile, talk, laugh, sing and share stories with your child, you are helping to build their brain. The information is based on the latest research about the importance of serve and return interactions for the developing brain and aligns with the Solihull Approach and the NI Infant Mental Health Framework. It is packaged in a simple, accessible way to support behaviour change. Parents can access resources, songs and videos via a QR code from their phone.

In addition to specific initiatives such as Chatting time, Sure Start provide a regional speech, language and communication pathway from 0-2^[4] for those families who live in qualifying postcodes and services are supported strategically by a regional Sure Start SLT coordinator.

Do you agree with the actions and outcomes set out under this theme?

Fully Agree / **Mostly Agree** / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

^[4] Sure Start regional pathways available here <http://childcarepartnerships.hscni.net/sure-starts/regional-sure-start-speech-language-communication-programme/>.

Please add any further comments you may have:

Action 3: Further promote positive social and emotional development throughout the period of childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families (best start in life / *Promoting children and their families' positive mental health*).

RCSLT would welcome the addition of a reference to 'community settings' in this action as many SLTs and other Allied Health Professionals (AHPs) work in the wider community settings with families supporting emotional health and well-being.

RCSLT NI would support the inclusion of a case study in the discussion around this action that demonstrates the multidisciplinary, cross sectoral approach needed to implement this action.

Regional Integrated Support for Education Northern Ireland – RISE NI

RISE NI is a school-based multidisciplinary service with professionals who work side by side employing a transdisciplinary focus to support children from Pre-school to the end of Key Stage One. The multidisciplinary team that incorporates Speech and Language Therapists, Behaviour Therapists, Clinical Psychologists, Occupational Therapists and Physiotherapists view children holistically and promote social, emotional and/or behavioural development as well as speech, language and communication development alongside sensory motor development.

Many children and young people with social, emotional and mental health needs may have unidentified, speech, language and communication needs (SLCN). Staff work closely together, developing and delivering training and therapeutic supports together so all their expertise is pooled to meet the holistic needs of the child. Staff learn from each other and apply this knowledge when providing support for children, their schools and family.

In response to the COVID 19 pandemic the Northern Health and Social Care Trust RISE NI team have developed new innovative ways of working to reach out to service users, stay connected to and support our families. The "Introduction to RISE Group" is a telehealth transdisciplinary group for children newly referred to RISE NI by their schools. Activities are tailored to support each child's language and communication, social emotional and behavioural and sensory motor needs in an inclusive supportive environment. RISE staff modelled and coached parents in these sessions on strategies to support communication skills, emotional regulation and on ideas to support relaxation.

Children were observed completing the activities by members of the multidisciplinary team who could then provide realistic and pragmatic strategies for parents and indicate if further RISE NI support was needed. Parents reported that they valued the opportunity to participate with their child in the session and had regular contact with their child's key worker clinician prior to and post group. This contact has enabled the service to plan future support for children who still required this.

Action 4: Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for the disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families.

RCSLT NI asks that the current wording is amended to include communication disabilities in this action.

SLTs are not commissioned as part of the current mental health workforce for children and young people in CAMHs and ID CAMHS services. However the experience of our members is that they are increasingly working with children who are presenting with these diagnoses and that there are significant benefits to children and families where services work collaboratively and where communication needs are considered and supported from the outset.

Communication support is also vital to making MH services and supports accessible for those who may have a communication disability that is not linked to another condition. Of the 10% of children and young people in the UK who have some form of long-term communication need which impacts on their daily life.¹ *7.6% the equivalent of two children in every primary one classroom will experience developmental language disorder (DLD) - a condition where children have problems understanding and, or, using spoken language.* Also, adverse childhood experiences including trauma, neglect and abuse can negatively impact on a child and young person's language and communication development - up to 60% of young people who offend have low language skills, with 46-47% of these being significant.

We hope that this strategy and in particular, action 4 regarding services for children with disabilities and action 26, on workforce, will take a much broader view of the professions required to support mental health of children and young people with disabilities. SLTs are ideally placed to contribute more universal and targeted support as part of a holistic and multidisciplinary approach for the population of children with learning disability and social, emotional and mental health needs.

RCSLTNI ask that AHPs are referenced directly in Section 26 - the below case study illustrates the further opportunities to involve a wider workforce to help realise this action.

Children with disabilities – providing the right support in the right setting

The Southern Trust Speech and Language Therapy community paediatric service work with children with special educational needs in Child Development Clinics and Special Schools. The children supported by the service also experience a range of mental health needs and difficulties including anxiety, attachment disorder, trauma – related behaviours, selective mutism; psychosis; low self esteem and confidence/depression; OCD; phobias; sleep problems; stress; anger.

SLTs work alongside OT, physio and education staff in special schools to help understand any behaviours of concern, adopting a trauma informed approach. SLT are not resourced in specific mental health services for children with disabilities, however the SLT service have begun links in with the Trust's IDCAMHS service on a consultative basis and often complete SLCN assessments , join in with MDT therapeutic planning meetings, provide recommendations to the therapeutic plan and set goals.

¹ Norbury, C.F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, A. and Pickles, A. (2016) The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study.

² Locke, A., Ginsborg, J. & Peers, I. (2002) Development and Disadvantage: implications for early years International Journal of Language and Communication Disorders Vol 37:1.

³ Law, J., McBean, K and Rush, R. (2011) Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage International Journal of Language and Communication Disorders, 46, (6) pp 657–664.

Challenging behaviour is often communicating an unmet need or a distress particularly if a child is feeling unsafe, insecure and disconnected. SLT, as part of the multidisciplinary team, can provide important information on speech, language and communication needs, training and advice on alternative communication tools and strategies, as well as contributing to the development of a more comprehensive plan and effective practice across all aspects care.

Theme 2: Providing the right support at the right time

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree / Mostly Agree / **Neither Agree nor Disagree** / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have

RCLST NI are members of Allied Health Professions Federation of Northern Ireland and support the collective view that currently AHPs skills and professional expertise are not fully utilised in mental health services in NI.

RCLST NI supports the AHPFNI request for greater recognition within the Strategy on the essential role of Allied Health Professionals to fully utilise the potential of these professions in mental health services.

Do you agree with the actions and outcomes set out under this theme?

Fully Agree / **Mostly Agree** / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have

Re actions 5/6/7 CAMHS.

RCLST welcome the commitment to focus on the needs of children and young people and offer a flexible and adaptable system, however it is vital that we make provision to support the high prevalence of communication needs among those young people accessing these services and ensure that these services are aware of and alert to the potential for hidden or missed communication needs or diagnosis. Currently no SLTs are commissioned in core CAMHS teams which is in contrast to services in other parts of the UK. We hope that a needs-led, evidence-based approach as promised in the strategy will pave the way to ensuring that these gaps can be addressed.

RCLST NI requests that discussion in the document, point 72, also include a reference to considering gaps in the workforce model for CAMHs also.

RCLST NI welcome the recognition of the No Wrong Door model. The No wrong Door service for looked after children in North Yorkshire, found 62% of its looked after children had communication needs. Only two of the children had previously seen a speech and language therapist (SLT).ⁱ Services here in Ni are innovating to meet these needs – for example where SLT support for our most vulnerable young people is being embedded within residential care in the Western Health & Social Care Trust, this is improving access to a full range of recovery and rehabilitation services and supports that they are in contact with across youth justice, health and social care.

“One young woman received a diagnosis of autism at almost 18 years old. She had many services including CAMHS, Social Work, alternative education placements prior to this (SLT assessment) and although there were concerns noted, speech, language and communication weren’t considered. I think this demonstrates that these issues can be very hidden in some young people”. SLT, Residential Team, WHSCT

Adopting an early identification and intervention approach is essential – need for commissioning dedicated SLT posts as part of multidisciplinary teams (MDTS) in children mental health services to meet the evidenced need as above.

Physical health and In-patient services

RCLST note that in implementation of this action it is vital that there is awareness of key areas relevant to the work of AHPs, including SLTs, and their prevalence and links to MH. For example we need more MDT training in improve awareness of links between mental health and swallowing needs which can be linked to the condition itself and also to the effects of medication - there is a greater prevalence of dysphagia in acute and community mental health settings compared to the general population, death due to choking in people with schizophrenia has been reported as 30 times more likely than in the general population.

RCLST NI ask that this section of the strategy highlights the role of SLTs and the wider AHP workforce. The below case study highlights the impact that providing the right support at the right time for swallowing and communication can have for patient choice, participation and recovery. It is crucial that these services and structures have communication built in at the heart.

Speech & Language Therapy Pilot: Acute Mental Health Inpatient Service BHSCT – right support at the right time

Since January 2019 an SLT has been employed part-time within the Acute Mental Health Inpatient Centre (AMHIC) in Belfast Health and Social Care Trust to support the high incidence of patients receiving acute mental health treatment who also have swallowing difficulties and/or communication difficulties. SLT supports patients with acute mental health disorders alongside other co-morbidities including; stroke, learning difficulties, autism, progressive neurological conditions and dementia. People with these conditions may present with swallowing difficulties as a result of their anti-psychotic medications or unsafe eating behaviours at mealtimes. People with a diagnosis of Schizophrenia are 30 times more likely to choke. Furthermore, those presenting with an acute mental illness commonly experience difficulties with both understanding language and speaking clearly.

As part of the multi-disciplinary team, the SLT's role is to provide direct assessment and management of both communication and swallowing difficulties, working alongside Psychiatry, psychology, mental health nursing, social work, physiotherapy and occupational therapy. In addition to direct assessment and management, a key aspect of the SLT role in the team is to support understanding and facilitate participation in complex discussions regarding discharge, guardianship, capacity and medication management.

To support patient advocacy, the SLT has embedded Alternative and Augmentative Communication systems – such as Talking Mats and Communication passports to enable patient engagement in a full range of treatments and therapies. The SLT works with the wider team to; deliver training/education on swallowing issues, enhance MDT working, increase patient safety and patient choice and develop new models of working to address reducing the number of choking and near miss choking incidents across the unit.

The OT, Physio and Speech therapist have all helped me get back to normality, the major impact was SLT. The other things wouldn't have changed if I couldn't have eaten full meals" (In patient, quote used with permission).

Theme 3: New Ways of Working

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / **Mostly Disagree** / Fully Disagree
(delete as applicable)

Please add any further comments you may have

Re: Workforce for the future

It is vital that the strategy recognises the work of SLTs, as part of the wider AHPs workforce, in the mental health sector. Whilst the general discussion is positive on expanding the workforce to new professions, we are concerned that the absence of any reference to AHPs in the strategy alongside the wording of action 26, may mean AHPs are not considered in future delivery plans.

We are concerned that this may impact negatively on commissioning for AHPs which would limit their opportunity to help transform services through their unique professional expertise and support of the current mental health workforce to deliver interventions that are meaningful and accessible to patients. This could also help to address the current recruitment and retention issues, staff vacancies, workflow and reduce waiting times, which are so critical in mental health services at the present time.

RCSLT NI request that the general discussion under this theme is expanded to include as specific reference to SLTs and the wider AHP workforce. We would welcome the inclusion of a case study to support and illustrate this – as below.

Speech and Language Therapy in NI Prison Health – expanding the multidisciplinary approach to mental health and well-being

Scoping the need

In 2017/18 a speech and language therapy scoping project that 75% of woman and 100% of men assessed at Hydebank Wood College had speech, language and communication difficulties, these included receptive language difficulties (comprehension) and expressive language difficulties (use of language). These communication difficulties were a significant barrier for some residents to accessing and participating in the supports and services offered within Hydebank Wood College. In response, the Prison Health team was expanded to include an SLT working alongside other medical and allied health professionals including dietetics and occupational therapy.

SLT identified several 'quick wins' by implementing communication supports to improve access and support well-being. For example, developing communication tips sheets, easy read versions of documents including licence agreements and the tuck list, and conducting a social communication group jointly with OT for men. An interagency speech, language and communication awareness raising session was also devised and offered to all staff.

Mental Health and Disability support

An important area for the SLT service is supporting interventions and provision for people with learning disability and/or mental health needs, working closely with Mental Health Nurses, Forensic Psychologists and other health and prison staff. This includes using alternative communication strategies, such as talking mats and visual aids.

The SLT has used these strategies with individuals who have a diagnosis of Personality Disorder and Autism to help them understand their diagnosis and how it impacts them. The SLT has also assisted Mental Health Nurses administer their initial assessment to people with learning difficulties and/or communication difficulties.

(Source: South Eastern Trust Prison Health Team, SLT Service)

Do you agree with the actions and outcomes set out under this theme?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / **Mostly Disagree** / Fully Disagree
(delete as applicable)

Please add any further comments you may have:

A comprehensive review of the mental health workforce is welcomed so that we can create a committed, supported workforce for the future which meets the holistic needs of our population.

ACTION 26. Undertake a review of the mental health workforce, including consideration of increasing training places and training of the existing workforce.

RCSLT ask that we amend this to 'existing and new workforce' and consider including, 'such as AHPS', to provide an explicit recognition of new professionals, in this action and future delivery plans.

Prioritisation	
If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?	
1	<p>ACTION 26. Undertake a review of the mental health workforce, including consideration of increasing training places and training of the existing workforce.</p> <p>NB: IF AMENDED TO REFLECT AHPS AND INLCUDE NEW WORKFORCE</p>
2	<p>Action 3: Further promote positive social and emotional development throughout the period of childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families (best start in life / <i>Promoting children and their families' positive mental health</i>)</p>
3	<p>Action 4: Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for the disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families</p>
4	<p>ACTION 17. Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.</p>
5	<p>ACTION 25. Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development.</p>
Impact Assessments/Screenings	
Do you agree with the outcome of the Impact Assessment screenings?	
Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)	

Please add any further comments you may have
Do you agree with the Equality Impact Assessment (EQIA)? Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree <i>(delete as applicable)</i>
Please add any further comments you may have

Thank you for taking the time to respond to the consultation.

Please submit your completed response by 5pm on 26 March 2021 using the details below:

E-mail:

mentalhealthstrategy@health-ni.gov.uk

Hard copy to:

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Please note: To allow for the full 12 week consultation period required, responses relating to the EQIA will be accepted after the close of the main consultation, but must be received by 5pm on Monday 12 April 2021.

¹ Information provided by Youth Communication Team North Yorkshire, 2016.