IECHYD MEDDWL A THERAPI LLEFERYDD AC IAITH OEDOLION

Caiff problemau lleferydd, iaith, cyfathrebu a llyncu yn aml eu cysylltu gyda iechyd meddwl gwael mewn oedolion. Mae therapi lleferydd ac iaith yn cefnogi pobl i gynnal iechyd a llesiant gwell, atal atgyflychiad a hyrwyddo adfer iechyd meddwl.

CYFATHREBU AC IECHYD MEDDWL

Mae anawsterau cyfathrebu yn ffactor risg ar gyfer iechyd meddwl gwaelach ar draws cwrs bywyd. Gall nam cyfathrebu ac anghenion llyncu fod yn gynhenid i rai anawsterau iechyd meddwl tebyg i sgitsoffrenia neu seicosis.[1] Gall anghenion lleferydd, iaith a chyfathrebu a phroblemau llyncu hefyd ddigwydd oherwydd sgil effeithiau meddyginiaeth a ddefnyddir i drin salwch meddwl.

Maint y broblem

- Mae gan **80%** o oedolion gydag anhwylder iechyd meddwl nam mewn iaith.[2]
- Mae gan dros **60%** o oedolion gydag anhwylder iechyd meddwl nam mewn cyfathrebu a sgwrs.[3]

"Dylid ystyried gallu y claf perthnasol i ddeall materion ac unrhyw anawsterau cyfathrebu a all fod ganddynt, a lle bo angen, dylid ystyried defnyddio dehonglwyr a/neu bersonau gyda sgiliau arbenigol mewn cyfathrebu."
Côd Ymarfer Rhannau 2 a 3 Mesur Iechyd Meddwl (Cymru) 2010.

Astudiaeth Achos

Cafodd menyw yn byw mewn cartref camu-i-lawr GIG ei hatgyfeirio at therapi lleferydd ac iaith 4 gwaith mewn 2 flynedd. Nid oedd gwasanaethau lleferydd ac iaith presennol i oedolion yn teimlo ei bod yn cyflawni meini prawf y gwasanaeth ac ni theimlent y gallent gynnig y gwasanaeth arbenigol roedd ei hangen. Cytunodd uwch therapydd lleferydd ac iaith o'r Uned Anabledd Dysgu ac Iechyd Meddwl i weld y fenyw a chynnig asesiad byr a gwasanaeth cyngor iddi, gan fod ei hanghenion cyfathrebu nas diwallwyd yn golygu na fedrai gymryd rhan lawn yn ei rhaglen adfer. Roedd hynny yn oedi ei chynnydd ac yn golygu ei bod yn aros o fewn y gwasanaeth yn fwy nag a ddisgwylid ac y gobeithid amdano. Mewn trafodaeth gyda'r tîm aml-ddisgyblaeth, daeth yn amlwg fod y tîm yn cael trafferthion gyda'r ddealltwriaeth glinigol o anawsterau cyfathrebu. Yn dilyn asesiad cyfathrebu gan therapydd lleferydd ac iaith ac mewn trafodaeth gyda'i thîm aml-ddisgyblaeth, cafodd targedau cyfathrebu allweddol eu dynodi a rhoddodd y therapydd gyngor i'r tîm ar sut i gefnogi'r fenyw. Oherwydd effaith y cyngor a roddwyd, bu'r seiciatrydd a'r therapydd yn cydweithio i foderneiddio darpariaeth gwasanaeth. Roedd hyn yn cynnwys amlygu'r angen i gomisiynu a chynnwys therapydd lleferydd ac iaith arbenigol fel rhan o'r tîm iechyd meddwl i gefnogi gyda llawer o anghenion cyfathrebu oedd yn cael eu camddeall a heb eu trafod ac roedd hynny yn effeithio ar ddeilliannau a llif cleifion.

BWYTA, YFED, LLYNCU A IECHYD MEDDWL

Gall iechyd meddwl gwael effeithio ar fwyta, yfed a llyncu diogel. Gall hyn fod fel rhan o ddiagnosis iechyd meddwl, ymddygiad neu sgil effaith meddyginiaeth.

- Mae gan dros **30%** o oedolion gydag anhwylder iechyd meddwl beth nam mewn llyncu.[4]
- Mae pobl gyda diagnosis o sgitsoffrenia **30** gwaith yn fwy tebygol o farw o dagu na'r boblogaeth gyffredinol.[5]
- Mae dysffagia (anawsterau llyncu) yn fwy aml mewn lleoliadau iechyd aciwt ac iechyd meddwl cymunedol nag yn y boblogaeth gyffredinol – **35%** mewn uned cleifion mewnol a **27%** yn y rhai sy'n mynychu ysbyty dydd, sy'n cymharu â **6%** yn y boblogaeth gyffredinol.[6]

Astudiaeth Achos – dyfyniad gan ddefnyddiwr gwasanaeth

"Nid oeddwn yn bwyta'n iawn oherwydd problemau llyncu yn dilyn fy meddyginiaeth gwrthseicotig newydd ac felly roeddwn yn colli pwysau. Daeth y Therapydd Lleferydd ac Iaith a chynghori diet Lefel 5/ Bwyd Mân ac yn sydyn gallwn fwyta pryd llawn eto! Rwyf wedi dechrau magu pwysau ac yn ôl i fwyta bwydydd bron yn normal eto. Mae fy Therapydd Galwedigaethol a Ffisiotherapydd hefyd wedi fy helpu i fynd yn ôl i normalrwydd, ond y Therapydd Lleferydd ac Iaith gafodd yr argraff fwyaf. Ni fyddai'r pethau eraill wedi newid pe na fyddwn wedi bwyta prydau llawn."

RCSLT WALES CYMRU

ADULT MENTAL HEALTH AND SPEECH & LANGUAGE THERAPY

COMMUNICATION & MENTAL HEALTH

Speech, language, communication and swallowing problems are often associated with poor mental health in adults. Speech and language therapy supports people to maintain better health and wellbeing, prevents relapse and promotes recovery in mental health.

Communication difficulties are a risk factor for poorer mental health across the life course. Communication impairment and swallowing needs may be intrinsic to some mental health difficulties such as schizophrenia or psychosis.[1] Speech, language and communication needs and swallowing problems can also occur due to the side effects of medication used to treat mental illness.

The size of the problem

- **80%** of adults with mental health disorders have impairment in language.[2]
- Over **60%** of adults with mental health disorders have impairment in communication and discourse.[3]

"The relevant patient's ability to understand issues, and any communication difficulties they may have, should be considered, and where required, access to interpreters and/or persons with specialist skills in communication should be considered."
Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010.

Case Study

A lady residing in a step down NHS home had been referred to speech and language therapy 4 times over 2 years. Existing adult speech and language therapy services did not feel she met their service criteria and did not feel they could offer the specialist service she needed. A lead speech and language therapist (SLT) from the Learning Disability and Mental Health Delivery unit agreed to see this lady and offer a brief assessment and advice service, as her unmet communication needs meant she was not able to fully participate in her recovery programme, which was delaying her progress and resulting in her remaining within the service longer than anticipated and hoped for. Upon discussion with the multi-disciplinary team (MDT) it was evident that the team struggled with the clinical understanding of communication difficulties.

Following SLT communication assessment and in discussion with her MDT, key communication targets were identified and advice on how to support the lady was given by the speech and language therapist to the team. Given the impact of the advice given, the psychiatrist and SLT worked together to moderate the service delivery. This included highlighting the need to commission and involve a specialist SLT as part of the mental health team to support with many misunderstood and unaddressed communication needs which were impacting on patient outcomes and patient flow.

Poor mental health can impact on safe eating, drinking and swallowing. This may be as part of a mental health diagnosis, a behaviour or side effect of medication.

- Over **30%** of adults with mental health disorders have some impairment in swallowing.[4]
- People with a diagnosis of schizophrenia, are **30** times more likely to die from choking than the general population.[5]
- There is a greater prevalence of dysphagia (swallowing difficulties) in acute and community mental health settings compared to the general population – **35%** in an inpatient unit and **27%** in those attending day hospital, which compares to **6%** in the general population.[6]

EATING, DRINKING, SWALLOWING & MENTAL HEALTH

Case Study – quote from service user

"I was not eating properly because of swallowing problems due to my new antipsychotic mediations and so I lost weight. The SLT came along and advised a Level 5 / Minced diet and suddenly I could eat a full meal again! My weight has started to increase and I'm back to eating almost normal foods again.

The Occupational Therapist and Physiotherapist have also helped me get back to normality, but the major impact was the SLT. The other things wouldn't have changed if I couldn't have eaten full meals."

GWERTH THERAPI LLEFERYDD AC IAITH

Therapyddion lleferydd ac iaith

- Darparu cymorth i sicrhau y gall pobl ddeall eu diagnosis ac opsiynau triniaeth, mynegi eu barn a chael mynediad i therapïau siarad fel rhan o'u gofal.
- Cynyddu diogelwch drwy ostwng y risg yn gysylltiedig gyda phroblemau llyncu. Gall hyn arwain at ddiffyg maethiad, dihydradu, tagu neu niwmonia allsugnol sydd angen derbyn y claf i ysbyty ac, mewn rhai achosion, yn achosi marwolaeth.
- Gwella mynediad i ymyriadau llafar a therapïau a mynegi iaith.
- Cefnogi gweithwyr proffesiynol eraill i adnabod ac ymateb i anghenion cyfathrebu a llyncu, yn cynnwys sut i deilwra gwybodaeth i gefnogi gwneud penderfyniadau a thrafod opsiynau triniaeth.
- Sefydlu galluedd ar gyfer cydsyniad gwybodus.
- Cynnig asesiad cyfathrebu arbenigol yn niagnosis gwahaniaethol anhwylderau iechyd meddwl.

CAM GWEITHREDU 7: Datblygu a gweithredu model Gweithwyr Proffesiynol Perthynol i iechyd meddwl fel cynllun braenaru i'w ymestyn ledled Cymru.

Drafft Gynllun Strategol Gweithlu Iechyd Meddwl Rhaglen Addysg Iechyd Cymru a gofal Cymdeithasol Cymru 2022

Byddai angen mewnbwn gan therapydd lleferydd ac iaith i ddelio gyda'r anghenion cyfathrebu ychwanegol y gall y grŵp hwn eu profi.

Adsefydlu ar gyfer cleifion gyda seicosis cymhleth, canllaw NICE, Awst 2020

MAE RCSLT CYMRU YN ARGYMELL

Defnyddio dull adnabod ac ymyrryd cynnar i ddynodi ac ymateb i anghenion cyfathrebu a llyncu pobl drwy:

- **Comisiynu** – Therapyddion Lleferydd ac Iaith gyda'r lefel briodol o arbenigedd wedi eu hymwreiddio fel rhan greiddiol o'r tîm aml-ddisgyblaeth ym mhob gwasanaeth iechyd meddwl perthnasol ar gyfer plant ac oedolion.
- **Hyfforddiant** – darparu hyfforddiant amlddisgyblaeth i wella ymwybyddiaeth o'r cysylltiadau rhwng iechyd meddwl a chyfathrebu a llyncu.
- **Adnabod a datblygu gweithlu** – cyfnabod therapyddion lleferydd ac iaith fel rhan o'r gweithlu iechyd meddwl greiddiol. Caiff datblygiad proffesiynol is-raddedig, ôl-raddedig a phroffesiynol wedi ei gyllido eu hystyried i dyfu a chefnogi gweithlu cynaliadwy o therapyddion lleferydd ac iaith yn arbenigo mewn iechyd meddwl yng Nghymru.

1 *Colle, L. et al (2013). Understanding the communicative impairments in schizophrenia: a preliminary study. Journal of Communication Disorders, 46(3), 294-308. doi: 10.1016/j.jcomdis.2013.01.003.*
Boudewyn, M. et al (2017). Language context processing deficits in schizophrenia: The role of attentional engagement. Neuropsychologia, 96, 262-273. doi: 10.1016/j.neuropsychologia.2017.01.024.
2 *Walsh, I., Regan, J., Sownman, R., Parsons, B., McKay, A.P. (2007). A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders. Ir J Psych Med 24(3): 89-93.*
3 *Ibid*
4 *Walsh, I., Regan, J., Sownman, R., Parsons, B., McKay, A.P. (2007). A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders. Ir J Psych Med 24(3): 89-93.*
5 *D. Ruschena, P. E. Mullen, s. Palmer, P. Burgess, S. M. Cordner, O. H. Drummer, C. Wallace and J. Barry-Walsh, 2003. Choking deaths: the role of antipsychotic Medication, British Journal of Psychiatry*
6 *Regan, J., Sowman, R. and Walsh, I. (2006). Prevalence of Dysphagia in Acute and Community Mental Health Settings. Dysphagia 95–101.*

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1 *Colle, L. et al (2013). Understanding the communicative impairments in schizophrenia: a preliminary study. Journal of Communication Disorders, 46(3), 294-308. doi: 10.1016/j.jcomdis.2013.01.003.*
Boudewyn, M. et al (2017). Language context processing deficits in schizophrenia: The role of attentional engagement. Neuropsychologia, 96, 262-273. doi: 10.1016/j.neuropsychologia.2017.01.024.
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3 *Ibid*
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6 *Regan, J., Sowman, R. and Walsh, I. (2006). Prevalence of Dysphagia in Acute and Community Mental Health Settings. Dysphagia 95–101.*

RCSLT WALES CYMRU

THE VALUE OF SPEECH AND LANGUAGE THERAPY

Speech and language therapists (SLTs)

- Provide support to ensure people can understand their diagnosis and treatment options, express their views and access talking therapies as part of their care.
- Increase safety by reducing the risk associated with swallowing problems. These can lead to malnutrition, dehydration, choking, or aspiration pneumonia requiring hospital admission and, in some cases, causing death.
- Improve access to verbally mediated interventions and talking therapies which require significant understanding and expressive language skills.
- Support other professionals to recognise and respond to communication and swallowing needs. Including how to tailor information to support decision-making and discuss treatment options.
- Establish capacity for informed consent.
- Offer specialist communication assessment in the differential diagnosis of mental health disorders.

Speech and language therapist input would be needed to deal with the additional communication needs that can be experienced by this group.

Rehabilitation for patients with complex psychosis, NICE guideline, August 2020

ACTION 7: Develop and implement a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales.

Health Education Improvement Wales and Social Care Wales draft Strategic Mental Health Workforce plan, 2022

RCSLT WALES RECOMMENDS

- **Adopting an early identification and intervention approach to recognise and respond to people's communication and swallowing needs by:**
  - **Commissioning** – SLTs with the appropriate level of specialism are embedded as a core part of the multi-disciplinary team in all relevant children and adult's mental health services.
  - **Training** – provide multidisciplinary training to improve awareness of the links between mental health and communication and swallowing.
  - **Workforce recognition and development** – SLTs are recognised as part of the core mental health workforce. Undergraduate, postgraduate and funded professional development are considered to grow and support a sustainable workforce of SLTs specialising in mental health in Wales.