Speech and language therapy within child, adolescent and adult mental health services

**December 22**

Following on from the publication of the [DoH Mental Health Strategy 21-31](https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031), a MH workforce review steering group was established in early 2022. RCSLT NI were invited to sit on this group. The following report outlines the evidence gathered to demonstrate the need for SLT within both CAMHS and adult MH services across NI.

**INTRODUCTION**

Over the next ten years we hope to see a stronger emphasis on a biopsychosocial, multidisciplinary model of care where AHPs are central to mental health service planning and delivery across the region. Decisions regarding service structures and funding models will determine which speech and language therapy posts will be made available and when. Ongoing concerns regarding sustainability of the speech and language therapy workforce add a further layer of complexity to service planning. With only 33 places at undergraduate level in 22/23, our small workforce will struggle to meet the demands laid out in this report.

Nevertheless, as the professional body, the RCSLT NI will continue to lobby for more undergraduate places at Ulster University and call for the introduction of alternative routes into the profession, i.e., apprenticeships and Masters programmes. Furthermore, with the proposed developments in speech and language therapy within mental health services, a review of the undergraduate teaching syllabus as part of the BSc (hons) in speech and language therapy would ensure speech and language therapists (SLTs) leave Ulster University with adequate background knowledge of mental health when entering the workforce.

Speech and language therapy in mental health is still relatively new and evolving across many parts of the UK. The evidence base is emerging, and interventions will continue to grow and develop based on this. Impacts, even anecdotal reports, are overwhelmingly positive, demonstrating how speech and language support can have far reaching benefits.

The RCSLT NI welcomes discussions around any aspects of this report and the future development of mental health services in NI. Thank you.

Ruth Sedgewick

Head of NI Office, RCSLT

**CAMHS**

There are currently no **SLTs in NI funded to work in CAMHS services**, therefore I reached out to the other nations for their expertise and advice. I have also included some relevant case studies of SLT work here in NI within IDCAMHS and a successful pilot of SLT intervention into a residential care facility.

In NI we have SLTs working as part of multi-disciplinary autism assessment and intervention services, yet autism is **not** included as part of this MH workforce review. In England however, the neurodevelopmental assessment teams **are** part of their CAMHS services. In NI, there will be those in CAMHS who end up requiring autism assessment and an overlap of services is likely.



*Note – I have included youth justice and looked after children in this report, however it is currently unclear if they will be included in the scope of this review.*

**SLT role in** **core CAMHS** – **proposed 2x band 7** – ***I would advise 1 x8a, 1 x 7, 1x 6 (allows for career development)***

* Differential diagnosis – detailed SLT assessment to discover unidentified language difficulties e.g. social communication or Developmental Language Disorder. A detailed language profile can unpick ASD versus trauma/ failed childhood attachment. May require onward ref for ASD assessment
* Selective mutism – environmental supports for family/ school to reduce maintaining factors
* Parent/child interaction work – individual sessions or block of therapy
* Provide training and support for other professionals re accessible communication, how to best support child to engage in therapies or in the classroom environment
* Contribute to better outcomes by improving engagement in therapies, personalised goal setting and reduced behaviours that challenge, for example, through work on effective communication strategies
* Contribute to risk management plans, considering the communication needs of the child in all environments, including identifying adaptions or reasonable adjustments required.

***EXAMPLE*** - ***Haringey***

* In the borough of Haringey, there is a population of approx. 271, 000 and they have 0.8wte Band 8a and 1.0wte band 7 in their core CAMHS team and they are very over-stretched.
* SLT are called upon for input into the other services such as primary mental health, where children are receiving therapy for social, emotional and behavioural issues, or the drug and alcohol service. Often there are underlying/ undiagnosed speech, language or communication needs (SLCN) that contribute to their difficulties and language assessment may be required. Speech and language therapy provide education and support for staff to ensure children can access the required therapies in a way that is communication inclusive which is key to the success of any treatment or intervention.
* *81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014)*

***EXAMPLE*** - Cygnet health group <https://www.cygnethealth.co.uk/services/camhs/> has a **peripatetic SLT post** which covers all requests for SLT support from any of the other services within a short time period. Feedback is that this post works very well and doesn’t take away from core CAMHS work. I think this should be considered within the new NI MH model. Additionally, it provides opportunities for SLT learning, development and expansion of roles.

**ID CAMHS** – **proposed 1x band 7** ***I would advise adding a band 6 and band 4 SLTA to this.***



Speech and language therapy input into learning disability services is well recognised and established in most areas. These two case studies demonstrate the complexity of need around mental health when they are expressed via behaviours alongside learning difficulties and how SLTs are best placed to support positive interventions as part of ongoing treatment.

**Regional inpatient – 24 beds proposed x1 band 7**

Children who are admitted to the inpatient unit with a statement of special educational needs may have SLT, OT, Physio provision written into their individual statement, meaning there is a statutory obligation for therapy provision. This will likely increase the demand for speech and language therapy.

Cygnet health (mentioned above) are inpatient only services for CAMHS in England and have a large team of SLTs. Of note, they also have an education system attached to the wards and all children, even those in for as little as one week, will be invited to attend some core classes, English, Maths, science. They also have a dedicated team to work on transitions between the education system back into their own school upon discharge. I am currently unaware of the connection with the education system for our regional inpatient centre in NI, but this requires further consideration and likely collaboration of both health and education departments.

**Looked after children** –

**Prevalence of SLCN amongst looked-after children**

* A study published in the International Journal of Language and Communication Disorders in 2011 found high levels of communication impairment amongst children and young people in residential care. Much of it was severe and pervasive, and largely previously unidentified. [[1]](#endnote-1)
* An Office of National Statistics review of the health needs of looked after children found that speech, language and communication needs were the second most frequently reported difficulty for looked after children.[[2]](#endnote-2)
* No Wrong Door, the 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).[[3]](#endnote-3)
* **A screening of 39 children in residential settings in the Western Trust (2020) found 75% of children have speech, language and communication needs – of these, none were open to core services and only 2 of these were previously referred to services[[4]](#endnote-4).**

This case study demonstrates the impact of AHP intervention and following this, a full time SLT post was commissioned within all five trusts (5 posts) to develop the CYP SLT service into residential homes under the Scaffold Team.



**Youth Justice –**

Research shows up to 60% of young people who offend have low language skills, with 46-47% of these being in the poor or very poor range[[5]](#footnote-1). Many of these young people have grown up with experience of multiple adverse childhood experiences including deprivation and poverty, trauma, neglect, abuse, and many are care experienced or looked after children.

Some of the types of SLCN experienced by individuals in the justice system include:

* Difficulty understanding spoken words and using language to communicate.
* Difficulties remembering and recalling information accurately.
* Difficulty understanding commonly used legal vocabulary, for example Liable, Remorse, Reparation, Threatening or Victim. These difficulties have prevented effective access to the legal and court system.
* Difficulties in listening and understanding
* Difficulties sequencing information to tell a story.
* Difficulty using abstract language (for example idioms, metaphors).
* Difficulties staying on topic.
* Understanding non-verbal communication and relating to others in socially acceptable ways.
* Difficulty expressing feelings and emotions in an appropriate way, for example they may use aggressive behaviour, instead of words, to express themselves.

People with SLCN may not understand the terms of their sentence and what is required of them in their court order or under a licence agreement. Evidence has showed that one of the main reasons for breach of community licence is failure to meet the terms of that sentence due to a lack of understanding of the terms[[6]](#footnote-2).

SLTs have an important role in supporting the accessibility of all discussions and interventions. Many or most of the interventions to support rehabilitation e.g., knife crime programme uses inaccessible language such as ‘perpetrator’ or ‘remorse’. These will not be understood when a young person is presenting with speech, language or communication needs.

**CAMHS conclusion**

**I strongly recommend an 8a clinical lead SLT within CAMHS**. These will be new roles and will require a highly experienced and specialist clinician to develop the speech and language service and effectively lead the other SLTs within the team. Mental health is **not** a core component of the undergraduate SLT training in NI, unlike the occupational therapy course for example. A band 7, with the requirement of 4 years’ experience, will need appropriate guidance to ensure adequate learning and development opportunities to upskill as required. Speaking to Amy Hird, SLT band 8a clinical lead for adult MH services in Northeast England, she reports that before her 8a post, staff turn-over was high, and it was challenging to recruit and retain staff due to the lack of SLT leadership within the team. To ensure a successful and effective service, the 8a should be present from the inception of the new teams.

Please see helpful RCSLT factsheets below -

   

**Adult MH services –**

In NI we have two part-time SLT posts within two adult inpatient units and no other commissioned SLT roles within adult MH. Therefore, I have spoken with various SLT leads in other nations to gather information and data on SLT pilots as well as more established services.

Within many of the adult MH services, for example, trauma, crisis intervention or home treatment, there will be people presenting with mild/ moderate learning difficulties and/ or autism. It must be recognised that these people may need speech and language therapy input to support their MH interventions. Therefore, there should be a clear pathway for referral. These referrals should be monitored to avoid dilution of speech and language therapy input elsewhere.

*I am unsure if the regional forensic secure service is included in the scope of this workforce review, however I have included it below.*

**Community intervention mental health** – **I would recommend x1 band 7 and 1x band 6 and 1x band 4 SLTA.**

The SLT role would focus on early intervention to support those with unidentified speech, language or communication difficulties, which can often prevent access to talking therapies as part of essential treatment. E.g., providing strategies for the person and those around them to communicate effectively and enable better engagement with their treatment interventions. Often what seems like noncompliance, is the person being unable to ‘keep up’ with the language demands and possibly disengaging from services altogether. Part of the SLT role in this team would be training and educating other health care staff in ensuring accessible and appropriate language is used for all interventions. An SLTA would be beneficial here for supporting the creating of communication aids/ charts/ passports and facilitating group work.

**Community Forensic Service** – **I would recommend– x1 band 7, x1 band 6 and x1 band 4 SLTA.** (info above re youth justice is relevant here also)

Recent screening at Hydebank Wood College found that 67% of woman and 85% of men assessed had speech, language and communication difficulties(Source: SLT Data Jan – Dec 2021, SLT Team, NI Healthcare in Prison Service, South Eastern Trust). We currently have 2 x band 7 SLTs working across Hydebank and Maghaberry and they have evidence demonstrating the impact for this population. E.g., probation could be unsuccessful due to poor comprehension of the verbal and written information provided to the person, meaning the person inadvertently breaks their probation. Speech and language support has an important role to play in reducing and breaking the cycle of reoffending.

We know that those who offend often have underlying SLCN that have been unidentified from childhood and likely written off as ‘bad behaviour’. There are added layers of complexity with this client group including trauma, adverse childhood incidents, poor or lower levels of education and lack of familial support. SLTs supporting those in the community forensic team form part of the preventative measures from offending or reoffending. Assessing levels of receptive and expressive language abilities and providing advice and assistance to both the person and those interacting with them to support their MH treatment.

Eating, drinking and swallowing issues can also occur in this client group. Just having a diagnosis of schizophrenia makes a person 30times more like to die from choking (RCSLT). When a person has a mental illness, they often cannot regulate safe eating patterns and can present with eating, drinking or swallowing issues. Additionally, antipsychotic medications, which may be part of a treatment plan, can impact on the muscles used for safe eating, drinking and swallowing and provoke difficulties. If left untreated, there is a risk of malnutrition, dehydration, weight loss, chest infections, pneumonia or death.

**Regional medium secure hospital – 34 beds, Shannon Clinic. I recommend – 1x band 7, 1x band 6 and 1x band 4 SLTA.**

There is no funded SLT service into Shannon clinic. Currently SLTs from the Belfast Trust community team input for eating, drinking and swallowing issues only. There are long waiting lists and SLTs do not feel they have the necessary skills for ‘ad hoc’ swallowing assessments in the forensic service. A SLT should sit within the forensic team as someone who will have the specialist skills needed to effectively manage this complex caseload and is already embed into the team. The SLCN discussed above in relation to community forensics are equally relevant here. SLTs have a key role in supporting access to their treatment/ rehabilitation including talking therapies.

For a similar-sized secure ward in Newcastle upon Tyne, they have 1xwte band 7 SLT and 1xwte band 5 SLT both for communication referrals only. They do not have funded input for dysphagia.

**Adult eating disorder service** – **I recommend a pilot SLT provision into the ED service to demonstrating the need – x1 band 7.**

***EXAMPLE*** -There have been a small number of referrals from the ED ward to the established SLT team across 22 wards in Northeast England. The SLT service lead reports that there are patients being missed. Referrals are only for eating, drinking and swallowing issues and yet between 4 -23% of those with an eating disorder are also autistic (National Autistic Society). A speech and language therapy pilot into ED within an inpatient unit in Scotland has seen referrals double since 2020. Social communication differences are commonly part of an autistic presentation and therefore communication intervention should be provided, as required, to support the patient and those working with them with their treatment programme and recovery journey.

**Acute Inpatient** – **Proposed x1 band 7 SLT - I recommend for inpatient units of 80 beds – 0.8 band 8a, 1x band 7, 1x band 6, 2x band 5, 1x band 4**

Currently, Belfast Trust funds 0.6 Band 8a Lead SLT across their 80 bedded acute wards and Southern trust funds 0.5 band 7 SLT across their 80 bedded acute wards.

The 8a is an established role that began as a pilot to scope the service need in 2019. Impact was shown and this document provides further information on that. I strongly believe this 8a role is required to fully embed SLT within the acute mental health inpatient unit. Alongside well-established professionals such as OTs and mental health nurses, it can be challenging to establish the SLT service needs and impact accordingly. An 8a can be present at more senior meetings to influence strategically and challenge where required. **I recommend that the 8a SLT here would clinically supervise the band 7s in the other adult MH teams.**



EXAMPLE - a well-established adult SLT service within inpatients is in the Northeast region of England – Cumbria, Northumberland, Tyne and Wear. Across 22 wards there are 424 beds.

* In 2019 there were 0 communication referrals, yet from Jan-June 2021, there were 104 communication referrals. This demonstrates that the need is often unknown until the SLT is present in the service.
* Also of note, 90% of all SLT patients require community follow-up, strengthening the case for SLT within the community mental health teams.
* For the 424 beds, they have – 1x 8a, 4 x band7, 4 x band 6, 6 x band 5 and 2 band 4 SLTAs. With this team, they are over-stretched and have waiting lists currently around 18 weeks, meaning that often the people have been discharged before they are seen.

**Home Treatment Team – I recommend pilot of x1 band 7**

Northeast England SLT service (mentioned above) report 90% of inpatients require follow-up on discharge. I would recommend a pilot SLT service into this – **x1 band 7 to assess the demand and increase service as required.**

**Gender services – Proposed pilot of x1 band 7 – NI has a small speech therapy provision into Gender Identity Clinic (currently around 0.5 total of 8a and 7). This is a regional service currently based in Belfast City Hospital. These posts are not commissioned and therefore not included in MH workforce review that led to the workforce proposal.**

* Speech and language therapists (SLTs) have a key role to play in trans health care. Trans people do not have a voice disorder but may seek help to explore or make changes to their voice and communication congruent with their sense of self. The SLT working with trans and gender-diverse people delivers voice and communication therapy.
* In the 50 years since NHS healthcare records started in this field, 130,000 people have made a social gender role change. Since 1966, when the first Gender Identity Clinic opened in London, referral rates have risen by 20% in each subsequent year, and by 30% in 2018 (Barrett, 2017).
* **Voice and communication therapy**, also known as voice modification therapy, is delivered by speech and language therapists in order to assist trans and gender-diverse people in creating and sustaining their authentic voice and communication, congruent with their sense of self (Mills & Stoneham, 2017)

RCSLT clinical guidance & competencies framework are available

<https://www.rcslt.org/speech-and-language-therapy/clinical-information/trans-voice/#section->

<https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-trans-and-gender-diverse-voice-comm-therapy-2019.pdf>

***EXAMPLE –***

The Northern Regional Gender Dysphoria Service (NRGDS) based in Newcastle Upon Tyne, sees patients from all over England. There is a 6-year waiting list to access the service and patients cannot access the waiting list for SLT until they have had their initial assessment and diagnosis. The SLT service has had a 20% increase in yearly referrals and have increased their team to include a 1xwte band 8a, 1.8 x band 7. Demand continues to outweigh capacity and the need for SLT voice therapy is only going to increase.

\**In NI the service is adults only. Anecdotally there is an increasing number of paediatric referrals which cannot be accepted. Therefore, a pilot within CAHMS should be considered.*

**MH & Deafness – proposed x1 band 7**

SLTs have a well-established role working with both deaf children and adults. This report demonstrates the important role of SLTs within mental health services. We know around 40% of deaf people have mental health issues, therefore we can predict a definite need for a dedicated SLT within NI deaf MH services. The Regional service here in NI was set up in 2005 and has 1.5 nurse specialists, 0.8 psychologist and 0.8 psychiatrist. In discussion with them, they advocate for and see the value of a SLT included in the future development of their service. There is a small piece of work currently looking into **developing a CAMHS deaf service for which we would strongly advocate for inclusion of speech and language therapy.**

Language deprivation is common given that 95% of deaf babies are born into hearing families and therefore are not exposed to fluent BSL. Early language development is an essential component to accessing education and therefore deaf children are commonly disadvantaged. [[7]](#endnote-5)It is thought that ¼ of deaf students will also have learning difficulties, developmental delay, visual impairment or autism. Many of these conditions increasing the likelihood of SLCN and the need for speech and language therapy input.

SLTs are essential for providing clarity around the deaf person’s communication strengths and weaknesses and offering advice on how best to adapt other peoples’ communication and the environment in a way that supports the deaf person. This in turn allows for better access to more effective mental health therapies/ treatments.

There are several inpatient units in England for deaf people with mental health conditions – Manchester, London and Birmingham, each with differing speech and language therapy provision, ranging from no SLT cover to 0.6 SLT. The wards differ and range in size and therefore there is no straight comparison with our community model in NI. However, the value of speech and language therapy input is clear and having a band 7 within the NI service is a good platform for service development and expansion of the role.

RCSLT clincial guidance is available - [Deafness – guidance | RCSLT](https://www.rcslt.org/members/clinical-guidance/deafness/deafness-guidance/#section-2)

ENDS.

1. McCool S and Stevens IC. Identifying speech, language and communication needs among children and young people in residential care. International Journal of Language and Communication Disorders 2011; 46(6): 665-74. [↑](#endnote-ref-1)
2. Meltzer H. The mental health of young people looked after by local authorities in England. Office of National Statistics 2002. [↑](#endnote-ref-2)
3. Information provided by Youth Communication Team North Yorkshire, 2016. [↑](#endnote-ref-3)
4. Data provided by WHSCT SLT Service, October 2019 - full case study available upon request [↑](#endnote-ref-4)
5. Bryan, K., Freer, J. and Furlong, C. (2007), Language and Communication Difficulties in Juvenile Offenders. International Journal of Language and Communication Disorders, 42 (5), 505-520). [↑](#footnote-ref-1)
6. RCSLT Justice Evidence Base: Consolidation 2017 [↑](#footnote-ref-2)
7. Nina Thomas, 2018 [Deafness and mental health – My Care Academy](https://mycareacademy.org/2018/12/deafness-and-mental-health/) [↑](#endnote-ref-5)