

# ADULT MENTAL HEALTH AND SPEECH & LANGUAGE THERAPY



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 & 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.<sup>1</sup>

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.<sup>2</sup>
- Over **60%** of adults with mental health disorders have impairment in communication and discourse.<sup>3</sup>

*"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 modernise 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.



## EATING, DRINKING, SWALLOWING & MENTAL HEALTH

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.<sup>4</sup>
- People with a diagnosis of schizophrenia, are **30** times more likely to die from choking than the general population.<sup>5</sup>
- 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.<sup>6</sup>

### Case Study – quote from service user

*"I was not eating properly because of swallowing problems due to my new antipsychotic medications 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."*

## 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.



*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**



*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**

## 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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Ibid

<sup>4</sup> 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.

<sup>5</sup> D. Ruschena, P. E. Mullen, S. Palmer, P. Burgess, S. M. Corder, O. H. Drummer, C. Wallace and J. Barry-Walsh, 2003. Choking deaths: the role of antipsychotic Medication, *British Journal of Psychiatry*

<sup>6</sup> Regan, J., Sownman, R. and Walsh, I. (2006). Prevalence of Dysphagia in Acute and Community Mental Health Settings. *Dysphagia* 95-101.