

Centre for Social Justice mental health call for evidence

June 2024

In your opinion, what are some of the reasons for the recent rise in mental ill-health?

Children and young people

- Speech and language therapists report that they are witnessing increased anxiety and Emotionally Based School Avoidance (EBSA) since the pandemic, especially in autistic children and young people, those who have social communication difficulties, or those with an anxiety disorder such as selective mutism.
- One of the factors contributing to this may be the lack of timely access to specialist professionals who can provide assessments and support to ensure these children and young people's needs are identified and met.
- NHS England data shows that in April 2024 there were 76,160 children and young people on the waiting list for speech and language therapy – this is an increase of more than 8,000 since January 2023.
- In addition, certain groups may have been disproportionately impacted. For example, for Year 6 pupils who were due to transition between primary and secondary education during periods of COVID lockdown, the usual transition support was not in place, leading to further anxiety about attending school, and its impact on friendships and wellbeing.
- Good communication skills are a protective factor against mental health problems, but there is emerging evidence to suggest that the pandemic had a negative impact on some children's development. Children of all ages have had reduced opportunities to interact with others to develop essential skills in speech, language and communication.

Health-related reasons

- Misunderstanding of people with additional needs and hence misdiagnosis of their needs with resulting no support.
- Lack of training for care staff in supporting people with mental health conditions.
- Lack of appropriate placements/beds/inpatient services for points of crisis.
- Lack of community support to prevent crisis, impacting people who need support with medication, and activities of daily living.
- Non-compliance with medication leading to deterioration in mental health.

- Impact of social drug use and substance use.
- Services (health / social / justice / education / housing / local councils) not being able to deliver the care they are designed for due to budget cuts and increased demands

Community related reasons

- Social isolation
- Work pressures
- When at work, lack of support, no reasonable adjustments
- Lack of appropriate work opportunities
- Cost of living crisis.
- Pace of life and expectations of society
- Social demands and expectations
- Social roles - Unpaid carers and the impact of caring.
- Effect of internet and social media

Do you think people who are struggling are getting correctly diagnosed with mental ill-health or is mental ill-health sometimes used as a proxy for other needs, or both? Please give examples where you can.

Diagnostic overshadowing, where signs of a mental health condition are mistakenly attributed to a co-occurring condition, is a notable issue. This is particularly prevalent among children and young people with SLCN, who are at risk of having their mental health needs unrecognised.

Moreover, verbally mediated referrals and assessments, unless appropriately adapted, can be inaccessible for people with SLCN, leading to inaccurate diagnoses. Speech and language therapists, who are experts in assessing, diagnosing, and treating a range of physical and mental health difficulties, play a crucial role in this context.

There are numerous examples demonstrating the complexities and pitfalls in the diagnostic process. Individuals with mental health diagnoses often have co-existing, and sometimes undiagnosed, SLCN. Secondary diagnoses are common and include conditions such as autism, learning disabilities (LD), developmental language disorder (DLD), stroke, Parkinson's disease,

Huntington's disease, dementia, dysfluency, and traumatic brain injury. A significant number of cases of undiagnosed autism, LD, and DLD are observed.

The misdiagnosis of mental health conditions in autistic individuals or those with learning disabilities is frequent, reflecting a significant lack of professional understanding within core mental health services. There are misunderstandings about how certain populations, such as women and neurodiverse individuals, present their symptoms.

There is a tendency to hastily assign a mental health diagnosis without considering other potential causes related to different presentations. A notable gap exists in understanding the distinctions between physical health and mental health needs, including how SLCN-related needs may present within mental health contexts. This often leads to an over-reliance on medical prescribing to treat symptoms rather than addressing the underlying issues.

Furthermore, numerous barriers prevent individuals from accessing mental health services in the community, and long-term support is rare. The lack of support often results in exacerbated mental health needs and, in some cases, inpatient admissions.

Barriers to correctly identifying people's needs include:

- Some psychiatrists frequently mislabel autistic individuals, particularly women, with Personality Disorders.
- There is a significant lack of autism awareness among mental health professionals, with mental health nurses and psychiatry trainees receiving minimal training on the subject.
- Misconceptions persist that autism and learning disabilities are the same or that one always accompanies the other.

Overall, it is crucial to improve the understanding and training of mental health professionals regarding co-occurring conditions and ensure that assessments and referrals are adapted to meet the needs of individuals with SLCN. This approach will help in achieving accurate diagnoses and effective treatments.

“Mental health is being over-medicalised.” How far do you agree or disagree with this statement?

There are several reasons to support this perspective, as well as some arguments to consider the necessity of medical interventions in certain contexts.

Supporting Arguments for Over-Medicalisation:

- **Quick Diagnosis and Labelling:** At times, there is a tendency to quickly assign a mental health diagnosis rather than exploring other possible causes. This rapid labelling can lead to inappropriate treatments and overlook the complexity of an individual's condition.
- **Over-Reliance on Medication:** There is a significant reliance on medical prescribing to treat symptoms without addressing the underlying issues. This approach often results in over-prescribing medication, which may have a limited impact on improving the person's overall situation.
- **Medication Compliance Over Holistic Engagement:** The focus often leans heavily on medication compliance rather than enhancing engagement in hobbies and activities that support well-being and prevent depression and isolation. There needs to be a balanced approach that includes lifestyle changes, diet, social connections, meaningful activities, and access to therapy for long-term impact.
- **Limited Community Support:** Due to the capacity constraints of local community teams, support is often limited to containment rather than improving quality of life. There is also a lack of awareness about S117 aftercare and Personal Health Budgets, leading to insufficient time to set up social prescriptions before re-admission to hospital occurs.

Counterarguments for the Necessity of Medicalisation:

- **Immediate Symptom Relief:** In many cases, medication provides immediate relief from severe symptoms, making it an essential part of initial treatment. For some individuals, this can be a critical step in stabilising their condition and enabling further therapeutic interventions.
- **Integrated Treatment Approaches:** When used appropriately, medication can be a valuable component of an integrated treatment approach that includes therapy, lifestyle changes, and social support. Effective management of mental health often requires a combination of medical and non-medical strategies.

Recommendations for Government Spending to Improve Mental Ill-Health:

- **Invest in Community Services:** The criteria for support and available services vary widely, leading to a postcode lottery. A clear commitment to invest in community services is essential to support long-term health and well-being needs.
- **Early Intervention:** Investing in early intervention programs can prevent mental decline and promote good mental health. Preventative measures are crucial to reduce the burden on healthcare systems and improve outcomes for individuals.
- **Multidisciplinary Teams (MDT):** Investing in multidisciplinary teams in community services, including speech and language therapists, is vital. Too often, teams lack the inclusion of SLTs, placing people with mental health needs at risk of not having their communication and swallowing needs met. All mental health teams should have access to SLTs to support people with these needs.
- **Support for Employment and Education:** According to ONS Data (2023), one-third of people off work with work-related ill health have mental health issues. This translates to 875,000 workers in 2022/23 with 17.1 million working days lost due to work-related stress, depression, or anxiety. More support is needed to help people access employment, education, or vocational opportunities and to help them stay in the workplace.

Other than funding, what policy change would you like to see to improve mental ill-health?

To improve mental ill-health, several policy changes should be implemented, focusing on promoting good mental health and wellbeing, particularly through enhancing communication skills and support for those with speech, language, and communication needs (SLCN).

Promotion of Good Mental Health and Wellbeing:

Communication difficulties are a significant risk factor for mental health issues, whereas good communication skills serve as a protective factor. Therefore, implementing universal and targeted approaches to support children's language and communication development is crucial. Early identification and support for children with SLCN should be prioritised through training for education staff and improved access to speech and language therapists in schools and other settings. Speech and language therapists are experts in assessing, diagnosing, and treating a range of physical and mental health difficulties. Their role is essential in providing hope,

preventing isolation and depression, improving relationships and connections, and giving people a voice.

Key Policy Changes:

- **Recognition of Speech and Language Therapists (SLTs):** The Royal College of Speech and Language Therapists (RCSLT) calls for SLTs to be recognised as part of the core mental health workforce in national guidance and strategies. SLTs should be integrated into mental health teams to support individuals with communication and swallowing needs.
- **Core Role of SLTs in Mental Health:** SLTs should be acknowledged as having a core role in supporting people with mental health needs. This recognition would ensure that mental health teams are adequately equipped to address the communication aspects of mental health care.
- **Training on Communication and Mental Health Links:** There is a significant lack of understanding about the relationship between communication needs and mental health. The entire workforce, including those in education, health, and social care, should receive training on these links. This training will improve the identification, response, and support offered to individuals with mental health needs.
- **Collaborative Team Roles:** Guidance needs to be developed to better understand team roles and contributions, ensuring a collaborative approach. The current over-reliance on a medical model does not adequately support individuals with mental health needs. Recognising the contributions of allied health professionals, including SLTs, in core mental health teams is essential.
- **Improving Transition Services:** There is a need to enhance the transition between child and adult services, as well as between community and acute services. Too often, individuals fall between services during these transitions, leading to gaps in care and support.
- **Parity for Mental and Physical Health:** Mental and physical health should be treated with equal importance. Many individuals have both physical and mental health needs, and this should be reflected in policies and strategies. Clear actions and timeframes should be established to ensure parity between mental and physical health in all healthcare settings.