Consultation on a revised Code of Practice for the Mental Health (Northern Ireland) Order 1986

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The Royal College of Speech and Language Therapists is the professional body for speech and language therapists in the UK, representing the profession, supporting workforce development, and promoting excellence in speech and language therapy practice.

The RCSLT Northern Ireland welcomes the opportunity to respond to this consultation. Additionally, we welcome any opportunity to engage with the Department of Health to ensure that the Code of Practice and subsequent implementation plans include the needs of those in Northern Ireland living with speech, language and communication needs (SLCN).

Please do not hesitate to contact us for further information.

Thank you,

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Note – when we refer to 'professionals' we are including all health and social care staff and outside agencies such as the PSNI.

Key Evidence –

- Communication underpins all mental health services, shaping every interaction between patients, caregivers and clinicians. Without effective communication, inclusion, engagement and recovery are unlikely to be achieved. Speech and language therapists contribute specialist expertise both through direct work with patients and by supporting clinicians and caregivers. (Guthrie & Leslie, 2024)

- Preliminary findings from a recent communication screening project completed within the Belfast Trust Acute Mental Health Inpatient Service across 83 beds, found that 91% of the 65 patients screened had some degree of speech, language, cognition or communication need. However, only an average of 20% of these patients were known to the SLT service meaning their communication needs were mostly unidentified. (2023)

- 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 (2016).

- Children with SLCN in the preschool, early and primary years are approximately twice as likely to develop social, emotional, and mental health difficulties as children with typical language development when followed up over time (Yew & O'Kearney, 2013).
- Children with vocabulary difficulties at age five are three times more likely to have mental health problems in adulthood (Law et al., 2009).
- 81% of children with emotional behavioural disorders have significant language difficulties (Hollo et al., 2014).
- Difficulties expressing emotions and distress can lead to behaviour being misinterpreted as challenging, which can lead to hands-on intervention and restraint (Spencer, 2016).
- Unmet communication needs impact on recovery and length of stay in mental health settings (Bryan, 2013).
- Unsupported communication needs can prevent the person expressing their needs to others (Emerson et al, 2010).
- Those with communication needs and mental health needs often have less understanding of, and insight into their mental health. This can impede recovery (Rees et al, 2018).
- Those cared for in seclusion or segregation, for example in Psychiatric ICU, have been found to be more likely to have complex communication needs, or communication that others find challenging (Care Quality Commission, May 2019).

Q1. Will the revisions help protect patient rights and promote person-centred care?

RCSLT welcomes the strengthened emphasis on human rights and person-centred care within the revised Code. However, we recommend explicit recognition that *communication is central to the realisation of these rights*.

People with mental health conditions frequently experience speech, language and communication needs (SLCN), which can significantly affect their ability to understand information, express needs and wishes, give or withhold consent, and participate fully in decisions about their care. Furthermore, SLCN reduces a person's ability to engage in therapeutic interventions, many of which are based on talking.

While the Code references person-centred principles, it does not currently highlight the *duty to ensure accessible communication*. Without this, individuals may not be

meaningfully involved in their own care, undermining rights under Articles 5, 6 and 8 of the Human Rights Act 1998.

RCSLT therefore recommends that the Code:

1. Embeds a clear expectation that professionals must identify and respond to communication, eating, drinking and swallowing needs at every stage of assessment, admission, treatment and review.
2. Encourages collaboration with Speech and Language Therapists to support communication assessment, accessible information (written and verbal) and staff training.
3. Incorporates the concept of *communication accessibility* into definitions of "reasonable adjustments" and "person-centred practice."

Strengthening the Code in this way would ensure that the right to be heard and to participate in decisions is equally upheld for people with speech, language and/ or communication difficulties, achieving the intended purpose of protecting rights and promoting truly person-centred care.

Q2. Does the Code reflect modern mental health practices and human rights standards, including the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998?

RCSLT recognises that the draft revised Code reflects significant progress in aligning with modern mental health practice and human rights standards. The inclusion of rights-based language, emphasis on person-centred care, and recognition of multi-agency responsibilities align with contemporary practice expectations and statutory obligations under the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998.

However, the Code does not explicitly address the role of communication in ensuring compliance with these standards. People with SLCN may be unable to understand information, express needs and wishes, or participate in care decisions and interventions without specialist support, for example from a speech and language therapist. This can undermine their ability to exercise rights, potentially affecting equality of opportunity and access to care for protected groups.

RCSLT therefore recommends that the Code:

1. Explicitly includes communication accessibility as a core component of rights-based, person-centred practice.
2. Requires professionals to identify and respond to SLCN at all stages of care, with reasonable adjustments and accessible information provided.

3. Recognises the integral role and need for specialist speech and language therapists in supporting capacity assessments, consent processes, and participation in care decisions and interventions.

Including these provisions would ensure that the Code not only reflects modern mental health practice but also guarantees that all individuals, including those with communication needs, are able to fully exercise their rights in line with the Human Rights Act and Section 75 obligations.

Q3. Does the Code align with the Bamford Review's rights-based principles and the partial transition to the Mental Capacity Act (Northern Ireland) 2016 for those aged 16+?

Both frameworks emphasise autonomy, participation in decision-making, and the protection of individual rights as core principles for high-quality, person-centred mental health care. For individuals with SLCN, these principles can only be realised if communication is actively supported. All staff require a better understanding and knowledge of communication differences and how to support a person in a variety of environments. This includes face to face, speaking on the telephone and providing written information. Communication Access UK is a free, online training programme that provides this training and should be mandated across services. Home - Communication Access UK

There are times when universal supports are not adequate and specialist support, for example from a speech and language therapist, is required to remove barriers to understanding information, expressing needs and wishes, and engaging meaningfully in capacity assessments, consent processes, or interventions.

RCSLT therefore recommends that the Code:

1. Makes explicit that communication accessibility is essential to the proper application of assessment and intervention.
2. Mandates communication accessibility training for all staff - Home - Communication Access UK
3. Recognises the integral role and need for specialist SLTs in facilitating participation, ensuring individuals with SLCN can exercise their rights under both the Bamford principles and the MCA (NI) 2016.
4. Encourages HSC Trusts to adopt processes and training that systematically identify SLCN, provide reasonable adjustments, and integrate SLTs into multi-disciplinary teams responsible for capacity-related decisions.

These measures would ensure that rights-based care under the Bamford Review and MCA (NI) 2016 is practically accessible to all service users, including those with communication difficulties.

Q4. Are the professional responsibilities, including inter-agency collaboration, clearly defined? If not, what changes could be made?

RCSLT recognises that the draft Code provides clearer guidance on professional responsibilities and multi-agency collaboration, including the roles of HSC Trusts, PSNI, and the Northern Ireland Ambulance Service. However, the Code does not explicitly consider the importance of communication accessibility within inter-agency processes.

Effective collaboration between agencies is critical for people with SLCN. For example, individuals may encounter multiple services during crisis, conveyance, assessment, or treatment, and poor communication can lead to misunderstandings, delayed care, or unintended restriction of rights. Without clear responsibilities regarding communication support, multi-agency teams may not consistently address these risks.

RCSLT therefore recommends that the Code:

1. Recognises the need to integrate specialist communication support within multi-agency processes.
2. Requires all staff involved in care under the Order to identify SLCN, implement reasonable adjustments, and liaise with SLTs where appropriate.
3. Encourages joint protocols, training, and communication tools (such as communication passports, accessible forms or visual aids) to ensure continuity of care across agencies.

Including these recommendations would clarify professional responsibilities, strengthen inter-agency collaboration, and ensure that individuals with SLCN receive equitable, safe, and person-centred care throughout their contact with mental health and associated services.

Q5. Are there any gaps in the Code, in relation to guidance, for professionals (e.g., PSNI, NIAS, or HSC staff)?

RCSLT recognises that the draft Code provides valuable guidance for a range of professionals. However, there are gaps in relation to communication with individuals who have speech, language and communication needs. Clear guidance on how to identify, respond to, and document communication needs is essential to ensure equitable access, participation in decisions and interventions, and the protection of rights.

We recommend that the Code explicitly incorporates **RCSLT's Five Good Communication Standards** for professionals:

1. **Identification of Communication Needs:** All staff should assess whether a person has SLCN at first contact and throughout their care under the Order.
2. **Accessible Information:** Information must be provided in formats suitable for the individual (e.g., easy-read, visual supports, plain language, or augmented communication systems).
3. **Reasonable Adjustments:** Professionals must implement communication adjustments to enable participation in decisions and interventions, such as additional time, simplified explanations, or support from a specialist SLT.
4. **Staff Training:** All relevant staff (HSC, PSNI, NIAS) should receive training in communication awareness, including Communication Access UK training Home - Communication Access UK, to ensure they have the knowledge and skills to support individuals with SLCN effectively.
5. **Documentation and Communication Handover:** Communication needs and strategies must be clearly documented and shared across agencies to ensure continuity, safety, and effective multi-agency collaboration.

Embedding RCSLT's Five Good Communication Standards within the Code would provide practical guidance for professionals, reduce the risk of miscommunication, and ensure that individuals with SLCN are fully supported in all interactions with mental health and associated services.

Q6. Does the Code effectively address the needs of under-16s? If not, what changes are required?

RCSLT notes that while the draft Code references the rights and protections of children and adolescents, it does not explicitly address the communication needs of individuals under 16. A study by Hollo et al (2014) found that 81% of children with emotional behavioural disorders also had significant language difficulties. SLCN can affect understanding, expression of needs and wishes, and meaningful participation in decisions about care. Without guidance tailored to this population, there is a risk that their rights under the Human Rights Act 1998 and Bamford principles may not be fully realised.

RCSLT recommends that the Code:

1. Includes specific guidance for under-16s on identifying and responding to SLCN during assessment, detention, treatment, and interventions.
2. Ensures accessible information and communication supports are provided, using age-appropriate materials, visual aids, simplified language, and augmentative communication strategies.

3. Highlights the role of specialist SLTs in supporting capacity assessments, consent processes, and participation in care decisions and interventions for children and adolescents. There should be learning from the newly embedded speech and language therapy service within Beechcroft, the Regional Inpatient Service for adolescents and the incredible impact they are having on the patients and their families.
4. Encourages training for professionals (including HSC, PSNI, and NIAS staff) in communicating effectively with children and young people with SLCN.
5. Promotes continuity of care, including consideration of transitions between child and adult mental health services, ensuring communication needs are consistently met.

Including these provisions would strengthen the Code's effectiveness for under-16s, ensuring that their communication needs are identified and supported, and that they can participate meaningfully in all aspects of care.

Q7. What additional measures could enhance the Code's implementation?

RCSLT welcomes the overall improvements in the draft Code but highlights that successful implementation requires explicit measures to address communication needs. People with speech, language and communication needs may otherwise be excluded from fully participating in assessments, decisions, and interventions, limiting the impact of the Code's rights-based and person-centred approach.

We recommend the following measures to enhance implementation:

1. Embed Communication Accessibility: Ensure that all HSC, PSNI, and NIAS staff identify and respond to SLCN at every stage, and that reasonable adjustments are standard practice.
2. Use of RCSLT's Five Good Communication Standards: Integrate these standards into policy, training, and operational procedures to provide consistent guidance across agencies.
3. Specialist SLT Involvement: In line with the 2022 DoH Mental Health Workforce review, introduce the role of SLTs in multi-agency teams, including supporting with capacity assessments, consent processes, and participation in interventions.
4. Staff Training and Development: Provide mandatory communication-focused training, including Communication Access UK, to equip professionals with practical skills to support people with SLCN.
5. Accessible Formats of the Code: Produce easy-read, visual, or augmented communication versions to ensure that people with SLCN can understand their rights and responsibilities under the Code.

Implementing these measures would strengthen multi-agency adherence to the Code, ensure that all service users can meaningfully engage in their care, and promote safer, more equitable, and truly person-centred mental health services.

Q8. Are the actions/proposals likely to have adverse impact on any of the nine equality groups under Section 75 (NI Act)? If yes, which groups and how could impacts be reduced?

RCSLT recognises that the draft Code aims to promote equity and protect rights; however, we note potential adverse impacts on certain equality groups if communication needs are not explicitly addressed. Individuals with SLCN may face barriers to understanding information, expressing needs and wishes, and participating in care decisions or interventions. This could disproportionately affect groups protected under Section 75, including:

- **People with disabilities**, including developmental or acquired communication impairments.
- **Children and young people** – 10% of whom will have a long term SLCN
- **Ethnic minority groups** or individuals for whom English is not a first language, who may also require communication support.
- **Older adults**, who may have age-related communication or cognitive difficulties.

RCSLT recommends that the Code explicitly mitigates these risks by:

1. Embedding communication accessibility as a standard expectation across all services.
2. Ensuring specialist SLT involvement where needed to support understanding, consent, and participation.
3. Providing accessible formats of information and decision-making materials for people with SLCN.
4. Including communication training for all staff, including Communication Access UK, to raise awareness of potential barriers and equip staff with strategies to address them.
5. Monitoring the impact of the Code on participation for individuals with communication difficulties as part of equality and quality audits.

By proactively addressing communication needs, these measures would reduce the likelihood of unintended adverse impacts on protected groups and support equitable, rights-based care for all service users.

Q9. Are you aware of any indication or evidence (qualitative or quantitative) that the proposals may have an adverse impact on equality of opportunity or good relations?

Professional experience and research evidence indicate that people with SLCN are at risk of exclusion if communication is not actively supported. This could inadvertently limit equality of opportunity by reducing their ability to understand, participate in, and influence important decisions about their care.

For example, individuals with SLCN may:

- Struggle to communicate needs and wishes in crisis situations or during detention.
- Be unable to engage effectively in capacity assessments or consent processes without specialist SLT support.
- May not be able to fully understand, weigh up or appreciate information provided if professionals are not trained to offer adapted and accessible communication.

RCSLT recommends that the Code explicitly includes measures to mitigate these risks, such as:

1. Communication accessibility as a core standard in all interactions.
2. Involvement of specialist SLTs where communication barriers exist.
3. Accessible information and reasonable adjustments for individuals with SLCN.
4. Staff training, including Communication Access UK, to ensure understanding of communication barriers and strategies to address them.
5. Monitoring the impact of communication support on service user participation and outcomes, to ensure equality of opportunity.

Inclusion of these provisions would help prevent inadvertent disadvantage for people with communication needs and support equitable access to mental health care, consistent with Section 75 obligations and rights-based principles.

Q10. Is there an opportunity to better promote equality of opportunity or good relations? If yes, how?

RCSLT believes there is significant opportunity to enhance equality of opportunity and good relations by embedding communication support and accessibility throughout the Code. People with speech, language and communication needs are at risk of exclusion from decision-making, care planning, and interventions if their communication needs are not proactively identified and addressed. Ensuring equitable access for this group would promote fairness and strengthen participation across all protected groups under Section 75.

RCSLT recommends the following actions:

1. Embed communication accessibility as a standard in all processes under the Code, ensuring everyone can understand information and express needs and wishes.
2. Formalise the role of specialist SLTs across HSC, PSNI, and NIAS teams, supporting capacity assessments, consent, and participation in interventions.
3. Implement RCSLT's Five Good Communication Standards as part of organisational policy, including accessible information, reasonable adjustments, and documentation of communication needs.
4. Provide targeted training to all relevant staff, including Communication Access UK, to improve understanding of communication barriers and inclusive practices.
5. Produce accessible versions of the Code, such as easy-read, visual, or augmented formats, to ensure service users with SLCN can understand their rights and participate fully.
6. Monitor impact and engagement of service users with communication needs, using audits or feedback mechanisms, to continuously improve equality of opportunity.

By adopting these measures, the Code could not only comply with legal obligations but actively promote inclusivity, participation, and positive relations for individuals with communication needs across all service contexts.

Thank you.

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