31 May 2018

A response from the Royal College of Speech and Language Therapists to the consultation on the proposed Mental Health and Wellbeing framework 2018-2021

The Royal College of Speech and Language Therapists

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), and students working in the UK. The RCSLT has almost 17,000 members (around 500 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies. SLTs play a major role in working directly with children and adults, as well as supporting other professionals in working with speech, language and communication needs and swallowing disorders.

We welcome the opportunity to comment on the proposed Mental Health and Wellbeing framework 2018-2021 and have focussed on addressing the specific questions set out in the consultation document.

The RCSLT has opted to respond to this consultation by letter as opposed to completion of the online questionnaire.

Yours sincerely,

Alison McCullough

Alison McCullough MBE
RCSLT Head of the Northern Ireland Office

CONSULTATION RESPONSE QUESTIONNAIRE

I am responding: on behalf of an organisation **√**

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RCSLT response to Mental Health and Wellbeing framework

2018-2021

Q1. Please indicate your views on the following statement (please tick response)

"In general the language and organisation of the document is easy to follow."

Strongly agree ☐ Agree ☐ Neither ☒ Disagree ☐ Strongly disagree ☐

In general we appreciate that efforts have been made to try to keep the layout and content of this document as simple as possible. However, the references to generic standards, domains, specific standards, Nice Quality statements, service indicators and experience indicators, can be confusing for non mental health professionals and lay persons. Moreover, there are some specific inconsistencies in the document which may lead to confusion.

For example:

- Page 6; *service framework at a glance* references eight standards, whilst the body of the document references six.
- Page 18; states that there are **5** domains. However, the easy read document on page 14 states that there are six domains.
- Page 19; it would have been useful early on in the document to list all the *specific standards* in the same way as the *generic standards* are listed on page 19.
- It is not clear on page 26 that there are actually two standards in this one domain, SS1.1 and SS1.2.
- Page 37; the title domain on this page, appears to be superimposed. Also, as presented, it appears as if this is a sixth domain, titled 'research and development'?
- It would be helpful, to a new reader, to set out early on in the document how many *specific standards* there are in total.
- In the easy read version it refers to standards 11-20, however only standards 11-19 are referenced.

Q2. Please indicate your views on the following statement (please tick response)

"The standards covered by the service framework are important for those with Mental Health Needs".

Strongly agree ☒ Agree ☐ Neither ☐ Disagree ☐ Strongly disagree ☐

Comments:

The Royal College of Speech and Language Therapists agree that the broad standards, as referenced in the framework, cover the most important aspects of mental health and well being service priorities.

Q3. Please indicate your views on the following statement (please tick response)

"Overall this framework will provide an opportunity to help set priorities for commissioning services for Mental Health and wellbeing".

Strongly agree ☐ Agree ☒ Neither ☐ Disagree ☐ Strongly disagree ☐

Comments:

This framework will clearly provide an opportunity for setting priorities for commissioning. However, the Royal College of Speech and Language Therapists consider that the framework could be strengthened further by referencing and including actions around:

1. The speech, language and communication and eating, drinking and swallowing needs of people with mental health difficulties

2. Guidance to appropriate actions in relation to the new Mental Capacity legislation.

Speech, language and communication needs

There is a high incidence and prevalence of speech, language and communication needs (SLCN) and eating, drinking and swallowing (EDS) problems associated with mental health in both children and adults. Communication needs put people at risk of developing mental health problems and those with mental health problems may also have communication needs.

Autism spectrum disorder (ASD) is one example of a condition that affects how a person communicates with and relates to other people, and to the world around them. NICE guidelines for ASD state that "coexisting physical and mental health conditions, if left unrecognised and untreated will further impair the persons psychosocial functioning and could place additional pressure on families and carers. The outcome of an appropriate assessment, taking communication difficulties into account, is reduced morbidity from unidentified mental health problems that affect the psychosocial functioning of the person with autism."[1] (NICE Guidelines 2014)

[1] NICE Guidelines Publ 2014. (Autism. Recognition, referral, diagnosis and management of children, Young people and adults on the autism spectrum, Guidelines 128 - 142)

People affected by Parkinson's may also experience depression, anxiety, apathy, fatigue, pain, sleep disturbance and cognitive changes. Parkinson's can affect mental health and wellbeing due to the difficulties of living with the condition, for example, experiencing a fear of choking[2] or the increased social challenges that come with drooling.[3] People in the later stages of Parkinson's may also be vulnerable to hallucinations, psychosis and depression.

The above are only two examples that illustrate the links between communication and or eating drinking and swallowing difficulties and resulting mental health needs. SLTs therefore have a crucial role to play in mental health services by ensuring that people with communication difficulties can access and engage with mental health referrals, assessments and interventions. SLTs can also support and train mental health teams to recognise and respond to communication needs and dysphagia, so that barriers to access and engagement are removed.

Specific mental health conditions also have communication and eating, drinking and swallowing difficulties commonly associated with them, for example, schizophrenia, psychosis, dementia and depression. However, often communication problems are not recognised and there is a risk that they may be masked by the mental health symptoms.

- People with a primary communication problem are at greater risk of experiencing mental health problems than their peers, commonly anxiety or depression.[4]
- There is a high incidence and prevalence of speech, language and swallowing problems associated with mental health in both children and adults. [5]
- 84% attendees at area psychiatric services had language impairment and 74% had communication difficulties.

Eating, drinking and swallowing needs

The recently published HSCB and PHA Report on the Regional Choking Review Analysis February 2018[6] also reports the high risk status of people with mental health needs.

"Individuals with mental health problems are reported to be at a higher risk of choking than the general population, this can be as a result of side effects of medication, movement disorders, seizures and eating/drinking behaviours which increase the risk of choking. In addition, those with mental health problems may be more likely to have a higher incidence of dental problems due to long term medication. It is also important to note that mental illness can co-exist with the conditions listed above which may further increase the risk and likelihood of significant swallowing problems occurring. Literature shows that 35% of people admitted to an acute mental health unit and 27% of patients attending a mental health day hospital can present with dysphagia."

[2] Miller N, Noble E, Jones D, Burn D. Hard to swallow: dysphagia in Parkinson's disease. Age Ageing 35(6), 614–618 (2006).
[3] Van Hooren MRA, Baijens LWJ, Vos R et al. Voice- and swallow-related quality of life in idiopathic Parkinson's disease. Laryngoscope 126(2), 408–414 (2016).
[4] Botting N, Durkin K, Toseeb U, Pickles A, Conti-Ramsden G. Emotional health, support, and self efficacy in young adults with a history of language impairment. *British Journal of Developmental Psychology* 2016; 34, 538–554.
[5] Bryan & Roach 2001, Brenner et al 2002, Beitchman 2006, Speech Pathology Australia 2008, Bazemore et al 1991, Hussar & Bragg 1969
[6] http://www.publichealth.hscni.net/publications/report-regional-choking-review-analysis-thematic-review

The report's findings show that out of the serious adverse incidents reported there were more choking episodes among groups for whom the risk of choking is inherently higher, such as those with a mental health diagnosis (41%), learning disability (35%) and dementia. The report also stated that

"the majority of incidents also occurred in care settings where people with mental health needs are normally resident. These included day care settings and in-patient hospital settings. The majority of day care settings in which incidents occurred were those which provided care for individuals with learning disabilities and mental health needs. Many of 222 incidents occurring in hospital were reported within mental health and learning disability settings along with clinical areas which provided care for the elderly and those with dementia."

Mental Capacity legislation

The Royal College of Speech and Language Therapists consider that it would be important to reference actions in relation to the Mental Capacity Act 2016, as any agreement regarding interventions and or care planning is entirely dependant upon an individual's ability to give consent.

As it stands, the framework does not reference the legislation, nor is it listed on page 12 as one of the policy drivers that need to be considered in relation to the development of the framework.

NICE guidance is clear about the importance of establishing an individual's communication status before carrying out a mental health assessment and in relation to capacity and consent decisions.https://www.nice.org.uk/guidance/ng54/chapter/Recommendations#involving-people-with-learning-disabilities-and-their-family-members-carers-or-care-workers-in

1.3.1 Take into account the person's communication needs and level of understanding throughout assessments, treatment and care for a mental health problem, and:

- assess whether communication aids, an advocate or someone familiar with the person's communication methods are needed.
- use different methods and formats for communication (written, signing, visual, verbal, or a combination of these), depending on the person's preferences (see the Accessible Information Standard for guidance on ensuring people with learning disabilities receive information in formats they can understand)
- regularly check the person's understanding

Consent, capacity and decision-making

1.3.2 Assess the person's capacity to make decisions throughout assessment, care and treatment for the mental health problem on a decision-by-decision basis, in accordance with the Mental Capacity Act and supporting codes of practice (see your care).

- Help people make decisions by ensuring that their communication needs are met (see recommendation 1.3.1) and (if appropriate) involving a family member, carer, care worker or other individual familiar with the person's communication abilities.

It is clear from the examples given above that, in order to provide appropriately commissioned services for mental health and wellbeing, this framework must include reference to assessment and support for speech, language and communication and eating, drinking and swallowing needs and we believe should also include an action relating to statutory duties under the mental capacity legislation.

Q4. Which of these 9 standards will have the greatest impact on the health and wellbeing of people who use Mental Health services, and why?

Comments:

The Royal College of Speech and Language Therapists consider that, as the standards are contingent upon the success or failure of each other, it is difficult to assume that one or none will have more or less impact. Without accessible services appropriate assessment will not happen. Without appropriate and comprehensive assessment any personal wellbeing plan will fall short of what is really required. Without appropriate engagement, honest and open feedback on the success or failure of services will not happen, and without feedback on how services can be improved, there will be less appropriate evaluation and research to improve services in the longer term.

Q5. Which of these 9 standards might affect existing or potential health inequalities for people in Northern Ireland, and how? Please consider social, economic and geographic challenges in response to this question.

Standard One

SS1.1 - I can access Mental Health Services when I need them.

SS1.2 - I receive appropriate information about what happens next when I am referred to Mental Health Services.

Comments:

Recent and past reports such as the Disability Rights Commission; Equal Treatment; Closing the Gap[7] highlight the health inequalities of individuals with learning disability, many of whom have additional mental health issues. It states that, "people with learning disabilities are four times as likely to die of preventable causes compared with the general population." Despite the introduction of yearly health care reviews and hospital passports, accessing health care including mental health services, is a major challenge for people with disabilities.

Individuals with mental health issues and learning disability need messaging around mental health and wellbeing to be phrased in simple terms which can be easily understood. For them, the concept of mental health is in itself confusing and abstract, as it cannot be easily identified like a sore limb or stomach upset. It is imperative therefore, that individuals with mental health needs have access to information in a timely accessible way and that GP yearly health checks include mental health and well being.

[7] Disability Rights Commission, Equal Treatment: Closing the Gap (2006)

Inclusive Communication is an approach that seeks to "*create a supportive and effective communication environment, using every available means of communication to understand and be understood*." [8] It means sharing information in a way that everybody can understand. For service providers, it means making sure that you recognise that people understand and express themselves in different ways.

In Scotland, the fourth Citizens' Panel survey[9] published recently**,** asked questions about people's knowledge about HIV, their attitudes to mental health and wellbeing and how to make communication between health and care services and those that use them more inclusive. The report states "*Respondents indicated that they had witnessed (69%) and/or personally experienced (33%) differential or unfair treatment due to mental health problems. 29% of respondents reported experiencing different or unfair treatment because they know or care for someone who experiences mental health problems."*

Regarding inclusive communication the findings showed that:

- There was a high demand for using inclusive communication approaches in health and social care services among the general public.
- Nearly two thirds of people wanted health and social care services to use a core set of recognisable symbols on forms, letters, leaflets, websites and signs outside and inside buildings.
- Nine out of ten people said they wanted to be given information at their pace, allowing them time to understand what they are being told, ask and respond to questions.
- Nearly everyone wanted health and social care services to use clear, day to day language when communicating with them (95%)
- Nearly everyone wanted health and social care services to check back with them to ensure they had understood (93%).
- More than two thirds of people wanted health and social care service providers to demonstrate or show them what they mean when they give them advice or an instruction (67%)
- At least four out of five people wanted health and social care services to give them a clear leaflet or a written notes letter after their appointment, to remind them what to do.

For many people with literacy or language deficits, a standard letter may not be the most appropriate medium to use. In order to address these issues, **the RCSLT recommend that the wording below is changed to reflect an accessible and inclusive communication approach.**

S.S1.2 (a) – All Mental Health Services (in-patient, community and specialist) provide ***~~appropriate~~ accessible information in formats which are appropriate to the individual. The information should reflect the HSCB accessible communication guidelines and the appointment letter should include an appropriate version of 'Making the Most Of Your Appointment'.***

SS1.2 (b) *All Mental Health Services will provide* ***an accessible version*** *of 'Your Guide to Mental Health Services' at first appointment.*

[8] https://www.rcslt.org/
[9] https://www.ourvoice.scot/citizens-panel.

Standard Two

SS2.1 – I have an assessment undertaken including personal safety assessment where appropriate, and I am given my diagnosis, where relevant, in a timely manner

S.S 2.1(a) – All individuals have a completed assessment that will include pharmacological, physical health, psychological, nursing, occupational & social needs.

S.S2.1 (b) – Staff are professionally competent to carry out assessment, formulation and diagnosis, where appropriate

Comments
As previously stated, a comprehensive speech, language and communication (SLC) assessment should be part of any initial mental health assessment to ensure that the underlying causes of the person's mental health issues are not related to an undiagnosed language or communication difficulty. It would also ensure that the mental health assessor can be given information regarding the linguistic competence of the individual prior to the mental health assessment.

A speech, language and communication assessment is already standard practice in the justice system, where there is any concern about an individual's language competency. Under special measures, an intermediary can be appointed to ensure that questions and information are given in a manner that is appropriate for the individual.

"Intermediaries are communication specialists, such as speech and language therapists and social workers, who assist vulnerable victims, witnesses, suspects and defendants with significant communication deficits to communicate their answers more effectively during police interview and when giving evidence at trial. The vulnerable person's communication difficulties could arise due, for example, to a learning disability, Autistic Spectrum Disorder, mental health issue, neurological disorder or a physical disability, or by virtue of their young age."[10]

Due to the high number of individuals with SLCN in mental health services, particularly amongst those in the justice system, it is imperative that staff are professionally competent in screening for speech, language and communication difficulties in order to make an onward referral for a communication assessment if necessary. An initial SLC assessment will also ensure that a diagnosis can be given, not only in a timely manner as stated above, but also in language that is fully understood by the individual. Assessment by a speech and language therapist would also be able to identify any eating drinking and swallowing difficulties.

Therefore, it would be helpful if there was a standard in the assessment section to ensure that any individual providing assessment, care or interventions, has the skill to identify speech, language and communication issues and or knows when and where to obtain accessible information resources, including inclusive communication strategies. This will be particularly important for individuals with additional learning needs.

It would also be helpful if the standard gave examples such as the use of 'communication passports' as is now mandatory in acute care facilities.

[10] https://www.justice-ni.gov.uk/articles/northern-ireland-registered-intermediary-scheme

In order to address these issues, **the RCSLT recommend that the wording below is changed to;**

*SS2.1 – I have an assessment undertaken including personal safety assessment where appropriate, and I am given my diagnosis, where relevant, in a timely **and appropriate** manner.*

***S**.S 2.1(a) – All individuals have a completed assessment that will include **communication,** pharmacological, physical health, psychological, nursing, occupational & social needs.*

*S2.1 (b) – Staff are professionally competent to carry out assessment, formulation and diagnosis, **and make an onward referral for additional support to other services** where appropriate.*

Standard Three

SS3.1 – With my consent, I jointly develop and receive a Personal Wellbeing Plan (PWP), which includes a Personal Safety Plan where appropriate.

Comments

The Royal College of Speech and Language Therapists wish to highlight the need to ensure that capacity and consent have been properly established prior to any care and treatment.

The RCSLT consider that it would be helpful to have a standard for SS2.1(b/c,) ensuring the correct implementation of the Mental Capacity legislation in regard to meeting the communication support needs of people with a communication difficulty .

The legislation states that that if communication skills are impacted, appropriate communication support must be provided before making a determination of capacity. **"***It is now clear on the face of the Act that help and support must be given to enable a person to communicate his or her decision"*[11]

[11] http://www.legislation.gov.uk/nia/2016/18/section/5

Mental Capacity Act (Northern Ireland) 2016

Supporting person to make decision

5.—(1) A person is not to be regarded for the purposes of section 1(4) as having been given all practicable help and support to enable him or her to make a decision unless, in particular, the steps required by this section have been taken so far as practicable.

(2) Those steps are—

(a) the provision to the person, in a way appropriate to his or her circumstances, of all the information relevant to the decision (or, where it is more likely to help the person to make a decision, of an explanation of that information);

(b) ensuring that the matter in question is raised with the person—

(i) at a time or times likely to help the person to make a decision; and

(ii) in an environment likely to help the person to make a decision;

(C)ensuring that persons whose involvement is likely to help the person to make a decision are involved in helping and supporting the person.

(3) The information referred to in subsection (2) (a) includes information about the reasonably foreseeable consequences of—

(a)deciding one way or another; or

(b)failing to make the decision.

(4) For the purposes of providing the information or explanation mentioned in subsection (2)(a) in a way appropriate to the person's circumstances it may, in particular, be appropriate—

(a)to use simple language or visual aids; or

(b)to provide support for the purposes of communicating the information or explanation.

(5) The reference in subsection (2)(c) to persons whose involvement is likely to help the person to make a decision may, in particular, include a person who provides support to help the person communicate his or her decision.

(6) Nothing in this section is to be taken as in any way limiting the effect of section 1(4).

Considering the issues we have raised above around consent, **the RCSLT recommend that an additional standard SS3.1 is inserted to ensure compliance with the mental capacity legislation.**

SS3.1 – The capacity to consent has been established in line with current legislative requirements.

SS3.2 – With my consent, I jointly develop and receive a Personal Wellbeing Plan (PWP), which includes a Personal Safety Plan where appropriate.

Standard Four

SS4.1 - I receive appropriate care and treatment according to my assessed needs

"Language is integral to the diagnosis and treatment of many psychiatric disorders. While reduced communication skills can affect self-esteem, self-identity, relationships, educational attainment and work attainment. The 'communication difficulty' is commonly cited as the most challenging aspect of mental illness (Stephenson & Smith 2008)."[12]

Speech and language therapists should therefore be considered as core members of mental health teams to ensure appropriate treatment and care. SLTs can provide a detailed assessment of a person's communication and swallowing difficulties, and can contribute to facilitating an appropriate diagnosis. SLTs can also provide helpful recommendations to enable better communication with the individual and also provide advice and training to family, carers and professional staff.

The Royal College of Speech and Language Therapists support the importance of a standard around delivering care and treatment according to assessed needs. However, the recent STOMP campaign in England (stop over medication of people with disabilities), highlights evidence that in some cases, assessed needs have been misdiagnosed. STOMP cites the case of learning disability, where medical/drug interventions can be over prescribed as a therapy to reduce challenging behaviour.

"*It is estimated that every day about 35,000 people with learning disabilities or autism are prescribed psychotropic medicines when they do not have a diagnosed mental health condition, often to manage behaviour which is seen as challenging. This includes medicines used to treat psychosis, depression, anxiety and sleep disorders. It also includes epilepsy medication when it is only used for its calming effect, rather than to treat epilepsy. STOMP is about making sure people get the right medicine if they need it and that people get all the help they need in other ways as well.*"[13]

In many cases as described above, the challenging behaviour is due to communication challenges and can be ameliorated by instigating appropriate communication strategies within the communication environment.

It is also important to consider, that a full speech, language and communication assessment may be required if talking or verbally mediated therapies are being recommended. Whilst the value of talking therapies has been evidenced, not everyone with a mental health condition will benefit if undiagnosed speech and language difficulties are present.

[12] https://www.rcslt.org/speech_and_language_therapy/commissioning/mental_health_plus_intro
[13] https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/

Considering the issues we have raised around care and treatment and the incidence of speech and language and communication difficulties in this population, **the RCSLT recommend that this standard is amended as follows;**

SS4.1(a) - All individuals receive care and treatment according to assessed needs and may include the following – talking therapies, family and social interventions, ***speech and language therapy,*** *occupational and creative therapies and health and wellbeing drug therapy.*

Standard Five

Section 2.5 – Standard Five: SS5 – Staying Engaged & Self-Management

SS5.1 – I am involved in my own self-management and any decision to discharge me from Mental Health Services and I know how to re-enter services when I need to.

SS5.2 – Mental Health Services ask me and my family/ carers for feedback about my care experience to improve quality of service

As previously mentioned , the RCSLT considers that appropriate consideration is given to the high numbers of individuals in mental health services requiring accessible and or inclusive communication resources to ensure full participation in self management decisions and discussions.

Equality implications

Before completing this section, please refer to Appendix 2 which relates to equality of opportunity, and the guidance regarding this produced by the Equality Commission for Northern Ireland.

Q6. What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?

Minor	√	Major		None	

If you have indicated minor or major, please provide details:

Comments

The Royal College of Speech and Language Therapists would like to make the following comments in relation to some of the responses given in this document in reference to the section 75 categories.

Disability

In the equality section, the HSCB and the PHA have responded to the disability category by stating;

"As health and social care services are available to everyone equally, no significant differential impact on the grounds of disability has been identified."

The Royal College of Speech and Language Therapists feel it is important to note that in the 2011 census, out of a population of 1.8 million, the following populations report their primary long term condition as being:

93,000 report deafness or partial hearing loss

30,000 report blindness or partial sight loss

30,000 report a long term communication difficulty

40,000 report a learning or intellectual social or behavioural difficulty

Considering the size of the populations with communication support needs, it will be imperative that this framework properly addresses the access issues, for those who have communication impairment either accompanying or separate to a physical or mental impairment.

The RCSLT therefore wish to state that there may well be a differential impact upon the grounds of disability, unless appropriate action as stated above, is taken in regard of communication disability.

Age

This document does not mention the significant risks posed to children and young people with speech, language and communication difficulties which may lead to later mental health conditions. Up to a third of children with untreated speech and language difficulties will develop subsequent mental health problems, with resulting criminal involvement in some cases. Many young people with speech, language and communication difficulties within the justice system, lack the language skills to understand what is happening to them or the implications of what is being asked of them.

Recent research conducted by domestic violence charity Refuge, reported that:

- "50% of children involved in their study met the criteria for post-traumatic stress disorder (PTSD). The most frequently reported PTSD symptoms for pre schoolers in the study included language regression and separation anxiety."
- "Comparisons between children's achievement in the Refuge play-centre and in the community showed that the children at the Refuge centre were assessed as achieving significantly less within the area of hearing and speech(M=64%) than those in other

community play settings(M=91%).” [14]

As stated previously young offenders and young people in care are much more likely to have unidentified speech and language difficulties. **The RCSLT therefore wish to state that there may well be a differential impact upon the grounds of age, unless appropriate action as stated above, is taken in regard of communication difficulties.**

Sexual orientation

The HSCB and the PHA response to this category states ;
“As health and social care services are available to everyone equally, no significant differential impact on the grounds of sexual orientation has been identified.”

The RCSLT is aware that under this category there has been no reference to gender dysphoria. Persons with gender dysphoria may also experience higher levels of psychiatric disorders.

https://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1115753?journalCode=iirp20

As voice therapy has a major role to play in the treatment of people with gender dysphoria, **the RCSLT therefore wish to state that there may well be a differential impact upon the grounds of sexual orientation, unless appropriate action is taken to ensure that individuals with gender dysphoria and mental health needs, receive an appropriate multidisciplinary assessment. This should include a speech and language assessment. Mental health professionals should be made aware of the communication challenges that face people with gender dysphoria.**

Q7. Are there opportunities for the Framework to better promote equality of opportunity for people within the Section 75 equalities categories?

Yes [√] No [ ]

Comments: Yes, as stated above.

Q8. To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Minor [ ] Major [ ] None [ ]

If you have indicated minor or major, please provide details:

[14] https://www.sciencedirect.com/science/article/abs/pii/S0145213408001348

Comments: none

Q9. Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Yes ☐ No ☐

Comments: None

Q10a. In relation to the Rural Impact Assessment Screening, are there any issues which you believe need to be addressed which haven't been or any comment you wish to make on what is contained in the current screening document?

Comments: None

Q10b. Do you have additional data which would assist us in making the Rural Impact Assessment more robust?

Comments: None

Q11. Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the revised Service Framework for Mental Health and Wellbeing.

Comments: None

Thank you for your comments. This is the end of Section A. Do you wish to make specific comments on individual sections or standards? **Yes**

Part B – Feedback relating to specific standards and/or sections of the service framework.

Please tick which sections or subsections you are providing feedback on ***Page 6; The RCSLT wish to advise that the service framework at a glance references eight standards, whilst the body of the document references six.***	
Section 1 – Introduction • ***Page 12; Reference the Northern Ireland Mental capacity legislation 2016*** • ***Page 18; states that there are 5 domains. However, the easy read document on page 14 states that there are six domains.*** • ***Page 19; it would have been useful early on in the document to list all the specific standards in the same way as the generic standards are listed on page 19.***	**√**
Section 2 – Implementing the Service Framework	**√**
Section 2.1 – Introducing Standard One – Access to Mental Health Services It is not clear from this page that there are actually two standards in this one domain, SS1.1 and SS1.2 because the domain heading states Standard One;SS1 The numbering of the standards in the domain title on the sequential pages is confusing because they refer to standard one, standard two, standard three etc. yet may contain more than one standard standard. For example page 27 contains two standards, whereas page 29 only has one standard. ***The RCSLT recommend that to avoid confusion, the domain title heading is changed to Standards SS1.1 and SS1.2 rather than standard one, and that all other domain title standards, reflect the actual number of standards included on that page.***	**√**
Section 2.1 - Standard One: SS1 – Access to Mental Health Services SS1.1 – I can access Mental Health Services when I need them As referenced in our response above, for many people with literacy or language deficits, a standard access letter may not be the most appropriate medium to use. ***The RCSLT therefore recommend that the wording below is changed to reflect an accessible and inclusive communication approach.*** ***SS1.2 –*** *I receive information in an* ***accessible format*** *about what happens next when I am referred to Mental Health Services* ***S.S1.2 (a)*** *– All Mental Health Services (in-patient, community and specialist) provide* ***~~appropriate~~ accessible information in formats which are appropriate to the individual. The information should reflect the HSCB accessible communication guidelines and the Appointment Letter should include***	**√**

an appropriate version of 'Making the Most Of Your Appointment'. ***SS1.2 (b)*** *All Mental Health Services will provide* ***an accessible version*** *of 'Your Guide to Mental Health Services' at first appointment.*	
Section 2.1 – Standard One: SS1 – Access to Mental Health Services	**√**
Section 2.2 – Introducing Standard Two – Assessment, Formulation and Diagnosis The RCSLT consider that it would be helpful if this standard included an action to ensure that any individual providing assessment, care or interventions has the skill to identify speech, language and communication issues and or knows when and where to obtain accessible information resources, including inclusive communication strategies. This will be particularly important for individuals with additional learning needs.	**√**
Section 2.2 – Standard Two: SS2 – Assessment, Formulation & Diagnosis ***In order to address these issues, the RCSLT recommend that the wording below is changed to;*** *SS2.1 – I have an assessment undertaken including personal safety assessment where appropriate, and I am given my diagnosis, where relevant, in a timely* ***and appropriate manner.*** *S.S 2.1(a) – All individuals have a completed assessment that will include* ***communication,*** *pharmacological, physical health, psychological, nursing, occupational & social needs.* ***S2.1 (b) –*** *Staff are professionally competent to carry out assessment, formulation and diagnosis,* ***and make an onward referral for additional support to other services where appropriate.***	**√**
Section 2.3 – Introducing Standard Three – Personal Wellbeing Planning	**√**
Section 2.3 – Standard Three: SS3 – Personal Wellbeing Planning Considering the issues raised around consent, in our response above, ***the RCSLT recommend that an additional standard is included to ensure compliance with the mental capacity legislation.*** ***SS3.1 – The capacity to consent has been established in line with current legislative requirements*** **SS3.2** – With my consent, I jointly develop and receive a Personal Wellbeing Plan (PWP), which includes a Personal Safety Plan where appropriate	**√**
Section 2.4 – Introducing Standard Four – Care and Treatment	**√**
Section 2.4 – Standard Four: SS4 – Care & Treatment *Considering the issues raised around care and treatment and the incidence of speech and language and communication difficulties in this population,* ***the RCSLT recommend that this standard is amended as follows;*** *SS4.1(a) - All individuals receive care and treatment according to assessed needs and may include*	**√**

*the following – talking therapies, family and social interventions**, speech and language therapy,** occupational and creative therapies and health and wellbeing drug therapy.*	
Section 2.4 – Standard Four: SS4 – Care & Treatment SS4.2 – I will review with staff progress against my Personal Wellbeing Plan (PWP) on a regular basis	
Section 2.5 – Introducing Standard Five – Staying Engaged and Self-Management	
Section 2.5 – Standard Five: SS5 – Staying Engaged & Self-Management SS5.1 – I am involved in my own self-management and any decision to discharge me from Mental Health Services and I know how to re-enter services when I need to.	
Section 2.5 – Standard Five: SS5 – Staying Engaged & Self-Management SS5.2 – Mental Health Services ask me and my family/ carers for feedback about my care experience to improve quality of service	
Section 2.6 – Introducing Standard Six – Research and Development	
Section 2.6 – Standard Six: R1 – Research and Development R1 – All HSC Services promote, conduct and use research to improve the current and future health and wellbeing of the population	
Section 3 – Monitoring the Service Framework	
Section 4 – Supporting References Reference should be made to the Mental Capacity Act (Northern Ireland) 2016	**√**
Section 5 – Bibliography	
Section 6 - Appendices	

Q (i). Please indicate your views on the following statement (please tick response)

"It was easy to locate my specific standard/section of interest in the Service Framework document."

Strongly agree ☐ Agree ☐ Neither ☒ Disagree ☐ Strongly disagree ☐

Comment; None

Q (ii). Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, and which would alter the nature of this particular section/ standard?

Yes [√] No [ ]

Comments:

As already stated, the Royal College of Speech and Language Therapists consider that it would be helpful to have a standard for SS2.1(b/c) ensuring the correct implementation of the Mental Capacity legislation, as and when it is introduced.

Q (iii). Please indicate your views on the following statement (please tick response)

"The Service Indicators, user Experience Indicators (EFF), and the expected performance levels are reasonable, and they will help progress towards achieving the overarching standard(s)."

Strongly agree ☐ Agree ☒ Neither ☐ Disagree ☐ Strongly disagree ☐

Q (IV). Please indicate your views on the following statement (please tick response)

"I plan to use this standard to improve my practice, or services, for people with Mental Health needs."

Not applicable

References

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Royal College of Speech and Language Therapists

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