NHS England consultation: Proposed changes to the service specification for Tier 4 Child and Adolescent Mental Health Services: General Children's Services

Response from the Royal College of Speech and Language Therapists (RCSLT)

3. To what extent do you agree that the proposed specification clearly describes the service to be provided? (a sliding scale of 1-5 which ranges from strongly agree, agree, neither agree/disagree, disagree, strongly disagree)

Neither agree/disagree

Please state any areas where you feel the description of services could be improved.

The Royal College of Speech and Language Therapists (RCSLT) welcomes the fact that the proposed specification acknowledges the need for children and young people accessing Tier 4 CAMHS children's services to receive speech and language assessments (para 2.6.5) and speech and language therapy (para 2.7.11) and that these should be accessed and delivered in a timely way (para 5.2.1). However, the description of services could be improved by strengthening these references to recognise that:

> Children and young people with mental health problems, and those accessing mental health services, are at higher risk of having unidentified speech, language and communication needs (SLCN).

- 81% of children with emotional and behavioural disorders have significant unidentified language deficits (Hollo et al, 2014).

- Young people referred to mental health services are three times more likely to have some type of higher order language impairment than their non-referred peers (Cohen et al, 2013).

> Mental health assessments and treatments which are verbally mediated place significant demand on language processes. Unless children's SLCN are identified and their needs accommodated, assessments risk delivering inaccurate results, and treatment programmes risk being ineffective.

- The success of cognitive behavioural therapy is reliant on participants' language and verbal reasoning capabilities (Snow, 2013).

- Children and young people with higher order language impairments may be seen as uncooperative, resistant or argumentative when, in fact, they are not catching the nuances in conversation (Cohen et al, 2013).

> Given their unique clinical expertise in speech, language and communication, speech and language therapists (SLTs) have a crucial role to play in the assessment and treatment of mental health, and in preventing mental health problems escalating. As part of a multi-disciplinary team, appropriately specialised SLTs can:

- identify SLCN;
- contribute to differential diagnosis and psychological formulation;

- support children with SLCN to understand their diagnosis or psychological formulation;
- train and support others in SLCN awareness and how to respond, including through differentiation;
- ensure support, referrals, assessments, and interventions, which make significant demands on language processes, are accessible and accurate;
- provide speech and language therapy to those children who need it;
- support parents and carers to understand and respond to their child's SLCN, including understanding how their communication needs might impact on all aspects of development, including mental health;
- contribute to risk assessment and management including as part of discharge planning, for example by contributing to assessments of a child's capacity to infer and make judgements;
- enhance children and families' quality of life and wellbeing.

The RCSLT would therefore recommend that the references to speech and language therapy and assessments be strengthened as follows:

> Para 2.6.5:

"Dietician, speech and language assessments and occupational therapy (e.g. Activities of Daily Living (ADL), sensory and coordination, social skills) assessments and services may be required and where these are not directly provided by the Tier 4 service there should be defined agreements to ensure timely access/provision of during the course of the child's admission." [Original text]

Given the high prevalence of unidentified SLCN in children and young people accessing mental health services, and the impact that unidentified SLCN can have on the child's ability to benefit from assessment and treatment programmes, we recommend that all children admitted to CAMHS should be assessed by an appropriately skilled speech and language therapist as part of their comprehensive multi-disciplinary team biopsychosocial assessment.

We also recommend that where possible, these assessments should be conducted by a speech and language therapist who is part of the core multi-disciplinary team. This model can have benefits for children and young people, families and staff:

- Children and young people benefit from more consistent support, better understanding of their condition, as well as of the processes and procedures, resulting in increased empowerment to be involved in decisions about their own care.
- Families can be supported to develop their communication style to have more positive interactions with their child, and to understand how their child's SLCN may interact with their mental health needs.
- Staff benefit from being trained in how to adapt their communication style and differentiate their assessments and treatment to be more accurate and effective for children with communication needs, as well as having direct access to advice and input from a speech and language therapist.

We would also suggest that the term "speech and language assessment" be replaced with the term "speech, language and communication assessment" to recognise the role of speech and language therapists in assessing social aspects of communication, in addition to speech and language.

We therefore recommend that the proposed specification be strengthened to state that

"Speech and language therapy assessments of children's speech, language and communication will be required. Where possible these should be directly provided by the Tier 4 service. In circumstances where this is not possible there should be defined agreements to ensure timely access/provision of during the course of the child's admission."

> Para 5.2.11

"Services will comply with the following requirements… Facilitate access to and/or deliver timely and appropriate speech and language assessment and treatment during the course of their admission" [Original text]

For the reasons detailed above, the RCSLT strongly recommend that this requirement be strengthened and brought in line with the requirement for occupational therapy, to read as follows:

"Each child will have access to a speech and language therapist who will undertake a comprehensive speech, language and communication assessment and, as appropriate, will deliver a speech and language therapy programme based on identified needs."

4. To what extent are you satisfied that all the relevant information for this proposed service specification has been included? (a sliding scale 1-5: very satisfied, satisfied, neither satisfied/dissatisfied, dissatisfied, very dissatisfied)

Neither satisfied/dissatisfied

Please state any information you feel needs to be included.

While welcoming the inclusion of speech and language therapy in paragraphs 2.6.5, 2.7.11 and 5.2.1, the Royal College of Speech and Language Therapists (RCSLT) has identified a number of additional areas within the proposed service specification where we strongly recommend that speech, language and communication needs (SLCN) and/or speech and language therapy be included. This would reflect the evidence provided in our response to question 2 that:

> Children and young people with mental health problems, and those accessing mental health services, are at higher risk of having unidentified SLCN.

> Mental health assessments and treatments which are verbally mediated place significant demand on language processes. Unless children's SLCN are identified and their needs accommodated, assessments risk delivering inaccurate results, and treatment programmes risk being ineffective.

> Given their unique clinical expertise in speech, language and communication, speech and language therapists (SLTs) have a crucial role to play in the assessment and treatment of mental health, and in preventing mental health problems escalating.

Our recommendations are as follows:

> Para 2.1.10

Given the evidence of high levels of undiagnosed SLCN detailed in our response to question 2, the service specification should require that CAMHS staff in the crisis team have training in SLCN, and in particular the presentation of SLCN in children with identified mental health needs.

> Para 2.4.1

Given the high prevalence of co-occuring SLCN in children and young people with mental health needs, the second bullet point in para 2.4.1 should be amended to read:
"Primary diagnosis of mental disorder including children and young people with neurodevelopmental disorders including mild and moderate learning disability and autism, *speech, language and communication needs*, physical disabilities, or those with social care problems as secondary needs."

It is important that SLCN are included in this list of acceptance criteria as we are aware of a situation where a child with developmental language disorder (a condition where children have problems understanding and/or using spoken language) has been denied access to CAMHS because the local CAMHS service says it is unable to meet the child's communications needs.

> Para 2.6.4

As stated in our response to question 2, given the high prevalence of unidentified SLCN, and the impact of that SLCN on assessment and treatment programmes, the RCSLT strongly recommend that speech and language therapists should be part of the core multi-disciplinary team involved in children and young people's biopsychosocial assessment and formulation of their needs and care treatment plan. This would be consistent with the NICE guidance on recognising and diagnosing autism spectrum disorder in children and young people (2011), which states that speech and language therapists should be core members of the autism team.

We recommend this be specified in the relevant sections of paras 2.6.4, 4.1.3 and 5.2.1.

The case study of Inpatient CAMHS at Parkview Clinic below demonstrates the benefits that come from embedding speech and language therapists within the core multi-disciplinary team.

Inpatient CAMHS at Parkview Clinic

Birmingham Women's and Children's NHS Foundation Trust provide specialist CAMHS inpatient care, from a single site at Parkview Clinic in Moseley, Birmingham. There are three inpatient wards at Parkview Clinic with 34 inpatient bed.

At Parkview Clinic three speech and language therapists are directly embedded within the ward teams. The speech and language therapists are primarily involved in the care and support of young people with autism. In line with the NICE guidance on recognising and diagnosing autism spectrum disorder in children and young people (2011), the speech and language therapists at Parkview Clinic play a key role in making the autism diagnosis, as well as psycho-educational work with young people and their families. The speech and language therapists also provide training to other staff, develop documentation to prepare young people for coming into hospital, and work with the young people to enable them to understand the policies and procedures that will be involved, for example understanding what a care plan is for and what will happen in a review meeting.

As a result of the presence of embedded speech and language therapists within the multi-disciplinary team the service has been able to make more reliable, timely and effective diagnoses of ASD. Typically 60-65% of annual admissions to the service will have ASD as part of their presentation – which in the majority of cases has not been diagnosed prior to admission. In particular the service is identifying a high number of female patients whose ASD had not previously been identified.

Other benefits reported by staff include:

- Improved quality of care and patient experience. Assisting young people to understand their ASD and its effects on their functioning can enable them to move on with their lives and reduce the risk of further readmissions.
- Increased involvement of young people in decision making about their care.
- Other staff are supported to adapt their communication style, interactions and treatment in order to enable recovery. The application of these principles has significantly reduced the need for holds/restraint when young people have presented with challenging behaviour.

In 2016 the service was awarded Autism Accreditation by the National Autistic Society; the accreditation was led by a speech and language therapist.

> Paras 2.7.2 - 2.7.3

Given the high prevalence of SLCN in this population, we recommend that speech, language and communication needs should be included in the list of domains that the care plan will reflect. It will also be important that the child's communication needs are taken into account when developing a child-friendly copy of the care plan.

> Para 2.7.12

Speech and language therapists as part of the core multi-disciplinary team have a key role to play in parent and family work to support positive family relationships.

> Para 2.14.7

It is important to recognise that many children and young people have special educational needs that have not been identified; this is particularly the case for children and young people with mental health needs who may have co-occurring needs such as SLCN which are missed or misidentified.

> Para 2.22.3

Given the high prevalence of co-occuring SLCN in children and young people with mental health needs, and the fact that speech and language therapy may not be considered a "physical health service", the list of interdependent services at regional and sub-regional levels should include speech and language therapy services.

> Para 4.1.3

The RCSLT would recommend adding an objective as follows:
"Identify and respond appropriately to the totality of the child's needs as they impact on their mental health (for example, their speech, language and communication needs)."

This is essential in order to achieve some of the other stated objectives, including to "assess, formulate and treat mental disorders" and to "reduce the risk of harm to self and others".

> Para 5.2.1

As stated above, it is crucial that the specification requires that the model of care is delivered through an MDT which includes speech and language therapists (bullet point 13). This view is strengthened by the requirement of bullet 14 that the MDT be experienced in the assessment, identification and management of children and young people with neurodevelopmental disorders including learning disabilities and/or autism, given that NICE guidance states that a speech and language therapist should be a core member of the autism team who carry out the autism diagnostic assessment.

5. Are there any parts of the specification that are unclear and would benefit from greater clarification? (Yes/No).

Yes

Please state any areas you feel are unclear within the specification.

> Para 2.5 Exclusion criteria

"Children and young people with developmental disorders whose needs cannot be met by the service (e.g. severe or profound learning disabilities) – these children should be treated in specialised Tier 4 learning disability services." [Original text]

We are concerned that as currently written, the fifth bullet point could be used to exclude children with developmental language disorder from accessing CAMHS Tier 4 services – as detailed in our answer to question 3, we are aware of a service that has already done this. We recommend that the bullet point be amended to remove this ambiguity by referring specifically to children with severe and profound learning disabilities, as follows:

"Children and young people with severe or profound learning disabilities whose needs cannot be met by the services – these children should be treated in specialised Tier 4 learning disability services."