**RCSLT Wales Response to the Together for Mental Health Delivery Plan 2016-2019**

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), SLT students and support workers working in the UK. The RCSLT has 15,000 members including around 88% of SLTs working in the UK. We promote excellence in practice and influence health, education, care and justice policies.

Question 1 - Do you feel that there are any priority areas missing from the delivery plan? Please tick appropriate box

Yes

No

Partly

Where you have ticked ‘Yes’ or ‘Partly’ please explain what you think these are :

RCSLT Wales believes that the lack of specialist provision of services for Speech, Language and Communication Needs (SLCN) within mental health services constitutes a very serious weakness in the delivery plan. Our response below describes the importance of the speech and language therapist role within mental health services and suggestions for how the profession may support the achievement of goals and actions.

Consensus across several sources of evidence indicates up to 8/10 mental health service users will have speech, language and communication difficulties or needs (SLCN) - that is a permanent or transient difficulty understanding the spoken and / or written word and / or expressing themselves effectively verbally, non-verbally and / or In writing. SLCN are a risk factor for mental illness - contributing significantly for example to social exclusion and undermining protective factors such as access to employment. There are exceptionally high levels of SLCN among those with developmental disorders or those who have experienced trauma, e.g. 50% of 5yr olds entering school from deprived communities; 80% or more of people with learning disabilities; looked after children and young people; 60% of young offender populations; children who have experienced abuse; 33% of people who have had a stroke; brain injured;; substance abusers etc. SLTs have a key role to play in identifying and analysing the specific nature the speech and language impairment and eating and swallowing problems of persons with suspected or actual dementia. They also have a unique role in identifying the social communication characteristics of importance to diagnosis of autistic spectrum disorders, contributing to differential diagnosis and facilitating identification of retained abilities and co-morbidities e.g. hearing loss.

Person centred, dignified, safe and effective, patient experiences are dependent on effective two way communication, whether face to face or written, between service providers and actual or potential service users. Thus speech and language is critical in the diagnosis, monitoring and support of people with mental health problems.

Despite the high prevalence of SLCN within mental health service users, there are extremely limited speech and language therapy posts across Wales dedicated to this client group. We would be keen to discuss this issue further and can provide examples of the impact of SLT role within this area.

**Question 2**

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| **Within each priority area we have identified a number of goals and key actions. Do you feel these are the right ones? Please tick appropriate box** |
| Yes | No  | Partly x |
| Where you have ticked ‘No’ or ‘Partly’ please provide an explanation and any alternative suggested wording. In your answer please state which priority area/goal or key action you are commenting upon.  |

In common with our more substantive comments above about the role of SLTs within mental health, RCSLT Wales have a number of recommendations concerning goals and key actions. These are groups under a number of themes namely outcomes, the importance of making information accessible to the client group, care and treatment planning and the role of SLTs within teams and at a strategic level.

**Outcomes**

We are concerned that many of the performance measures within the delivery plan remain focussed on figures in terms of measuring numbers of professionals utilising resources/ undertaking training etcetera. We would welcome a greater balance between indicators and outcome measures in keeping with the ethos of the strategy. All SLT services in Wales are implementing training in Therapy Outcome Measures. Person-centred outcome measures such as TOMS report the impact services have on people, look at the gains in activity, participation, impairment and wellbeing. We would advocate a move to include this patient focussed outcome measure alongside those of input and activity.

**Accessible information**

There are frequent references within the plan to good information and support at all levels from level 0 upwards. RCSLT wishes to highlight the need for accessible information and interventions given our comments above about the SLCN needs of groups most likely to appear in mental health services, particularly those vulnerable groups with ‘protected’ characteristics. Any service which requires the potential service user to read, write (on line) or speak on the phone clearly has to accommodate the needs of these that can't do that easily or effectively. Service providers need to be made aware of the impact of SLCN on the service users ability to access and / or benefit from services. Support to identify communication access barriers and training to enact evidence based solutions to overcome these would facilitate SLCN sensitive service improvement. SLTs have a key role in enabling individuals to integrate socially and to access and benefit from verbally mediated interventions. It may also be helpful to consider initiatives such as social skills training alongside other initiatives such as Book Prescription Wales and mindfulness training.

**Care and treatment Plans**

RCSLT is committed to person-centred planning and welcomes the focus in the delivery plan on care and treatment plans which reflect the involvement of service users and their carers. However we have a number of concerns about whether systems are in place to support those with communication and/or cognitive difficulties to make decisions about their care. We suggest that in order to encourage increased participation, there is a need to provide training, tools and knowledge regarding how to sensitively and appropriately involve people with SLCN in discussions. Packages and tools which could be used to support participation in the planning process include Talking Mats; a communication symbols tool developed by speech and language therapists, the use of symbols and appropriate language.  SLTs have specialist knowledge of this area and should be an integral part of multidisciplinary teams.

**SLTs within the multidisciplinary team**

As highlighted above, SLTs have a unique role in identifying the communication characteristics and swallowing disorders, contributing to differential diagnosis, facilitating identification of retained abilities and co-morbidities and contributing to improved well-being. They should be an integral member of interdisciplinary health and social care teams supporting people with mental health problems and contributing to their assessment, diagnosis and care plans. At a strategic level, they provide, education, training and support as part of the public health agenda, promoting health and well-being in respect of communication and swallowing. This role must be recognised within mental health provision and strategic discussions. NHS benchmark UK Evidence shows that there is a positive correlation between the number of professionalisms in a MDT and improved patient outcomes.

Question 3 - Do you think we have the correct balance between improving the mental health and resilience of the whole population and the care and treatment for those individuals with mental health problems?

Yes

No

Partly

**Question 4 - The introduction to the delivery plan provides information on the prudent health and care agenda. Do you think we should include any other actions in the delivery plan around the prudent agenda and how this is rolled out across Wales in terms of best practice?**

#### RCSLT believe that the extremely small numbers of SLTs working within mental health is a matter of concern and inconsistent with prudent healthcare principles. We have particular comments with regards principles 1 and 2 namely;

#### achieve health and wellbeing with the public, patients and professionals as equal partners through co-production and

#### care for those with the greatest health need first, making the most effective use of all skills and resources;

Given the high proportion of children and adults presenting to mental health services with disturbances of speech, language and communication and/or eating and swallowing difficulties, there is a pressing need for services to be SLCN sensitive to to support a recalibrated relationship between professional and the client group. Given SLT specialism within this area, greater inclusion of the profession within teams and involvement in policy/strategic decision-making is key to making the best use of all skills and resources.

**Question 5 - Do you think the actions will provide a positive impact of the proposals for people with the following protected characteristics:**

**           Disability**

**           Race**

**           Gender and gender reassignment**

**           Age**

**           Religion and belief and non-belief**

**           Sexual orientation**

**           Human rights**

**           Children and young people**

Yes

No

Partly

Given our comments above, we have particular concerns about the impact of the proposals for people with disabilities and the current ability of the system to support participation within the care and treatment process for those with SLCN.

Question 6 - Do you think the actions will provide a positive impact on the opportunities for use of the Welsh language?

Yes

No

Partly

Where you have ticked ‘No’ or ‘Partly’ please explain how you feel we could strengthen opportunities for using Welsh to ensure it is treated no less favourably than the English language? :

No specific comments.

Question 7. Additional comments We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use the space below to comment :

RCSLT would like to take this opportunity to welcome the announcement of the new dementia strategy and to highlight the importance of SLTs role within dementia care. Dementia often results in communication problems for the person with dementia and with their carers, as well as eating, drinking and swallowing difficulties. Speech and language therapists have the specialist skills and knowledge to assess and provide support in all these areas yet their role in the diagnosis and care of people with dementia is often overlooked. Consequently, very few communication services are commissioned for those who need them the most. Currently there is only 1 SLT working in memory clinics in Wales.

Within the new strategy document, RCSLT Wales are calling on Welsh Government to;

1. recognise the communication and eating, drinking and swallowing needs of people with dementia.
2. Ensure people with dementia have access to the speech and language therapy services they need in hospitals, care homes and in their own homes.
3. Set the highest standards for the education and training of health professionals, residential and home care staff to understand the communication difficulties language therapy support they need.
4. 4 Provide education, support and training for health professionals, care home and agency staff to identify the early signs of eating, drinking and swallowing difficulties, and meet the nutritional needs of people with dementia.

We would happy to provide further evidence on the vital role of SLTs within dementia.