Welcome to the online keynote address:

COMMUNICATION, SWALLOWING AND MENTAL HEALTH

FRIDAY 9TH OCTOBER 2020
13:00

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
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Welcome

Kamini Gadhok, MBE

CEO, RCSLT

Welcome

Professor Karen Bryan, OBE

Vice Chancellor, York St John University

Housekeeping

- Send in chat messages at any time by using the Chat button
- Send in questions by using the Q&A button
- This event is being recorded. See here for recordings: https://www.rcslt.org/webinars
- Please do fill in the survey that we'll share after the event
- Rebecca Corderoy is on hand to help!

Aims and objectives

By attending this keynote address you will hear about:

- The links between mental health and communication and swallowing needs
- The role of speech and language therapy in mental health
- The impact of speech and language therapy in supporting people with mental health disorders
- What needs to happen in mental services for people with communication and swallowing needs

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YORK ST JOHN UNIVERSITY

Communication, Swallowing and Mental Health

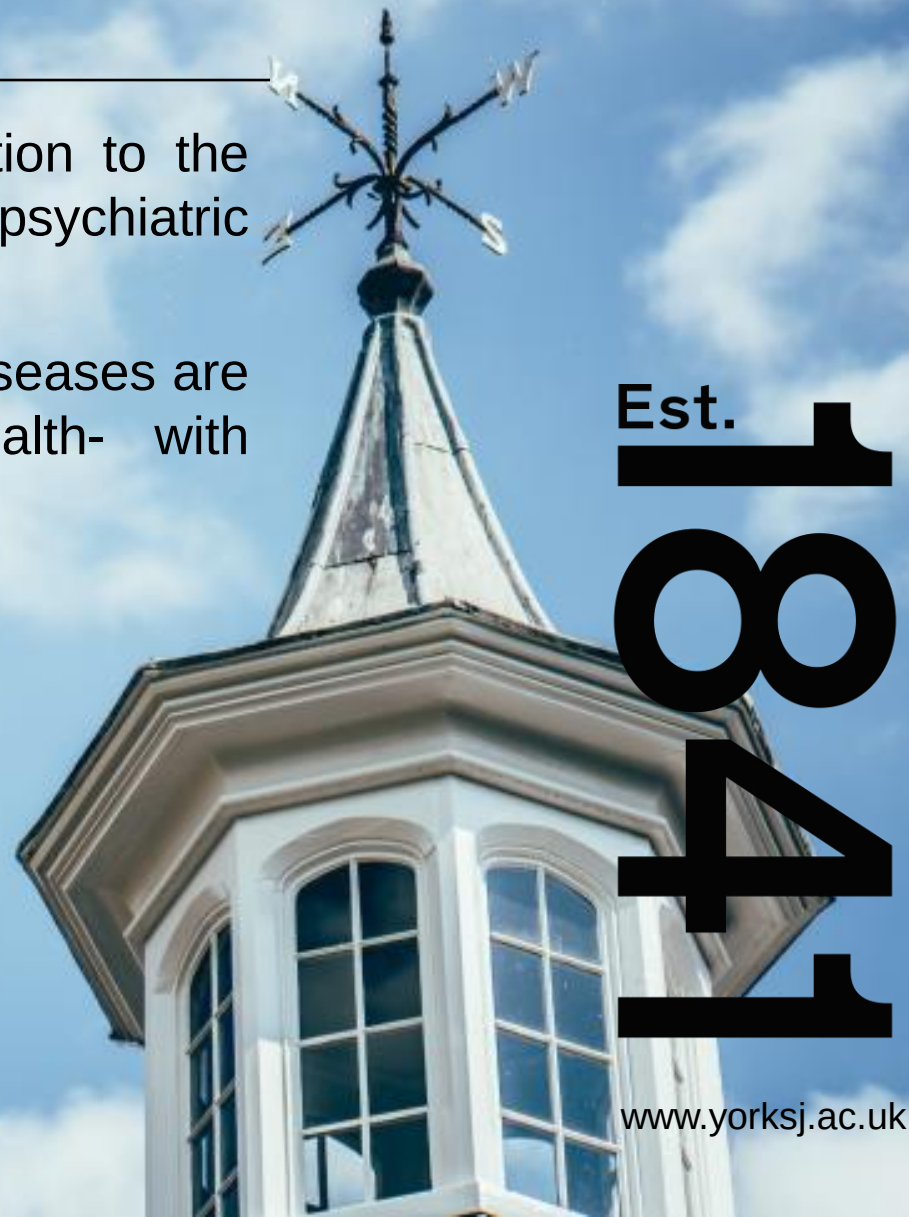
Professor Karen Bryan OBE

Agenda

- Mental health and communication and swallowing needs
- Role of speech and language therapy in mental health
- The impact of speech and language therapy in supporting people with mental health disorders
- RCSLT campaign on mental health.

World Mental Health

- Mental health conditions make a substantial contribution to the global burden of disease with 14% attributed to neuropsychiatric disease (Prince et al 2007)
- WHO estimate that (apart from Africa), non infectious diseases are rapidly becoming the dominant causes of ill health- with neuropsychiatric disorders accounting for 32% of non-infectious diseases in high income countries such as the UK and USA
- COVID-19 mental health impact
- ‘No Health without Mental Health’ WHO 2005 widely accepted.



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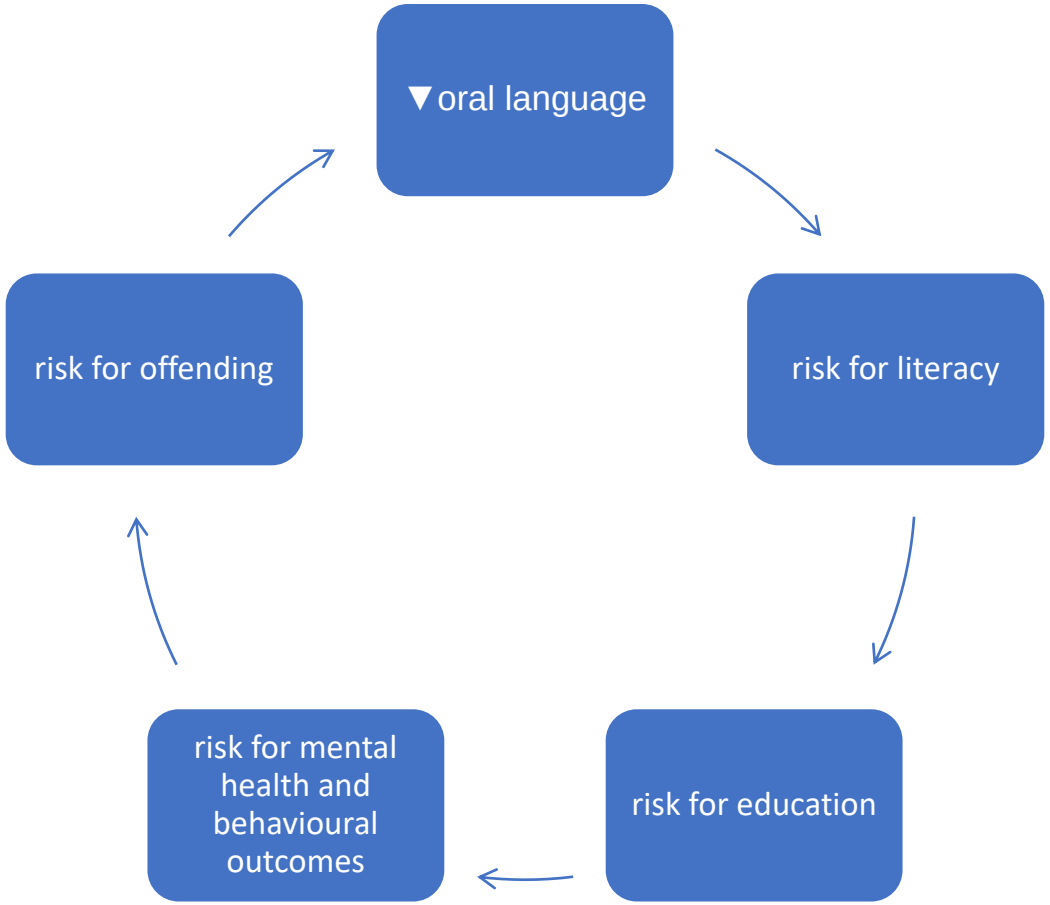
Causes of communication difficulties

- Difficulties arising from pre-existing SLCN which may have contributed to developing mental health problems eg a stammer or unremediated Developmental Language Disorder (Winstanley et al 2018)
- Difficulties that are an intrinsic part of the mental health condition eg schizophrenia
- Difficulties resulting from the management of a mental health condition eg a side effect of treatment such as drug induced dysarthria (motor speech production difficulty) or swallowing difficulties associated with anti-psychotic medication side effects
- See Bryan 2014 for a full review of psychiatric disorders and communication.

Compounding risk model (Bryan et al 2015)



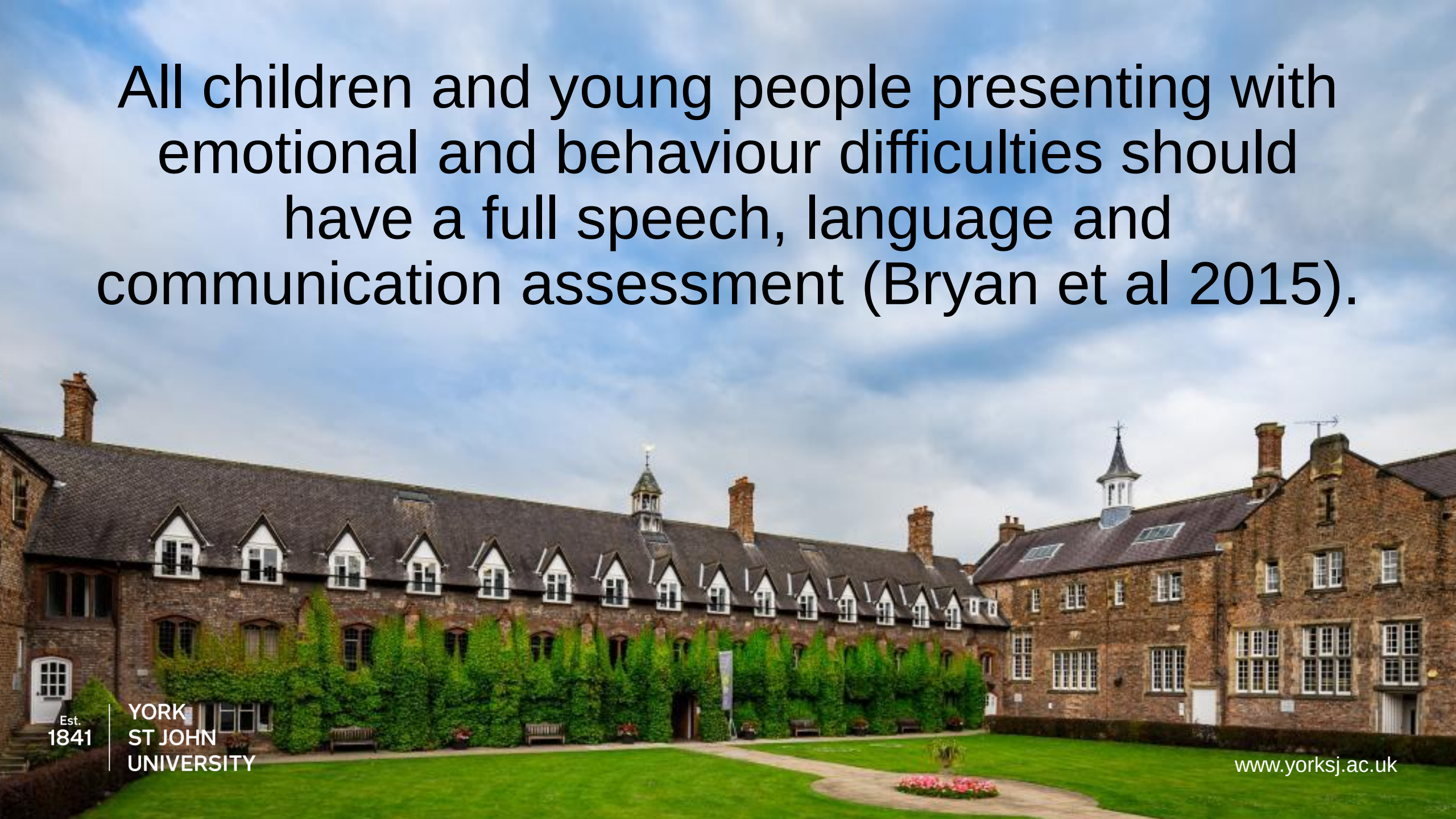
Co-morbidity between communication difficulties and mental health

- 81% of children with social, emotional and mental health needs have significant unidentified language deficits (Hollo et al 2014)
- Adolescents with DLD are more likely to have depression and anxiety than their peers (Botting et al 2016)
- Children and young people at increased risk of developing mental health problems are likely to have SLCN including those with anxiety and depression, autism, learning difficulties, ADHD and those in care and involved with the criminal justice system.

Co-morbidity continued…

- During the school years, loneliness and peer rejection may contribute to adverse mental health outcomes for young people with compromised language skills (Durkin & Conti-Ramsden, 2010)
- Evidence from other adolescent populations also suggests that SLCN may contribute to lack of achievement in education (Clegg, Stackhouse, Finch, Murphy, & Nicholls, 2009; Spencer, Clegg, Stackhouse, & Rush, 2017)
- Clegg et al. (2009) showed that over 60% of children facing school exclusion had SLCN
- SLCN are also commonly associated with other developmental conditions such as attentional problems, intellectual disability and autism spectrum disorders (Paul & Norbury, 2012)
- Hughes et al (2017) reported high levels of neuro-developmental co-morbidity in young offenders with language difficulties.

All children and young people presenting with emotional and behaviour difficulties should have a full speech, language and communication assessment (Bryan et al 2015).



Adults with communication difficulties

- Adults with mental health conditions that affect communication e.g. schizophrenia, depression etc
- People with acquired communication difficulties eg aphasia, dysarthria, Parkinson's disease, multiple sclerosis etc are all at risk for mental health difficulties
- Adults with enduring developmental difficulties eg learning difficulties are also at risk for mental health difficulties
- It is widely recognised that SLT intervention has a significant impact on preventing mental health difficulties in these populations (Code and Hermann 2003).

Eating and swallowing difficulties

- Dysphagia (swallowing difficulty) occurs in 35% of adult acute inpatients and 27% of community mental health settings (Regan et al 2006)
- Causes may be neurological, side effects of medication or behavioural (eg fast eating syndrome) (Dziewas et al 2007)
- Elevated risk of choking (Kulkani et al 2017)
- Also significant negative impact on wellbeing and physical health.

Ageing populations

- As well as more people in the community having age related conditions such as dementia, older prisoners are the fastest growing sector of the prison population (Stevens et al 2017)
- Faxel et al (2016) showed that 14% of prisoners worldwide have major depression or psychosis. Also high rates of substance misuse strongly associated with re-offending and early mortality (Chang et al 2015)
- Di Lorito et al 2017 found 38.4% of older prisoners with a psychiatric disorder
- Combalbert et al 2018 found that 19% of over 50's in prison had an MMSE indicating dementia and 89% had a Frontal Assessment Battery (Dubois et al 200) profile indicating executive functioning difficulties
- See Bryan (in press) Adults in the Prison Population.

SLT role in MH: assessment

Starting to be recognised! ‘Rehabilitation for patients with complex psychosis’ (NICE 2020).

Assessment of speech, language and communication skills

- Crucial issue is whether language skills are there (or not) and used (or not)
- Establish the language skills level to make informed decisions about suitability for verbally mediated interventions eg anger management and to indicate whether the patient has the necessary skills to cope with group based interventions
- Establish capacity for *informed* consent
- Improve the accuracy of risk assessments by making information accessible and supporting patient to communicate their needs and issues
- Gain additional information about patients worries, dislikes, pre-occupations etc
- Supporting the multi-disciplinary team to have a full profile of the patient and to support staff to achieve effective communication.

SLT role in adult MH: interventions

- Increasing access to other interventions- may include targeted language development, group interaction skills etc
- Specific individual therapy programme eg fluency or swallowing interventions
- Language and communication programmes delivered in partnership with other staff eg key workers, education staff, nursing and OT assistants
- Joint working eg with psychiatrist to calibrate drug dosage in manic depression to manage willingness to speak vs dysfluency
- Joint working to enable patients to benefit from other interventions such as education, art therapy, vocational workshops (largely adapting interventions, supporting communication and scaffolding understanding).

SLT role in child MH: prevention

- We need to talk: Access to speech and language therapy, published on 11 June 2019
- The Government recognises that speech, language and communication skills are a primary indicator of child wellbeing and will continue to provide strategic leadership across education, health and social care to narrow inequalities
- Communication skills are a ‘protective factor’ for mental health
- SLT has a role in universal and targeted services to prevent MH difficulties by ensuring that children develop speech and language skills.

SLT role in MH: prevention

- Enable recovery by preventing dis-engagement by (patients and staff) by supporting and enabling more effective communication
- Prevent negative perceptions developing around patients – eg he needs help with understanding vs he is unco-operative
- Prevent swallowing difficulties from escalating and reduce risks of choking (and ensure patient has enough to eat and drink)
- Support access to other services and prevent inappropriate interventions that the patient has insufficient language skills to engage with (economic impact also)
- Prevent mental health problems escalating by enabling effective communication
- Prevent under or over assessment of risk by enabling effective communication (economic impact if risk is lower).

Techniques and evidence

- Person-centred and appropriately paced
- Goal directed (language and functional goals that are important to the patient)
- As for the disorder presenting, and backed up by the evidence base eg autism (Reichow et al 2012), learning disability Allen et al 2013), stammering (Bothe et al 2006)
- Strong enabling role, joint working, supporting others to communicate (staff and families)
- Evidence base specifically in relation to Mental Health see recently published. *Communication and Mental Illness: Developing Theory, Growing Practice (Jagoe & Walsh 2020 J&R press).*

Example: (autistic spectrum plus)

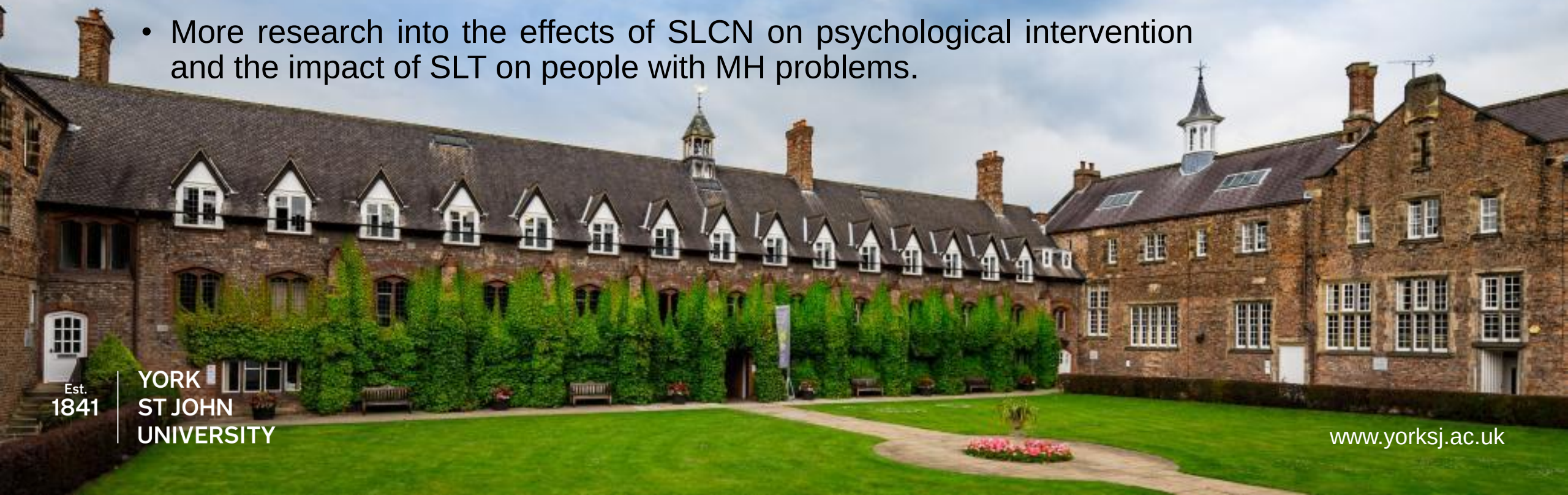
- 20 year old man, resident for two years, no meaningful interaction with staff and attends no sessions off the ward
- ‘Can you help’ referral
- Gathered information and observed patient on the ward and talked to patient in corridor – would not come into a room with me but agreed to me coming back
- Established fortnightly ‘contact’ mostly refused to engage then started to come into room. Over nine months worked from 5 second toleration to 10-15 minutes
- Worked on turn-taking initially largely non-verbal to increase time with another person- card sorting, basic vocab, sentence completion- very structured and very repetitive ie safe - more language than expected emerging and very strong regional accent.

Continued…

- Over the next three months completed full language assessment
- Full profile a “game changer” for the MDT- a lot more language than expected apparent (dev. level of about 10 years), some insight into his thinking could be carefully explored, more informed risk assessment ‘reduced’ his risk
- Started functional language programme- not very successful as ward reluctant to help so no momentum outside still very short sessions
- Change of ward and consultant resulted in an off ward programme starting, key worker supported to manage very structured conversation during physical activity eg table tennis or washing up
- Supported garden and gym staff to reduce communication loading and manage basic structured communication and checking back
- Over the next year his activity programme ramped up, therapeutic engagement with psychiatrist commenced – agreed to suspend language sessions as they were getting in the way of his off ward activities!
- Flagged need for further SLT before any verbally mediated interventions.

RCSLT campaign

- SLTs should be a core part of the MDT in all relevant child, adolescent and adult MH services:
  - To support identification of communication and swallowing needs
  - Provide SLT for those who need it
  - Provide training of the wider mental health workforce
- Support the wider workforce to identify and respond to SLCN
- More research into the effects of SLCN on psychological intervention and the impact of SLT on people with MH problems.



Any Questions?

Thank you for joining

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- RCSLT COVID-19 guidance page - https://www.rcslt.org/learning/covid-19/rcslt-guidance
- RCSLT PPE guidance - http://bit.ly/RCSLTPPE-Sept2020
- RCSLT Telehealth guidance - http://bit.ly/RCSLT-telehealth
- RCSLT mental health campaign: https://tinyurl.com/ya6p5epb
- RCSLT Online Outcomes Tool (ROOT) - https://rcslt-root.org/Welcome

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