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Speech And Language Therapy & People With Mental Health Disorders: Reflections & Dimensions

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No – N/A

PANEL : LIFESPAN

SLT in **Child & Adolescent** Mental Health Disorders in Ireland : Core Team Member & our Diversifying Role

- Sarah Burns & Mary Scullion



Speech and Language Therapy **for Young People** at Risk - Exploring the Interface between Communication, Mental Health and Developmental Trauma

- Eimear Ryan



Speech and Language Therapy in **Adult** Mental Health: Growing Opportunities and Changing Practice

- Dr. Caroline Jagoe & Jennifer Brophy



BACKGROUND

- **many dimensions** of practice in SLT with people with mental health disorders in Ireland
- based on the premise that, since communication and mental health (and disorder) are intrinsically linked, **the SLT is uniquely placed to work directly with, and alongside,** this population and their families in health, educational, vocational and community contexts

BACKGROUND

- IASLT invited members of the **Special Interest Group in Mental Health** to update a standards of practice document from 2006.
- almost 10 years on from the original document (in late 2015), **Speech and Language Therapy in Mental Health Services: A Guidance Document 2015** published by IASLT.
- document **provides clear evidence** of how far this area of practice has come
- outlines **exciting and innovative processes** in clinical services, across age ranges and differing clinical presentations.
- **descriptive** not prescriptive



Speech and Language Therapy in
Mental Health Services;
A Guidance Document, 2015.

Date of approval by IASLT Council;	Policy Operational Date;	Policy Review Date;
10 th October 2015	22 nd October 2015	2018

UNDERLYING PRINCIPLES

‘centrality of language’ to
emotional and behavioural
wellbeing

(Gravell & France, 1991)

‘Language tethers us to the
world ; without it we spin
like atoms’

(Penelope Lively, *Moon Tiger*,
(Novel) 1987)



UNDERLYING PRINCIPLES

Intimate overlap between
SLCN and MHDs

Causal ?

Intrinsic ?

Chicken **or** Egg?

The relationship is '**complex,
multi-dimensional and
transactional**' (Tannock, 1996)

⇒ Chicken **and** Egg

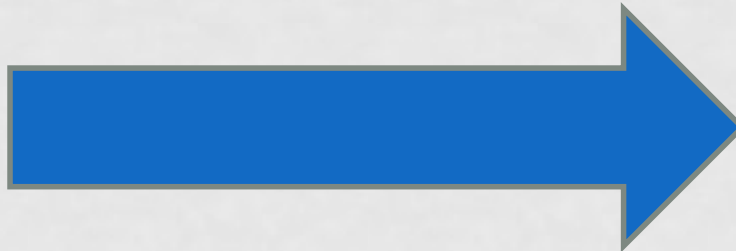


LANGUAGE, COMMUNICATION & MHDS

- association between language & communication deficits and MH difficulties increase over time
- represents a significant risk factor for MH difficulties in adulthood

(Clegg et al., 2005; Schoon et al., 2010; Law et al., 2009, Whitehouse et al., 2009, Conti-Ramsden et al., 2013)

Language
Impairment



Mental Health
over time



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REFLECTIONS: THEN & NOW



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SLT & MHD	Then (1980s-1990s)	Now 2000s -
Model	Medical model ; impairment focus Traditional model of SLT	Social Model* Recovery Model Client voice /personhood
MDT	Multidisciplinary Some joint work	Multidisciplinary /Interdisciplinary-joint / Trans-disciplinary *
Duration of SLT episodes	Open ended Long periods (over years)	Brief therapy ; Solution focused 'Dosage'; (Specific) Needs -led More careful 'timing'
Age profile	Preschool -> School age (e.g. Preschool -'Child Therapy Unit')	Age profile increased 16-18 yrs (HSE, 2014) Mostly school age children/ adolescents Less preschool but some infant MH
Presentations	e.g. children with Hx of Abuse; Anxiety; Autism; Asperger's Syndrome; ID; Selective Mutism; conduct disorders/ school refusal etc.	ADHD ASD (co-morbid mental health disorders) Complex presentations / Increased distressed (e.g. eating/mood disorders)
Focus	Speech & Language skills Some communication 1:1 (limited group, some consultative)	Less speech Language & communication (holism) 1:1; group ; consultative school/family
Site	Clinic based	Multi-site *
SLT Services	Limited CAMHS (Dublin) Limited adolescent No SLT adult services	CAMHS increased- National (HSE 2014, 2016) Focused adolescent services Adult service – limited (2006) *

PARALLELS : MODELS

Recovery Model

SLT social model

It is a means to develop a 'new meaning and purpose in one's life as one grows beyond the catastrophic effects of [psychiatric] illness'

(Anthony, 1993; 527)

'a transformation of the self wherein one both accepts one's limitation and discovers a new world of possibility'

(Deegan, 1996; 13)

'Living with' mental health difficulty

Person as an active agent in the recovery process

Recovery is something a person does, not something that is done to them

Collaboration

'Living with' communication disorder

Goal setting from perspective of the person

Authentic involvement of the person

Partnership

TRANS - DISCIPLINARY ? EMERGENCY COVER?



IRISH ASSOCIATION of SPEECH & LANGUAGE THERAPISTS

Statement relating to the role of the Speech and Language Therapist in Mental Health Teams

IASLT hold the position that working with clients who do not present with, or are not suspected of presenting with, communication and swallowing disorders is outside the scope of practice of a Speech and Language Therapist. Furthermore, it is outside the scope of practice of a Speech and Language Therapist to undertake the mental health assessment of clients with suicidal ideation or threatening self-harm, referred through the CAMHS Emergency System.

September 2014

SITES OF CARE

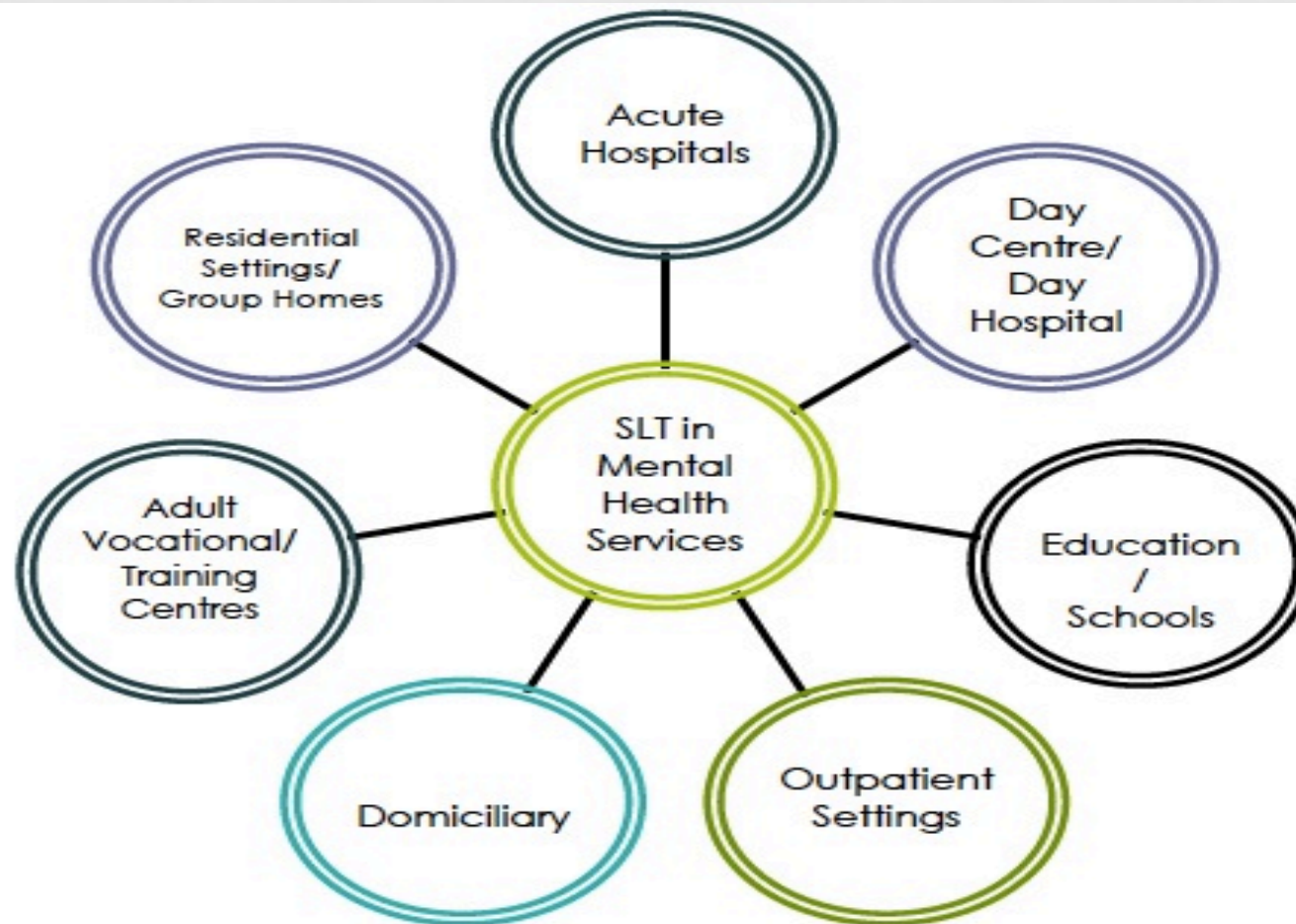


Figure 5: Contexts of SLT service provision in mental health services

ADULT SERVICE: RECOGNITION IF NOT (SUSTAINED) ACTION

- Very limited services, though recognition of need
- Some recent developments SLT involvement in first onset psychosis (DETECT)

Original

A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders

Irene Walsh, Julie Regan, Rebecca Sowman, Brian Parsons, A. Paula McKay

Ir J Psych Med 2007; 24(3): 89-93

WHERE ARE WE GOING?

- practice of SLT in mental health in Ireland is constantly **evolving**
- clinicians and researchers continue to **add to the evidence base** in the pursuance of best practice in this area

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• Outstanding questions

Questions that should be addressed include:

- How can we continue to build a robust evidence base for SLT in mental health?
- How can SLTs support and involve people who access mental health services in planning and implementing a more user led service?
- How do we map outcomes of intervention?
- How do we continue to increase knowledge and awareness of the need for SLT in mental health services across the lifespan?
- What are the changes and challenges within the mental health system which will influence SLT practice e.g. changing demographic in CAMHS caseloads, involvement of service users in service provision etc.?
- How can SLTs in mental health support the education and training of SLT students in this area of practice?
- How can we ensure ongoing professional development and support for SLTs in mental health against a backdrop of time and resource pressures?





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THANK YOU

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