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

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Disclosures

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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
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)
REFLECTIONS: THEN & NOW
<table>
<thead>
<tr>
<th>SLT &amp; MHD</th>
<th>Then (1980s-1990s)</th>
<th>Now 2000s -</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model</strong></td>
<td>Medical model; impairment focus&lt;br&gt;Traditional model of SLT</td>
<td><strong>Social Model</strong>&lt;br&gt;<strong>Recovery Model</strong>&lt;br&gt;Client voice/personhood</td>
</tr>
<tr>
<td><strong>MDT</strong></td>
<td>Multidisciplinary&lt;br&gt;Some joint work</td>
<td>Multidisciplinary / Interdisciplinary-joint / Trans-disciplinary *</td>
</tr>
<tr>
<td><strong>Duration of SLT episodes</strong></td>
<td>Open ended&lt;br&gt;Long periods (over years)</td>
<td><strong>Brief therapy</strong>: Solution focused&lt;br&gt;‘Dosage’; (Specific) Needs-led&lt;br&gt;More careful ‘timing’</td>
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<tr>
<td><strong>Age profile</strong></td>
<td>Preschool -&gt; School age&lt;br&gt;(e.g. Preschool - ‘Child Therapy Unit’)</td>
<td>Age profile increased 16-18 yrs (HSE, 2014)&lt;br&gt;Mostly school age children/adolescents&lt;br&gt;Less preschool but some infant MH</td>
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<tr>
<td><strong>Presentations</strong></td>
<td>e.g. children with Hx of Abuse; Anxiety; Autism; Asperger’s Syndrome; ID; Selective Mutism; conduct disorders/school refusal etc.</td>
<td>ADHD&lt;br&gt;ASD (co-morbid mental health disorders)&lt;br&gt;Complex presentations / Increased distressed (e.g. eating/mood disorders)</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Speech &amp; Language skills&lt;br&gt;Some communication&lt;br&gt;1:1 (limited group, some consultative)</td>
<td>Less speech&lt;br&gt;Language &amp; communication (holism)&lt;br&gt;1:1; group; consultative school/family</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Clinic based</td>
<td><strong>Multi-site</strong> *</td>
</tr>
<tr>
<td><strong>SLT Services</strong></td>
<td>Limited CAMHS (Dublin)</td>
<td>CAMHS increased- National (HSE 2014, 2016)&lt;br&gt;Focused adolescent services&lt;br&gt;<strong>Adult service – limited</strong> (2006) *</td>
</tr>
</tbody>
</table>
PARALLELS : MODELS

Recovery Model

- ‘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

SLT social model

- ‘Living with’ communication disorder
- Goal setting from perspective of the person
- Authentic involvement of the person

Collaboration
Partnership

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)
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
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)

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 Psychiatr 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?
THANK YOU
REFERENCES


• (http://www.hse.ie/eng/services/list/4/Mental_Health_Services/CAMHS/CAMHSsop.pdf) [viewed 28.09.15]


