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Speech Pathology Australia

Speech Pathology Australia's Submission to the Royal Commission into Victoria's Mental Health System

5 July 2019

The Speech Pathology Association of Australia Limited
ABN 17 008 393 440

Ms Penny Armytage
Chair
Royal Commission into Victoria's Mental Health System
PO Box 12079
A'Beckett Street
Victoria 8006

Dear Ms Armytage

Thank you for opportunity to provide comment to the Royal Commission into Victoria's Mental Health System (the Commission). Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing almost 10,000 members, 2521 in Victoria. Speech Pathology Australia is also an active member of Mental Health Australia.

Speech pathologists are university trained allied health professionals who specialise in assessing, diagnosing and treating speech, language and communication disorders and swallowing difficulties. The impact of communication and swallowing difficulties can be considerable, negatively affecting an individual's academic achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life.

There is a substantial body of evidence demonstrating a strong association, with complex, multifactorial links, between communication disorders and/or swallowing problems and mental illness. Research demonstrates that the majority of people living with a mental illness experience significant communication difficulties, and many have difficulty swallowing food and/or drinking safely.

Speech pathologists play an important role in early identification and assessment for populations at risk of communication and swallowing difficulties that are associated with mental ill-health, as well as in management of communication and swallowing disorders in people with recognised mental illnesses. Speech pathologists add a unique clinical skill set to multidisciplinary mental health teams, contributing information regarding an individual's communicative capacity and functioning and/or swallowing abilities to other members of the team, ensuring that information given to an individual is accessible and meaningful, to enable them to participate fully in their treatment/recovery, as well as providing direct assessments and therapy and supporting an individual to make decisions or demonstrate capacity to consent.

While speech pathologists enhance the health, wellbeing and participation of people with mental health problems through prevention, early detection and treatment of communication and swallowing disorders, currently there is inconsistent and inadequate speech pathology service provision for children, young people and adults living with a mental illness across Australia, including across Victoria.

We hope the Commission finds our feedback and recommendations useful. If we can be of any further assistance or if you would like to discuss any of our feedback in more detail please contact Mary Woodward, Senior Advisor, Justice and Mental Health, on [redacted] or by email [redacted].

Yours faithfully

Tim Kittel
National President

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Speech Pathology Australia's Submission to the Royal Commission into Victoria's Mental Health System

Speech Pathology Australia welcomes the opportunity to provide comment to the Royal Commission into Victoria's Mental Health System (the Commission). We have structured our feedback in response to relevant questions as per those listed in the formal submission cover sheet and include, where appropriate, examples/member evidence that we hope the Commission finds useful. We preface our remarks with information on communication and swallowing disorders and mental health and the role of speech pathologists working in this sector.

About Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing almost 10,000 members, 2521 in Victoria. Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be registered through the National Registration and Accreditation Scheme.

To be eligible for CPSP membership of Speech Pathology Australia, a speech pathologist is required to demonstrate they have completed an approved university course, they have recency of practice and have undertaken a minimum level of professional development in the previous 12 months. New graduate speech pathologists who agree to meet specified requirements are afforded provisional CPSP status.

The CPSP credential is recognised as a requirement for approved provider status under a range of government and non-government funding programs including Medicare, all private health insurance providers, some Commonwealth aged care funding, Department of Veteran Affairs (DVA) funding and the National Disability Insurance Scheme (NDIS).

As the national body regulating the quality and safety of speech pathology practice in Australia, Speech Pathology Australia is also well placed to monitor and progress workforce developments and initiatives. Speech Pathology Australia accredits the 26 university entry-level training courses for speech pathologists in Australia, evaluates requests for recognition of overseas qualifications, administers the continuing professional development (CPD) program for the profession and provides mentoring and support programs to the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce. The Association also manages the formal complaints process for the profession and can, if necessary, place sanctions on practice for any member who is demonstrated to contravene the Association's Code of Ethics.

About communication and swallowing difficulties

Communication difficulties can arise from a range of conditions and may be present from birth (e.g. from cleft palate, Down Syndrome, or autism spectrum disorder), may emerge during early childhood or adolescence (e.g. from Developmental Language Disorder, or early-onset mental illness), during adult years (e.g. from brain injury, stroke, progressive neurological conditions or late-onset mental illnesses) or be present in the elderly (e.g. from dementia, or Parkinson's disease). Communication disorders encompass difficulties with speech (producing spoken language), understanding or using language (both oral and written language), voice, fluency (stuttering), and pragmatics (the social use of language), or a combination of areas. The Australian Bureau of Statistic's *2015 Survey of Disability, Ageing and Carers* (SDAC), estimated that 1.2 million Australians had some level of communication disability, ranging from

those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at all[i].

Swallowing difficulties, known as dysphagia, affect the ability to swallow food or liquids safely and can lead to medical complications and a reduced ability to enjoy and participate in social, employment and education experiences which include consumption of food and drink. Dysphagia can be related to a range of medical, cognitive, or physical conditions, such as poor dentition, neurological diseases, stroke, acquired brain injury, head and neck trauma, intellectual disability, dementia, and mental illness (including as a side effect of medications commonly used to treat mental illness), as well as the natural processes of ageing.

Some people have problems with their speech, language, communication and swallowing that are permanent and impact on their functioning in everyday life. People with communication and/or swallowing difficulties, particularly when associated with other physical or cognitive disabilities, frequently require interventions and supports from multiple areas of public service (including health, disability and education sectors as well as mental health services).

About communication and swallowing difficulties and mental health

The impact of communication and swallowing difficulties can be considerable.[ii] Communication disorders (particularly when not recognised and treated) negatively affect an individual's academic achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life. Dysphagia can also significantly affect a person's health and wellbeing, and can contribute to social isolation, poor nutrition, and potentially life-threatening medical complications (including choking and pneumonia).

There is a substantial body of evidence demonstrating a strong association between communication disorders and/or dysphagia and mental illness. Individuals with communication disorders are at a significantly greater risk of developing mental health problems than the general population.[iii] Communication difficulties may also develop, either due to the mental illness itself or as a side effect of medication used to treat the mental illness, and there are multiple factors (such as having adverse childhood experiences, or having a neurodevelopmental disability (such as autism spectrum disorder or intellectual disability), that place someone at an increased risk of developing both communication difficulties and mental illness. Similarly, people living with a mental illness are at a significantly greater risk of developing dysphagia than the general population[iv]. This is understood to be due to several factors, such as the side effects of medications, the presence of other conditions (e.g. brain injury, intellectual disability, or poor dentition), and/or behavioural or physiological characteristics of the mental illness itself. People with dysphagia are also more likely to develop mental health problems, in part because of the impact swallowing disorders can have on quality of life and social opportunities.

Speech Pathology and Mental Health

One in five Australians over the age of 16 will experience mental illness each year.

People with communication difficulties are at a much greater risk of developing social, emotional and/or behavioural difficulties.

30-65% of people in mental health services have difficulties eating/drinking which can be life-threatening.

Over 80% of children with emotional and behavioural disorders have a previously unidentified communication difficulty.

Over 60% of adults in mental health services have communication difficulties.

One in seven children and young people in Australia experience mental or behavioural problems each year.

Speech Pathology Australia

Speech pathologists improve communication and swallowing of people of all ages living with mental illness.

The role of speech pathology in mental health

Speech pathologists are the allied health professionals who specialise in treating speech, language and communication disorders and swallowing difficulties across the lifespan. Research has demonstrated a high prevalence of communication difficulties (often undiagnosed) in populations accessing mental health services, and many people living with a mental illness have difficulty swallowing food or drinking safely. The links between communication and swallowing abilities and mental illness are complex and multifactorial.

Speech pathologists aim to improve a person's communication and swallowing skills and reduce environmental barriers to facilitate participation across multiple environments such as home, education, workplace, social, in-patient and community services (including mental health programs).

Speech pathologists enhance the health, wellbeing and participation of people with mental health problems through prevention, early identification and treatment of communication and swallowing disorders. Speech pathologists are essential members of the mental health team as they identify communication and/or swallowing difficulties and develop appropriate treatment targets to help an individual's recovery, their functioning in daily activities, and their participation in all aspects of life. Speech pathologists diagnose communication and swallowing disorders and, as part of the mental health team, can play an important role in contributing to the differential diagnosis of conditions such as dementia, schizophrenia, affective disorders such as depression, and autism spectrum disorder (ASD). They also help to determine whether communication or swallowing difficulties are part of the current mental health problem or whether there is an underlying communication/swallowing disorder. Speech pathologists provide intervention to improve communication and swallowing difficulties, including:

- providing individual or group therapy to develop an individual's speech, language, and social communication skills;
- collaborating with other mental health professionals, such as occupational therapists, social workers, psychologists, mental health nurses, and psychiatrists, to ensure communication difficulties are considered in the context of other mental health interventions;
- supporting an individual's communication (including using visual resources, where appropriate) to enable them to understand and participate in their treatment and recovery;
- establishing safe and effective eating, drinking and swallowing practices to help make sure people have adequate nutrition and hydration, as well as to reduce the risk of choking or pneumonia; and
- referring appropriate individuals to mental health teams (or other services) when it is suspected that their communication difficulties may be associated with a mental illness.

Speech Pathology Australia's feedback regarding relevant questions as per the formal submission cover sheet

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Because a person's social environment can influence their early development and lifelong health and wellbeing,[v] it follows that prevention and early intervention of communication/swallowing difficulties and mental illness needs to be comprehensive, systemic and delivered to the entire Victorian population. It is known that experiencing a mental illness can lead to communication and/or swallowing difficulties, and conversely that having communication or swallowing difficulties (especially if not identified or effectively managed) can contribute to the development of mental health problems. Indeed, experiencing communication difficulties can have specific psychological and behavioural consequences, for example:

- irritability and aggression (due to frustration and/or a limited repertoire of appropriate behavioural responses),
- limited attention/concentration/self-regulation,[vi]
- reduced responsiveness/lack of spontaneity,
- increased risk of anxiety or depression,[vii]
- reduced self-esteem,[viii]
- reduced quality of life[ix] and
- increased risk of self-harm.[x]

It is also known that other factors place someone at a greater risk of developing both communication difficulties and mental health problems, such as social disadvantage, trauma, cognitive impairment, and traumatic brain injury. For example, evidence from meta-analyses highlight the link between language development and maltreatment, with significantly poorer receptive vocabulary, expressive language and receptive language abilities seen in children with histories of maltreatment than children who have not experienced maltreatment, even after controlling for socioeconomic differences.[xi] A Melbourne study indicated that 88 per cent of children who had experienced abuse and/or neglect required speech pathology intervention.[xii]

Other populations known to experience high rates of communication disorders and mental illness include young people and adults in contact with the criminal justice system, with research in Australia (including within Victoria) and overseas consistently identifying a strong relationship between mental illness, communication and literacy disorders and contact with the criminal justice system.[xiii] Speech pathologists work with individuals, and their families/carers, across the lifespan, including health promotion and prevention as well as in (for example) infant mental health, child and youth mental health, adult mental health, and psychogeriatric services. Members of Speech Pathology Australia across the country have highlighted the variety of settings whereby speech pathologists can provide effective input in health promotion programs, including for example, working in the corrections department with inmates delivering parenting programs or with vulnerable groups such as young mothers, newly arrived immigrants and Indigenous communities.

However, many mental health services (and services for those populations at risk of developing mental illnesses) do not include speech pathologists in their staffing profile. For example, in Victoria while there are speech pathologists employed within several of the child and adolescent mental health services in metropolitan areas (such as within Austin CAMHS, Alfred CYMHS, ELMS Monash and RCH CAMHS), regional areas (such as Gippsland, Barwon, Glenelg, Grampians, Campaspe and Southern Mallee,

North-East Hume, Goulburn Valley, and Northern Mallee) do not currently have speech pathology as part of their mental health teams. Similarly, although some services for young people who have experienced maltreatment and/or are in out-of-home care do include speech pathology provision (for example within the Berry Street Take Two initiative), the majority do not, resulting in communication needs not being identified or addressed at an early stage, thereby increasing the risk of further difficulties. Recognising, and addressing, communication and/or swallowing difficulties as early as possible is likely to reduce the risk of the development or exacerbation of future problems, and support people's participation in education, employment, and other treatment programs. It is therefore essential that speech pathologists, with their unique skills in identifying and managing communication and swallowing disorders, are included in clinical discussions regarding the health service provision for mental health promotion, prevention, and early intervention and should be recognised as key members of multi-disciplinary teams working with at-risk populations as well as in all specific mental health services.

What is already working well and what can be done better to prevent suicide?

While research has not specifically investigated the communication skills of people who have attempted suicide, several of the known risk factors for suicide, such as mental illness, relationship difficulties / social isolation, disability, and unemployment, are associated with higher rates of communication difficulty. Indeed, research has shown that speech, language and communication difficulties increase the risk of literacy and academic difficulties,[xiv] disengagement from education,[xv] and loss of employment opportunities/restricted choice of career prospects.[xvi] Recognising and supporting an individual's communication difficulties therefore increases the chance of improving their mental health and participation in social relationships, education, and employment. Similarly, swallowing difficulties can cause significant disruption of social and psychosocial function and severely impact on an individual's social participation and quality of life.[xvii] Speech pathologists can assess an individual's swallowing abilities and provide advice (and therapy where appropriate) regarding how the swallowing difficulties may be managed.

We therefore reiterate the need for communication difficulties to be recognised and supported as early as possible, including within all community and in-patient mental health services for people of all ages, to support people to reach their social, academic and vocational potential and thereby hopefully contributing to the prevention of suicide. Speech pathologists can also play an invaluable role in supporting an individual to participate in discussions and planning about their care. For example, a Speech Pathology Australia member provided details of the following case, whereby *'a suicidal adolescent, with multiple hospital admissions - as it had not been possible to complete a safety plan during his presentation at the Emergency Department - had his communication supported by a speech pathologist. Subsequently a visual safety plan was developed, highlighting behavioural and visual clues for the young person to recognise, when they were beginning to feel dysregulated, and assisting them to select appropriate regulating activities. This improved the management of his mental health and reduced the need for further hospital contact.'*

What are the needs of family members and carers and what can be done better to support them?

As effective communication underpins all interactions between individuals with mental illness and their families and carers (including health professionals caring for them), it is essential that communication difficulties are recognised and supported. Individuals with communication difficulties and co-existing mental illness have particular therapeutic needs. Mental health clinicians rely heavily on the interpretation of individuals' verbal and non-verbal communication for assessment and treatment, with most

psychological interventions using language as the primary medium for change.[xviii] Verbally-mediated interventions often require the comprehension and interpretation of abstract information, metacognitive, metasocial, and metalinguistic skills (i.e. thinking/talking about their own thinking, communication, and social skills), narrative skills, using language to solve problems, social cognition, and expressive language. All those caring for individuals living with a mental illness, and those providing mental health interventions, need to be aware of the barriers to engagement with, and participation in, verbally-mediated interventions experienced by those with communication difficulties and should work collaboratively with the speech pathologist to ensure mental health interventions are modified and scaffolded to meet the specific needs of the individual. This is particularly important as communication difficulties are often 'hidden' and can be masked by antisocial or other deviant behaviours, substance abuse, depression, anxiety, and other indicators of mental illness.[xix] Similarly, many informal carers or clinicians working with individuals with a mental illness have a limited awareness of dysphagia and require training and advice on the identification and safe management of swallowing difficulties.

Speech pathologists can therefore play a key role in educating families, informal carers, and other professionals working in mental health and in providing consultancy services to the broader mental health system of care.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

As noted earlier, while speech pathology provision in mental health settings is expanding, there is still under-recognition of the communication and swallowing difficulties experienced by many individuals with, or at increased risk of, mental illness, and the unique role that speech pathology can play in assessing and managing these difficulties. Given speech pathology is often not recognised as a core allied health discipline in mental health, it can be challenging for speech pathologists working in this field to have their role understood and accepted, particularly when working in a newly created role, or with colleagues who have not previously worked with speech pathologists. For example, one Speech Pathology Australia member provided the following feedback:

'the psychologists I work with don't acknowledge I have any contribution to the area of communication. I've only been in this position for 9 months and I'm working to change this but being blocked at present and other professionals targeting communication skills in their groups without consultation with the speech pathologist.'

Challenges to clinicians' professional identity and integrity undoubtedly increases the stress of working within an often already stressful setting. Better recognition and understanding of the role of speech pathologists, and increased resourcing for speech pathology provision, so that speech pathologists are not working as the sole clinician from their discipline, and so that larger-scale results can be demonstrated, can assist with reducing the need for constant justification of a clinician's employment or place within a multi-disciplinary team.

It is recognised that there are particular shortages of speech pathologists in regional and remote areas in general, as well as in mental health. This is due to a lack of funded positions (policies should support the inclusion of speech pathologists in mental health teams), difficulties in recruiting to these areas, and lack of support and training opportunities (including funding for these) for therapists in these positions. Government incentives (such as those offered by the Northern Territory Government that support relocation) may assist in attracting clinicians with the right skills and experience. As one of our members emphasised, incentives need to be "*both monetary and supportive (time and funding) for increased training opportunities".*

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

As we have already highlighted, communication difficulties increase the risk of developing mental health problems and can have negative consequences on social participation and inclusion, such as:

- increased social stress and peer relationship problems[xx]
- social miscommunications and misinterpretations associated with higher-level language, memory and executive functioning issues[xxi]
- problems coping with social situations, resulting in a reduction of social contacts, community involvement, recreational activities and social status. It should be noted that this can then exacerbate communication problems, as fewer social interactions lead to fewer opportunities for both peer observation of appropriate communication and practicing communication
- difficulties establishing positive peer, professional and romantic relationships (due to the need for complex communication skills such as metalinguistics, insight/reflectiveness, conflict resolution, problem solving, and empathy) resulting in social isolation and subsequent risk of participation in antisocial peer groups.

Language is an essential foundation for educational progress and literacy acquisition is crucial for achieving good educational outcomes. Indeed, the transition to literacy in the first three years of school will not be successful without well-established language skills. Children with oral language difficulties are likely to struggle with this transition and their academic and vocational trajectories are subsequently significantly curtailed. Evidence shows that early identification of difficulties and the provision of support is more effective than "remedial" support.[xxii] At present many students struggling to learn to read/write do not receive any individualised tailored support until they have been at school for at least 12 months. For some students they are never identified as requiring support for their learning. Earlier identification and earlier access to support would also prevent many students from experiencing the negative psychosocial consequences associated with them struggling in the classroom. These effects cannot be underestimated as they increase the student's risk of experiencing mental health problems and act as a barrier to them being amenable to future opportunities to learn. The availability and ability to access education and vocational support varies between state and territory, individual schools and vocational settings. Ideally, access to speech pathology services would be available in all school and tertiary education settings to support students with oral and/or written communication impairments to engage with curriculum and to advise staff about the provision of required adaptations, including assistive technology.

Communication and social interaction skills are highly valued in the workplace, with demands for oral and written language skills throughout the job application and interview process, as well as working and interacting with colleagues and customers/clients etc. Leaving school without the skills required for employment or further training predisposes children to a life on the social and economic margins. This is a particular issue for young males, for whom unskilled jobs are disappearing as labour-markets are increasingly reliant on technology and higher levels of education. Low literacy levels therefore impose a range of direct and indirect costs on governments, industry and communities and are difficult to rectify.[xxiii] As already discussed, children with untreated language disorders are also more likely to develop mental health problems, leading to further difficulties engaging with education and training.

When considering how best to improve the vocational outcomes for people with mental health problems, it is vital that any communication needs are identified and effectively supported by professionals with relevant skills, training and experience. Speech pathologists support people's social and economic participation by playing an essential role in the assessment, diagnosis, and treatment of communication

and/or swallowing disorders and should therefore be considered essential service providers with adequately funded roles on multi-disciplinary teams supporting these population sub-groups. A Speech Pathology Australia member reported *''regularly seeing children graduating from special school or special developmental school without a plan of what they will do next, which affected their mental health to the point that they are brought to a mental health service."* Other members also highlighted how speech pathologists can support people with communication needs to develop both oral and written language skills, so they can understand forms, bills, advertising materials, license tests etc., thereby improving their ability to function in work and/or training environments.

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

It is requested that the Royal Commission consider the following recommendations as priorities for change:

1. Speech pathologists, with unique skills in identifying and managing communication and swallowing disorders, should be included in clinical discussions regarding provision for mental health promotion, prevention, and early intervention and should be recognised as essential service providers and key members of multi-disciplinary teams working with populations at-risk of developing mental health problems (such as children and young people accessing trauma services, and/or in the child protection system), and therefore included in the staffing profile of ***all*** mental health services (including those within the justice/forensic mental health system).
2. Speech pathologists should be involved in the education and training of, and consultancy to, families, informal carers, and other professionals working with individuals with (or at risk of) mental illness to improve the understanding and management of communication and swallowing disorders in mental health.
3. In addition to community and in-patient mental health settings, speech pathologists should also be employed in all youth and adult justice and forensic mental health services across Victoria to meet the high level of communication/swallowing needs of those populations.
4. When considering how best to improve the social and vocational outcomes for people with mental health problems, it is vital that any communication needs are identified and effectively supported by professionals with relevant skills, training and experience.

Is there anything else you would like to share with the Royal Commission?

An important sector bridging the gap between mental health services and criminal justice settings is forensic psychiatry. Although legislation and service models vary in different Australian jurisdictions, forensic community mental health services and secure psychiatric hospitals typically provide care and treatment for young people and adults experiencing mental illness who have engaged in, or are at risk of, offending behaviour. However, these individuals may have been found not guilty of an offence, deemed unfit to plead, or require care in a setting with higher security because of a mental illness, Communication (and swallowing) difficulties of those accessing forensic mental health services are under-researched, but studies confirm a high prevalence of oral and written language difficulties in this population. For example, a systematic assessment of all patients who were admitted to a high security hospital in England during a six-month period, found that three-quarters had communication difficulties that would affect social interactions and their participation in verbally-mediated interventions.[xxiv] Similarly, another UK study[xxv] found that 79-80 per cent of individuals referred to forensic support services in the community for adults

with intellectual impairments had communication difficulties (again often not previously identified), with communication impairments believed to contribute to the offending behaviour of between 79 and 84 per cent of cases. Speech pathologists can play an invaluable role in contributing information (including in team meetings and case conferences) regarding an individual's communicative capacity and functioning (or swallowing abilities as appropriate) to other members of the treating team, ensuring that information given to an individual is accessible and meaningful, as well as providing direct assessments and therapy.[xxvi] Many of the programs offered by forensic mental health services, such as those targeting anger management, substance use, victim empathy, social skills or sex education, rely on oral and written communication skills (including using language to problem solve and/or explore other people's perspectives) and emotional literacy, so collaboration and joint working between speech pathologists and other disciplines is essential in maximising the effectiveness of interventions.[xxvii] In consideration of the above, it is imperative that collaboration between mental health services, criminal justice agencies and speech pathologists is fostered[xxviii] as speech pathologists have much to contribute to work within juvenile detention centres, forensic mental health, adult correctional facilities and criminal justice support services to improve client outcomes.

Once again we appreciate the opportunity to provide feedback to this important consultation, if Speech Pathology Australia can assist the Commission in any way or provide additional information please contact Mary Woodward, Senior Advisor, Justice and Mental Health, on [redacted] or by email [redacted]

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