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Speech Pathology Australia

Position Statement

Speech Pathology in Mental Health

Acknowledgements

Speech Pathology Australia
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1. Origins of the Paper

The *Speech Pathology in Mental Health Services Position Statement* (2010) was developed to improve understanding of communication and swallowing disorders in the context of mental health, highlight the need for early intervention and prevention programs, and demonstrate the benefits of speech pathology involvement in mental health services. The impetus for the revision of this document, alongside other practice documents, has been the increased recognition of the role of speech pathologists as core service providers in mental health services, as well as increased understanding of the complex and multifactorial links between communication and swallowing disorders and mental health difficulties. The intended audience for this position statement includes employers, policy makers, organisations, funding bodies and the community.

Although 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 a mental illness, and the role that speech pathology can play in assessing and managing these difficulties. This position statement is supported by Speech Pathology Australia's *Speech Pathology in Mental Health Clinical Guideline* (2018). The Clinical Guideline presents a comprehensive literature review and provides a guide for effective speech pathology practice in mental health services.

While numerous terms are used in the literature and in mental health services to refer to mental ill-health, it is recognised that many individuals may experience mental health difficulties that are not diagnosed as specific mental health disorders or conditions; therefore, the predominant term used in this document will be *mental illness*. The terms *mental health services* and *mental health settings* are used here to refer to any agency involved in the provision of services to individuals with mental illness. Similarly, on many occasions in the literature, the terms communication and language, and difficulties / disorders / impairment / needs are used interchangeably. In line with current diagnostic practice, the term language disorder (or developmental language disorder where the language difficulties are not attributable to another condition) will be used where research indicates that a diagnosis has been made. As such, the term developmental language disorder will replace other previously-used diagnostic terminology such as Specific Language Impairment where it is used in the literature (Bishop et al., 2017). Other terms may also be used to encompass the communication difficulties, often undiagnosed, which children and adults with mental illness may experience.

2. Background

Speech pathologists are the allied health professionals who specialise in treating human communication disorders (e.g. speech and language) and swallowing difficulties across the lifespan. The majority of people living with a mental illness experience significant communication difficulties, and many have difficulty swallowing food or drinking safely. The links between communication and swallowing skills 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 including home, education, workplace, social and community services (such as mental health programs). Speech pathologists enhance the health, wellbeing and participation of people with mental health conditions through prevention, early detection and treatment of communication and swallowing disorders. Currently, there is inconsistent and inadequate speech pathology service provision for individuals living with a mental illness across Australia. In some states, there are speech pathologists employed within child and adolescent mental health services, while in others there are none. Similarly, inclusion of speech pathology in the staffing profile of adult mental health services is inconsistent, varying across individual services even within the same local health district, let alone across different states and territories.

The following provides a brief explanation of communication and swallowing disorders and their association with mental health conditions.

Communication disorders

Communication disorders are problems with hearing, speaking, understanding, reading, writing, voice, fluency and using language and communication in social contexts (known as pragmatics). There can be a wide range of causes of communication disorders, for example, autism spectrum disorder, hearing impairment, developmental language disorder, intellectual disability, or brain injury, or there may be no known cause of the difficulty. Social class, family history of language/literacy disorders, environmental, and biological/genetic factors all influence communication development (AlHammadi, 2017). Indeed, a study by Hughes, Sciberras, & Goldfield (2016) showed that five factors (the child having witnessed violence, a history of parental mental illness, living in more deprived communities, and, independently, the educational attainment of each parent) were predictive of a child entering school with co-morbid communication and socioemotional/behavioural difficulties.

The consequences of communication difficulties cross all developmental, psychosocial and environmental aspects of infancy, childhood, adolescence and adulthood, and impact families, carers, educational staff and fellow students, workplace colleagues, and the community (Conti-Ramsden, Durkin, Mok, Toseeb, & Botting, 2016; Law, Reilly, & Snow, 2013). Such consequences may be interrelated and influence each other. Individuals with communication difficulties who do not receive adequate intervention are more likely to experience life-long problems (see, for example, Clegg, Hollis, Mawhood, & Rutter, 2005).

The relationship between communication disorders and mental health

Communication disorders frequently co-occur with mental illness. There is evidence that over 80% of children with emotional and behavioural disorders have a co-existing and previously unidentified language difficulty (Hollo, Wehby, & Oliver, 2014) and that 60% of adults accessing mental health services experience communication difficulties (Emerson & Enderby, 1996; Walsh, Regan, Sowman, Parsons, & McKay, 2007).

Individuals with communication difficulties are at a significantly greater risk of developing a mental illness than the general population (Beitchman et al., 1996; Beitchman et al., 2001; Botting, Durkin, Toseeb, Pickles, & Conti-Ramsden, 2016; Clegg, Hollis, Mawhood, & Rutter, 2005; Mouridsen & Hauschild, 2009). Alternatively, communication difficulties may develop as a result of the mental illness itself, and are included in the diagnostic criteria for a range of mental health disorders, such as attention deficit disorders, psychotic disorders (including schizophrenia) and dementia (American

Psychiatric Association, 2013; Boudewyn et al., 2017; Colle et al., 2013). Snow (2009) identified that socially disadvantaged groups in society are at greater risk for both communication and mental health problems along with the potential for intergenerational transfer of such problems, and those who have experienced childhood trauma are at a greater risk of developing both mental illness (Perry, 2005) and communication disorders (Lum, Powell, & Snow, 2018; Lum, Powell, Timms, & Snow, 2015; Sylvestre, Bussières, & Bouchard, 2016). Similarly, there is a strong relationship between mental illness, communication difficulties, and an individual's interactions with the criminal justice system (Snow, Woodward, Mathis, & Powell, 2015).

Swallowing disorders

Swallowing disorders, known as dysphagia, are problems with eating, drinking and swallowing. Dysphagia may result in life-threatening choking episodes (Berzlanovich, Fazeny-Dorner, Waldhoer, Fasching, & Keil, 2005), contribute to aspiration pneumonia (Langmore, et al.,1998), compromise nutrition and hydration (Vivanti, Campbell, Suiter, Hannen-Jones, & Hulcombe, 2009; Hays & Roberts, 2006), and/or lead to reduced quality of life (Ekberg, Hamdy, Woisard, Wuttge-Hannig, & Ortega, 2002). Potential causes of swallowing disorders include brain injury, physical impairments, and medications (including some psychotropic medications used to treat mental illness). The speech pathologist's role in establishing safe and effective eating/drinking facilitates adequate nutrition and hydration, reduces the risk of choking and aspiration pneumonia, and improves quality of life.

The relationship between swallowing disorders and mental health

While the prevalence of dysphagia in the general population is approximately 6% (Regan, Sowman & Walsh, 2006), the prevalence within mental health settings ranges from 30% to 65%, depending on diagnosis (Aldridge & Taylor, 2012; Muir, 1996; Regan, Sowman, & Walsh, 2006; Walsh, Regan, Sowman, Parsons, & McKay, 2007). Individuals living with mental illness have been reported to have higher rates of aspiration, with an increased risk of death from a resulting pneumonia, than the general population (Bazemore, Tonkology, & Anath, 1991), and the mortality rate of inpatients in psychiatric settings due to choking has been found to be between eight and 100 times higher than that of the general population (Corcoran & Walsh, 2003; Yim & Chong, 2009).

Swallowing disorders experienced by people with mental illness are largely due to the side effects of medications (e.g. as a result of extra-pyramidal side effects), factors associated with institutionalisation (e.g. dependency), the presence of co-morbidities (e.g. brain injury or intellectual disability), and/or behavioural or physiological characteristics of the mental illness itself (Aldridge & Taylor, 2012, Baheshree & Jonas, 2012, Kulkarni, Kamath, & Stewart, 2017). Other risk factors include movement disorders, seizures, poor dentition, and poor eating habits (Regan, Sowman, & Walsh, 2006).

The role of speech pathologists in mental health

Speech pathologists are critical 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 issue or whether there is an underlying communication 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 nursing, 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.

3. The Position of Speech Pathology Australia

The following statements articulate the position of Speech Pathology Australia (the Association) on the involvement of speech pathologists in mental health services. The position statements have been informed by current available best evidence, international position statements, policies, guidelines and consensus opinion.

3.1 It is the position of Speech Pathology Australia that it is within the scope of practice of speech pathologists to assess, diagnose and treat communication and swallowing difficulties of individuals with, or at risk of, mental illness.

3.2 Speech pathologists are essential service providers for those living with a mental illness, and speech pathology must be included in the staffing profile of mental health services.

Given the relationship between mental illness and communication and swallowing disorders, and the unique role that speech pathologists play in assessing and managing these, speech pathologists play a critical role in mental health services. This includes both inpatient and outpatient/community settings, infant/child/adolescent and adult/older adult services, and specialist mental health services such as forensic mental health, gender clinics, trauma services, and services for at-risk populations such as children in out-of-home care.

3.3 Communication and swallowing assessment by speech pathologists is critical in the differential diagnosis of individuals living with a mental illness.

The speech pathologist's assessment of communication and/or swallowing makes an important contribution to a multidisciplinary team's differential diagnostic process.

3.4 Speech pathologists play a vital role in the prevention and early detection of communication and swallowing disorders that are associated with mental illness.

A speech pathologist's role includes education and prevention programs, and early identification of difficulties in populations at risk of communication and/or swallowing difficulties that are associated with mental illness. Vulnerable populations include those who have suffered trauma, children cared for by a parent/guardian with a mental illness, individuals with cognitive impairment, young people and adults in contact with the criminal justice system, and individuals already in contact with mental health services.

3.5 It is within the scope of practice of speech pathologists to provide education and consultancy services to professionals, university students who are likely to work with people with mental health difficulties, and the broader community to improve the understanding of communication and swallowing disorders in mental health.

Speech pathologists working in mental health have specific and specialist knowledge about the association between communication, swallowing and mental illness. As such, they are well-placed to provide education to other speech pathologists, professionals working with people with mental illness, and the community. Speech pathology skills and knowledge should be utilised to consult on a range of issues, including:

- differential diagnosis;
- prevention and early intervention for communication and swallowing disorders associated with mental illness;
- modifying mental health interventions and treatment programs for people with communication and swallowing difficulties; and
- training programs for professionals working in mental health settings. This is particularly important as 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 (Perrott, 2012).

3.6 Speech pathologists working in mental health settings should be involved in the development of organisational, local and federal government policies and protocols for mental health services.

It is critical that speech pathologists working in mental health have the opportunity to develop partnerships with mental health service providers in order to contribute to planning and decision making around service provision. In doing so, speech pathologists can advocate for clients with communication and swallowing disorders.

3.7 The level of knowledge and expertise required for a speech pathologist to work safely and effectively in mental health settings should be recognised.

The Association acknowledges that working in mental health services requires specialised knowledge and expertise, such as knowledge of theoretical and intervention models specific to this area of practice. Speech pathologists working in mental health services should be supported to engage in ongoing professional development and to access professional support and supervision as required to support their practice. This can include the speech pathologist having access to clinical supervision and support from a senior speech pathologist experienced in the area of mental health, participation in relevant continuing professional development, and accessing peer support through involvement as a member of the multidisciplinary mental health team. Speech pathologists working in mental health should maintain a knowledge of the developing published evidence base, have the appropriate knowledge of theoretical and intervention models specific to this area of specialised practice, and be conversant with relevant legislation (such as the Mental Health Act) and other mental health standards and protocols pertinent to the service context and the state or territory in which they practise. It is the Association's position that newly graduated speech pathologists should not be expected to work independently in mental health settings without appropriate support and supervision.

3.8 Speech pathologists are qualified health professionals and should be recognised as eligible service providers within specific government-funded programs for the prevention and treatment of mental health issues.

It is essential that individuals with a mental illness have access to the full complement of health professionals that have been shown to assist with the management of mental health conditions and associated difficulties. Timely and affordable service provision, which includes speech pathology, must be met through both public and private services. Government-funded programs should be flexible in meeting an individual's needs and therefore should not be restricted to a limited number of professionals. Based on available research and best practice, speech pathology services should be accessible for the provision of assessment and management of communication and swallowing disorders presenting in a person with, or at risk of, a mental illness.

3.9 Speech pathologists with relevant skills and experience should be considered eligible to apply for transdisciplinary roles within mental health services, such as that of a case manager or mental health clinician.

Speech pathologists working within a discipline-specific framework would not typically be expected to take on the generic mental health assessment, broader treatment planning/provision, and crisis management of clients. However, with relevant knowledge, skills, training and experience, speech pathologists should be considered eligible for such transdisciplinary roles. It is the Association's position that transdisciplinary practice is considered an extended skill within the scope of speech pathology practice (Speech Pathology Australia, 2016).

4. Conclusion

Speech pathologists are essential service providers in mental health settings. Speech pathologists have the capacity and skills to enhance the health, wellbeing and participation of people living with a mental illness through prevention, early detection and treatment of communication and swallowing disorders. Consequently, speech pathologists may reduce the subsequent costs and negative impact of swallowing and communication disorders on health services and the broader community.

The invaluable contribution of speech pathologists to the prevention and management of communication and swallowing disorders associated with mental illness must be recognised, and as a result, policy makers, funding bodies and mental health service providers should continue to support the growing involvement of speech pathology service provision within mental health services.

For further information and a more detailed literature review, please refer to the Association's practice document *Speech Pathology in Mental Health Clinical Guideline* (Speech Pathology Australia, 2018).

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