

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 06

Ymateb gan: Coleg Brenhinol y Therapyddion Iaith a Lleferydd

Response from: Royal College of Speech and Language Therapists

### **Executive Summary**

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to respond to the Children, Young People and Education Committee's consultation on the emotional and mental health of children and young people. There is clear evidence of the links between speech, language and communication needs (SLCN) and mental health difficulties and speech and language therapists are closely engaged in the neurodevelopmental strand of the Together for Children and Young People programme. Our response below focusses on several key areas within the terms of reference. Namely;

- Specialist CAMHS
- Funding
- Links with education (emotional intelligence and healthy coping mechanisms)

### **Key recommendations to the Children, Young People and Education Committee**

- Targets for the Together for Children and Young programme should be refined to look beyond assessment to encompass interventions following diagnosis.
- The committee report should reference the links between SLCN and poor mental health in children and young people and recommend that speech and language therapists should be a core part of multidisciplinary teams, both in neurodevelopmental services and local primary mental health services.

## **About the Royal College of Speech and Language Therapists**

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has 17,500 members in the UK (500 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.
3. Speech and Language Therapists (SLTs) are experts in supporting children and young people with speech, language and communication needs and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

### **The links between SLCN and Mental Health**

4. SLTs have a key role to play for the significant cohort of young people who have mental health needs and co-occurring SLCN. Therapists are skilled in supporting differential diagnosis, upskilling other team members to adapt their therapeutic approach and providing feedback to families using visual strategies and tools such as mind mapping and comic strips.

#### **Key facts**

Research has found that many children and young people with mental health needs have speech, language and communication needs (SLCN) and interaction difficulties. These are often previously unidentified:

- 81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014).
- Young people with a primary communication impairment are at greater risk of a secondary mental health disorder (Botting et al, 2016).
- 28% of referrals to a child psychiatric outpatient clinic had a moderate or severe language disorder that previously had not been suspected or diagnosed (Cohen et al, 1989).
- A longitudinal study shows that one third of people with SLCN will develop mental health problems if untreated, with criminal involvement in over half of cases (Clegg, et al, 2005).

5. Left unidentified and/or unmet, communication and interaction needs can have a range of negative consequences on a person's social, emotional and mental health.
  - They can affect their emotional health and wellbeing, relationships, educational attainment and the securing and retaining of employment.
  - They can also affect behaviour. Many children with unidentified and/or unmet communication and interaction needs communicate through behaviour which can lead to exclusion

from school, offending behaviour and involvement in the criminal justice system.

- They can also prevent children and young people from accessing and benefitting from treatments and programmes that are primarily verbally delivered, such as talking therapies.

## Specialist CAMHS

### *Waiting times*

6. SLTs have played a prominent role in the development of neurodevelopmental services in Wales, a key strand of the Together for Children and Young People Programme (TCYP). There is growing understanding of co-morbidities in this area. Evidence has shown that 70% of young people with ASD experience depression and 50% suffer from co-morbid anxiety (Lugnegard et al,2011) with 70% of young people with ASD living with at least one co-morbid condition and 41% with two or more (Simonoff, 2008). We are part of a core group of professionals driving change and providing specialist assessment. SLTs are represented on the advisory group and there is provision within services across all local health boards in Wales which is a hugely positive development.
7. Members have informed us that the new monies are leading to reductions in assessment waiting times and have improved processes by providing more comprehensive, multi-professional assessments. SLTs in Cwm Taf University Health Board are currently leading on a small study to demonstrate the improved outcomes for children, young people and their families and reduced costs of the diagnostic process. Initial findings from the study suggest that paediatricians and psychiatrists are supportive of the therapist-led service in terms of improving differential diagnosis and freeing up time for these professionals to focus on the medical aspects of their role with the therapists leading on the care co-ordination elements of the pathway.
8. However, despite these positive developments, members have advised us that there is significant variation in terms of the amount of provision funded in each service, the composition of teams, where line management sits and aspects of services delivered. There are particular inconsistencies with regards to the provision of services for children and young people with selective mutism. It is crucial that SLTs are enabled to add value to services. The support that SLTs are able to deliver to personalise diagnosis enables young people to understand the impact of their co-morbidities. For example, anxiety within the context of their Autism Spectrum Disorder and prevents young people returning again and again to CAMHS services.
9. Members have highlighted to us that families who have experienced well-conducted assessment and diagnosis process are requiring less

support and are demonstrating increased levels of resilience and independence from services. However many SLTs have conveyed to us their concerns that there is insufficient funding to provide specialist pre and post diagnosis intervention. They highlight that the programme targets focus exclusively on assessment which has a significant knock on effect for other parts of the service such as intervention and training.

## **Funding**

### *Local Primary Care Mental Health Support Services (LPCMHS)*

10. The pathways for LPCMHS highlight that ‘services must recognise the different competencies required to work with the wide-ranging developmental needs of children, ensuring this includes the necessary mix of appropriately trained individuals.’ Members have told us that there is some evidence to suggest that emotional health and primary mental health services are supporting reduced referrals to CAMHS by enabling access to services for children with lower level mental health issues/ possible onset. We believe however that given the strong relationship between social and emotional mental health needs and SLCN, as highlighted in the key facts section above, there should be a clear sessional role for SLTs in such services. Such a role could entail supporting the development of accessible information materials and training workshops around sensory processing and communication strategies as part of therapeutic interventions. There are several examples (predominantly in Betsi Cadwaladr University Health Board), of SLT teams working closely on early intervention initiatives such as collaboration with social communication outreach teams to provide joint training for education services and involvement in rolling programmes of sessions with multi-agency colleagues for parents of young people on waiting lists for CAMHS. However engagement in early intervention activities is currently not common practice - predominantly due to lack of capacity and pressure on assessment targets.

### *Vulnerable groups*

11. Feedback from our members suggests that there are significant gaps in CAMHS services for young people in youth justice settings and looked after children. 66-90% of young offenders have low language skills, with 46-67% of these being in the poor or very poor range (Bryan et al, 2007). Severe and pervasive communication impairment, much of it previously unidentified, has also been found in children and young people in residential care (McCool S et al, 2011). There is a mismatch between the literacy demands of treatments and programmes and skills levels of offenders, which is particularly significant with respect to speaking and listening skills

(Davies et al, 2004). Evidence indicates that around 40% of offenders find it difficult to or are unable to benefit from verbally mediated interventions (Bryan et al, 2004). These issues were raised by the National Assembly for Wales Communities and Culture Committee inquiry into the experience of Welsh children in the Secure Estate (2010) and led to recommendations that pilot work be undertaken.

12. Despite strong evidence from the pilots, currently only two youth offending teams (YOTs) in Wales (Western Bay and Gwent) employ speech and language therapists. Therapists have a key role to play in screening, assessment and diagnosis, awareness raising, delivering training and offering support strategies and advice to YOT staff to aid engagement and comprehension. Where SLTs are employed within YOTs, they work closely with CAMHS colleagues, in particular nurses to support complex diagnoses, personalise feedback to young people and tailor verbally mediated interventions.

### **Links with education (emotional intelligence and healthy coping mechanisms)**

13. The profession is supportive of the development of the health and wellbeing section of learning and experience as part of the new curriculum. There are a significant number of children and young people with attachment difficulties who do not access appropriate support to help them and without support these young people often develop mental health difficulties. We recommend that attachment focused interventions at school at both primary and secondary age would be beneficial. In addition, members have indicated that access to support to manage anxiety would be beneficial for children and young people with ASD and ADHD at school level and programmes such as Talkabout are of value for all children and young people. SLTs are experts in training on social communication, effective communication, emotional literacy and visual strategies used to manage anxiety and we would welcome input into discussions with regards education initiatives to support children's emotional wellbeing and relationships.

### **Further Information**

14. We would be happy to provide any additional information required to support the Committee's decision making and scrutiny. For further information, please contact:

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