RCSLT very much welcome the Health Committee’s inquiry on Children and Adolescent Mental Health Services (CAMHS) as it provides another opportunity to highlight;

- Mental illness among children and young people (CYP) with speech, language and communication needs (SLCN) is common, often serious and persistent.

**Between 40% and 90% of CYP who have SLCN have mental health difficulties and 40% and 90% of those with social emotional and behavioural difficulties are have SLCN**.  

- Despite this the link between SLCN and social emotional and behavioural difficulties goes largely unrecognised and consequently quality CAMHS provision with the capacity to effectively provide for CYP with SLCN is non-existent across most of Scotland.

**Scotland currently has only 3.8 whole time equivalent Speech and Language Therapists (SLTs) working in CAMHS - even although the CAMHS Framework identifies SLTS as key members of CAMHS teams.**

RCSLT exhorts the committee to **break the mould** that excludes 1000’s of CYP with CSN and serious mental health problems from effective CAMHS.

RCSLT asks the committee to give the mental health problems of CYP with communication support needs special attention in the inquiry report.

RCSLT ask the committee to consider giving leading practitioners and academics in the field of CAMHS the opportunity to present oral evidence in addition to that presented here.

This responses was compiled with reference to the substantial evidence base and discussions with Scotland’s few specialist SLT practitioners and leading academics.

**For further information on this submission please contact Kim Hartley, RCSLT Scotland Officer; 0131-226-5250; kim.hartley@rcslt.org.**

**Question 1: How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented?**

**Speech, language and communication needs (SLCN) are a significant risk factor for mental illness.**
• 50-60% of CYP with a SLCN fulfill the criteria for a mental health difficulty including ADHD, mood disorders, psychosis and eating disorders.iii

• 96% of children within a school for CYP with social emotional and behavioural difficulties required the attention of an SLT.iv

• Compared to peers, individuals with a history of early language impairment had 2.7 times the odds of having a social phobia by 19yrs.v

• There is a very high rate of both SLCN and mental health difficulties in young people who offend who are resident in secure accommodation (under 16yrs) or young offender institute (16-21yrs). (Note from practising SLT).

• Clients who have had involvement with mental health services in adulthood have reported they feel their long exposure to stammering and its associated anxieties has been a factor in this. (Note from practising SLT).

The risk of mental illness among CYP with SLCN is not well recognised in services
• Frequently CYP are not identified even though the research evidence indicates the increased risk of mental health problems among CYP with SLCN. (Note from practising SLT).

The SLCN of CYP using CAMHS are often not recognised or responded to.
• 38% of children referred to child psychiatric services had previously identified language impairment while 41% had previously unidentified language impairment.vi

• The knowledge of professionals working in CAMHS regarding communication development and SLCN is worryingly scant (Note from practising SLT).

• 2 adult clients who have a history eating disorder in childhood/adolescence both indicated they felt a connection between their disordered eating and their stammer. Their felt that this connection hadn't been made by professionals monitoring their eating behaviours at the time. (Note from practising SLT).

Diagnosis of mental illness is hindered by lack of knowledge of SLCN
• The inability of people with autism to communicate feelings of disturbance, anxiety or distress can mean that it is often very difficult to diagnose depressive or anxiety states, particularly for clinicians who have little knowledge or understanding of developmental disorders.vii

• A lack of focus on communication can mean responses are interpreted in a predominately behavioural manner rather than with a communicative perspective. (Note from practising SLT).
Reducing the risk of mental illness associated with SLCN

1. Improve the capacity of the general CYP workforce to identify CYP with SLCN and to respond to these needs effectively, as early as possible.

2. Provide early intervention for SLCN generally by investing in improved SLT provision both in the general early years and early intervention CAMHS initiatives.

Evidence suggests that the earlier SLCN are met the fewer CYP will risk mental illness.

- Amongst children with speech-language delays at 5.5 years, those with more severe and persistent language difficulties and low nonverbal IQ are at higher risk of psychiatric morbidity in adolescence.

There are currently only 3.8 whole time equivalent SLTs working in CAMHS teams across the whole of Scotland even although the CAMHS Framework identifies SLTs as key members of the team.

SLTs provide detailed assessment of SLCN and develop programmes to support and enhance communication. SLTs also provide training and support to parents and others in the multi-disciplinary team to maximise their communicative effectiveness with CYP with SLCN. Where SLT is in place it is valued and early intervention may have a positive impact on CYP mental well being.

- SLT intervention can be effective and may have implications mental health. There has been relatively little formal research specifically addressing this issue reflecting the lack of overlap in the provision of services.

- Good parent – child interaction…may reduce antecedents of adolescent self cutting.

- Where a CAMHS team includes a SLT, referrals from CAMHS makes up 50% of total annual SLT referrals. (Notes from SLTs currently practising)

- Talking Mats (visual communication framework SLTs use and train others to use) have been used to access details of young person’s hallucinations, as well as providing a baseline communication status for the multi-disciplinary team. (Notes from SLTs currently practising)

- SLTs support family therapy with expertise in communication, interaction, breakdown and repair strategies. (Notes from SLTs currently practising)
3. Raise awareness of all members of the CYP workforce of SLCN as a significant risk factor for mental illness.

4. Screen all CYP with suspected EBD for SLCN at the earliest stage in the CAMHS care pathway.

5. Improve current SLTs knowledge of mental health problems in CYP with SLCN and how to respond appropriately to these.

6. Establish CAMHS curriculum in undergraduate training for SLTs. Currently one of Scotland’s two SLT training universities (Strathclyde) provides CAMHS courses to undergraduates. Queen Margaret University has 4 hours of lectures on mental health, which will include CAMHS.

Also see recommendations under question 3 below.

Question 2: What obstacles are there in identifying children and adolescents with mental health problems and how they might be overcome?

SLTs believe obstacles to identifying CYP with mental health problems include:

- Recognition and/or acceptance of a responsibility to identify mental health issues by the universal CYP workforce. There appears to be a stigma about raising mental health issues.

- Lack of competence within the CYP workforce to identify the symptoms of mental illness (including identification of abused and neglected children and those with attachment disorders) and lack of knowledge of what to do if a problem is suspected.

- Lack of the CYP workforce’s knowledge of and competence and confidence to use a recognised mental health screening tool.

- Lack of SLTs in the CAMHS workforce impacts on services capacity to differentially diagnose mental illness and SLCN. For example SLCN has been misdiagnosed as mental illness; hearing impairment has been misdiagnosed as Autistic Spectrum Disorder (ASD) and ASD with learning disability has been confused with selective mutism.

- The current medical model of care where people have to, for example, read letters and keep appointments disadvantages some families who have additional complexities e.g. their own mental health issues, addictions etc.

- Families, generations of whom may have communication support needs, that often include literacy difficulties (particularly in socially disadvantaged
communities), don’t access services because they cannot access service information\(^{xiv}\).

- Changes to the role and targeting of health visitor health screening has led to 2 year or more delays in referral of CYP with SLCN to SLT services\(^{xv}\).

### Overcoming obstacles to diagnosis

1. Establish cross CYP workforce responsibility to identify risk factors for and symptoms of mental illness in CYP.

2. Improve current CYP workforce knowledge of mental health problems and how to respond appropriately to these.

3. Establish a common screening tool for mental illness, applicable with CYP with CSN, which identifies mental illness and can be used by trained professionals throughout the CYP workforce.

4. Improve SLT provision in CAMHS teams, including those operating in secure units and young offender institutions, in order that they can support assessment, diagnosis and management of mental illness by multi-disciplinary colleagues.

- SLTs in Greater Glasgow and Clyde work as integral members of CAMHS teams which facilitates access and early recognition of communication impairments in this population. (Note from practising SLT).

- “Talking Mats”\(^{xvi}\) increases the ability of children with EBD and ADHD or ASD and associated language difficulties to express their views.\(^{xvii}\)

- “Talking Mats” have also been used to assess the mental state of a young person with Asperger’s Syndrome who was previously unable to engage in assessment due to his communication difficulties, social anxiety and mental health problems. Severe depression was diagnosed, treatment given, and subsequent “Talking Mats” assisted assessment showed an improvement in mental health. (Note from practising SLT).

5. Move away from medical models of service access to joint working between CAMHS, education and social work thus facilitating access by socially (and communication) disadvantaged communities.

6. Develop communication accessible information as a quality standard for CAMHS.
Question 3: What action is being taken to facilitate early intervention and what else can be done

Some SLT services provide early intervention to CYP at risk of developing SLCN (and associated mental illness) – see below. Work focuses on developing positive parent-child relationships and interactions conducive to speech and language development. Programmes depend on short term funding. There is no known SLT involvement in CAMHS teams dedicated to early intervention.

- **Parent Early Education Programme (PEEPs), Grampian** - A study of 600 children (0-6yrs) whose parents had had PEEP showed:
  - Parents reported a significantly enhanced view of their parent-child interaction and were also rated significantly higher in the quality of their care giving environment.
  - Children made significantly greater progress in skills related to future literacy and were also rated higher on self esteem, by the age of 5.

- **CHAT Programme** - This award winning SLT led programme provides parental support programmes in nurseries in deprived areas of Stirling.

- **Parenting programme at HMYOI Polmont** (2008) included input from SLT. Young offenders/parents (aged 16-21 years) took part in a workshop looking at how language and social communication develops and how toys, books and play can support communication and strengthen parental confidence. Participants each made an individual parenting pledge relating to supporting their child's communication. The programme is not running at present.

**Improving early intervention**

1. More parenting programmes, such as those listed above, should be established and sustained across Scotland.

2. Develop dedicated early intervention CAMHS teams, including SLTs.

Question 4: How access to services and ongoing support can be improved

See all recommendations above.

Question 5: What problems are there around transition from CAMHS to adult mental health services and how a smoother transition might be achieved?

**The problem with transition to adult services**

The primary problem for young people with SLCN transferring from CYP to adult mental health services is that there is no SLT service to refer them on to.
Although evidence highlights high demand for SLT in the adult general psychiatry services there are no SLTs working in these services in Scotland. A SLT led scoping exercise is ongoing in Dundee. The government is also currently scoping the role of Allied Health Professions in mental health services.

**Smother transitions**

1. Improve SLT provision in adult general psychiatry teams.

1. Developing a model that allows staff to work across age ranges at this transition stage may help.

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iv Burgess and Bransby (1990)


ix CAMHS Framework, SEHD 2005


xii Law, J. Plunkett, C. and the Nuffield Speech and Language Review Group (submitted) The interaction between behaviour and speech and language difficulties: does intervention for one affect outcomes in the other? Technical
report to be published by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI Centre) http://eppi.ioe.ac.uk/.


xv RCSLT Scotland Office (2008); Impact of Hall 4 on SLT referrals and strategies SLTs are using to overcome difficulties; Summary of information from across Scotland. Available on request from kim.hartley@rcslt.org

xvi www.talkingmats.com

xvii From “Evaluating the ability of children with social emotional behavioural and communication difficulties (SEBCD) to express their views using Talking Mats” Coakes, Laura A. (2006) unpublished report.