

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [anghydraddoldebau iechyd meddwl](#)**

**This response was submitted to the [Health and Social Care
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**Ymateb gan: | Response from: Coleg Brenhinol Therapyddion Iaith a Lleferydd |
Royal College of Speech and Language Therapists**



Senedd Cymru Health and Social Care Committee inquiry into mental health inequalities

Executive summary

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to provide written evidence as part of the committee's inquiry into mental health inequalities. Our response focusses on the key questions raised within the terms of reference and is based on discussions with our members across Wales. We are also co-signatories to the responses from the Royal College Mental Health Expert Advisory Group (RCMHEAG) and the Welsh NHS Confederation Health and Wellbeing Alliance's Mental Health Subgroup.

Key points

- Our members report that following the pandemic, people of all ages are presenting with more complex needs and in far greater numbers with mental health difficulties.
- There are however a number of groups who are disproportionately affected by poor mental health. Discrimination is an important underlying factor that can contribute to health inequalities.

- People with a primary communication difficulty of all ages are at a greater risk of experiencing mental health problems than their peers.
- Given the the compelling evidence about the important links between mental health and communication and swallowing difficulties, we are concerned that currently in Wales, speech and language therapists do not form part of core mental health teams. This is a clear policy gap and requires focus within the mental health workforce plan.
- We are calling for a cross-government approach to mental health inequalities to tackle the multi-factorial nature of the issue.

About the Royal College of Speech and Language Therapists

1. RCSLT is the professional body for speech and language therapists (SLTs), SLT students and support workers working in the UK. The RCSLT has 17,500 members in the UK (650 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. SLTs have a unique role to play as members of multi-disciplinary mental health teams in identifying communication difficulties and swallowing disorders, in their support and in the management and reduction of associated harm and risk.

Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

4. Our members report that following the pandemic, people of all ages are presenting with more complex needs and in far greater numbers with co-occurring mental health difficulties. Limited social interaction, changes to job roles/education, social structures and a widening digital divide have in many cases led to social isolation and reduced confidence to maintain relationships with others. There are however a number of groups that are disproportionately affected by poor mental health. As a general point, wherever there are inequities and discrimination, there is a greater propensity towards mental ill health. Increasingly, research is evidencing the differential outcomes experienced by under-served groups:
 - Black and ethnic minority patients experience differential (often poorer) outcomes in healthcare, and people from ethnic minority groups are more likely to report being in poorer health than white counterparts (The King's Fund, 2021).
 - People who are LGBTQ+ are more likely to experience health inequalities, caused by societal norms that prioritise heterosexuality as well as outright discrimination and stigma (Zeeman et al, 2018).
 - Those living in socio-economically disadvantaged areas may be more likely than those living in affluent areas to experience multiple health problems in adulthood (multi-morbidity) though the causal factors require examination (Olutende et al, 2021).
5. The joint responses we have endorsed from the RCMHEAG and the Welsh NHS Confederation Health and Wellbeing Alliance's Mental Health Subgroup provide greater detail on the evidence available on the range of groups disproportionately affected and factors contributing to worse mental health. In our response, we focus specifically on a

particular group namely people with communication and swallowing difficulties who currently are both more likely to be affected by poor mental health and less well served by services.

People with communication and swallowing difficulties

6. People with a primary communication difficulty of all ages are at a greater risk of experiencing mental health problems than their peers (Beitchman et al, 2001; Botting et al, 2016). Communication difficulties are a risk factor for poorer mental health across the life course. Communication impairment and swallowing needs may be intrinsic to some mental health difficulties such as schizophrenia or psychosis (Colle et al, 2013; Boudewyn et al, 2017). Furthermore, speech, language and communication needs and swallowing problems can occur due to the side effects of medication used to treat mental illness (Gabbert et al, 2002). There is a growing research body showing the important links between mental health and communication and swallowing difficulties. This is summarised in the box below.

Communication - adults

- 80% of adults with mental health disorders have impairment in language (Walsh et al, 2007).
- Over 60% have impairment in communication and discourse (Walsh et al, 2007).

Communication – children and young people

- Children with a mental health disorder are five times more likely to have problems with speech and language (NHS Digital, 2018).
- 81% of children with social, emotional and mental health needs have significant unidentified language deficits (Hollo et al, 2014). Adolescents and young adults with developmental language disorder (DLD) are more likely to experience anxiety and depression than their peers (Botting et al, 2016).

Swallowing – adults

- Over 30% of adults with mental health disorders have some impairment in swallowing (Walsh et al, 2007).
- There is a greater prevalence of dysphagia (swallowing difficulties) in acute and community mental health settings compared to the general population - 35% in an inpatient unit and 27% in those attending day hospital, which compares to 6% in the general population (Regan et al, 2006).

7. Evidence suggests that there is a strong correlation between speech, language and communication difficulties and other risk factors for poorer mental health such as poverty. For example, research shows that there is a strong correlation between poverty and delayed language. By which we mean, those children whose language skills are developing significantly more slowly than those of other children of the same age but who do not have a specific disorder. Studies of whole populations reveal a clear social gradient for language development, with children from the most disadvantaged

groups more likely to have weaker language skills than those in more advantaged groups. It is estimated that **over 50% of children in socially deprived areas may start school with impoverished speech, language and communication skills** (Locke et al, 2002). Vocabulary at age 5 has been found to be the best predictor (from a range of measures at age 5 and 10) of whether children who experienced social deprivation in childhood were able to ‘buck the trend’ and escape poverty in later adult life. Researchers have found that, after controlling for a range of other factors that might have played a part (mother’s educational level, overcrowding, low birth weight, parent a poor reader, etc), **children who had normal non-verbal skills but a poor vocabulary at age 5 were, at age 34, one and a half times more likely to be poor readers or have mental health problems and more than twice as likely to be unemployed as children who had normally developing language at age 5** (Law et al, 2010).

8. As another example, research shows that there are particular groups of children and young people who are both more likely to have increased risk of poor mental health and speech, language and communication needs such as looked after children and young people within the youth justice estate as these figures highlight;
 - **66%-90%** of young offenders have low language skills. **46-67%** of these are in the poor or very poor range (Bryan et al, 2007).
 - In a recent study, **90%** of care leavers had below average language ability, and 60% met criteria for having DLD – a likely lifelong condition where children have problems understanding and/or using spoken language. None of these young people had previously been diagnosed with speech, language and communication needs (Clegg et al, 2021).

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

9. As we have sought to highlight above, good communication skills are a protective factor against developing mental health problems and communication difficulties are also a risk factor with regards to developing mental health problems. The Kings Fund notes that;

‘Health inequalities can be unpacked into inequalities in health care and inequalities in health outcomes. Health care inequalities includes differences in access, diagnostics, treatment, experience or health care funding and workforce and health outcomes inequalities refers to differences in morbidity and mortality. These differences may be seen across the socio-economic gradient; disadvantaged groups (e.g., ethnic minority groups, LGBTQ+); or inclusion health groups (e.g., homeless, undocumented migrants). Health care inequalities are under the control of health care organisations, but health outcome inequalities are primarily driven by wider factors, such as the social determinants of health (King’s Fund, 2021a).’

10. We believe that action is required both within mental health services with regards to addressing health care inequalities in this area as we discuss here. Action is also needed at a broader system level with regards to addressing health outcome inequalities as we discuss in response to the final question posed in the terms of reference.

11. Communication can be challenging for people with mental health problems. When communication difficulties are not identified, it can lead to inaccurate diagnoses of mental health problems, preventing timely access to appropriate interventions. If communication needs are unmet and unsupported, they can present significant barriers to engagement with mental health services and can significantly impede recovery. For example, referrals and assessments, including risk assessments for capacity and consent, which are inaccessible and/or return inaccurate results or diagnoses. Interventions that are verbally delivered may also be unsuccessful, due to omission of effective reasonable adjustments and communication support strategies with the potential for public resources to be wasted on failed interventions and legal ramifications. Effective communication is core to many therapeutic supports and enabling an individual through their recovery journey and is crucial within relational security.
12. People with communication difficulties may have lower levels of health literacy and as a result have less understanding of, and insight into, managing and maintaining their own mental health. Speech and language difficulties create barriers to recovery and affect longer term resilience of patients.
13. Unmet swallowing needs can also pose a significant risk to patient safety, including through choking and aspiration pneumonia. For example, the risk of death due to choking in people with schizophrenia has been reported as 30 times more likely than in the general population (Ruschena et al, 2003).
14. SLTs have a unique role to play as members of multi-disciplinary mental health teams in identifying communication difficulties and swallowing disorders, in their support and in the management and reduction of associated harm and risk. SLTs can help by advising other team members and partnership service providers how to adapt their communication and differentiate materials and resources.
15. We are very concerned given the body of evidence on the relationship between mental health and swallowing and communication difficulties that currently in Wales, SLTs do not form part of core mental health teams. We have completed a recent survey with speech and language therapy managers across NHS Wales on specific mental health workforce provision. This has revealed that there is little dedicated speech and language therapy workforce into primary care, specialist secondary care or inpatient or community for mainstream working age adult mental health inpatient. There are no speech and language therapy services in adult mental health and forensic services and SLTs are under-represented within Specialist Tertiary Services. The All Wales Neuropsychiatry service is the only such service in Wales and is a specialist tertiary service providing neuropsychiatric rehabilitation for those presenting with acquired brain injury and resulting cognitive/communication, emotional, behavioural and psychiatric conditions. Despite some provision, there is considerable speech and language therapy unmet need within the service which needs to be addressed. Additionally, whilst there is some provision for children and young people, for example, within youth justice services, this is not included in all services and even where it is present, it is not relative to the need.

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

Workforce

16. The Health Education Improvement Wales Social Care Mental Health Workforce Plan – a key action within the Together for Mental Health Action Plan - provides a real opportunity to remodel current provision and create sustainable services which ensure that all people in Wales can access appropriate mental health support. We believe that multidisciplinary working – with a well-trained, supported workforce that is equipped to meet the demands – should be central to the future provision of mental health services. This approach would enable each group of professionals to use their own unique skills, knowledge, and abilities to better meet the needs of individuals. In our view, development and improvement of the mental health workforce must include the full range of allied health professionals (AHPs), within both inpatient and community services, and bring in new professions and skillsets, including speech and language therapy. We believe that the workforce needs to include dedicated posts and specialist speech and language therapists from within and integral to mental health services. This will be ever more important following upcoming changes to mental health legislation.
17. Whilst we welcome the current draft consultation document on the plan and references to AHP scenario planning and pathfinders, we would welcome far greater detail on how new professions whose role is well-evidenced (such are speech and language therapy) and referenced within NICE guidelines become a core part of mental health services in the future and road map planning as is proposed for other professions. There is much learning here from the experience of speech and Language therapy within dementia services. Following a specific recommendation from the previous Senedd Health, Social Care and Sport Committee in their report on the use of anti-psychotic medication in care homes (Senedd Health, Social Care and Sport Committee, 2018) and references to communication and swallowing support within the Welsh Government Dementia Action Plan for Wales (Welsh Government, 2018), we have seen significant increases in the number of speech and language therapists available to support people affected by dementia and the development of key roles to scope service need. We would wish to see key actions within the workforce plan. Communication needs are also currently not specifically mentioned within the existing Together for Mental Health Delivery Plan (Welsh Government, 2019). Given our growing evidence in this area and learning from other nations who have invested in speech and language therapy posts in mental health services, we would wish to see mention of unmet needs in this area and proposed actions.
18. More broadly, we feel there are also opportunities within the workforce plan to give greater consideration to the different levels of support required as part of a national approach to mental health rather than mental illness. For example, roles linked to primary care clusters in conjunction with the third sector and better linkages to peer support, exploration of the innate health approach. Our members also suggest thinking beyond a broad level 1 mental health aid approach to what further support may be offered by certain health care professionals. This approach would enable the breaking down of siloes between mental and physical health and would also require targets for local health boards around redesign of services within national integrated medium-term plans (IMTPs).
19. Paucity of data collection is also a key issue in relation to health inequalities which requires further attention within the workforce plan and the forthcoming updated Together for Mental Health delivery plan. Information from the NHS electronic staff

record and vacancy rates will only provide us with intelligence about what workforce we currently have and which may not indicate clinical work carried out depending on service structures and responsibilities. We feel there is significant potential to look at data from local health boards on need – met, under-met and unmet to inform the development of the future workforce.

20. In wider policy terms, we also feel it would be extremely helpful to re-consider the remit and membership of community mental health service and in-patient service teams to better meet diverse needs. Under current arrangements, we are aware that patients can often fall between the gaps and may not qualify for certain services due to their mental health conditions and other services due to their physical needs. We have been provided with examples of people who have an acquired brain injury or functional neurological disorders who may face particular challenges and be referred out of area for support affecting subsequent community follow up. We believe there may be significant potential to consider liaison roles to increase understanding between different services.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

21. We have highlighted several specific policy suggestions above but are very aware that mental health inequalities are multifactorial and will require action across a number of government departments. Whilst there remains a long way to go, we have seen significant process with regard to addressing speech, language and communication needs in the early years since the publication of the cross-government Talk with Me Delivery Plan as this has enabled discussions and actions across education, poverty and a range of other areas. We join our colleagues at other royal colleges in calling for a cross-government approach to mental health.

Further information

22. We hope this paper will be helpful in supporting the committee discussions around mental health inequalities. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

Pippa Cotterill, Head of Wales Office, Royal College of Speech and Language Therapists

Dr. Caroline Walters, External Affairs Manager (Wales), Royal College of Speech and Language Therapists

Confirmation

This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.

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