

Re: Senate Inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia

6 February 2014

To begin I wish to start with an all too familiar story;

It's Monday morning and I open my emails, there is a message from our Fluency Clinic receptionist, "Please ring the GP from the multicultural health centre about a referral for stuttering treatment".

I ring the GP. She tells me that she is looking into treatment for a young man in his 20s who has come to Australia two years ago. He speaks functional English but she thinks he will need an interpreter to attend a speech pathology appointment. I explain to her that the treatment options are our fluency clinic or private practice. "He won't be able to afford private", she says. I explain that our clinic also has a cost associated with it and because we do not receive any government or external funding the cost of the interpreter will also have to be passed onto the client. "He won't be able to afford that by the time he's paid his rent and bought food for the week. Are you sure there are no other options? This man really needs treatment for his stutter. It's interfering with his education and job searching". "No, sorry", I reply and hang up depressed at the lack of services available for people who stutter.

And now for the facts;

Stuttering is a disorder of the fluent production of speech. Overt stuttering, the components which people can see, includes repetitions of sounds, syllables, words and phrases, prolongations of sounds and blocks or unnatural pauses during speech production. Covert stuttering, the components which people cannot see, includes the avoidance of words or situations in which the person believes that he or she will stutter. While stuttering generally presents initially as purely an overt speech disorder (overt stuttering) due to a disruption in the coordination of the speech motor planning system, the covert features can quickly develop as a result of negative listener reactions.

Stuttering most commonly appears in the preschool years, although a recent prospective longitudinal study, the Early Language in Victoria Study (ELVS), has found cases of stuttering first appearing as late as 7 or 8 years of ageⁱ. In the ELVS cohort 11.2% of children had started stuttering before the age of 4 yearsⁱⁱ. While these children did not show any difference in temperament and psychological wellbeing to their non-stuttering peers at this early stage, we know that in the long term stuttering can severely restrict the social participation of people who stutter. Pre-schoolers can receive negative peer reactions such as walking away from play attempts and mocking as a result of stutteringⁱⁱⁱ. Over 80% of school-aged children and adolescents who stutter are teased or bullied as a result of stuttering and this occurs significantly more frequently than their fluent peers^{iv}. Stuttering can result in educational and career underachievement, social withdrawal and poor quality of life^{v,vi}. Over 60% of adults who stutter and present to a speech pathologist for treatment qualify for a diagnosis of a mental health disorder^{vii}. Thus, chronic stuttering persisting into adulthood has productivity implications at a population level as well as personal wellbeing implications for the individual who stutters.

The good news is that there are effective speech pathology treatments for stuttering which in many cases can eliminate stuttering during the preschool years, preventing these negative sequelae^{viii}. Stuttering is harder to completely remediate the older a person who stutters becomes^{ix}, but for stuttering persisting into school-age, adolescence and adulthood there are speech pathology treatments designed to deal with both the overt and covert aspects of the disorder to increase communication skills and social participation^x. The bad news is that people who stutter in Australia are not getting appropriate access to these treatments in a timely fashion.

At Flinders University we run a Fluency Clinic assessing and treating people who stutter across the lifespan. We run this service because currently public speech pathology services for people who stutter in Adelaide are virtually non-existent for clients 4 years old and older, even though it is known that ages 4-5 years old are the most effective ages for treating early childhood stuttering

and some children have not even started stuttering prior to age 4. Our clinic is a student-training clinic with all clients seen by student speech pathologists under the supervision of a qualified speech pathology clinical educator. The only options available to people who stutter in Adelaide who would like to receive speech pathology treatment are to attend the student clinic, see a private speech pathologist or not receive treatment. Neither treatment option is freely available.

Costs for private speech pathology vary but are generally around \$150-\$250 for a 45 minute assessment session and \$70-\$130 for a 30-45 minute treatment session. Clients might be able to claim some of these costs through private health insurance or Medicare. Costs for the Flinders University Fluency Clinic are \$55 for a 60 minute assessment session and \$40 for a 60 minute treatment session. We also offer intensive clinics for adolescents and adults who stutter ranging from \$600 for 4 days to \$950 for 9 days intensive treatment. Due to the fact that services are provided by students, clients are unable to claim costs from private health insurance or Medicare. We do not receive any funding from external agencies to run the Fluency Clinic so we are unable to offer concessions. We do not qualify for free interpreter services so we have to pass that cost onto the clients. This makes it impossible for many people who need treatment for stuttering to access an appropriate service in Adelaide. These people are left with the negative consequences of the disorder and the community is left with the public health costs of having individuals who are not meeting their full potential due to a treatable disorder.

The recommendations I would like to see the Senate Committee make to the government as a result of this inquiry are:

1. Changes to private health insurance and Medicare funding rules that enable clients to claim for services provided by students under supervision.
2. Changes to private health insurance and Medicare funding rules that enable clients to claim for speech pathology services provided in groups, as this is often the most effective format for many types of communication disorder treatments.
3. Changes to rules around the provision of interpreters for private medical appointments to include access to interpreters for allied health appointments.
4. Increased funding for speech pathology and psychology services for people who stutter to enable timely access to services and reduce the public health burden of this disorder.
5. Access to treatment based on best practice guidelines, not arbitrary age cut-offs.
6. Increased funding for community education campaigns into communication disorders especially the fact that difficulty communicating does not mean that a person has below average intelligence, to help reduce the negative impact of these disorders.

Let's end on a positive note;

It's Thursday morning and I'm ringing clients who were treated as pre-schoolers at the Fluency Clinic 3 years ago. I am confirming permission to use their pre-treatment videos as part of a training workshop for community speech pathologists. I ring 5 clients and the response is exactly the same. "Yes, you can use the video. You guys did an amazing job. (Child) is 8 years old now and just started Year 3. His/her speech is brilliant. You would never know he/she ever had a problem with stuttering".

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References

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