

## SNAPSHOT OF SPEECH PATHOLOGY IN CHILD & ADOLESCENT/YOUTH MENTAL HEALTH SERVICES: VICTORIA

### METROPOLITAN MELBOURNE

\*\*The EFT reported relates to Speech Pathologists attending to Speech, Language and Communication needs. It does not include those working in other mental health service roles such as intake clinician, case manager or Autism Spectrum Disorder co-ordinator for the service.

SERVICE	EFT**	SERVICES PROVIDED	ADULT PSYCHIATRY
A	2.3	Primarily an assessment & consultation service. <b>Limited</b> treatment. Resource is stretched to provide limited input to inpatient adolescent unit. <b>No service</b> to Eating Disorders clinic	No service
B	1.5	0.5 EFT to Autism Spectrum Disorder diagnostic team – <b>Assessment only</b> 1.0 EFT providing awareness raising, consultation and limited assessment to <b>10</b> teams across multiple sites.	No service
C	0.8	Mostly assessment and consultation service <b>No service</b> to <ul style="list-style-type: none"> <li>- Adolescent inpatient unit,</li> <li>- Youth inpatient unit,</li> <li>- Youth psychiatric assessment and recovery centre,</li> <li>- Recovery and Prevention of Psychosis team</li> <li>- Intensive Mobile Outreach Service</li> </ul>	0.6 EFT  Newly created but unfilled position
D	1.4	Assessment mainly. Very limited treatment provided. Some limited consultation (eg advice) to teams that don't have a Speech Pathologist on team. EFT is 'stretched' by providing community consultations (eg. to police, NGOs, school networks, psychology networks) <b>No funded EFT to</b> <ul style="list-style-type: none"> <li>- Adolescent inpatient unit,</li> <li>- Adolescent Intensive Management Team</li> <li>- CAMHS and Schools Early Action program</li> </ul>	No dedicated EFT  Fee for service provided by acute hospital usually regarding dysphagia assessment.
E	2.5	Assessment, treatment and consultation offered. <b>No funded</b> EFT to Youth Outreach team.	No dedicated EFT Consult provided by acute hospital usually regarding dysphagia assessment.
<p>The TOTAL Speech Pathology EFT for Melbourne Metropolitan CAMHS / CYMHS is 13.4 EFT. Of this <b>8.5 EFT</b> is focussed specifically on the Speech, Language and Communication needs of clients.</p>			

## COMMON ISSUES REPORTED BY CYMHS METRO SPEECH PATHOLOGISTS

Speech pathology EFT is not typically quarantined in the CYMHS staffing profile as the funding model relates to provision of case management. It is often difficult to recruit Speech Pathologists to generic mental health clinical positions making it difficult to 'grow' the EFT in CAMHS/ CYMHS. High risk and acute mental health presentations in a service can sway staffing profile away from recruiting Speech Pathologists. In those services with low EFT, speech pathologists have 'low visibility' particularly when spread thinly.

## ACCESS TO SPEECH PATHOLOGY IN METRO MELBOURNE: OBSERVATIONS

### a) non-CAMHS public Speech Pathology services

- Long waiting lists to access community health services
- School based services for primary aged students can be limited in scope for children with mental health issues **and** communication needs; some Speech Pathologists feel ill-equipped to deal with complex presentations.
- CYMHS Speech Pathologists have limited to no capacity to provide mentoring and supervision to Speech Pathologists in Education
- School based services for primary aged students generally provide limited to no treatment
- Speech Pathology services for adolescents and youth are variable across schools ranging from minimal to non-existent, especially for those not in school

### b) Private Speech Pathology options

- Variable access; in some local government areas there are a range of private providers; in others, particularly growth corridors, there is limited access
- Mental health speech pathology expertise is limited amongst private providers
- The financial cost of therapy is beyond the reach of most families presenting to CYMHS

## REGIONAL VICTORIA

\* Each CAMHS has a dedicated team for diagnosing Autism Spectrum Disorders and a co-ordinator position to oversee this. In 2 regional CAMHS (Services F and K) the Speech Pathologist is the team co-ordinator and does not have a specific speech pathology assessment role. The EFT listed is for speech pathology specific services.

REGIONAL	EFT*	SERVICES PROVIDED	ADULT PSYCHIATRY
F	0	There is no EFT for case managed CYMHS clients. There is a Speech Pathologist employed to co-ordinate the Autism Diagnostic teams.	No service
G	0		No service
H	0.1	2 days per month speech pathology service 'contracted' for diagnostic assessments for Autism	No service
I	0		No service
J	0	In 2014 this service access to a contracted Speech Pathologist. for diagnostic assessments when the person retired	No service
K	0	There is no EFT for case managed CYMHS clients. There is a	No service
L	0		No service
M	0		No service
<p>Two services employ Speech Pathologists to co-ordinate their Autism Diagnostic teams.</p> <p>7 services have no EFT focussed specifically on the Speech, Language and Communication needs of clients.</p>			

### COMMON ISSUES REPORTED BY REGIONAL CYMHS

- Recruitment challenges
  - o Most regional services only recruit to generic mental health positions. Any speech pathologist who applies would be competing against applicants who focused on mental health in their training and subsequent placements.

- Limited mental health experience during Speech Pathology undergraduate training results in a workforce ill equipped for sole placements.
- No *regional* mental health experience during undergraduate training as there are no speech pathologists to act as supervisors
- Retention challenges
  - No Speech Pathologists on staff to provide mentoring and supervision to junior Speech Pathologists
- Difficulty establishing Speech Pathology in CAMHS/CYMHS staffing profile
  - Communication assessment and treatment not seen as a priority by services

## ACCESS TO SPEECH PATHOLOGY IN REGIONAL AREAS

### a) Public Speech Pathology services

- Community Health and hospital services not funded to service clients with 'multiple' needs and may cease service when additional needs are identified
- Long waiting lists for DEECD (Education) Speech Pathologists. Some schools rationalize service and may restrict service for example to children up to Grade 2
- Unfilled positions
- Few Speech Pathologists employed in Early Intervention programs which limits access to regular intervention

### b) Private Speech Pathology options

- Few private providers;
- Large geographical areas mean families may travel long distances, 'up to 90 minutes' to access Speech Pathology
- Financial cost of assessment, even with Medicare Helping Children with Autism rebates, is beyond reach of families; Medicare Local sometimes funds assessment when an autism spectrum disorder is being considered
- Similarly financing therapy is beyond the reach of most CYMHS families