

## Position Statement



# Speech Pathology in Mental Health Services

Copyright © 2010 The Speech Pathology Association of Australia Limited

**Disclaimer:** To the best of The Speech Pathology Association of Australia Limited's ("the Association") knowledge, this information is valid at the time of publication. The Association makes no warranty or representation in relation to the content or accuracy of the material in this publication. The Association expressly disclaims any and all liability (including liability for negligence) in respect of use of the information provided. The Association recommends you seek independent professional advice prior to making any decision involving matters outlined in this publication.



## **ACKNOWLEDGEMENTS**

### **SPEECH PATHOLOGY AUSTRALIA**

BALDAC, Stacey (Project Editor)

LEDGER, Meg (Councillor, National Professional Standards Coordinator, commenced May 2010)

MULCAIR, Gail (Chief Executive Officer)

This Position Statement has been developed based on the Speech Pathology Australia Clinical Guidelines Speech Pathology in Mental Health (2010). Speech Pathology Australia wishes to acknowledge the contributors of the Clinical Guidelines in the development of this Position Statement.



## CONTENTS

<b>Acknowledgements .....</b>	<b>i</b>
<b>Contents.....</b>	<b>ii</b>
<b>1. Origins of the paper .....</b>	<b>1</b>
<b>2. Background .....</b>	<b>1</b>
2.1 Communication Disorders.....	1
2.2 Swallowing Disorders .....	1
2.3 Causes.....	1
2.4 The relationship between communication disorders and mental health .....	2
2.5 The relationship between swallowing and mental health.....	2
<b>3. The Position of Speech Pathology Australia.....</b>	<b>3</b>
<b>4. Conclusion .....</b>	<b>5</b>
<b>5. References.....</b>	<b>6</b>



## 1. ORIGINS OF THE PAPER

This Position Statement has been developed to improve understanding of communication and swallowing disorders in the context of mental health, highlight the need for early intervention and prevention programs and demonstrate the benefits of speech pathology involvement in mental health services. The intended audience for this position statement includes employers, policy makers, organisations, funding bodies and the community.

Currently, speech pathology services are inadequate and underrepresented in mental health settings, particularly in the area of prevention for at risk populations. The impetus for this document has been the expansion of evidence demonstrating a strong relationship between communication and swallowing problems and mental health which highlights the need for speech pathology services to be provided across a range of mental health settings. This position statement is supported by Speech Pathology Australia's *Speech Pathology in Mental Health Services Clinical Guideline* (2010). The Clinical Guideline provides a comprehensive literature review and provides a guide for effective speech pathology practice in mental health services.

The terms *mental health services* and *mental health settings* are utilised in this paper to refer to any agency involved in the provision of services to individuals with mental health illness or disorders.

## 2. BACKGROUND

Speech pathologists are specialists in the assessment and treatment of people with communication and swallowing disorders across the lifespan. The following provides a brief explanation of communication and swallowing disorders and their association with mental health conditions.

### 2.1 Communication Disorders

Communication disorders are problems with hearing, listening, speaking, understanding, reading, writing, voice, fluency and using the social rules of conversation, called pragmatics.

Communication impairment affects a person's ability to interact with their family, friends, teachers, work colleagues and community and as such can lead to significant consequences in all aspects of life; familial, social, vocational and psychological. Communication disorders can also result in intergenerational transfer of problems for individuals and families who do not receive adequate intervention.

### 2.2 Swallowing Disorders

Dysphagia is the medical term for any difficulty eating, drinking and swallowing. Dysphagia may result in life threatening choking episodes, aspiration pneumonia, compromised nutrition and hydration and reduced quality of life. Swallowing disorders impact on the health and well being of the individual and have been known to cause death.

### 2.3 Causes

Communication and swallowing disorders may be caused by physical impairments; developmental disabilities or complex syndromes, for example Autism Spectrum Disorder; acquired brain injury; environmental factors such as a lack of appropriate stimulation; or may have no specific causality factors. Mental health conditions are also associated with communication and swallowing disorders and additionally, some medications used to treat mental health conditions can induce swallowing disorders.



## 2.4 The relationship between communication disorders and mental health

Communication disorders frequently co-occur with mental health issues. Bryan and Roach (2001) reported the incidence of speech and language problems in individuals receiving mental health services to be higher than the general population. Whitehouse (2009) identified that mental ill-health was highly represented in adults with communication impairments. Research studies have demonstrated a remarkably high prevalence of communication impairments in children who present for psychiatric treatment (Caplan, 1996; Cohen, Menna, Vallance, Barwick, Im & Horodezky, 1998) and similarly for adolescents with a psychiatric diagnosis (Clarke, 2006; Perrott, 2010; Perrott, 1998; Segrin & Flora, 2000).

Longitudinal studies have indicated an increased likelihood of mental health problems in those who initially presented with significant speech/language impairments as a child (Beitchman, Brownlie, Ingliss, Wild, Ferguson, Schachter, Lancee, Wilson & Matthews, 1996; Beitchman, Wilson, Johnson, Young, Atkinson, Escobar & Taback, 2001a; Clegg, Hollis, Mawhood & Rutter, 2005). Developmental language disorders have been found to contribute to the development of personality disorders in adulthood (Mourisden & Hauschild, 2009). Starling (2003) reported school-aged children and adolescents with language-learning disability are at an increased risk for significant academic, social, emotional and behavioural problems and are more likely to exit school early, often with minimal marketable work skills and little prospect of successful engagement in further education.

Snow (2009a) identified that socially disadvantaged groups in society are at greater risk for both communication and mental health problems along with the potential for intergenerational transfer of such problems.

Communication disorders are also reported as diagnostic criteria in a range of mental health disorders for example; autism spectrum disorders, attention deficit disorders, behavioural disorders, developmental language and speech disorders, schizophrenia and psychosis and dementia (American Psychiatric Association, 2000, and World Health Organization's *International Classification of Diseases*, 1993).

## 2.5 The relationship between swallowing and mental health

Higher rates of dysphagia, aspiration and choking have been reported within mental health settings when compared to the general population (Bazemore, Tonkology & Anath, 1991, Fioritti, Glaccoto & Melega, 1997; Regan, Snowman & Walsh, 2006).

Dysphagia is reported to be caused by the adverse effects of antipsychotic medications, factors associated with institutionalization such as dependency, the presence of co-morbid neurologic disorders and the mental illness itself (Bazemore et al, 1991). Other risk factors include movement disorders, seizures, poor dentition and poor eating habits (Regan et al, 2006). Regan et al (2006) recommended that all individuals in mental health services should be screened for dysphagia.



### 3. THE POSITION OF SPEECH PATHOLOGY AUSTRALIA

The following statements articulate the position of Speech Pathology Australia (the Association) on the involvement of speech pathologists in mental health services. The position statements have been informed by current available best evidence, international position statements, policies, guidelines and consensus opinion.

**3.1 It is the position of Speech Pathology Australia that assessment, diagnosis and treatment of communication and swallowing impairments of individuals with, or at risk of, mental health conditions is essential and within the scope of practice of speech pathologists. As such, the Association strongly recommends that speech pathologists be recognised as essential service providers in the management of those with mental health conditions.**

Speech pathologists play a critical role in mental health services given the high correlation between mental health disorders and communication and swallowing disorders.

Speech pathologists aim to maximise a person's potential to communicate, eat, drink and swallow more effectively in everyday life. The goal of speech pathology intervention is to optimise the person's ability to function physically, socially and mentally at home, in the classroom, in the workplace, in social situations and in mental health treatment programs or institutions. The speech pathologist's role in establishing safe and effective eating, drinking and swallowing, facilitates adequate nutrition and hydration and reduces the risk of choking and aspiration pneumonia.

Speech pathologists can enhance the health, well-being and participation of people with mental health conditions through prevention, early detection and treatment of communication and swallowing disorders.

Currently, there is inconsistent and inadequate speech pathology service provision in mental health services across Australia. In several states, there are speech pathologists employed within child and adolescent mental health services, while in others there are none. Speech pathology services within adult mental health services are largely non-existent.

**3.2 The Association strongly believes that communication and swallowing assessment by speech pathologists is critical to aid differential diagnosis in mental health settings.**

Speech pathologists play an important role in the mental health service multi-disciplinary team and can make a valuable contribution to differential diagnosis of mental health conditions.

A comprehensive communication and swallowing assessment will be utilised by a multidisciplinary team to assist with differential diagnosis, and where possible classification of psychiatric diagnosis. For example, early diagnosis of dementia and differential diagnosis of dementia type is assisted through speech pathology assessment, and differential diagnosis of schizophrenia from dysphasic speech is reportedly more robust following language assessment by a speech pathologist (Muir, Tanner & France, 1991; Snowden & Griffiths, 2001 & Garrard & Hodges, 1999).

**3.3 The Association strongly endorses the critical role of speech pathologists in the prevention and early detection of communication and swallowing disorders that are associated with mental health conditions.**

The literature suggests that speech pathologists have an important role in early identification and assessment for populations at risk of communication and swallowing disorders that are associated



with mental health conditions. At risk populations may include infants, children or adolescents who have suffered trauma, abuse and/or neglect; children cared for by a parent/guardian with a mental illness, young people in juvenile detention and individuals in mental health settings.

Speech pathologists are well qualified to perform the following roles in the prevention of communication and swallowing disorders associated with mental health conditions:

- Screening, assessment and intervention for communication disorders in at risk populations, for example, in drug and alcohol services and trauma related youth programs;
- Education and prevention programs, for example, in mother/parent-child and paediatric units;
- Education of health professionals, teachers, parents and carers regarding the association between communication and swallowing disorders and mental health conditions.

**3.4 The Association strongly supports speech pathologists providing education and consultancy services to professionals, university training courses and the broader community to improve the understanding of communication and swallowing disorders in mental health.**

Speech pathologists are specialists in the area of communication and swallowing disorders. Speech Pathologists working in mental health have specific and specialist knowledge about the association between communication, swallowing and mental health conditions. As such they are well placed to provide education to other speech pathologists, professionals working with people with mental health conditions and the community. Speech Pathology skills and knowledge should be used to consult on a range of issues, including differential diagnosis, prevention and early intervention for communication and swallowing disorders associated with mental health conditions, modifying mental health interventions and treatment programs for people with communication and swallowing impairments, and training programs for professionals working in mental health settings.

**3.5 It is the Association's position that speech pathologists working in mental health settings should be involved in the development of organisational, local and federal government policies and protocols for mental health services.**

It is critical that speech pathologists working in mental health have the opportunity to develop partnerships with mental health service providers in order to contribute to planning and decision making around service provision. In doing so, speech pathologists can advocate for their clients with communication and swallowing disorders.

**3.6 The Association acknowledges that working in mental health is an advanced area of practice.**

It is strongly recommended that speech pathologists working in mental health be supported to practice at an advanced level. This can include the speech pathologist having access to supervision and support from a senior speech pathologist experienced in the area of mental health, participation in relevant continuing professional development and peer support through involvement as a member of the multidisciplinary mental health team.

Speech pathologists working in mental health should have the appropriate knowledge of theoretical and intervention models specific to this area of specialised practice and be conversant with relevant legislation, such as the Mental Health Act, and other mental health standards and protocols pertinent to the service context and the state or territory in which they practise.



**3.7 The Association recommends that speech pathologists be recognised as qualified and eligible service providers within specific government funded programs for the prevention and treatment of mental health issues.**

It is essential that individuals with mental health issues have access to the full complement of health professionals that have been shown to assist with the management of mental health conditions and associated impairments. Timely and affordable service provision which includes speech pathology, must be met through both public and private services. Government funded programs should be flexible in meeting an individual's needs and as such should not be restricted to a limited number of professionals. Based on available research and best practice, speech pathology services need to be accessible for the provision of assessment and management of communication and swallowing impairments presenting in a person with or at risk of a mental health condition.

## **4. CONCLUSION**

The purpose of this paper is to educate policy makers, government and funding bodies of the critical role of speech pathology in prevention of mental health illness and in mental health services. The paper has discussed the life span consequences of communication and swallowing problems on mental health and the impact this may have on an individual's life, the broader community and health services.

Speech pathologists are essential service providers in mental health settings. Speech pathologists working in mental health have the capacity to enhance the health, well-being and participation of people with mental health conditions through prevention, early detection and treatment of communication and swallowing disorders. As such speech pathologists may ameliorate the subsequent costs and impact of swallowing and communication disorders to health services and the broader community.

Government and mental health service providers must recognise the valuable contribution of speech pathologists to the prevention and management of problems associated with mental health conditions and as such, they must act to remedy the inadequate and inconsistent speech pathology service provision which currently exists in mental health settings.

For further information and a more detailed literature review, please refer to the Association's practice document; Speech Pathology in Mental Health Clinical Guideline (Speech Pathology Australia, 2010).





## 5. REFERENCES

- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, text revised. Washington, DC, APA.
- Bazemore, J.H., Tonkology, J., Anath, R. (1991). Dysphagia in psychiatric patients: Clinical and videofluoroscopic study. *Dysphagia*, 6, 205.
- Beitchman, J. H., Brownlie, E.B., Inglis, A., Wild, J., Ferguson, B., Schachter, D., Lancee, W., Wilson, B., & Matthews, R. (1996). Seven-year follow-up of speech/language impaired and control children: psychiatric outcomes. *Journal of Child Psychology and Psychiatry*, 37 (8), 961-970.
- Beitchman, J. H., Wilson, B., Johnson, C., Young, A., Atkinson, L., Escobar, M. & Taback, N. (2001a). Fourteen year follow-up of speech/language-impaired and control children: Psychiatric outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40 (1), 75-82.
- Bryan K, & Roach J. (2001) Assessment of speech and language in mental health. In: J. France & S.Kramer (eds). *Communication and mental illness*. Jessica Kingsley Publishers: London. pp 110-122
- Caplan, R. (1996). Discourse deficits in childhood schizophrenia. In, J. Beitchman, N. Cohen, M. Konstantareas, & Tannock, R (Eds.). *Language, Learning and Behaviour Disorders*, Cambridge: Cambridge University Press.
- Clarke, A. (2006). Charting a life: Analysis of 50 adolescents in a long-stay mental health unit. *Conference Proceedings, 17th World congress of the International Association for Child and Adolescent Psychiatry and Allied Professionals*. Melbourne, Australia.
- Clegg, J., Hollis, C., Mawhood, L., & Rutter, M. (2005). Developmental language disorders-a follow-up in later adult life: cognitive, language and psychosocial outcomes. *Journal of Child Psychiatry*, 46 (2), 128-149.
- Cohen, N. J., Menna, R., Vallance, D.D., Barwick, M.A., Im, N., & Horodezky, N.B. (1998). Language, social-cognitive processing, and behavioral characteristics of psychiatrically disturbed children with previously identified and unsuspected language impairments. *Journal of Child Psychology and Psychiatry*, 39 (6), 853-864.
- Fioritti, A., Glaccoto, L., Melega, V. (1997). Choking incidents among psychiatric patients: retrospective analysis of thirty one cases from Bologna psychiatric wards. *Canadian Journal of Psychiatry*, 42, 515-520.
- Garrard, P. & Hodges, J.R. (1999). Semantic dementia: Implications for the neural basis of language and meaning. *Aphasiology*, 13, 609-623.
- Muir, N., Tanner, P & France, J. (1991). Management and techniques: a practical approach. In R.Gravelle & France (eds)., *Speech and Communication Problems in Psychiatry*. London: Chapman &Hall.
- Perrott, D. (2010). Adolescent communication: pragmatic skills. *PhD (in progress)*. Monash University, Melbourne, Australia.
- Perrott, D. (1998). Adolescent Communication: Self-evaluation of the use and competency of pragmatic skills between depressed and non-depressed adolescents. *Masters Thesis*. Department of Linguistics, Macquarie University, Australia.



Regan, J., Sowman, R., & Walsh, I. (2006). Prevalence of dysphagia in acute and community health settings. *Dysphagia*, 21 (2), 95-101.

Segrin, C. & Flora., J. (2000). Poor social skills are a vulnerability factor in the development of psychosocial problems. *Human Communication Research*, 26 (3), 489-514.

Snow, P.C. (2009a). Oral language competence and equity of access to education and health. In K. Bryan (Ed) *Communication in Healthcare. Interdisciplinary Communication Studies Volume 1* (Series Editor: Colin B. Grant), (pp101-134). Bern: Peter Lang European Academic Publishers.

Snowden, J.S. & Griffiths, H. Semantic dementia: assessment and management. In Best, W., Bryan, K. and Maxim, J. (2001). *Semantic processing: Theory and Practice*. London: Whurr.

Speech Pathology Australia (2003) *Scope of Practice in Speech Pathology*. Melbourne: Speech Pathology Australia.

Speech Pathology Australia (2010). *Speech Pathology in Mental Health Clinical Guideline*. Melbourne. Speech Pathology Australia

Spirito, A., Hart., K., Overholser, J. & Halverson, J. (1990). Social skills and depression in adolescent suicide attempters. *Adolescence*, 25 (99), 543-552.

Starling, J. (2003). Getting the message across: safeguarding the mental health of adolescents with communication disorders. *Acquiring Knowledge in Speech, Language and Hearing*, 5 (1), 37-39.

Whitehouse, A., (2009). Differentiating between childhood communication disorders. *Acquiring Knowledge in Speech, Language and Hearing*, 11 (3).

World Health Organization (1993) *International Statistical Classification of Diseases and Related Health Problems*, 10<sup>th</sup> revision, Geneva, WHO.

