Speech Pathology Australia

Giving people a say in life

BETTER ACCESS TO MENTAL HEALTH CARE INITIATIVE

SUBMISSION

TO

DEPARTMENT OF HEALTH & AGEING

Prepared by:

SPEECH PATHOLOGY AUSTRALIA

March 2008

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ACKNOWLEDGEMENTS

Speech Pathology Australia would like to acknowledge the contribution and reference material of:

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- Maria Tranter — Austin Hospital & Heidelberg Repatriation Hospital
- Damien Roberts — Austin Hospital & Heidelberg Repatriation Hospital
- Liz Morkham — CAMHS, Austin Hospital & Heidelberg Repatriation Hospital
- Louise Philpott — CAMHS, Austin Hospital & Heidelberg Repatriation Hospital
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- Royal College of Speech & Language Therapists (UK)
- American Association of Speech & Hearing (USA)

1.0 Position Statement

Speech pathologists play a crucial role in facilitating the development of communication, social and emotional skills of individuals with mental health illnesses.

It is imperative that under the "Better Access to Mental Health" initiative, speech pathologists are recognised and eligible to become service providers in accessing rebates for their clients.

Speech pathologists have a specialist role in assisting individuals with mental health issues:

- Speech pathologists play a critical role in mental health given the high incidence of communication disorders in clients referred for mental health services.

- Communication and swallowing disorders are linked to the sequalae of mental health disorders.

- Language is an essential tool for communication. It is fundamental to sociability, the internalisation of social codes, thinking and problem-solving, feeling, the self-regulation of behaviour and learning and academic success. It is through language that children and adults learn to express emotions and feelings, develop self-image and are able to influence the behaviour of others.

- Within the mental health field, language is the basic tool for most forms of assessment and intervention. Verbally based assessments and psychotherapies assume a child and adult's understanding and use of language. Speech pathologists are critical in enabling mental health professionals to understand a client's communication skills and developmental level in order for appropriate diagnosis and management to be made. Speech pathologists have a role in providing diagnostic information relevant to psychiatric diagnoses.

- Speech pathologists work as clinicians providing assessment, management, consultation and education in team-based environments.

- Speech pathologists have access to a range of frameworks of understanding including developmental, psychodynamic and systemic, underpinning a comprehensive, integrated service delivery. Intervention models cover direct and indirect service delivery and include individual and group management and consultation with team members and outside agencies (i.e. ongoing education).

2.0 Background

Speech Pathology Australia is the peak national body for speech pathologists in Australia, representing over 4000 members.

Speech pathologists are specialists trained to assess and treat people of all ages who have communication and/or swallowing disorders. Speech pathologists work in a variety of settings including early intervention, schools, hospitals, community centres, rehabilitation centres, aged care facilities, specialist centres and in private practice.

Speech Pathology Australia is delighted with the increased awareness of Medicare Australia's Enhanced Primary Care (EPC) & recently announced Autism Items initiatives offered through Medicare Australia's Medical Benefits Schedule. The centralisation of an individual's health and wellbeing through General Practitioners (GPs) is contributing to better outcomes for patients and encouraging health professionals such as GPs and speech pathologists to work more closely together to improve health care outcomes.

The Department of Health and Ageing's *Better Access to Mental Health Care Initiative* came into effect on November 1st 2006. It provides people with mental illness improved access to allied health professionals such as psychologists, occupational therapists and social workers. Unfortunately, at this stage, speech pathologists are not eligible to participate in this initiative.

It is not generally understood that communication and swallowing disorders commonly co-exist with mental health problems. Severe and complex speech, language and swallowing disorders may co-exist with a range of mental health issues which require cross referral and intervention. The *Better Access to Mental Health Care Initiative* allows up to 12 visitations to a registered Mental Health Care provider (ie psychologists; occupational therapists) but does not currently allow speech pathologists to be eligible providers under this initiative and therefore manage their clients' communication and swallowing needs that are associated with a primary condition under this mental health framework. This group of clients are therefore restricted in accessing affordable care.

As professionals working with individuals who may present with coexisting health problems such as mental illness and communication/swallowing difficulties, Speech Pathology Australia urges the Department of Health & Ageing to amend the current

criteria to include speech pathologists as approved service providers under the *Better Access to Mental Health Care Initiative*.

GPs typically will refer patients to speech pathologists for specialist intervention. Providing affordable access to speech pathology services in the private sector for eligible patients with mental health disorders will optimise their management and long term outcomes.

3.0 Why do speech pathologists have a role in mental health services?

3.1 Implications of communication and mental health issues

"Mental disorder" is a term used to describe a range of clinically diagnosable disorders that significantly impact on a person's emotions, thoughts, social skills and decision-making (Australian Psychological Society, 2008). Specific to speech pathology, individuals with mental disorders arising from their "chronic and complex" communication and swallowing needs require skilled professionals to manage their communication and swallowing difficulties. Such complex clinical presentations may arise as a result of pre-existing and emerging mental health problems.

Understanding both the roots of communicative development and the impact of communication disorders on social-emotional development, cognition, and behaviour is critical for all policy makers, educators and health care professionals. This knowledge, however, is particularly relevant for mental health professionals and psychiatrists owing to the high co-occurrence of psychiatric disorders and communication impairments (Giddan, Ross, Sechler et al., 1997 in Giddan & Milling, 1999).

All aspects of language (including language production, comprehension, and pragmatic use) contribute to the development of communicative competence. Compromised functioning in one or more of these areas will have a detrimental impact on an individual's ability to exchange information and establish secure social relationships. An individual who has adequate comprehension skills, but reduced production and pragmatic communication skills, will have difficulty participating in social communication. Likewise, a person who presents with adequate production and comprehension skills may have a significant communication disorder secondary to poorly developed pragmatic abilities.

The consequences of communication impairment across all aspects of an individual's life span (impacting upon families, carers and the broader community) can be seen in Table 1.

Table 1 Consequences of communication impairment (Speech Pathology Australia, 2001)

<table>
<tr><th>ECONOMIC CONSEQUENCES</th><th>PSYCHOLOGICAL CONSEQUENCES</th></tr>
<tr><td>• Loss of job opportunities/restricted choice of employment prospects
• Loss of career objectives secondary to language learning difficulties and poor verbal communication
• Loss or change of potential income and therefore reduced ability to access intervention; possible need for long-term financial support
• Reduced employment options for carer due to increased demands to care for patients with mental health
• Changes to ability to administer income and property – possibly resulting in need for external, government-funded assistance</td><td>• Social isolation may lead to depressive illness
• Impact on personality development
• Reduced tolerance for social communication
• Specific psychological changes:
  • aggression
  • irritability
  • limited concentration
  • lack of spontaneity/responsiveness
  • reduced self-esteem
  • anxiety</td></tr>
<tr><th>FAMILIAL CONSEQUENCES</th><th>SOCIAL CONSEQUENCES</th></tr>
<tr><td>• Tension and conflict with family members may results in strained parent–child roles and attachment issues
• Aggression from family members with increased risk of physical abuse and neglect
• Reduced contact with siblings and extended family
• Secondary depression of other family members
• Social difficulties may lead to less probability in establishing successful long-term relationships</td><td>• Problems coping in social situations resulting in changes to:
  • social contacts
  • community involvement
  • recreational/ holiday activities
  • social status
  • social isolation
  • dependency on others
  • loss/lack of friends
• Effort and fatigue in communicating, anxiety, at meeting new people and frustration at communication ability result in possible social withdrawal
• Difficulties establishing peer relationships result in social isolation and subsequent risk of participation in antisocial peer groups, increasing risk of involvement with justice system</td></tr>
</table>

3.2 Mental Health Disorders Requiring Speech Pathology Intervention

Speech pathologists with specialist knowledge in mental health may see clients with a range of related communication impairments. The most common DSM-IV (Diagnostic and Statistical Manual of Mental – IV Edition) disorders, including communication impairment within the criteria that speech pathologists provide services to) are:

- behavioural disorders (Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder, Conduct Disorder, Oppositional Defiant Disorder);
- autism spectrum disorders (ASD);
- selective mutism;
- language-based learning disabilities;
- specific learning difficulties (dyslexia etc);
- language disorders;
- speech disorders (dyspraxias);
- attention deficit disorders;
- schizophrenia and psychosis; &
- anxiety disorders.

We note from this list that ASD has now been considered separately under the recent *Helping Children with Autism* package.

4.0 Incidence of coexisting communication and swallowing disorders with mental illness – adult & paediatric.

4.1 Incidence of mental health and need for speech pathology services

Speech Pathologists are dedicated to assisting people with communication support needs and eating, drinking and swallowing difficulties (dysphagia). A high number of people accessing mental health services in the community or hospitals present with significant communication support needs and/or dysphagia, which may either be linked to a form of mental disorder or arising as a consequence to it. To highlight the role that speech pathologists have in assisting with the treatment of mental health problems, the evidence from the literature must be considered:

- *62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected (Cohen 1993 in France & Kramer, 2001);*

- *38% of children referred to child psychiatric services met one or more criteria for previously identified language impairment while 41% met criterion for unsuspected language impairment. In total 63.6% of children referred had a language impairment (Cohen et al. 1998);*

- *Of 62 attendees at area psychiatric services 84% had a language impairment and 74% had communication and discourse problems. "Clearly, impairment of communication and /or language may compound the negative experience of psychiatric illness, as well as offering insights in to the origins of psychiatric symptoms" (Royal College Psychiatrists, 2004);*

- *78% of individuals with mental health disorders screened had communication impairments ranging from severe receptive and expressive dysphasia, dysfluency, hearing problems, voice and articulation problems and dysarthria (Emerson and Enderby 1998);*

- *A communication disorder may become apparent during the course of all types of dementia, varying according to disease type, duration and other factors including pre-morbid skills and environment (Bryan & Maxim, 1996);*

- *Incidence of speech and language problems in people receiving mental health services is substantially higher than the general population (Bryan & Roach, 2001).*

- *A consistent finding of studies on individuals with mental illness is that they have poor communication skills, which persist even when the illness is pharmacologically controlled (Mueser et al., 1991; Trower, 1987; van Dam-Baggen and Kraaimaat, 1986 in France & Kramer, 2001);*

- *Studies that look at the incidence of swallowing difficulty in dementia show a high rate of dysphagia: Bronchopneumonia is a leading cause of death in Alzheimer's disease and 28.6% in this study were found to be aspirating (Horner et al, 1994).*

As can be gleaned from the above body of evidence, speech pathologists play a vital part in the intervention of individuals presenting with mental health issues. The following sections further clarify the role that speech pathologists play in the intervention of individuals suffering mental health problems.

4.2 Paediatric - Incidence of speech, language and swallowing and mental health

Children and adolescents with speech, language, communication and swallowing impairments may also present with a range of mental health issues that co-exist with their communication and swallowing difficulties. There are a range of individuals who may benefit from the current initiative.

Over the past 20 years, research has documented a remarkably high prevalence of language impairment in children who present for psychiatric treatment. Cantwell and Baker (in Giddan and Milling, 1999) found that among a group of children admitted to an inpatient psychiatric facility, 67% failed a speech and language screening. Children referred on an outpatient basis for psychiatric disorders have also been found to demonstrate a high incidence of language impairment. In a sample gathered by Cohen and Lipsett (in Giddan and Milling, 1999), 55% of 237 children (130 children) referred to outpatient mental health centres were found to demonstrate significant language impairment. Of equal importance is the fact that children who present with communication disorders at an early age do not typically outgrow their impairments. Cantwell and Baker (Giddan, and Milling, 1999) conducted a longitudinal study of 202 children referred for communication disorders at various ages (between 2.5 and 17 years of age) and found that 74% of the children (149 children) had residual speech or language deficits and 57% (115 children) had co morbid psychiatric disorders (e.g., attention deficit disorder, oppositional conduct disorder, and anxiety disorder) at follow-up 3 to 4 years following the initial evaluation.

In a study conducted by Cohen and Lipsett (in Giddan and Milling, 1999) it was indicated that 38% of the children referred for a psychological disturbance had language impairments that had been previously undiagnosed. Virtually any disruption in a child’s cognitive functioning (e.g., mental retardation) and any significant disruption in the environment (e.g., neglect and abuse) can affect communication and language acquisition. Likewise, specific speech and language disorders, not resulting

from any known cognitive or environmental disturbances, can compromise a child's social-emotional development. The article by Young and Paul (1997) provides brief summaries of various communication disorders and their potential sequelae. The presence of a communication disorder has implications for the parent–child and child–family relationships, as well as more general social relationships. The aetiologic relationship between communication and psychiatric disorders continues to be ambiguous. However, several possibilities for describing this relationship have been addressed in the literature. These include:

(1) Communication impairment may cause social-emotional or psychiatric disorders. Because communication and language development occurs in the context of reciprocal interactions between a child and caregiver, it is through non-verbal communicative signals (e.g., gestures, eye contact, facial expressions) and verbal language that children begin to interact with the social world around them. Children with impaired communication skills may have difficulty expressing emotional states, regulating emotional arousal, and establishing and securing positive relationships (Prizant & Duchan, 1989 in Giddan, and Milling, 1999). Thus an underlying communication deficit has the potential to place a child at risk of developing a psychiatric disorder (Speech Pathology Australia, 2001);

(2) An underlying behavioural problem or psychiatric disorder may place an individual at risk for communication impairment. Although there is a paucity of empirical evidence to support this theory, clinicians often wonder how severe attention deficits may impact a child's ability to "tune in" sufficiently to learn the rules of communicative discourse. This situation may also occur in children diagnosed with various forms of depression. Social withdrawal during the early stages of language acquisition may limit a child's ability to learn from social interactions with caregivers. In addition, exposure to appropriate language models and patterns of language usage may be disrupted. Thus, there is a potential risk for a secondary language or pragmatic disorder, (Riccio, Ilynd & Cohen, 1994 in Giddan, and Milling 1999);

(3) Underlying factors may affect development (e.g. differences in social-economic status, maltreatment, and low IQ). Regardless of the distinct aetiological factor it has been shown that children with communication impairment are vulnerable to social-emotional difficulties and children with psychiatric diagnoses are found to have a higher than normal prevalence of language disorders (Lord and Paul, 1999).

In further analysing the relationship between language difficulties and mental health illness, longitudinal studies of children with language difficulties have shown that they have significant continued academic difficulties as young adults (Young, Beitchman, Johnson, Atkinson et al, 2002). This may potentially lead to social isolation and reduced employment prospects. Other longitudinal studies identify significantly higher rates of anxiety disorder and antisocial personality disorder (Beitchman et al., 2001) and significantly higher rates of substance abuse (Beitchman et al., 2001) in young adults with speech and language disorders.

This link between speech and language disorder and academic success has long-term implications for employment and social integration of our youth. In an Australian study of thirty male juvenile offenders, ten of the thirty subjects "reported having been identified as "below average" at school with respect to reading and writing skills" (Snow & Powell, 2004; Powell & Snow, 2008)). In a Swedish study of 163 institutionalised juvenile delinquents, more than 70 % of the pupils showed some problems with reading and spelling (Svensson et al, 2001) and a screening program of young offenders in Scotland found 25 of the 50 young offenders were dyslexic to some degree (Kirk & Reid, 2001).

Difficulties in speech, language, communication and swallowing have significant impact upon school success, employment, social relations and behaviour (Speech Pathology Australia, 2001; Snow & Powell, 2004; Snow & Powell, 2008). At an educational level, students with language disorders and specific learning difficulties may experience difficulty with both communication and access to the curriculum, which can lead to disengagement and ultimately behaviour disorders. In a study of the link between behaviour disorders and language disorders, Willinger, Brunner, Kiendorfer-Radner, Sams, Sirsch and Eisenwort (2003) identified that 34% of children with language disorders also had behavioural disorders compared to only 6% of children in the control group. Similarly, Coster, Goorhuis-Brouwer, Nakken and Spelberg (1999) found that 48% of children with specific language impairment had behavioural problems. Early intervention is the best chance that we as a society have in managing mental health issues stemming from academic failure and social isolation arising from language/ learning disability.

4.3 Adult - Incidence of speech, language and swallowing and mental health

Current research demonstrates a high prevalence of speech, language and swallowing disorders in adult psychiatric patients. Speech pathology services to adults with psychiatric illness may include:

- Individual assessment, diagnosis and intervention of specific language impairments;
- Assessment, diagnosis and management of clients at risk of choking or aspiration (via early dysphagia screening and monitoring programs);
- Staff training and patient education regarding dysphagia and communication
- Group programs targeting communication and social interaction.

4.3.1 Adult - Mental illness and Communication disorder

A range of studies highlight the need for speech pathologists to be recognised providers of services under the mental health umbrella. This body of evidence links adult mental health illnesses with communication disorders. In looking closer at the evidence, there is a strong correlation between speech, language and communication difficulties and mental health:

- *Mental disorders may often be associated with speech, language and communication difficulties (France & Muir 1997; Thomas 1997, Frith 1997; Kramer 2001);*

- *Communication difficulties can compound the negative experience of mental illness, as the affected individual may have marked difficulty in expressing needs, wishes and desires coherently and effectively, and may thus fail to benefit fully from treatment programs (Walsh et al in press 2007);*

- *The incidence of speech and language problems in people receiving mental health care is substantially higher than general population (Bryan & Roach 2001);*

- *Recent research reports indicate moderate to severe difficulties in at least one aspect of speech and language in approximately 70% of individuals screened especially in areas of comprehension, naming and spontaneous speech (Emerson & Enderby 1996; Walsh et al in press 2007);*

- *The multidisciplinary team approach to management of mental disorders aim to tailor a package of care to meet the physical, psychological and social needs of the individual. The speech pathologist's contribution not only highlights specific communication problems and provides diagnosis of any speech and language pathology, but also assists in the process of differential diagnosis (France & Muir 1997; France 2001).*

Many speech pathology interventions can be used to address a wide range of speech, language and communication problems affecting this clinical population. The aim of speech pathology intervention is to maximise the communication potential within the individual's and his/her carer's environment, including facilitating carers to communicate more effectively and easily with the person with a mental health disorder.

Client access to speech pathology services should be an integral part of a holistic approach to mental health treatment, where the individual benefits from the right care, in the right place at the right time.

Speech pathologists are trained to assess an individual's verbal and non-verbal, receptive and expressive language skills together with those factors that contribute to the person's communication competence across a range of environments. Specific to mental health, assessment of an individual with mental health issues may provide valuable information (e.g detailed discourse analysis to identify indicators of, for example, psychotic illness) to other professionals (ie psychologists, psychiatrists etc), the person's family members and significant others.

A majority of the multidisciplinary intervention is mediated through verbal and written communication. Speech pathology assessments and subsequent advice and support can optimize the impact of other professional's intervention and management. Increased potential for successful interaction between multidisciplinary colleagues and clients with various mental illnesses are said to greatly enhance the impact of interventions across the multidisciplinary team. The following research supports this notion:

- *Psychiatrists and neurologists have difficulty differentiating schizophrenic from dysphasic speech but speech pathology assessment is known to be more reliable (Muir, Tanner & France 1991);*

- *Individuals with suspected dementia should have access to speech pathology assessment and management as part of a multidisciplinary team with specialist mental health skills (Heritage & Farrow, 1994);*

- *Language problems appear to be directly implicated with onset of psychological disorders and may well be risk factors (Baker, Cantwell & Mattison, 1979);*

- *Language assessment contributes to differential diagnosis between different types of dementia (Snowden & Griffiths, 2000) and make a vital contribution to early diagnosis (Garrard & Hodges, 1999);*

- *Team members obtain greater satisfaction from encounters if their own communication skills are maximised and therefore adequate to the task (Erber 1994);*

- *Faber, Abrams and Taylor (1983) and Fraser et al (1997) report on the value of speech pathologist descriptions of language in schizophrenia.*

Therapeutic interventions designed to remediate and / or facilitate communication in the areas that are difficult for an individual (e.g. turn taking, problem solving and negotiation through appropriate language and non-verbal behaviour, conversation skills and/or stimulating use of language and communication) can greatly assist individuals with mental health problems to achieve greater insight into their communication difficulties, which in turn reduces frustration resulting from communication impairment and improves confidence.

4.3.2 Adult - Mental Illness and Dysphagia

There are a number of studies that confirm high fatality rates associated with dysphagia, aspiration pneumonia and choking incidents in mental health services. Recent research reports that link speech, language and swallowing intervention with mental health include:

- *Psychiatric patients present with a higher rate of aspiration, and are more likely to develop pneumonia and die secondary to aspiration when compared to general population (Bazemore et al 1991);*

- *Psychiatric patients are at a higher risk of choking than the general population (Craig et al 1982; Mittleman et al 1982; Fioretti et al 1997; Regan et al 2006);*

- *Overall dysphagia prevalence figures of 35% of patients in a psychiatric inpatient unit to 27% prevalence of those attending day hospital services (Regan et al 2006);*

- *While 6% of the general population has an oropharyngeal swallow dysfunction (Groher et al 1986), an increased incidence of dysphagia has been reported within the population of mental health disorders (Regan et al 2006). Possible causes for this higher prevalence include neuroleptic exposure, institutional conditions, neurologic disorders and manifestations of the illness itself (Bazemore et al 1992);*

- *Choking while drinking or eating has long been recognised within the mental health disorder population (Regan et al 2006). Both choking episodes and chronic aspiration suggest that psychiatric medications, movement disorders, seizures, neurologic impairments, poor dentition, and poor eating habits are all possible risk factors leading to dysphagia in this population;*

- *It is recommended that individuals attending mental health services be screened for dysphagia using a reliable assessment tool by a suitably trained clinician (Regan et al 2006).*

Eating and swallowing problems are common within this population due to the side effects of medication. Differential diagnosis of the nature of the problem, eg, iatrogenic (side effect of drug therapy) versus psychological, is essential for effective management (Bach DB, Pouget S, Belle et al, 1989). As professionals qualified to assess swallowing function, speech pathologists can provide valuable input into the diagnosis and effective management of clients with mental health problems. Establishing safe and effective eating, drinking and swallowing ensures adequate nutrition, reduces risk of infection and illness and contributes to the general physical and mental well being of individuals.

5.0 Client management and intervention

As per the above body of evidence, speech pathologists play a vital role in the assessment and intervention of clients presenting with mental health issues. The following sections detail the vital information that a speech pathologist may provide regarding a client's communication status to: i) the client themself; ii) a range of other health professionals; iii) and/or significant others. Within the mental health multidisciplinary team, the speech pathologist has primary responsibility for the diagnosis of communication and swallowing impairment.

5.1 Assessment

A speech pathology assessment may provide valuable information regarding a client's communication. The aims of the assessment process may be to:

- link the observed communication patterns with the presenting concerns;
- identify factors or influences in an individual's life which may be affecting their ability to communicate effectively;
- form a comprehensive picture of an individual's communication functioning, in order that a management plan may be formulated and implemented;
- provide a baseline for monitoring changes in the client's communication functioning;
- determine eligibility for additional funding or access to special resources;
- provide information to other members of the team regarding the most appropriate form of management considering the person's communication skills;
- provide information to assist in differential diagnosis.

Assessment may take place over a number of sessions and in a variety of settings, e.g. inpatient facility clinic, client's home or workplace/school. Whenever possible assessment should occur in the most appropriate environment for the client to enhance optimal data collection. It may be appropriate to conduct a joint assessment with another member of the multidisciplinary team. The speech pathologist should at all times respect the rights and dignities of both the client and his/her family. Assessment may utilise both formal and informal tools. The speech pathologist may need to supplement the case manager's developmental history taking. A speech pathologist may take into account issues such as the client's level of distress, medications the patient is taking and where English is not the primary language.

Assessment may involve the areas of:

- language expression;
- language comprehension;
- pragmatic language skills;
- language/literacy abilities;
- discourse;
- critical thinking skills;
- speech (articulation, voice, fluency, prosody);
- interaction with significant others;
- play and imaginative skills;
- attention abilities;
- swallowing & oromotor skills.

Actions following assessment by a speech pathologist may include:

- provision of a written report and discussion of assessment results and recommendations with the client and/or significant other/care giver (eg. carer; parent/guardian);
- reporting the outcome of the assessment to those members of the multidisciplinary team involved in the management of the client;
- consultation with other appropriate agencies (e.g. school) workplace; Workcover; TAC; RTA

5.2 Intervention

The range of intervention strategies used may include:

- direct therapy on an individual basis;
- direct therapy in a group program;
- advice to primary care givers;
- program devised for home intervention;
- suggestions for other agency input (i.e. schools; workplace etc);
- provision of input to other workers re communication input to the patient;
- case management;
- consultation to educational personnel;
- group programs for carers (i.e. educational and vocational).

The type of intervention offered will depend on:

- broad intervention priorities as determined in collaboration with the team, family and client;
- policies, procedures and eligibility criteria within the service and across other public sector services;
- parent/carer concern and motivation and ability to assist the client. It should be noted that some parents may have a mental illness or a parent/child/carer relationship may be such that it is not beneficial;
- client concern and motivation;
- severity and prognosis;
- other programs in which the person is involved.

6.0 Key Recommendations

It is not generally understood that speech, language, communication and swallowing disorders co-exist with mental health problems. Speech pathologists are integral to the multidisciplinary approach in assisting individuals with mental health issues. In addition, speech pathologists provide specialist input to differential diagnosis and can contribute to the multi disciplinary approach sought under the *Better Access to Mental Health Care Initiative.*

Speech Pathology Australia submits the following recommendation for the Department of Health & Ageing's immediate implementation:

> ***Speech pathologists should be listed as eligible services providers under the Better Access to Mental Health Care initiative to provide access to rebates for relevant clients.***

Speech Pathology Australia strongly believes that speech pathologists play a crucial role in facilitating the development of social, emotional and communication skills of clients with mental illnesses.

This submission proposes that there be the introduction of new MBS item numbers for clients to access specialist speech pathology services and therefore receive rebates under *Better Access to Mental Health Care Initiative* (Refer to Appendix 1).

Speech Pathology Australia would be happy to work with the Department of Health and Ageing to develop a set of guidelines that determine speech pathologists for eligibility to the access MBS items under the *Better Access to Mental Health Care Initiative.*

Speech Pathology Australia looks forward to the Department of Health & Ageing's immediate implementation of the above recommendations. Should a representative from the Department wish to further discuss the above submission, then enquiries should be forwarded to Ms Gail Mulcair, Chief Executive Officer, Speech Pathology Australia via email gmulcair@speechpathologyaustralia.org.au or via telephone on 03 9642 4922.

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8.0 Appendix 1

The following new MBS item numbers are proposed and would be available after referral from a patient's GP and/or other medical specialist.

Please note: the below information is in draft format and requires further dialogue between Speech Pathology Australia and the Department of Health & Ageing.

Proposal:

In order for speech pathologists to be eligible to participate in the *Better Access to Mental Health Care Initiative*, the following credentials must be met:

1. "In Queensland, eligible practitioners must be registered with the Speech Pathology Board of Queensland".

2. "In all states, the speech pathologist will be a member of Speech Pathology Australia and be eligible to use the title Certified Practising Speech Pathologist (CPSP) as a participant of Speech Pathology Australia's Professional Self Regulation program."

A two tier rebate level should be offered to clients accessing speech pathology services under the *Better Access to Mental Health Care Initiative.* These include one for: a) assessment; and b) intervention. The descriptors may include the following:

a) Assessment

1. **Speech Pathology <u>Initial</u> Assessment and Report:** an assessment of at least 50 minutes. Payments include a component for writing of a diagnostic report; time to complete the assessment. One item per year

2. **Speech Pathology <u>Review</u> Assessment and Report:** an assessment of at least 50 minutes. Payments include a component for writing of a diagnostic report; time to complete the assessment. One item per year.

b) Intervention

3. **Speech Pathology Treatment:** a treatment session of at least 30 minutes for speech pathology intervention.