

23 January 2020

**Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601**

Submitted electronically

Dear Commission,

Feedback to the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health Draft Report

Speech Pathology Australia welcomes the opportunity to provide feedback to the Productivity Commission's (the Commission) Inquiry into the Social and Economic Benefits of Improving Mental Health Draft Report. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 9800 members. Speech Pathology Australia is also an active member of Mental Health Australia.

Speech pathologists are university-trained allied health professionals who specialise in assessing, diagnosing and treating speech, language and communication disorders and swallowing difficulties. The impact of communication and swallowing difficulties can be considerable, negatively affecting an individual's academic achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life.

There is a substantial body of evidenceⁱ demonstrating a strong association, with complex, multifactorial links, between communication disorders and/or swallowing problems and mental illness. Researchⁱⁱ demonstrates that most people living with a mental illness experience significant communication difficulties, and many have difficulty swallowing food and/or drinking safely.

Speech pathologists play an important role in early identification and assessment for populations at risk of communication and swallowing difficulties that are associated with mental ill-health, as well as in management of communication and swallowing disorders in people with recognised mental illnesses. Speech pathologists add a unique clinical skill set to multidisciplinary mental health teams, contributing information regarding an individual's communicative capacity and functioning (or swallowing abilities as appropriate) to other members of the team, ensuring that information given to an individual is accessible and meaningful to enable them to participate fully in their recovery, as well as providing direct assessments, therapy and supporting an individual to demonstrate capacity to consent or make decisions.

While speech pathologists enhance the health, wellbeing and participation of people with mental health problems through prevention, early detection and treatment of communication and swallowing disorders, currently there is inconsistent and inadequate speech pathology service provision for individuals living with a mental illness across Australia. In some states, there are speech pathologists employed within child and adolescent mental health services, while in others there are none. Similarly, inclusion of speech pathology in the staffing profile of adult mental health services is inconsistent, varying across individual services even within the same local health district, let alone across different states and territories.



Noting the report's emphasis on person-centred care, and individual choice regarding services, it is essential to consider and support individuals with speech, language and communication needs so they have a voice and can participate as fully and effectively as possible in every aspect of the mental health care process. Indeed, for people experiencing mental ill-health to access services in the first place they are required to interact with health practitioners and voice their experience which is reliant on effective communication. Similarly, effective communication is required to participate in decisions regarding their care, and to benefit fully from counselling or psychotherapeutic treatments. A speech pathologist can support an individual to communicate (e.g. assisting them to understand the information presented and to express their views), throughout their recovery journey, and support multidisciplinary team members to communicate more effectively with individuals with whom they are working, to ensure more person-centred, consumer-led service development/delivery.

Considering this, we strongly recommend increased resourcing for speech pathology, including to build the capacity of the workforce/carers, and to support people to make informed choices regarding their care, as well as providing therapy as required.

As for specific feedback relating to the Commission's Draft Report Overview & Recommendations document, please note the following:

1. Early help for people (page 11)

There is a substantial body of evidence demonstrating a strong association between communication disorders and/or swallowing difficulties (dysphagia) and mental illness. Individuals with communication disorders are at a significantly greater risk of developing mental health problems than the general populationⁱⁱⁱ, and communication difficulties may develop either due to the mental illness itself or as a side effect of medication used to treat the mental illness. Similarly, people living with a mental illness are at a significantly greater risk of developing dysphagia than the general population and people with dysphagia are also more likely to develop mental health problems, in part because of the impact swallowing disorders can have on quality of life and social opportunities. There are also numerous factors that place people at increased risk of both communication or swallowing difficulties and mental illness, for example adverse childhood experiences, social disadvantage, neurodevelopmental conditions (such as foetal alcohol spectrum disorder, autism spectrum disorder, or intellectual disability), or acquired conditions (such as stroke, traumatic brain injury, or Parkinson's disease).

The recommended early identification of risks process should therefore include assessment for communication and swallowing difficulties. This requires referral pathways (and funding) for speech pathology assessment/therapy. Communication modules need to be included as part of the recommended social and emotional development training for a range of professionals working in mental health as well as other professional groups such as teachers. Indeed raising awareness regarding communication disorders should form part of all parent education and workforce training.

2. Improving peoples' experiences with mental healthcare (page 16)

In response to the recommendation to evaluate the Better Access program (page 20) we would argue that it should include extending Medicare mental health items to include speech pathology as one of the disciplines eligible to provide services. It is also necessary to ensure more equitable access to speech pathology across public funded in-patient and community mental health services. This should therefore be acknowledged throughout the report, for example, the list of specialists under the section 'Improving access to other specialist, moderate intensity services' (page 23) should include speech

pathologists and the section entitled 'A health workforce that can deliver the changes needed' (page 27) which refers to a mix of allied health professionals who have more general roles in helping people to improve their mental health should also include speech pathologists.

Indeed, we believe it is essential that all those caring for individuals living with a mental illness, and those providing mental health interventions, have a better understanding of, and how to support, communication and swallowing needs. Speech pathologists can play a key role in educating families, informal carers, and other professionals working in mental health and in providing consultancy services to the broader mental health system of care. This role includes providing education and consultancy to a range of professionals including (but not limited to) doctors, psychologists, occupational therapists, social workers, nurses, teachers and education assistants, agencies such as youth and adult justice services, aged care services, group homes, Indigenous agencies, child protection, Centrelink and refugee centres.

3. Improving peoples' experiences with services beyond the health system (page 30)

While the draft report acknowledges that 'there is a range of services beyond the health sector that support people to live satisfactory lives within the community', we feel this section would benefit from more detail of some specific needs and the support services required to meet those needs. For example, the impact of communication and swallowing difficulties can be considerable, particularly when not recognised and treated, and can negatively affect an individual's academic achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life. Dysphagia can also significantly affect a person's health and wellbeing, and can contribute to social isolation, poor nutrition, and potentially life-threatening medical complications (including choking and pneumonia).

Speech pathologists support people's social participation and inclusion by playing an essential role in the assessment, diagnosis, and treatment of communication and/or swallowing disorders and should therefore be considered essential service providers with adequate funding given and included on multi-disciplinary teams supporting these population sub-groups.

The draft report also highlights the important role of the justice system in the lives of people with mental illness. Again we feel it would be beneficial to include more explicit detail of individual needs and required supports, for example difficulties in communicating has implications for individuals' competency to stand trial, participation in the investigative interview and court process, relationships with legal counsel, understanding of legal concepts and constitutional rights, ability to discuss issues related to safety and risk, perception of reliability of the testimony, involvement in verbally-mediated interventions, and post-release employment prospects. In order to support these specific communication needs within the justice sector, speech pathologists are increasingly being employed to act in a variety of roles, including as clinicians in youth justice facilities; expert witnesses; providing education to legal professionals in recognition and management of communication impairment; suggesting strategies to assist the client to provide a complete and meaningful narrative; assessing communication impairment prior to interview and trial; and (subject to legislative provision) supporting communication during questioning in the role of an intermediary.

4. Increasing the participation of people with mental illness in education and work (page 34)

To ensure effective outreach for disengaged school students, and to improve employment support programs for people with mental illness, it is essential to consider and manage speech, language and

communication needs of students and young adults with mental illness within education, learning and training settings.

Language is an essential foundation for educational progress. Leaving school without the skills required for employment or further training predisposes children to a life on the social and economic margins. Low literacy levels impose a range of direct and indirect costs on governments, industry and communities and are difficult to rectify. Children with untreated communication difficulties are also more likely to develop mental health problems, leading to further difficulties engaging with education and training. Communication and social interaction skills are usually highly valued in the workplace, with demands for oral and written language skills throughout the application and interview process, as well as working and interacting with colleagues and customers/clients etc. When considering how best to improve the vocational outcomes for people with mental health problems, it is vital that any communication needs are identified and effectively supported by professionals with relevant skills, training and experience.

Earlier identification and earlier access to support would prevent many students from experiencing the negative psychosocial consequences associated with them struggling in the classroom. These effects cannot be underestimated as they increase the student's risk of experiencing mental health problems and act as a barrier to them being amenable to future opportunities to learn.

The availability and ability to access education and vocational support varies between state and territories, individual schools and vocational settings. Ideally, access to speech pathology services would be available in all school and tertiary education settings to support students with oral and/or written communication impairments to engage with curriculum and to advise staff about the provision of required adaptations, including assistive technology where necessary.

5. Reforming the funding and commissioning of services and supports (page 42)

We concur with the report's recommendation to reform current funding arrangements to end the duplication, inefficiency and poor consumer outcomes. We recommend that services and supports are provided in a timely manner and delivered in the most appropriate settings by the most appropriate professionals to ensure a more consumer-oriented focus. With regard to accessing speech pathology services, current funding arrangements act as a barrier to people with, or at risk of, mental ill-health. We would therefore recommend that any review of funding models should also address the current access issues regarding speech pathology services within the health, education, and justice sectors.

Draft recommendation 22.3 Enhancing consumer and carer participation (p101)

Finally, we concur with the draft recommendation 22.3 to enhance consumer and carer participation to provide them with an opportunity to contribute to the design of government policies and programs that affect their lives. We would, however, like to see it broadened to specifically acknowledge that support for those with speech, language and communication needs is also required to ensure that *everyone* can contribute. As mentioned earlier, speech pathologists can support an individual to communicate (e.g. assisting them to understand the information presented and to express their views), throughout their recovery journey, and support multidisciplinary team members to communicate more effectively with individuals with whom they are working, to ensure more person-centred, consumer-led service development/delivery.

We hope the Commission finds our feedback and recommendations useful. If we can be of any further assistance or if you would like to discuss any of the above in more detail, please contact Mary Woodward, Senior Advisor, Justice and Mental Health,

We wish you well with this important inquiry.

Yours faithfully

Tim Kittel
National President

References

ⁱ See:

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Conti-Ramsden, G., Mok, P.L.H., Pickles, A., & Durkin, K. (2013). Adolescents with a history of specific language impairment (SLI): Strengths and difficulties in social, emotional and behavioral functioning. *Research into Developmental Disability*, 34(11), 4161–4169. doi: 10.1016/j.ridd.2013.08.043

Eadie, P., Conway, L., Hallenstein, B., Mensah, F., McKean, C., & Reilly, S. (2018). Quality of life in children with developmental language disorder. *International Journal of Language and Communication Disorders*. Early online version. doi: 10.1111/1460-6984.12385

Snowling, M., & Hulme, C. (2012). Annual Research Review: The nature and classification of reading disorders-a commentary on proposals for DSM-5. *Journal of Child Psychology and Psychiatry*, 53, 593–607. doi: 10.1111/j.1469-7610.2011.02495.x

ⁱⁱ See:

Aldridge, K. & Taylor, N. (2012). Dysphagia is a common and serious problem for adults with mental illness: A systematic review. *Dysphagia*, 27, 124-137. doi: 10.1007/s0045-0119378-5

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Regan, J., Sowman, R., & Walsh, I. (2006). Prevalence of dysphagia in acute and community health settings. *Dysphagia*, 21(2), 95-101. doi: 10.1007/s00455-006-9016-9

ⁱⁱⁱ See:

Beitchman, J., Wilson, B., Johnson, C., Young, A., Atkinson, L., Escobar, M. & Taback, N. (2001). 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. doi: <https://doi.org/10.1097/00004583-200101000-00019>

Botting N., Durkin K., Toseeb U., Pickles A., & Conti-Ramsden G. (2016). Emotional health, support, and self-efficacy in young adults with a history of language impairment. *British Journal of Developmental Psychology*, 34, 538–554. doi: 10.1111/bjdp.12148

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. doi: 10.1111/j.1469-7610.2004.00342.x