

**Speech Pathology Australia's Submission to the  
Productivity Commission's Inquiry into  
the Social and Economic Benefits of Improving Mental Health**

**5 April 2019**



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

Dear Productivity Commission

Speech Pathology Australia welcomes the opportunity to provide comment to the Productivity Commission (the Commission) for the Inquiry into the Social and Economic Benefits of Improving Mental Health. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 9600 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 evidence demonstrating a strong association, with complex, multifactorial links, between communication disorders and/or swallowing problems and mental illness. Research demonstrates that the majority of 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 and 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.

We hope the Commission finds our evidence 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, on 0419 779 472 or by email [mwoodward@speechpathologyaustralia.org.au](mailto:mwoodward@speechpathologyaustralia.org.au).

Yours faithfully



**Gaenor Dixon,**  
National President

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# **Speech Pathology Australia's Submission to the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health**

Speech Pathology Australia welcomes the opportunity to provide comment to the Productivity Commission (the Commission) for the Inquiry into the Social and Economic Benefits of Improving Mental Health. We have structured our feedback in response to relevant key topics raised in the Issues Paper and include, where appropriate, examples of best practice that we hope the Commission finds useful. We preface our remarks with information on communication and swallowing disorders and mental health and the role of speech pathologists working in this sector.

## **About Speech Pathology Australia**

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 9600 members. Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be registered through the National Registration and Accreditation Scheme.

To be eligible for CPSP membership of Speech Pathology Australia, a speech pathologist is required to demonstrate they have completed an approved university course, they have recency of practice and have undertaken a minimum level of professional development in the previous 12 months. New graduate speech pathologists who agree to meet specified requirements are afforded provisional CPSP status.

The CPSP credential is recognised as a requirement for approved provider status under a range of government funding programs including Medicare, all private health insurance providers, some Commonwealth aged care funding, Department of Veteran Affairs (DVA) funding and the National Disability Insurance Scheme (NDIS).

As the national body regulating the quality and safety of speech pathology practice in Australia, Speech Pathology Australia is also well placed to monitor and progress workforce developments and initiatives. Speech Pathology Australia accredits the 26 university entry-level training courses for speech pathologists in Australia, evaluates requests for recognition of overseas qualifications, administers the continuing professional development (CPD) program for the profession and provides mentoring and support programs to the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce. The Association also manages the formal complaints process for the profession and can, if necessary, place sanctions on practice for any member who is demonstrated to contravene the profession's Code of Ethics.

## **About communication and swallowing disability**

Communication and swallowing difficulties can arise from a range of conditions and may be present from birth (e.g. from cleft palate, Down Syndrome, or Autism Spectrum Disorder), may emerge during early childhood or adolescence (e.g. from Developmental Language Disorder, or early-onset mental illness), during adult years (e.g. from brain injury, stroke, progressive neurological conditions or late-onset mental illnesses) or be present in the elderly (e.g. from dementia, or Parkinson's disease).

Communication disorders encompass difficulties with speech (producing spoken language), understanding or using language (both oral and written language), voice, fluency (stuttering), and pragmatics (the social use of language), or a combination of areas.

Swallowing disorders (known as dysphagia) affect the ability to swallow food or liquids safely and can lead to medical complications and a reduced ability to enjoy and participate in social, employment and education experiences which include consumption of food and drink. Swallowing disorders can arise from a range of conditions, including factors associated with mental illness, and are also common in people with complex disability.

Some people have problems with their speech, language, communication and swallowing that are permanent and impact on their functioning in everyday life. People with communication and swallowing difficulties span the entire age range and their difficulties may impact on most areas of life, including social participation, psychological functioning, educational engagement / academic outcomes and vocational opportunities. People with communication/swallowing difficulties, often associated with other physical or cognitive disabilities, frequently require interventions and supports from multiple areas of public service (including health, disability and education sectors and mental health services). The Australian Bureau of Statistic's *2015 Survey of Disability, Ageing and Carers* (SDAC), estimated that 1.2 million Australians had some level of communication disability, ranging from those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at all<sup>i</sup>.

## **About communication and swallowing difficulties and mental health**

The impact of communication and swallowing difficulties can be considerable, for example there is very strong international and Australian evidence<sup>ii</sup> that communication disorders (particularly when not recognised and treated) 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).

There is a substantial body of evidence demonstrating a strong association between communication disorders and/or dysphagia and mental illness. Individuals with communication disorders are at a significantly greater risk of developing mental health problems than the general population<sup>iii</sup>, with communication difficulties developing 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<sup>iv</sup>. This is due to several factors, such as the side effects of medications, the presence of other conditions (e.g. brain injury, intellectual disability, or poor dentition), and/or behavioural or physiological characteristics of the mental illness itself. 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.

# Speech Pathology and Mental Health

One in five Australians over the age of 16 will experience mental illness each year.



People with communication difficulties are at a much greater risk of developing social, emotional and/or behavioural difficulties.

30-65% of people in mental health services have difficulties eating/drinking which can be life-threatening.

Over 60% of adults in mental health services have communication difficulties.

Over 80% of children with emotional and behavioural disorders have a previously unidentified communication difficulty.



One in seven children and young people in Australia experience mental or behavioural problems each year.



**Speech pathologists improve communication and swallowing of people of all ages living with mental illness.**

## The role of speech pathology in mental health

Speech pathologists are the allied health professionals who specialise in treating speech, language and communication disorders and swallowing difficulties across the lifespan. Research has demonstrated a high prevalence of communication difficulties (often undiagnosed) in populations accessing mental health services, and many people living with a mental illness have difficulty swallowing food or drinking safely. The links between communication and swallowing abilities and mental illness are complex and multifactorial.

Speech pathologists aim to improve a person's communication and swallowing skills, and reduce environmental barriers, to facilitate participation across multiple environments such as home, education, workplace, social, in-patient and community services (including mental health programs).

Speech pathologists enhance the health, wellbeing and participation of people with mental health problems through prevention, early identification 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.

Speech pathologists are critical members of the mental health team as they identify communication and/or swallowing difficulties and develop appropriate treatment targets to help an individual's recovery, their functioning in daily activities, and their participation in all aspects of life. Speech pathologists diagnose communication and swallowing disorders and, as part of the mental health team, can play an important role in contributing to the differential diagnosis of conditions such as dementia, schizophrenia, affective disorders such as depression, and autism spectrum disorder (ASD). They also help to determine whether communication or swallowing difficulties are part of the current mental health problem or whether there is an underlying communication/swallowing disorder. Speech pathologists provide intervention to improve communication and swallowing difficulties, including:

- providing individual or group therapy to develop an individual's speech, language, and social communication skills;
- collaborating with other mental health professionals, such as occupational therapists, social workers, psychologists, mental health nursing, and psychiatrists, to ensure communication difficulties are considered in the context of other mental health interventions;
- supporting an individual's communication (including using visual resources, where appropriate) to enable them to understand and participate in their treatment and recovery;
- establishing safe and effective eating, drinking and swallowing practices to help make sure people have adequate nutrition and hydration, as well as to reduce the risk of choking or pneumonia; and
- referring appropriate individuals to mental health teams (or other services) when it is suspected that their communication difficulties may be associated with a mental illness.

## Speech Pathology Australia's feedback regarding relevant topics/sections in the Issues Paper

In preparing our response to this inquiry, we have drawn together comments from our leaders in mental health, and feedback from our members, who were asked to provide case study examples to support the following comments and recommendations.

### Specific health concerns

#### Early intervention and health promotion / prevention in at risk groups

Because a person's social environment can influence their early development and lifelong health and wellbeing,<sup>v</sup> it follows that prevention and early intervention of communication/swallowing difficulties and mental illness needs to be comprehensive, systemic and delivered to the entire Australian population. It is known that experiencing a mental illness can lead to communication and/or swallowing difficulties, and conversely that having communication or swallowing difficulties (especially if not identified or effectively managed) can contribute to the development of mental health problems. Indeed, experiencing communication difficulties can have specific psychological and behavioural consequences, for example:

- irritability and aggression (due to frustration and/or a limited repertoire of appropriate behavioural responses),
- limited attention/concentration/self-regulation,<sup>vi</sup>
- reduced responsiveness/lack of spontaneity,
- increased risk of anxiety or depression,<sup>vii</sup>
- reduced self-esteem,<sup>viii</sup>
- reduced quality of life<sup>ix</sup> and
- increased risk of self-harm.<sup>x</sup>

It is also known that other factors place someone at a greater risk of developing both communication difficulties and mental health problems, such as social disadvantage, trauma, cognitive impairment, and traumatic brain injury. Other populations known to experience high rates of communication disorders and mental illness include young people and adults in contact with the criminal justice system. Speech pathologists work with individuals, and their families/carers, across the lifespan, including health promotion and prevention as well as in (for example) infant mental health, child and youth mental health, and adult mental health, and psychogeriatric services. Our members highlighted the variety of settings whereby speech pathologists can provide effective input in health promotion programs, including for example, working in the corrections department with inmates delivering parenting programs or with vulnerable groups such as young mothers, newly arrived immigrants and Indigenous communities.

However, many mental health services (and services for those populations at risk of developing mental illnesses) do not include speech pathologists in their staffing profile. Recognising, and addressing, communication and/or swallowing difficulties as early as possible is likely to reduce the risk of the development or exacerbation of future problems, and support people's participation in education, employment, and other treatment programs. It is therefore essential that speech pathologists, with their unique skills in identifying and managing communication and swallowing disorders, are included in discussions regarding the health service provision for mental health promotion, prevention, and early intervention and should be recognised as key members of multi-disciplinary teams working with at-risk populations as well as in specific mental health services.

## Potential cost savings of speech pathology intervention

Early intervention is cost effective as well as developmentally efficacious.<sup>xi</sup> Ensuring timely access to essential services is therefore vital to reduce healthcare costs. Indeed, research into the impact of childhood language difficulties (age 4 to 13 years) on healthcare costs in Australia found that 'language difficulties are associated with increased costs at key developmental milestones, most notably early childhood and as a child approaches the teenage years and suggests there is value in implementing effective early intervention to reduce the downstream costs on the health system.'<sup>xii</sup>

Economic modelling of UK data drew similar conclusions, in that it was:

*'estimated that every UK pound invested in speech and language therapy yields a six-fold increase in lifetime earnings. On face value, this may represent a cost borne only by individuals or families, but this cost is borne by the whole nation through an increased welfare burden, lower productivity and lost tax revenue, reduced social cohesion, and higher criminality.'*

*It is harder to pinpoint the exact cost of Language Impairment to the nation as the costs are borne by a range of sectors and departments, including education, welfare and justice. However, we know that Language Impairment not only prevents individuals from achieving their maximum potential but limits national prosperity and advancement.'*<sup>xiii</sup>

## Health workforce and informal carers

***Does the configuration and capabilities of the professional health workforce need to change to improve where and how care is delivered? If so, how should the workforce differ from current arrangements? How would this improve population mental health, participation and productivity?***

Communication and swallowing difficulties impact greatly on people's mental health, participation, and productivity. In addition to the psychological and behavioural sequelae noted above, research has shown that speech, language and communication difficulties increase the risk of literacy and academic difficulties,<sup>xiv</sup> disengagement from education,<sup>xv</sup> and loss of employment opportunities/restricted choice of career prospects due to language, literacy and/or social difficulties.<sup>xvi</sup> This is exacerbated by reduced employment options for informal carers due to increased demands to care for an individual. Recognising and supporting an individual's communication difficulties therefore increases the chance of improving their mental health and participation in social relationships, education, and employment.

Although speech pathology provision in mental health settings is expanding, there is still under-recognition of the communication and swallowing difficulties experienced by many individuals with mental illness, and the unique role that speech pathology can play in assessing and managing these difficulties. Service provision is therefore inadequate and inconsistent across states and territories. For example, speech pathologists are recognised as essential to and included in child and adolescent/youth mental health teams in Queensland, Victoria and South Australia. One Speech Pathology Australia member commented that:

*'By having each of the disciplines on as many teams as possible we ensure each case is comprehensively thought of from a number of angles, for example any underlying communication difficulties are considered by speech pathologists, any sensory issues are considered by occupational therapists.'*

However, speech pathology services in child and youth mental health services in New South Wales, Western Australia, Tasmania, the Australian Capital Territory, and the Northern Territory are currently limited, if available at all.

In some locations there is no speech pathology provision for adults living with a mental illness in community or hospital settings.

It is essential for government and mental health service providers to recognise the invaluable contribution of speech pathologists to the prevention and management of communication and swallowing disorders associated with mental illness and as such, continue to support the growing involvement of speech pathology service provision within mental health services. This includes both inpatient and outpatient/community settings, infant/child/adolescent and adult/older adult services, and specialist mental health services such as forensic mental health, gender clinics, trauma services, and services for at-risk populations such as children in out-of-home care.

The following two case examples, gleaned through our member survey, highlight the benefit of speech pathology input:

*'A speech pathologist assisted in the management of the dysphagia of 40-year-old man with significant mental illness who was in a forensic high security facility. Staff were misinterpreting his diet requirements (thickened fluids, and a mainly gluten-free soft diet) which was increasing his risk of choking/pneumonia and also resulting in his perception that he was being rewarded/punished based on the amount and types of foods he was/wasn't receiving. The speech pathologist worked with the nurses, psychologist, dietitian, food services staff and residential support officers to establish a consistent menu to decrease his risk and ensure his daily meals were separate from his behaviour management plan.'*

*'A suicidal adolescent, with multiple hospital admissions as it was not possible to complete a safety plan during his presentation at the Emergency Department, had his communication supported by a speech pathologist. Subsequently a visual safety plan was developed, highlighting behavioural and visual clues for the young person to recognise, when they were beginning to feel dysregulated, and assisting them to select appropriate regulating activities. This improved the management of his mental health and reduced the need for further hospital contact.'*

To ensure improved access to speech pathology services for those at risk of developing mental health problems, and for those already accessing mental health services, speech pathologists should be included in the staffing profile of all multi-disciplinary teams working with at-risk populations as well as in specific mental health services.

***What can be done to address health workforce shortages in regional and remote areas? In which areas or circumstances would greater use of technology and tele-health services be suitable? What prevents greater remote provision of services to address the shortages?***

It is recognised that there are shortages of speech pathologists in regional and remote areas in general as well as in mental health. This is due to a lack of funded positions (policies should support the inclusion of speech pathologists in mental health teams), difficulties in recruiting to these areas, and lack of support and training opportunities (including funding for these) for therapists in these positions. Government incentives, such as those offered by the Northern Territory Government that support relocation, may assist in attracting clinicians with the right skills and experience. As one of our members emphasised, incentives need to be "both monetary and supportive (time and funding) for increased training opportunities".

With regard to greater use of technology, there is very strong evidence of the clinical efficacy of speech pathology services provided through telepractice,<sup>xvii</sup> but current lack of access to funding, such as the MBS rebate restrictions, acts as a major barrier for speech pathology services to be delivered through telepractice. In particular, telepractice offers people living in rural and remote areas of Australia access to speech pathology services that otherwise may not be available to them (due to thin provider markets). As

well as providing a platform for some speech pathology assessments and intervention, telehealth also enables country hospitals to connect with larger metropolitan hospitals, and speech pathologists working in regional/remote areas to seek advice from those speech pathologists elsewhere who may have more experience working in mental health. Speech Pathology Australia is aware of a few individual case examples where NDIS participants have been able to have telepractice services funded after negotiation with the NDIA, but in general, access to funding of telepractice appears to occur only at an individual level intermittently and variably. System-wide funding and structural supports for speech pathology services via telepractice is recommended and could offer a key solution to addressing some of the access issues regarding speech pathology services in rural and remote areas.

***What restrictions exist on the scope of practice for different professions, such as GPs, nurses, clinical versus other psychologists, and social workers? Are these restrictions unwarranted and, if so, how could they be addressed and what would be some of the costs and benefits?***

It is the position of Speech Pathology Australia that it is within the scope of practice of speech pathologists to assess, diagnose and treat communication and swallowing difficulties of individuals with, or at risk of, mental illness, however as noted previously, the unique skills and expertise of speech pathologists are not always recognised when mental health staffing profiles are considered.

As well as working in speech pathology-specific roles, some speech pathologists with additional experience and/or qualifications are now employed as generic mental health clinicians (including acting as clinical case managers) in some health services, such as in Monash Health (Victoria) and Queensland Health. However, this is not the case in all states and territories, or even all health services within the same jurisdiction, with speech pathologists often not considered eligible to apply for generic mental health clinician positions. While speech pathologists working within a discipline-specific framework would not typically be expected to take on independently the generic mental health assessment, broader treatment planning and crisis management of clients, it is the Association's position that speech pathologists with relevant skills and experience should be considered eligible to apply for transdisciplinary roles within mental health services, such as that of a case manager or mental health clinician. When asked about restrictions to their practice, our members highlighted two main themes: a lack of understanding and recognition of the role of speech pathology and restrictive protocols.

For example:

- difficulties encountered from the lack of understanding of other team members regarding the expertise speech pathologists have in communication, e.g. *'the psychologists I work with don't acknowledge I have any contribution to the area of communication. I've only been in this position for 9 months and I'm working to change this but being blocked at present and other professionals targeting communication skills in their groups without consultation with the speech pathologist.'*
- protocols regarding which discipline performs which assessment/intervention, e.g. *'the division between audiology and speech pathology. Speech pathologists should be involved in screening for hearing loss.'*
- difficulties caused by speech pathology not being recognised as a core allied health discipline in mental health, e.g. *'we cannot put people on an assessment order unlike other disciplines; we cannot work in the private mental health sector as we are not recognised by Medicare as a mental health allied health discipline (even though I have worked as an independent tier 3 clinician for a decade now); some mental health services do not even allow speech pathologists to apply for generic mental health clinician/case management roles.'*

***How could training and continuing professional development be improved for health professionals and peer workers caring for people with a mental illness? What can be done to increase its take up?***

***and***

***What changes should be made to how informal carers are supported (other than financially) to carry out their role? What would be some of the benefits and costs, including in terms of the mental health, participation and productivity of informal carers and the people they care for?***

As effective communication underpins all interactions between individuals with mental illness and their families and carers (including health professionals caring for them), it is essential that communication difficulties are recognised and supported. Individuals with language/learning disorders and co-existing mental illness have particular therapeutic needs. Mental health clinicians rely heavily on the interpretation of individuals' verbal and non-verbal communication for assessment and treatment, with most psychological interventions using language as the primary medium for change.<sup>xviii</sup> Verbally-mediated interventions often involve the comprehension and interpretation of abstract information; metacognitive, metasocial, and metalinguistic skills (i.e. thinking/talking about their own thinking, communication, and social skills); narrative skills; using language to solve problems; social cognition; and expressive language. All those caring for individuals living with a mental illness, and those providing mental health interventions, need to be aware of the barriers to engagement with, and participation in, verbally-mediated interventions experienced by those with communication difficulties and should work collaboratively with the speech pathologist to ensure mental health interventions are modified and scaffolded to meet the specific needs of the individual. This is particularly important as communication difficulties are often 'hidden' and can be masked by antisocial or other deviant behaviours, substance abuse, depression, anxiety, and other indicators of mental illness.<sup>xix</sup> Similarly, many informal carers or clinicians working with individuals with a mental illness have a limited awareness of dysphagia and require training and advice on the identification and safe management of swallowing difficulties.

Speech pathologists therefore 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 includes providing education and consultancy to a range of professionals on issues such as differential diagnosis, prevention, early identification and management of communication and swallowing difficulties, with audiences including (but not limited to):

- other speech pathologists working in mental health settings, specialist child development teams and education;
- other professionals working in mental health settings, e.g. doctors, psychologists, occupational therapists, social workers, and nurses;
- educationalists at the early intervention, early childhood, primary, secondary and tertiary levels, e.g. teachers and assistants;
- agencies that have high prevalence rates of undetected communication difficulties, e.g. youth and adult justice services, trauma agencies, aged care services, group homes, Indigenous agencies, and child protection;
- agencies that often provide services to individuals with mental illness, e.g. Centrelink, refugee centres;
- research students;
- the general community; and
- state and federal government policy makers.

With regards to the training and education of the speech pathology workforce, the critical interrelationship between mental health and communication and swallowing, and the role of speech pathology in

prevention/early intervention of mental health problems and in mental health services, should be highlighted in speech pathology training courses.

## **Social services**

People with psychosocial disability who do not qualify for the NDIS may still have considerable support needs, but there are limited services (and funding options) to help support them to live in the community. This can result in people staying longer than clinically necessary in in-patient hospital settings, which is not only costly but also further increases their social isolation and reduces their quality of life. For example, a member based in New South Wales gave a case example of an individual they worked with in an adolescent in-patient psychiatric unit, who has a diagnosed genetic mutation, moderate intellectual disability, severe mental illness, and severe language disorder, and yet has been declined support by the NDIS. This resulted in a failed discharge from hospital, as there was insufficient community support, and the individual then being readmitted to hospital, into an acute adult mental health unit.

There are some initiatives, such as the Transitional Unit in Melbourne, that support individuals with co-morbid cognitive impairment and psychiatric/behavioural problems to develop their independent living skills in a home-like environment and includes access to speech pathology services. We would recommend the expansion of such services across other locations. Similarly, there is also speech pathology involvement in the Early Intervention Psychosocial Support Program, funded by the Department of Health and Human Services Victoria which, it is understood, provides all of the health services in Victoria with a budget to contract NGOs to implement psychosocial supports for adults, including to those who are in the process of applying for NDIS funding. It is hoped that this program will result in people who are in tertiary mental health services being supported by one of three levels of psychosocial support based on their individual needs, and that accessing this support whilst under the care of the health service will mean they will be well linked in to support services before being discharged. If this initiative is successful, we would recommend it be considered in other states and territories. Ongoing support can also be accessed by individuals diagnosed with a mental health disorder, through Medicare's Better Access to Mental Health Care initiative whereby they can receive up to ten individual and up to ten group allied mental health sessions per calendar year, however speech pathologists are not currently eligible to provide services under this scheme.

Our members have also expressed considerable concern regarding the service gaps for children and adults with autism spectrum disorder who are classed as Level 1, and so not automatically eligible for the NDIS, but still have significant communication needs that are not currently being met. They have also cited other concerns regarding NGOs refusing to work with individuals who have "behaviours of concern", and of individuals who fall between the gaps of eligibility for different services and therefore present only when in crisis (at which point assessments or therapy to address communication skills may not be appropriate or effective).

## **Social participation and inclusion**

As we have already highlighted, communication difficulties increase the risk of developing mental health problems and can have negative consequences on social participation and inclusion, such as:

- increased social stress and peer relationship problems<sup>xx</sup>
- social miscommunications and misinterpretations associated with higher-level language, memory and executive functioning issues<sup>xxi</sup>
- problems coping with social situations, resulting in a reduction of social contacts, community involvement, recreational activities and social status. It should be noted that this can then exacerbate

communication problems, as fewer social interactions lead to fewer opportunities for both peer modelling/observation of appropriate communication and practicing communication

- difficulties establishing positive peer, professional and romantic relationships (due to the need for complex communication skills such as metalinguistics, insight/reflectiveness, conflict resolution, problem solving, and empathy) resulting in social isolation and subsequent risk of participation in antisocial peer groups.

This is the case for individuals with difficulties specific to communication, as well as those with comorbidities and complex risk factors associated with both communication/social difficulties and mental illness, such as intellectual disability, autism spectrum disorder (ASD), fluency disorders, acquired or traumatic brain injuries, and hearing impairment. People from culturally and linguistically diverse backgrounds, including refugees and those from Indigenous communities, are also at a greater risk of social isolation and mental health problems. Similarly, swallowing difficulties (which may result from factors associated with mental illness, or other medical conditions such as stroke, Huntington's Disease, or head and neck cancers) can cause significant disruption of social and psychosocial function and severely impact on an individual's social participation and quality of life.<sup>xxii</sup> Speech pathologists assess an individual's swallowing abilities and provide advice (and therapy where appropriate) regarding how the swallowing difficulties may be managed while considering both risk minimisation and quality of life issues.

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 be considered essential service providers with adequate funding given to the inclusion of speech pathologists on multi-disciplinary teams supporting these population sub-groups.

## Justice

There is a strong relationship between mental illness, communication and literacy disorders and contact with the criminal justice system.<sup>xxiii</sup> The 2015 NSW Young People in Custody Health Survey<sup>xxiv</sup> found that 80 per cent of detainees assessed had a core language score below the average range, with 49 per cent scoring in the very low/severe range of impairment. In addition, 94 per cent of detainees scored below the average range of the *Reading Comprehension* subtest with 78 per cent scoring in the range indicating severe difficulties. Almost a quarter of the survey participants had sought mental health services while in custody. It is also known that a childhood history of complex trauma, which is also associated with communication difficulties<sup>xxv</sup> is a risk factor for mental illness, violent offending and subsequent incarceration.

Research has also demonstrated high rates of mental illness, communication and literacy disorders in adult custodial settings compared with the general population. For example, a review of prevalence of mental illness in Australian adult prisons revealed as many as 13.5 per cent male and 20 per cent female prisoners reported psychiatric admission(s), with 8 per cent male and 14 per cent female presenting with major mental disorder (psychotic features)<sup>xxvi</sup> in comparison with fewer than one per cent of the general adult population being admitted to hospital for mental illness. In a 2015 report by the Victorian Ombudsman it was shown that, 40 per cent of the Victorian prison population had been assessed as having a mental health condition, ranging from psychotic disorders to depression and anxiety, few people in prison had completed high school (6 per cent of men and 14 per cent of women), the majority had low levels of literacy and numeracy, and many (particularly women) had histories of various forms of abuse.<sup>xxvii</sup>

Language disorder in people in contact with the justice system 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.<sup>xxviii</sup> Speech pathologists are now being employed to act in a variety of roles, including as expert witnesses; providing education to legal professionals in recognition 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.

Although it is still an emerging field, speech pathology intervention within Australian custodial settings has been found to be effective. In a clinical trial in NSW,<sup>xxix</sup> six young people in custody, with identified language disorder, took part in individually-tailored one-on-one speech pathology intervention, once or twice per week over a 7 to 16-week period. Intervention targets ranged across vocabulary, comprehension, social communication, and literacy. The young people all met their initial treatment targets, with gains demonstrated on re-administered standardised language tests, positive therapeutic engagement observed, and increased confidence noted by other staff. In addition, staff in the detention centre expressed consistently positive views about the speech pathology intervention trial, indicating that “they learnt a great deal about the complexity of communication difficulties in this population, and that this information informed and guided their own practices. They expressed surprise at the engagement of young people in the [speech pathology] service and supported its embedding in the youth justice setting”<sup>xxx</sup>. Several of the staff members participating in the focus groups also speculated that the benefit of [speech pathology input] might extend to improved long-term behavioural self-management and even to reducing the risk of recidivism.

Similarly, an intervention trial in a youth justice facility in Victoria, involving a series of four empirical single case studies, that evaluated the extent to which one-to-one speech pathology intervention improved the language skills of male young offenders and the feasibility of delivering speech pathology services, showed improvements in the targeted communication skills, many of which were statistically significant. The data indicated evidence of the feasibility of speech pathology services, despite considerable barriers, including a high frequency of disruptions and cancellations.<sup>xxxi</sup>

A prison literacy pilot program for adults in Risdon Prison, Hobart, proved effective in increasing individuals’ ability to read accurately and comprehend written text and showed that it is never too late to support dignity in the communicatively disadvantaged by expanding their communication skills. Two elements were key: (1) the manner of engagement: kind, non-judgmental, non-punitive; and (2) professionally delivered language and literacy intervention: quality assessment, individually nuanced, and evidence-based. With this combination, significant progress was made even within the rigidity and trauma of prison.<sup>xxxii</sup>

Many of the programs offered by community and custodial youth and adult justice settings and forensic mental health services, such as those targeting anger management, substance use, victim empathy, social skills or sex education, rely on oral and written communication skills (including using language to problem solve and/or explore other people’s perspectives) and emotional literacy, so collaboration and joint working between speech pathologists and other disciplines is essential in maximising the effectiveness of interventions. Indeed, research has shown that the inclusion of communication skills intervention can enhance the effectiveness of other intervention programs, including substance abuse programs.<sup>xxxiii</sup> Improved communication skills and subsequent increased self-esteem and improved social, educational, and vocational engagement are all known to be protective factors against recidivism.<sup>xxxiv</sup> For communication needs to be fully recognised and managed, the speech pathologist should be fully integrated and embedded into the correctional staff teams, as opposed to operating in a purely consultative model.

It is essential that collaboration between mental health services, criminal justice agencies and speech pathologists is fostered as speech pathologists working within juvenile detention centres, forensic mental

health, adult correctional facilities and criminal justice support services contribute to improved client outcomes. At the time of writing, there is a small team of speech pathologists employed to work in Queensland youth justice (community and detention centres), one speech pathologist working with young people in custody in Parkville College, Victoria, one speech pathologist working at Ravenhall adult correctional centre in Victoria, and two part-time speech pathologists in new positions in youth justice in South Australia. It is strongly recommended that speech pathologists also be employed in all other youth and adult justice and forensic mental health services across Australian states and territories.

## Child safety

Significant numbers of Australian children, many of whom are in the child protection system, have been exposed to domestic and family violence, which may include various forms of abuse or neglect.<sup>xxxv</sup> There is now more knowledge about how this type of trauma can impact the child's developing brain with potentially serious consequences to their mental and emotional wellbeing.<sup>xxxvi</sup> Evidence from meta-analyses highlight the link between language development and maltreatment, with significantly poorer receptive vocabulary, expressive language and receptive language abilities seen in children with histories of maltreatment than children who have not experienced maltreatment, even after controlling for socioeconomic differences.<sup>xxxvii</sup> A Melbourne study indicated that 88 per cent of children who had experienced abuse and/or neglect required speech pathology intervention.<sup>xxxviii</sup> Therefore, clinicians working with children and young people with mental illness who are in the child protection system should be aware that communication problems are likely to be present and implement appropriate interventions (including modification of their own communication, and referral to speech pathology for further assessment and intervention). Speech Pathology Australia is aware of new speech pathology roles within some services for young people with a history of trauma and/or in child protection, such as in the LINKS Trauma Healing Service in NSW, EVOLVE in QLD, and Berry Street Take Two in VIC, and recommend that speech pathology is included in all such services so that the young people's needs can be identified and supported (including through the provision of education to carers) as early as possible to minimise the risk of further, exacerbating, problems.

## Education and Training

### ***What are the key barriers to children and young people with mental ill-health participating and engaging in education and training, and achieving good education outcomes?***

Language is an essential foundation for educational progress. Crucially, the transition to literacy in the first three years of school will not be successful without well-established language skills. Children with Developmental Language Disorder are likely to struggle with this transition and their academic and vocational trajectories are significantly curtailed. Leaving school without the skills required for employment or further training predisposes children to a life on the social and economic margins. This is a particular issue for young males, for whom unskilled jobs are disappearing as labour-markets are increasingly reliant on technology and higher levels of education. Low literacy levels impose a range of direct and indirect costs on governments, industry and communities and are difficult to rectify.<sup>xxxix</sup> As already discussed, children with untreated language disorders are also more likely to develop mental health problems, leading to further difficulties engaging with education and training.

With regards to literacy acquisition, which is crucial for achieving good educational outcomes, evidence has shown that early identification of difficulties and provision of support is more effective than "remedial" support.<sup>xl</sup> At present many students struggling to learn to read/write do not receive any individualised tailored support until they have been at school for at least 12 months. For some students they are never

identified as requiring support for their learning. Earlier identification and earlier access to support would also 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 territory, 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.

***Do students in all levels of education and training have access to adequate mental health-related support and education? If not, what are the gaps?***

Speech Pathology Australia members have highlighted gaps in services, such as a lack of sufficient resourcing for speech pathology including, where there are funded positions, the caseloads being too large for the speech pathologist to fully meet their clients' needs, and examples of children not attending school and who have not been assessed as they refuse to attend a voluntary mental health service. One example of good practice involved a '*school providing teaching notes to a student, via email, before class to help them prepare for lessons, this support assisted that individual to complete their senior schooling years.*'

All mental health services, as well as education and training providers, need to consider communication accessibility and ensure strategies are in place so that students with communication needs can:

- understand what is being said
- have their messages accurately understood
- use different ways of communicating such as speech, gestures, writing, pointing to objects or pictures, spelling words, typing on a communication device or with human assistance
- receive written information in ways they understand and can use
- sign documents, take notes and complete forms in ways that are accessible to them.

## **Government funded employment support**

***How could employment outcomes for people experiencing mental ill-health be further improved?***

As the Commission's Issues Paper highlights, workforce participation among people with a diagnosed mental illness is considerably lower than for those without a mental illness. As discussed previously, there is a strong association between communication disorders and mental ill-health and a growing body of evidence is emerging that demonstrates that individuals with untreated communication difficulties are at an increased risk for literacy and academic difficulties, school refusal and disengagement from education, and limited employment opportunities.<sup>xii</sup> 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. Our speech pathology members reported *'regularly seeing children graduating from special school or special developmental school without a plan of what they will do next, which affected their mental health to the point that they are brought to a mental health service.'* Other members also highlighted how speech pathologists can support people with communication needs to develop both oral and written language skills, so they can understand forms, bills, advertising materials, license tests etc., thereby improving their ability to function in work and/or training environments.

## Coordination and integration

To ensure coordinated, person-centred, multidisciplinary care, services need to be offered by a broad range of mental health providers (including speech pathologists), and across a range of settings including primary health care and local communities, and the voice of the individual with a mental illness needs to be heard. Speech pathologists can assist people of all ages to participate in discussions regarding their care, supporting their communication skills and enabling them to engage in effective decision making, for example helping them to express their views and preferences on priority areas for intervention and/or support.

Improving the coordination of multidisciplinary care for people with mental health conditions requires the planning process to acknowledge a number of key factors including:

- the continuum of mental health difficulties - ensure the focus is not just about addressing acute or severe symptoms/episodes
- integrated care needs to also include services that will address any co-occurring physical health conditions an individual may have
- recognition of speech pathology as an essential profession in the 'mix' of mental health services
- identifying and addressing gaps in services such as those provided in the community.

For example, members of Speech Pathology Australia working in inpatient mental health units report that there is a significant gap in community based mental health speech pathology services (e.g. there are no funded positions or government funding to access low cost services) for which they can refer a patient on discharge for follow up care. The lack of access to community-based speech pathology care for these consumers often leads to re-admission to general units (for swallowing related problems such as aspiration pneumonia), inability to participate fully in verbally mediated mental health interventions and can contribute to re-admission to inpatient mental health services. Unless those undertaking the planning and data analysis are aware of specialised mental health services that may be needed by a small group of consumers, they will not even identify this 'gap', let alone plan for improved services.

Where services do exist, they need to be enabled to collaborate and share information (including, where appropriate, conducting joint assessments and treatment). Often, services operate in silos, however where collaboration is facilitated operationally, treatment outcomes are seen to improve, for example our members report that *'co-located services for integrated family support and paediatric services have allowed more coordinated service to the child and parent'* and that *"the most successful interventions have been ones that were across services, government and non-government working together often in the NGO's facilities.'* One member suggested introducing *'a system like the government funded 'community visitor scheme' but for health professionals, and with the ability to provide consultative support and education to services (very necessary in speech pathology as many NGO and mental health services don't have speech pathologists).'*

## Funding arrangements

While speech pathology provision in mental health services is expanding, there is still under-recognition of the communication and swallowing difficulties experienced by many individuals with a mental illness, and the role that speech pathology can play in assessing and managing these difficulties both in hospital and community settings. This means that the communication and/or swallowing difficulties of many people with mental health issues are not being adequately recognised or supported, which increases the likelihood of further difficulties developing. This problem is exacerbated by the current exclusion of speech pathology from the list of allied health professionals deemed eligible to deliver psychological and psychosocial services under the Medicare Benefits Scheme (MBS), for example through the Better Access to Mental Health Care initiative. Indeed, the important role of speech pathology in mental health services was noted in the Australian Government's National Review of Mental Health Programmes and Services<sup>xliii</sup> in 2014 where it was recommended that extension of the Better Access to Mental Health Care initiative be considered for other allied health professionals with particular mention of speech pathologists.

We strongly recommend that the relevant MBS items are amended to include speech pathology in order for people with mental health conditions to receive the speech pathology interventions they require to address the communication and swallowing problems which may be contributing to, and resulting from, their mental health issues, and in order for speech pathologists to be able to participate fully in the multidisciplinary team alongside other allied health professionals and medical practitioners.

There are two options to achieve this:

1. Speech pathologists be included in the list of allied health providers eligible for Better Access to Mental Health Services items; or
2. Establish new MBS items for Allied Health services for treatment of co-morbidities associated with mental health issues, including those relating to communication disorders, physical impairments, and dietetic/nutritional needs.

## Recommendations

It is requested that the Commission consider the following recommendations:

1. Speech pathologists, with unique skills in identifying and managing communication and swallowing disorders, should be included in discussions regarding provision for mental health promotion, prevention, and early intervention and should be recognised as essential service providers and key members of multi-disciplinary teams working with populations at-risk of developing mental health problems, and should be included in the staffing profile of all mental health services.
2. Speech pathologists should be involved in the education and training of, and consultancy to, families, informal carers, and other professionals working with individuals with (or at risk of) mental illness to improve the understanding and management of communication and swallowing disorders in mental health.
3. As well as inclusion in community and in-patient mental health settings, speech pathologists should be employed in all youth and adult justice and forensic mental health services across Australian states and territories to meet the high level of communication/swallowing needs of those populations.
4. When considering how best to improve the vocational outcomes for people with mental health problems, it is vital that any communication needs are also identified and effectively supported by professionals with relevant skills, training and experience.
5. Clinicians working with children and young people with mental illness who are in the child protection system, should be aware that communication problems are likely to be present in order to implement appropriate interventions (including modification of their own communication, and referral to speech pathology for further assessment and intervention). Speech pathologists should be included in the staffing profile of all services for children and young people with mental health problems in the child protection system, and related trauma services.
6. Organisations need to demonstrate a commitment to inclusive communication (or communication access) at a strategic level, by anticipating that people with speech, language, and communication needs will be service users and therefore have inclusive communication strategies in place.
7. That the relevant Medicare Benefits Scheme (MBS) items should be amended to include speech pathology so people with mental health conditions can receive the interventions they require to address the communication and swallowing problems which may be contributing to, and resulting from, their mental health issues, and in order for speech pathologists to be able to participate fully in the multidisciplinary team alongside other allied health professionals and medical practitioners. This may be either through the inclusion of speech pathologists in the list of allied health providers eligible for Better Access to Mental Health Care items, or the establishment of new MBS items for Allied Health services for treatment of co-morbidities associated with mental health issues, including those relating to communication disorder, physical impairment, and dietetic/nutrition needs.

If Speech Pathology Australia can assist the Productivity Commission in any other way or provide additional information please contact Mary Woodward, Senior Advisor, Justice and Mental Health, on 0419 779 472 or by email [mwoodward@speechpathologyaustralia.org.au](mailto:mwoodward@speechpathologyaustralia.org.au)

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