

Written evidence from Royal College of Speech and Language Therapists

1. Executive summary

- The Royal College of Speech and Language Therapists is pleased to provide a submission to the Justice Committee inquiry into mental health in prison.
- Speech and language therapists work across the prisons and the secure estate supporting adults with speech, language and communication, and swallowing needs.
- Evidence suggests that 60% of people accessing mental health services have speech, language, and communication needsⁱ and 30% of people have difficulties with eating, drinking and swallowing difficultiesⁱⁱ.
- Unless those needs are identified and appropriately supported, they can act as a barrier to referrals, assessments and verbally mediated treatment programmes. Referrals, assessments, and interventions, especially those that are verbally mediated, may be inaccessible and fail. That not only risks someone's mental health worsening it also risks public resources being wasted on failed interventions.
- Given the links between those needs and mental health, and the impact of them on a person's ability to access and benefit from verbally mediated treatment programmes and to eat and drink safely, it is essential that prisons are able to identify and respond to communication and swallowing needs.

2. RCSLT recommendations

1. Given the high prevalence of communication and swallowing needs in people in prison and the consequences of not supporting them, the Royal College of Speech and Language Therapists recommend that all prisons have speech and language therapy. This would support:
 - identification and appropriate response to speech, language, communication and swallowing needs and differential diagnosis;
 - training of the workforce on the links between mental health and speech, language and communication and swallowing needs and how to respond to them; and
 - the provision of speech and language therapy for those who require it, as well as providing ongoing advice and support to staff, to enable them to meet the needs of individual people.
2. To support prevention and early identification of mental health problems, the whole prison workforce should be trained in understanding the links between speech, language, communication and mental health. We recommend that all prison staff complete The Box communication trainingⁱⁱⁱ.

3. Speech, language and communication needs in people with mental health difficulties

- Both mental health and speech, language and communication needs are more prevalent in the offending population than in the general population^{iv}.
- Evidence suggests that 60% of people with mental health needs have speech, language and communication needs. These can be diagnosed or undiagnosed and hidden.
- Mental health difficulties can create communication problems. Even if someone has no existing speech, language and communication difficulty, a chronic or acute mental health episode can impair someone's communication.
- Specific mental health conditions can have communication and swallowing difficulties associated with them. These include depression, schizophrenia, dementia, and psychosis.
- Speech problems can be found as a side effect to antipsychotic medication^{vii}.
- There are many people in prison with a primary mental health diagnosis who also have dementia, brain injury or other long term conditions. This indicates a greater need for critical speech and language therapy support.

4. Eating, drinking and swallowing needs in people with mental health difficulties

- Eating, drinking and swallowing needs (dysphagia) is a difficulty among adults with mental health difficulties^v. Evidence suggests that approximately 30% of adults with mental health disorders have some impairment in swallowing.^{vi}
- One study reported that the risk of death due to choking in people with schizophrenia is 30 times more likely than the general population^{vii}

5. Identification of mental health need

- Mental health needs in this population are often missed or wrongly diagnosed:
 - People with undiagnosed learning disabilities or autism get diagnosed with a mental health problem because their underlying condition has not been identified or supported; and
 - People with learning disabilities or autism who have mental health problems are not diagnosed because their difficulties are just assumed to be part of the learning disability/autism.
- Speech and language therapists report that increasing numbers of adults with autism are being passed back and forth between prison and mental health hospitals. Current policies place people at risk of expedited discharge to the community without adequate support as pathways are often lacking.

6. The risk associated with speech, language and communication needs

- Communication skills are fundamental and foundational. They are central to expression (our ability to make ourselves understood), comprehension (our ability to understand what is being said) and knowing how to speak to different people in the right kind of way at the right time (social communication).
- There are significant demands on spoken and written language in prisons. Speaking and listening skills are essential for people to cope with the demands of the prison regime. This includes:
 - compliance with day-to-day procedures and routines (following instructions and orders, understanding routines)
 - taking part in offender treatment or mental health rehabilitation programmes (aside from those conditions treated with medication, almost all programmes are verbally mediated, that is conducted through language and interactions. This can disadvantage people with speech, language and communication needs)
 - participating in education, training programmes or re-settlement activities.
 - accessing healthcare advice and treatment (which relies on relaying information verbally and in writing and conversation)

7. The risks associated with eating, drinking and swallowing needs

- Swallowing needs can pose a significant risk to patient safety, including through choking, aspiration pneumonia and hospital admission^{viii}.
- Adults with mental health problems have higher rates of dysphagia and choking due to factors such as medication side effects^{ix}.
- Swallowing difficulties can be associated with the use of antipsychotics drugs^x.
- There is an elevated rate of death due to choking due to the effects of medication^{xi}

8. The prison environment and behaviour

- The prison environment has complex rules, regimes and demands^{xii}. People can become frustrated if they cannot express themselves and do not understand others. This can lead to disruptive^{xiii}, challenging or aggressive behaviour^{xiv}.

- Where people have very challenging behaviour, it can be difficult for staff who lack understanding. In custodial settings, this can lead to increased use of restraint, hands-on-management and segregation^{xv} for this client group which in turn increases the anxiety experienced by people. Isolation has been shown to have a negative effect on mental health.

9. About speech and language therapists (SLTs)

- Managing: SLTs provide direct assessment and management of speech, language and communication and/or swallowing difficulties in people of all ages, including:
 - assessing people, advising on appropriate response and supporting their engagement;
 - raising awareness and understanding amongst the wider prison workforce of how speech, language and communication needs present, and their potential impact on verbally mediated psychological interventions;
- Enabling: SLTs can enable people with mental health disorders to develop the skills they require to:
 - access information about conditions and other services
 - develop their ability to express themselves effectively; and
 - benefit from interventions and other services.
- Adapting: SLTs can help adapt assessments and interventions so people can participate, including through modifying group work or other psychological interventions. They also modify visual documents and signage to make the prison a communication friendly and accessible environment; and
- Supporting: SLTs support wider prison staff and multi-disciplinary team colleagues to communicate effectively with people with speech, language and communication needs. This includes the provision of training to better understand communication, behaviour and mental health.

10. About RCSLT

- The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), SLT students and support workers working in the UK. The RCSLT has over 18,000 members. We promote excellence in practice and influence health, education, social care and justice policies.

Submitted by Claire Moser, Royal College of Speech and Language Therapists, 19 May 2021

REFERENCES

- ⁱ Walsh, I., Regan, J., Sowman, R., Parsons, B. and McKay, A.P., 2007. A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders. *Irish journal of psychological medicine*, 24(3), pp.89-93
- ⁱⁱ Regan, J., Sowman, R. and Walsh, I., 2006. Prevalence of dysphagia in acute and community mental health settings. *Dysphagia*, 21(2), pp.95-101
- ⁱⁱⁱ <https://www.rcslt.org/learning/the-box-training/#section-2>
- ^{iv} Talbot, J (2010). Seen and Heard: Supporting vulnerable children in the youth justice system. Prison Reform Trust www.prisonreformtrust.org.uk/uploads/documents/SeenandHeardFINAL.pdf
- ^v Aldridge, K. and Taylor, N. (2011). Dysphagia is a Common and Serious Problem for Adults with Mental Illness. *Dysphagia* 27(1):124-37.
- ^{vi} Regan, J., Sowman, R. and Walsh, I., 2006. Prevalence of dysphagia in acute and community mental health settings. *Dysphagia*, 21(2), pp.95-101
- ^{vii} Ruschena, D. et al. (2003). Choking deaths: the role of antipsychotic medication. *British Journal of Psychiatry*, 183, 446-450.
- ^{viii} RCSLT position dysphagia on www.rcslt.org/-/media/Project/RCSLT/rcslt-dysphagia-factsheet.pdf

f?la=en&hash=18AEDA640CDABD6D2CAB1A9293E8F44ED4E9572A

^{ix} K. J. Aldridge, N. F. Taylor., 2012. Dysphagia in Adults with Mental Illness

^x Varanese *et al.* 2011

^{xi} Chapter 17: Psychiatric Disorders and Communication, Bryan K, University of Surrey, UK Almirall

^{xii} Bradley Report 2010

^{xiii} Reducing the Need for Restraint and Restrictive Intervention: Children and Young People with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties, 2017

^{xiv} Humber and Snow, 2001

^{xv} RCLT evidence to the Mental Health White Paper, 2021