

National Assembly for Wales
Children, Young People and Education Committee
CAM 51

Inquiry into Child and Adolescent Mental Health Services (CAMHS)
Evidence from : Afasic Cymru

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1. About Afasic Cymru

Afasic is the UK charity representing children and young people with speech, language and communication needs, working for their inclusion in society and supporting their parents and carers.

Afasic is a member organisation celebrating its 45th anniversary this year. Our members include parents, young people with speech and language and communication needs, professionals and others who support us. Afasic Cymru was launched in response to devolution and celebrated its tenth anniversary in 2012.

Our vision is of a society which embraces 'communication' as a basic human right, and where all children and young people up to the age of 25, with speech, language and communication needs, get the support they require to enable them to reach their potential and participate fully within it.

2. Context to this inquiry response

Afasic Cymru's response particularly addresses the links between SLCN and mental health, the availability of intervention; access to community specialist CAMHS at tier 2, and the extent to which CAMHS are embedded within broader health services in terms of identification, training and collaboration. This response is informed by the views of parents and members, our service experience, and knowledge of the research into speech, language and communication needs.

3. General information about speech, language and communication needs (SLCN)

Speech, language and communication are fundamental life skills that underpin literacy, learning in school and college, socialising and making friends, and are crucial for employment prospects and understanding and regulating emotions or feelings.

Many children and young people struggle to communicate. Some of their communication needs are transient and others have more persisting needs. UK wide studies have shown that approximately 10% of all children have persisting speech, language and communication needs which may present as a child's main difficulty or it may be associated with other conditions such as autism.

A child or young person with SLCN

- may have difficulty understanding language
- may have difficulty learning and remembering words, and putting words together to make sentences
- may have difficulty articulating speech clearly
- may have difficulty using language appropriately in context

Children or young people with speech, language and communication needs may have some or all of the above difficulties; each person is different.

Speech, language and communication needs (SLCN) may be difficult to spot. This means that instead of communication difficulties people may see children struggling to read, showing poor behaviour, or having difficulties learning or socialising with others. Some children and young people may become withdrawn or isolated.

SLCN may only come to light in secondary school due to increasing social and academic demands. In some young people, their difficulties appear to resolve during primary school only to re-emerge during secondary school.

4. The links between mental health and speech, language and communication needs (SLCN)

Speech, language and communication needs put children and young people at risk of a wide range of long-term consequences including poor mental health.

There is convincing evidence about these risks from population-based studies. A study using data from a UK birth cohort of 17196 children following them from school entry into adulthood, found that even after adjustment for a range of factors, vocabulary difficulties at age 5 are significantly associated with poor literacy, mental health and employment outcomes at age 34 (Law, J., Rush, R., Schoon, I and Parsons, S. 2009)

In December 2012 one of the thematic reports from the Better Communication Research Programme (BCRP) by Geoff Lindsay and Julie Dockrell examined the relationship between behavioural, emotional and social difficulties (BESD) and speech, language and communication needs (SLCN).

Their findings included the following:

- Children and young people with SLCN (and Autistic Spectrum Disorder) are at an increased risk of developing behavioural, emotional and social difficulties.
- Overall the main areas of difficulty are the development of successful peer relationships and pro-social behaviours and the risk of emotional difficulties compared with the general population of the same age.
- Unaffected siblings of children and young people with SLCN also had higher levels of peer problems.
- Self-perceived quality of life was worse across a number of domains for pupils with ASD and those with SLCN, in particular social acceptance, being bullied, moods and emotions.
- Pupils with SLCN are at a low risk of developing conduct problems but this may increase during later secondary education.

The high prevalence of SLCN in the youth justice population (over 60%) is well documented.

5. What do parents tell us?

Here are examples of what parents who have children with SLCN *and* behavioural, emotional and social needs tell us:

“Trouble expressing his feelings, and throws a tantrum when I do not understand him.” (5 year old)

“Easily stressed and gets quite upset easily at times and over reacts over trivial matters....have hurt other children in the past but seems to have decreased as his understanding has improved.” (8 year old)

“Play often needs to be supervised.” (9 year old)

“Problems expressing herself in age appropriate way.” (13 year old)

“Extra time is needed to listen and understand what he needs and wants.”(5 year old)

“Very complex, needs assertion, plus reassurance, plus inclusion, lots of encouragement, compartmentalised instruction, patience, guidance through any tasks that involve processing of emotions, carefully monitored and regularly evaluated discipline, tuition through most of the basics in life from crossing a road to going to the shops. There is so much to this I don’t have time to complete this thoroughly...” (7 year old)

“..One to one support is needed at clubs such as swimming, football etc.” (9year old)

“Severe speech, language and communication disorder. Unable to communicate with either peers or adults in a way that is comprehensible. This stresses him greatly...Was effectively abandoned to amuse himself at his first primary school because staff weren’t able to give him the support he needed.” (10 year old)

We have also been contacted by parents of children who exhibit self-harming behaviours.

Many parents highlighted that their child’s emotional and behavioural needs were supported at school through being in a smaller class in a more specialist environment with a favourable ratio of school staff, who can spend time listening to their child. A Statement of SEN has been repeatedly cited as helpful in securing support. Other professionals who provided positive support included: special needs health visitor, youth worker, educational psychologist, speech and language therapist and liaison with a paediatrician.

Parents tell us that it is difficult to access CAMHS.

“Would like help of CAMHS but taking a long time to get assessment.”

“Have not been seen by CAMHS as yet but very concerned for his anxiety and stress levels, still waiting to be seen by psychological therapist.”

6. Provision

Provision for children and young people with SLCN should take into account their increased risk of developing behavioural, emotional and social difficulties and poor mental health. However it is not clear whether tier 1 services are aware of this risk and whether specialist CAMHS provision is available in Wales for children and young people with speech, language and communication needs.

As part of their inquiry into the links between SLCN and social disadvantage in February 2013, the All Party Parliamentary Group on Speech and Language Difficulties noted the need for more speech and language therapists working in mental health teams. Further, Professor James Law suggested that all children referred either to CAMHS or to speech and language therapy services should have both their language and their behaviour properly assessed.

Afasic Cymru is aware of difficulties and delays in accessing CAMHS and of poor collaboration between services.

Anecdotal examples include when young people with identified SLCN from community or school settings are referred to CAMHS the referring agent receive little or no communication from CAMHS and no requests for information from them about how to effectively communicate with the child or young person. Children and young people with SLCN are often unable to access conventionally delivered talking based interventions and need adaptations due to their language and communication needs. Consequently CAMHS may not have been able to effectively involve the children and young people or take their needs and rights into account. Lack of communication from CAMHS also meant that the speech and language therapy service / school were unable to appropriately support the young person's emotional needs as part of their interventions.

In view of the evidence on increased risk and poor outcomes, CAMHS teams need to collaborate closely with speech and language therapy services when SLCN is identified so that a holistic joined-up and effective approach is taken. Given the strong association between SLCN and poor mental health, CAMHS teams also need to be able to identify possible SLCN in existing and new referrals.

Specialist settings with a designated CAMHS staff member in their team seem to access CAMHS services more promptly and experience more effective collaboration for example:

In a Youth Offending Team where there is a specialist speech and language therapist and designated CAMHS staff member working within the team, there is close on-going reciprocal collaboration. Children and young people are seen promptly by CAMHS and relevant information is exchanged, discussed and utilised effectively.

Afasic Cymru is also aware that targeted tier 1 interventions in schools have supported children with identified SLCN and emotional and behavioural needs through careful monitoring and a highly developed PSE curriculum. Examples of good targeted tier 1 interventions in Wales include:

- i) Teaching Assistants being trained through ELSA (Emotional Literacy Support Assistant) programme to carry out individual programmes closely supported by an Educational Psychologist with children with identified SLCN.
- ii) 'Talkabout' social skills groups in mainstream schools across the key stages targeting the domains that may be specifically at risk for children and young people with SLCN eg: peer relationships and pro-social behaviours.

7. Recommendations:

- i. Available provision: Urgent clarification is needed on the available specialist CAMHS provision for pupils with additional learning needs and the access to services and expertise for children and young people with speech, language and communication needs.
- ii. Screening: Given the increased risk, all children and young people attending CAMHS should have their *speech, language and communication skills screened* to ensure that all children and young people with SLCN in addition to their mental health needs are meaningfully involved and have improved access to effective interventions.

- iii. Appropriate expertise: Through training in SLCN awareness, ensure that all professionals in tier 1 and tier 2 mental health services eg: CAMHS staff, advocates, social workers, foster carers, school nurses, *have the appropriate expertise* to effectively identify, listen to and support children and young people who have mental health needs *and* speech, language, communication needs.
- iv. Early identification and pro-active monitoring: A pro-active approach that emphasises improved early identification of SLCN in schools through workforce development *would also highlight* children and young people who are at risk of developing emotional difficulties and difficulties forming successful peer relationships.

The monitoring of pupils with SLCN *especially during key stages 3 and 4* should prioritise these domains as well as language and attainment.

- v. Collaboration: An examination of the quality of and capacity for collaboration between CAMHS and speech and language therapy services is needed, *particularly in relation to community and school based services.*

References

Better Communication Research Programme

<https://www.gov.uk/government/publications/the-relationship-between-speech-language-and-communication-needs-slc-and-behavioural-emotional-and-social-difficulties-besd>

The links between speech, language and communication needs and social disadvantage (February 2013) by the All Party Parliamentary Group on Speech and Language Difficulties.

http://www.rcslt.org/governments/docs/all_party_parliamentary_group_on_slc_inquiry_report