SPEECH AND LANGUAGE THERAPY IN MENTAL HEALTH

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study day 15/3/13

LEARNING OBJECTIVES

1. Participants will understand the role of SLT within this client group (speech, language and communication needs (SLCN) related to mental health diagnoses).

2. Participants will understand how SLCN impact on the care pathway for people with a mental illness.

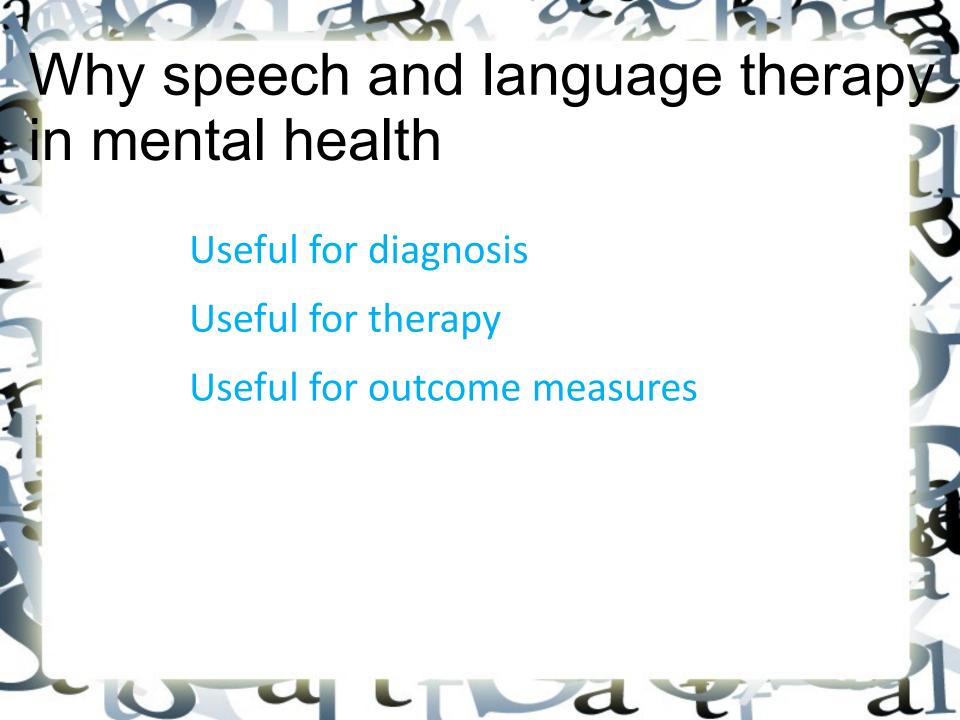3. Participants will be aware of examples of SLT in mental health.

Why speech and language therapy in mental health

- Language difficulties and dysphagia inherent in mental illness

- Secondary difficulties associated with mental illness

- Co-morbidity

DIFFICULTIES ASSOCIATED WITH MENTAL ILLNESS

1. Hearing loss

2. Learning difficulties

3. Head injury

4. Physical ill health

5. Medications

6. institutionalisation

Why speech and language therapy in mental health

Useful for diagnosis

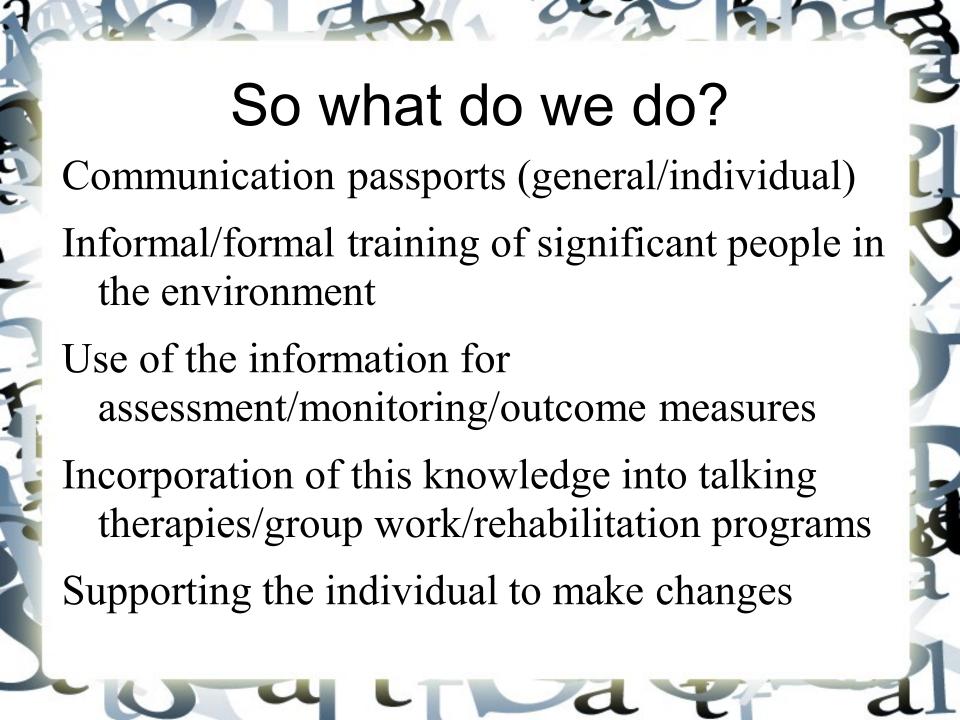Useful for therapy

Useful for outcome measures

Depression

- Unwillingness to communicate

- Use of voice and intonation

- Non-verbal communication

- (receptively e.g. Bozikas et al. (2007) Impaired perception for affective prosody and facial emotion perception in remitted patients with bipolar disorder. The Journal of Neuropsychiatry and Clinical Neurosciences, Vol. 19, No. 4, pp. 436-440.

- Content of language (refer to Jonathan Fine (2006) Language in Psychiatry. A handbook of Clinical Practice. Equinox)

- Glahn et al. (2007) study – 75% of asymptomatic patients had difficulties on at least four cognitive measures, and lithium had a negative effect on memory and speed of information processing (Glahn, 2007, Psychiatric Times, Vol. 24, no. 6)

Psychomotor retardation

a slowing-down of thought and a reduction of physical movements

- Slowed speech
- Amount of talk – within clause
-                        - how many clauses are combined
- Variety of content
- Variation in intonation

So what do we do?

Communication passports (general/individual)

Informal/formal training of significant people in the environment

Use of the information for assessment/monitoring/outcome measures

Incorporation of this knowledge into talking therapies/group work/rehabilitation programs

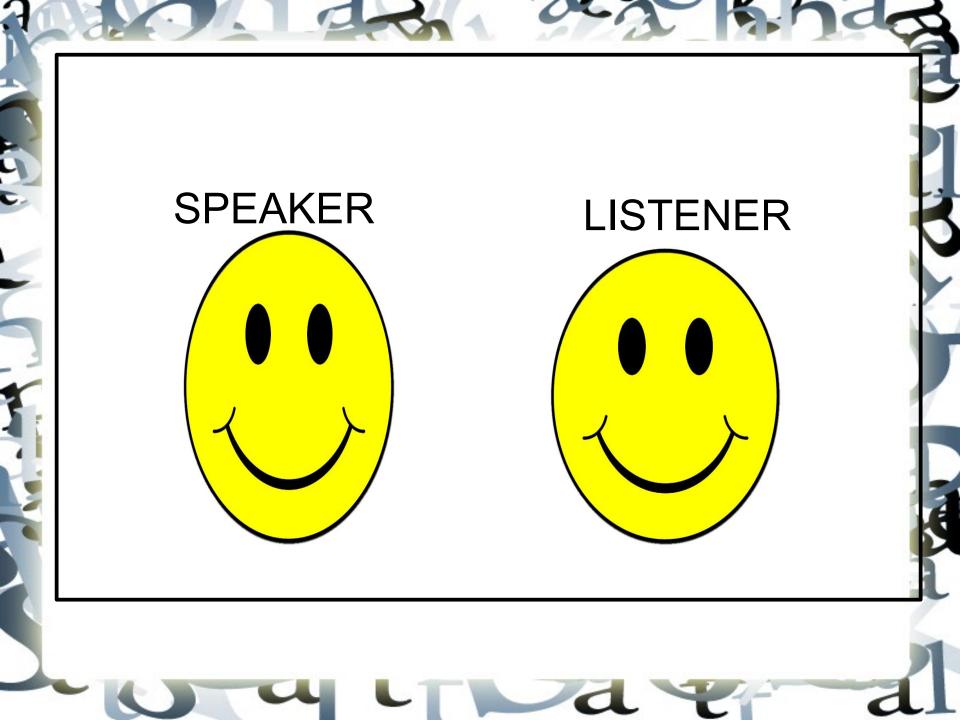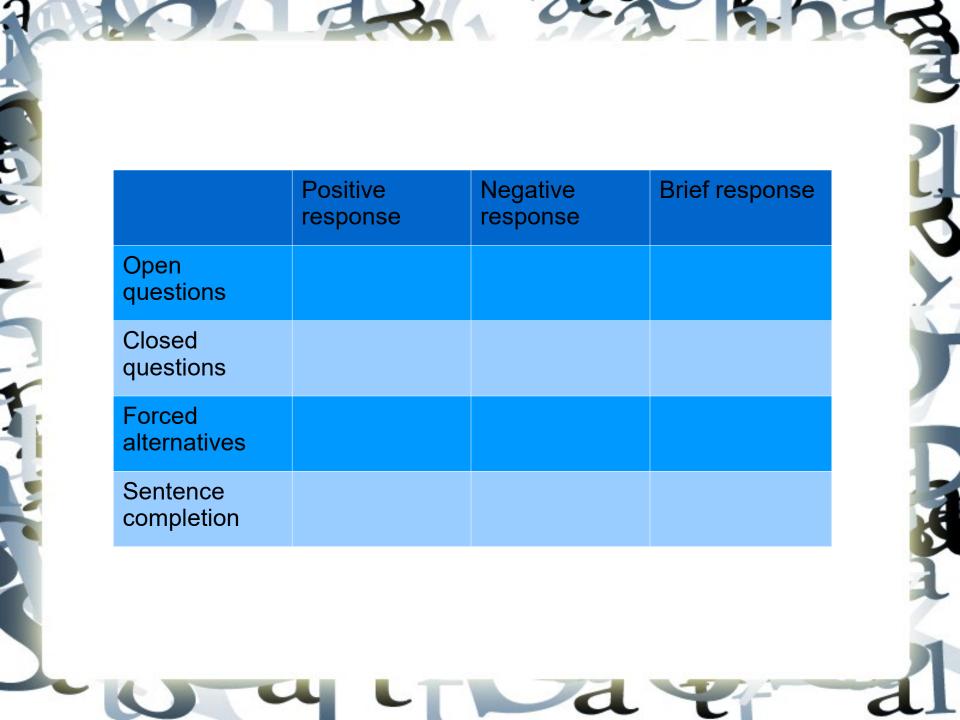Supporting the individual to make changes

MANIC EPISODES

- Euphoria – few negative words, positive attributes
- Enthusiasm for interaction – initiating social processes
- Inflated self esteem – giving advice and orders, frequently with specific technical vocabulary

MANIC EPISODES (CONT.)

- Irritability – emotional vocabulary, with frequent contradictions and corrections

- Manic speech – fewer, shortened pauses, unusual loudness, unusual content, unusual voice quality

- Flight of ideas – few pauses, increased rate of talk, abrupt changes of topic

- Distractability – references to physical situation, changes in participants, changes in antecedents

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	Positive response	Negative response	Brief response
Open questions			
Closed questions			
Forced alternatives			
Sentence completion			

Schizophrenia and other psychotic disorders

There are differences between the problems seen when people are experiencing positive symptoms e.g. auditory hallucinations and those with negative symptoms e.g. social withdrawal. Presentation also varies according to the existing language abilities of the patient and the "stage" in their illness i.e. first episode as opposed to chronic
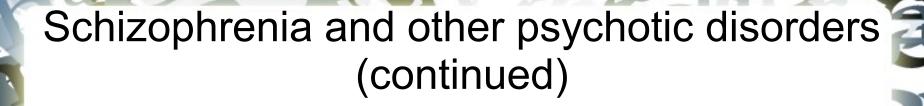
There are difficulties with attention, concentration and memory. Both short term and working memory difficulties are prevalent with people with schizophrenia and may be exacerbated by medication. All impact on the ability to process language.

There are semantic memory problems.

People may have difficulties generating ideas to formulate a response (and attention and concentration impacts on their ability).

People commonly don't recognise/monitor their errors and adjust their own verbal output.

Expressive language problems may vary depending on how clearly the response is specified by the context or speaker.

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Schizophrenia and other psychotic disorders (continued)

Comprehension of inference and idioms may be problematic.

There may be difficulties with appropriate use of grammar to generate utterances.

One may also see clanging, neologisms, word approximations, incoherence.

PERSONALITY DISORDERS

- Personalities are seen clinically as atypicalities in inner experience which interfere with normal social functioning.

  LANGUAGE/COMMUNICATION

  Poor listening skills

  Poor development of empathy

  Poor negotiation skills

  Unusual choice of topics for elaboration

Egs of difficulties with conversation associated with mental illness

knowing how to initiate a conversation

thinking of an appropriate topic for conversation, and then maintaining relevance

knowing when to speak (including considering non-verbal cues of the other person, such as eye contact, pausing etc, to know when it is your turn)

considering what the listener already knows and needs/wants to know, so as to give enough, but not too much information actively listening to someone else and processing what they say so as to respond appropriately

asking reciprocal questions, leading on from what the other person has said

recognising when people haven't understood, and repairing the conversation when/if it breaks down

ending a conversation in an appropriate way

EGS OF PROJECTS

Breaking Down the Barriers

MDT opportunity to consider communication in a non threatening environment

MDT opportunity to recognise the importance of advanced communication skills (motivation)

MDT development of improved communication skills (competence and performance)

Using Groups

Ensuring groups serve an assessment function

Ensuring groups offer a means of monitoring group members

Ensuring that groups are appropriate for varied communication profiles of group members

Ensuring appropriate recording of groups

EGS OF PROJECTS

(Life story plus) communication passport

documentation and transfer of information about the individual's communication

MDT encouraged to develop rapport with patients

MDT recognize the value of a communication aid

MDT recognized for their role in communicating with patients

Patient is empowered

More person centred care

Indirect therapy and/or appropriate referrals