

# **Mental Health, Mats & Misdemeanours**

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# Aim of Session

- Brief overview of SLCN in Mental Health
- Case Presentation – child
- Case Presentation – adolescent
- Thoughts for the future

# Mental Health

“....a state of well-being in which every individual realises his or her own potential”

The World Health Organisation

# Why CAMHS?

- Low mood, suicidal ideation
- Self harm
- Psychosis
- Serious & dangerous behaviour
- Obsessive compulsive Disorder
- Eating disorders
- ADHD
- co-morbid ASD

- Anxiety
- History of trauma, neglect, behaviour problems & aggression
- Post Traumatic Stress Disorder
- Disruptive behaviour – Conduct Disorder/PDA
- Tic Disorder
- Attachment
- Social, emotional, behavioural difficulties
- Selective mutism
- Pervasive refusal disorder

# Child Case

## Referral information

12 years

Known to CAMHS – 3years - ?ASD

Behavioural problems – attempted murder

Anxiety

Early trauma & neglect

PTSD diagnosis

Self harm & suicidal ideation

Kinship care

# **Assessment information**

Case history

Language assessment

Communication assessment

Talking Mats - post video information

# Assessment findings

Psychosis

Tourette's spectrum

Depression

Anxiety

PTSD

Language disorder (developmental v acquired)

Masking & inability to express inner thoughts

(ASD not diagnosed)



# Offending behaviour

- Forensic support
- PF - discussion & liaison
- Talking Mat outcome:
  - Accurate mental state assessment
  - Psychosis diagnosis
  - PF decision: disposal via non-prosecution

# Management

- Medication
- Art therapy
- Communication support
  - Communication passport, etc
- Language support
  - Receptive & expressive
- Compensatory strategies

# Recommendations

- Family recommendations
  - Supervised access to parent(s)
  - Support for kinship care
- Education recommendations
  - Residential v mainstream
  - Secreting weapons
  - Bullying

# Adolescent Case

## Referral Information

Detained to unit 15years - suicidal ideation, etc

Tongue tie affected feeding (baby)

Parent requested SLT at 2yrs - unintelligible

SLT speech input – 'few months then fine'

ASD diagnosis – 14 years

School refusing & self isolating

Assaults e.g. siblings

Refusing to 'speak' to staff – 'too difficult to talk'

On 'hunger strike'

# Assessment Information

- Case history
- Communication assessment
- Language assessment
- Talking Mats
  - Mental state, psychosis, progress, etc
  - Formulation
  - Mental Health Tribunal

# Assessment Findings

- Low mood - rapid deterioration - post 'trauma' of ASD diagnosis
- Depressive illness & 1st episode psychosis
- ASD identity issues
- Sensory sensitivities ++
- Language disorder
- Severe bullying 'gnaws away at your subconscious'
- Housing difficulties & multiple moves

# Findings continued

- Very low self esteem
- Fear & anxiety levels +
- Trust issues +
- Sleep problems
- OCD behaviours
- Masking & inability to express
- Positive impact of humour

# Management

- Medication
- Psycho education re ASD, lang, etc
- Non verbal communication supports
- Expanding locations
- SLCN recommendations
- Education recommendations



# Self awareness

- I've got very low self esteem
- Makes you more vulnerable when bad stuff happens (SLCN)
- Brain blank (WFD)
- Weird...but it all makes sense now! (language difficulties)
- Never been settled (moves)

# Talking Mats & MH

- Risks high & clear – guidelines needed
- Uniquely adapted
- Joint working with consultant psychiatrists
- Outcomes:
  - Access to the inaccessible
  - Accurate formulation & treatment
  - More rapid formulation & treatment
  - Shorter admissions
  - Fewer admissions
  - Impact on YP & future

# Mental Health in Prisons

“Government does not know how many people in prison have a mental illness, how much it is spending on mental health in prisons, or whether it is achieving its objectives”

National Audit Office June 2017

# MH & Reoffending

“Prisoners whose mental health needs are not addressed may be more likely to reoffend”

Only 10% of prison population receiving treatment for mental health (England)

National Audit Office June 2017

# Justice System Thoughts

- SLCN link with mental health & criminal justice
- Talking Mats: use, development, MSA guidelines, reducing risk & offending
- SLT concept of 'impact' & 'risk'
- CAMHS v care route/secure care – 'behavioural' & parenting
- Internalize v externalize
- CAMHS SLT gains, gaps & future

Thank you!



# Scottish Parliament Health and Sports Committee

## CAMHS Inquiry, January 2009

- **Mental illness among children and young people (CYP) with speech, language and communication needs (SLCN) is common, often serious and persistent.**
- **Between 40% and 90% of CYP who have SLCN have mental health difficulties and between 40% and 90% of those with social emotional and behavioural difficulties have SLCN.**

Benner, G.J. (2002) Language skills of children with EBD: a literature review - emotional and behavioural disorders - statistical data included. *Journal of Emotional and Behavioural Disorders* 10, 43-56.

## **The available literature consistently reports a high incidence of impairment, e.g.**

- *62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected.  
(Goodyer, 2000; Cohen 1993)*
- *38% of children referred to child psychiatric services met one or more criteria for a previously identified language impairment while 41% met criterion for unsuspected language impairment. In total 63% of children referred had language impairment.  
(Cohen et al. 1998)*



Speech, language and communication needs (SLCN) are a significant risk factor for mental illness.

- **50-60% of CYP with a SLCN fulfill the criteria for a mental health difficulty including ADHD, mood disorders, psychosis and eating disorders**

Beitchman et al, 1986; Prevalence of psychiatric disorders in children with speech and language disorders: A critical review. In K.D. Gadow (Ed), Advances in learning and behavioural difficulties (Vol. 4) Greenwich, Connecticut: JAI Press

- **96% of children within a school for CYP with social emotional and behavioural difficulties required the attention of an SLT**

Burgess and Bransby (1990)

# SLT in CAMHS

- **The link between SLCN and social emotional and behavioural difficulties goes largely unrecognised and consequently quality CAMHS provision with the capacity to effectively provide for CYP with SLCN is non-existent across most of Scotland.**

Law, J. Conway, J (1991) Child abuse and neglect: The effect on communication development – A review of the literature. London: AFASIC.

- **Scotland had 5.5 WTE Speech and Language Therapists (SLTs) working in CAMHS in 2012 - even though the CAMHS Framework identifies SLTs as key members of CAMHS teams.**

# Assessment Issues

- **Diagnosis of mental illness can be hindered by lack of knowledge of SLCN**
- **A lack of focus on communication can mean responses are interpreted in a predominately behavioural manner rather than with a communicative perspective.**
- **The inability of people with autism to communicate feelings of disturbance, anxiety or distress can mean that it is often very difficult to diagnose depressive or anxiety states, particularly for clinicians who have little knowledge or understanding of developmental disorders.**  
Howlin (1997) Autism: preparing for Adulthood. London: Routledge
- **Evidence suggests that the earlier SLCN are met the fewer CYP will risk mental illness.**