

## Mental Health Bill

### RCSLT briefing for Second Reading

November 2024

#### Introduction

- **Promising start:** the Royal College of Speech and Language Therapists (RCSLT) welcomes the Mental Health Bill's overarching aim to reform mental health legislation and its focus on reducing the use of detention and increasing patient autonomy. It is a good starting point for improving the lives of people experiencing mental ill-health, but it is not enough.
- **Strengthening needed:** changes are needed to the present draft of the Bill if it is to genuinely strengthen the voice of the people accessing mental health services and reduce the risks of referrals, assessments, and treatments being inaccessible to people with communication disability, difficulty, and difference. At present, support for communication is insufficiently addressed in the Bill. Chronic and acute mental health episodes can impact someone's ability to communicate effectively. "Listen to what you want in your mental health care" means providing accessible, effective communication methods for people however they communicate. This includes through language (spoken and sign) and alternative communication methods, such as the use of body language, sounds, symbols, voice output systems, text and signing systems.
- **Understanding the links:** there are important links between mental health and speech, language, communication, and communication disability, difficulty, and difference. It is essential that that is understood if the reforms the Bill proposes are to be effective.
  - While the evidence base of the extent of communication disability, difficulty, or difference in adults accessing mental health services is limited, one study of 60 randomly selected people accessing such services found that 80% had a difficulty with language and over 60% had a difficulty with communication and discourse.
  - For children and young people, research has found that those with a mental health disorder report having speech or language problems five times more than those without; and one study found that 81% of children with social, emotional and mental health needs have significant unidentified language deficits.

- **Embedding communication:** it is critical that communication is embedded throughout the entire process, and fully integrated into treatment planning and decision-making. This will ensure that patients have the support they need to understand what is being said to and asked of them, and to express their wishes, concerns, and preferences regarding their care and treatment.
- **Recognising communication disability, difficulty, and difference:** while the recognition that autistic people and people with learning disability may communicate differently, the Bill needs to be much more ambitious in recognising the totality of communication disability, difficulty, and difference. A chronic or acute mental health episode can significantly impair someone's communication, making it more difficult to discuss symptoms, treatments and their side effects so that they reach a shared understanding about diagnosis and treatment. People accessing mental health services might also have a communication disability, difficulty, or difference not related to their mental health diagnosis or autism or learning disability. For example, people who stammer and those with brain injury, dementia, Developmental Language Disorder (DLD), depression, or issues with hearing.
- **Investing in community services:** People with a learning disability and autistic people should not be detained any longer than necessary. The lack of community provision risks exacerbating social isolation and mental health deterioration. The proposed reforms must include investment in the community workforce, including in speech and language therapy. The Government must invest in community services, ensuring that there are the right staff with the right skills to support people in less restrictive settings.

## Areas for improvement

- The Mental Health Bill needs to be improved in two main areas in the interests of people with communication disability, difficulty, or difference who are accessing mental health services:
  1. Embedding communication throughout the Bill
  2. Investing in community services, as detentions decrease, to support people to live well
- Beyond the legislative framework, the Government must also implement non-legislative policy changes to promote better mental health, to prevent mental ill-health, and to better support people with mental ill-health. This includes developing principles to recognise and embed speech and language therapists as a core part of the mental health community

workforce, and not just as a service to which mental health services themselves refer onwards.

## **1. Embed communication throughout the Bill**

- The Joint Committee on the draft Mental Health Bill received representation from numerous witnesses and experts who highlighted that speech, language, and communication needs were a crucial issue requiring attention in the context of mental health.
- We were pleased to see the Committee's report include references to speech and language therapists and speech, language and communication needs.
- Despite this, the current draft of the Bill overlooks these concerns and fails to clearly commit to placing the importance of effective communication at the core of the proposed reforms.
- While it is welcome that the Bill's Explanatory Notes highlight communication needs and how adjustments might be made to communicate information to the patient appropriately, this is not sufficient.
- There needs to be much greater recognition of communication, and how people accessing mental health services might have communication disability, difficulty, or difference, and how this, and their mental ill-health, might impact their ability to engage with referrals, assessments, and treatment, and their interaction with the professionals supporting them.
- Too often, people are denied a voice in their own care and treatment decisions because their communication challenges are overlooked, unidentified, or inadequately addressed. Communication is fundamental to a person's ability to engage meaningfully with their treatment, exercise their rights, and make informed decisions about their care. The Bill must address this gap by ensuring that the needs of people with communication disability, difficulty, or difference are identified, supported, and integrated into the mental health process.
- Good communication, and understanding and being understood, forms the foundation for people to be equal partners in decisions about their care and treatment. Without this, there is a risk of deepening inequalities, if people cannot effectively communicate. Unless the barriers that people with communication disability, difficulty or difference face are removed, they may be excluded from meaningful involvement in their care.
- The relevant reforms in the Bill requiring attention include:
  1. the new 'clinical checklist';
  2. the formation of the Care and Treatment Plan;
  3. the development of the Advance Choice Document;

4. the provision of information to patients; and
  5. speech and language therapists being able to train to be a responsible clinician.
- All of these must be accessible to people accessing mental health services with communication disability, difference or difficulty, and people must be supported to understand the information being provided. These crucial elements of care must be tailored to the communication style of each person, ensuring that every patient can engage meaningfully with their care and make informed decisions about their treatment.

## **2. Investing in community services, as detentions decrease, to support people to live well**

- If detentions decrease, particularly for people with learning disabilities and autistic people, it will be crucial to invest in and expand community mental health services to provide safe alternative pathways for support. The implementation of this Bill will require careful consideration to ensure that people can live safely and well in the community, with timely access to support that prevents their condition from deteriorating and spiraling into crisis. The Government must commit to investing in the entire workforce, including access to speech and language therapists in all mental health services. The mental health workforce, including the role of responsible clinician, needs to be open to and embrace speech and language therapists, recognising their expertise in communication and their critical role in supporting individuals with complex needs, their family and friends, and the professionals working with them.
- Without the involvement of speech and language therapists, there is a significant risk that individuals may not fully comprehend their care plans or be able to contribute to decisions about their treatment, undermining their autonomy, and the effectiveness of their care.
- Speech and language therapists also have a crucial role in addressing eating, drinking, and swallowing difficulties (dysphagia) which are more prevalent in community mental health settings compared to the general population.
- Therefore, the expertise of speech and language therapists must be central to the design and implementation of community-based components in the Mental Health Bill reforms.

## **Conclusion**

- Effective communication is a fundamental right, especially in mental health care. Without it, people may struggle to understand treatment options, consent to care, or express their

preferences, leading to poorer outcomes. The Mental Health Bill must recognise communication as central to mental health care, placing greater emphasis on supporting speech, language, and communication needs. This includes ensuring that all people, including those with communication disability, difficulty, or difference receive the support necessary to engage fully in their care and have their voices heard. Removing the communication barriers that people with communication disability, difficulty, or difference face supports informed decision-making, reduces the risk of misunderstandings or misdiagnosis, and promotes a more inclusive, compassionate mental health system.

- By embedding speech and language support throughout the process, and recognising and maximising the contribution of speech and language therapists, the Mental Health Bill can better safeguard rights, promote autonomy, and improve outcomes for people with mental health conditions. It can also save public money by reducing the risk of failed referrals, assessments, and treatment programmes.

For more information, see:

- The RCSLT's Mental Health Narrative:  
[https://www.rcslt.org/wp-content/uploads/media/docs/Talking-about-mental-health\\_-\\_communication-and-swallowing-needs---FINAL---May-2020.pdf](https://www.rcslt.org/wp-content/uploads/media/docs/Talking-about-mental-health_-_communication-and-swallowing-needs---FINAL---May-2020.pdf)
- The RCSLT's factsheet on adult mental health:  
[https://www.rcslt.org/wp-content/uploads/media/RCSLT\\_AMH\\_A4\\_4pp\\_DIGITAL\\_book.pdf](https://www.rcslt.org/wp-content/uploads/media/RCSLT_AMH_A4_4pp_DIGITAL_book.pdf)
- The RCSLT's factsheet on children and young people's mental health services:  
<https://www.rcslt.org/wp-content/uploads/media/docs/RCSLTCYPMHSA4Digital.pdf>

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