An ethnographic reflection on clinical relationships between SLPs and people with mental health disorders (MHDs)

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Dr. Walsh has no relevant financial or nonfinancial relationships to disclose related to this presentation
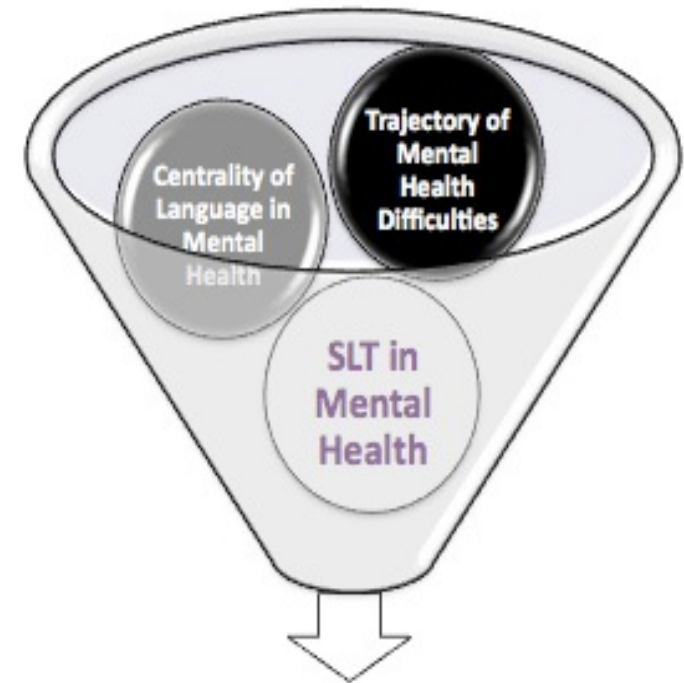
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SLP & Adults with MHDs

- Relatively 'young' area of practice: 1.2 SLPs on MDTs (Community & Hospital)

- Speech, language, communication issues
  - intrinsic to MHD
  - assoc with MHD
  - previously undetected

  (Brophy, 2009; Brophy & Walsh, 2010; Emerson & Enderby, 1996, France & Muir,1997, France & Kramer, 2000)

- Language & Communication core to
  - diagnosis
  - treatment e.g. 'talking therapies'
  - concern re 'wellness' & 'wellbeing'- SLP has a role

Well being across the lifespan

Impetus for paper (Ethnography of communication disorders ECD)

- An ethnographer…'must try to understand that <u>*community's culture*</u>- its ways of acting in the world and making sense of the world in the way community members understand it themselves' *(Cameron, 2001, p.47)*

- ECD spawned a variety of discourse-based investigations into the nature of communication disorders and <u>our helping practices</u> *(Kovarsky, 2013)*

- '…the purpose of ECD is to illuminate how communication disorders are constructed, made relevant and managed through the culturally situated<u>, communicative activities that bring them to life in the first place</u>" *(Kovarsky, 2013, p.75).*

- Requires a consideration of **i. Culture** and **ii. Community**

Culture

Culture *of SLP*

- habits, routines, expectations, behaviors, values, the talk/discourse (e.g. I/R/F etc).
- traditionally mapping impairment, assessing, evaluating, intervening as 'expert'
  (e.g. Panagos, (1996). Kovarsky et al., 1988; Kovarsky & Crago, 1990; Kovarsky & Duchan, 1997)

Culture *of schizophrenia*

- the world, language and expectations of the person with schizophrenia in interaction with another/society *(Scher, 1994)*; (experience of psychosis, hallucinations, delusions etc.)
- being 'inside' and 'outside' of schizophrenia *(Frame, 1989; King 2000; Brophy, 2008, 2009)*

Service user-perspective *identity* & culture *(see Bonney & Stickley, 2008)*

- 'Psychosis as a positive experience' *(Martyn, 2000)*
- 'Being able to return to a psychotic world' *(Gould, 2005)*
- 'Integration of the psychotic experience' *(Repper & Perkins, 2003)*
- 'Glad to hear voices' *(James, 2002)*
- 'Resisting illness identity' *(Campbell, 2001)*

Community

Similar to Guendouzi & Müeller re people with Dementia (2006; 42 ff)

- Community of people with MHDs is one where participants' communication abilities 'are highly variable and the interactions often unpredictable' (p.52)

- Included in that (speech) community are the people themselves, their families, carers and mental health professionals, including SLPs

- Useful to reflect on 'communication activities' within wider community of practice and how they construct 'communication disorder' in this context

What 'communicative activities' have brought SLP-MHDs to life and what is the way forward?

Some of the culturally situated, communicative activities that have influenced the development of practice:

I. Service needs analyses' reports - screening assessments to identify 'need' for SLP services

II. Textbook titles/accounts: MHDs-SLP

III. 1st person accounts – past & present

I. Service needs' analyses reports

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Prevalence of speech and language disorders in a mental illness unit

Joyce Emerson*, Pam Enderby

Article first published online: 24 MAR 2011

DOI: 10.3109/13682829609033154

1996 Royal College of Speech & Language Therapists

Issue

Abstract

A survey was conducted to investigate the prevalence of speech and language problems in people receiving care from the Mental Health Unit of a District Health Authority. A screening assessment was devised with the aim of detecting difficulties with receptive and expressive language, voice, articulation and fluency, by use of modified standardised tests and subjective ratings. All in-patients who had been in hospital for longer than six months were screened, as were all day patients attending the Integrated Rehabilitation Workshop in the hospital grounds and a random sample of patients attending two day centres in the community. Results showed that moderate or severe difficulties in at least one aspect of speech and language was present in over two-thirds of the 138 people assessed. The most common problems occurred in the tests of comprehension and naming. A quarter of those assessed had problems in spontaneous speech. Problems with voice, articulation and fluency were less common. The limitations on the information obtained due to the nature of the population considered and the assessment procedure, and the implications of the findings for the management of patients are discussed.

Original

A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders

Irene Walsh, Julie Regan, Rebecca Sowman, Brian Parsons, A. Paula McKay

Objectives: To examine a sample of adults with mental health disorders attending at an area psychiatric service, for the presence of impairments in language, communication and swallowing, using a test battery administered by speech and language therapists.

Method: The study surveyed a randomly selected sample (n = 60) of patients from an acute psychiatric inpatient unit and associated community services, using several standardised measures of language, communication and swallowing.

Results: On this test battery, over 80% (50/60) of subjects studied demonstrated impairment in language; while over 60% (37/60) presented with impairment in communication and discourse. Over 30% (18/58) of subjects assessed showed some impairment in swallowing.

Conclusion: Use of this test battery confirmed the presence of language, communication and swallowing impairments in many patients in this sample of attenders at a general psychiatry service. We suggest that this study provides evidence for a (currently unmet) need for specialist speech and language therapy assessment and support among this patient population.

I. Service needs' analyses reports

Clinical Speech and Language Studies

Abstract

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A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders

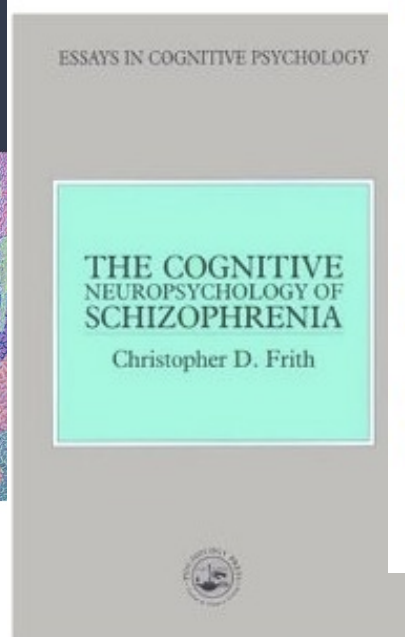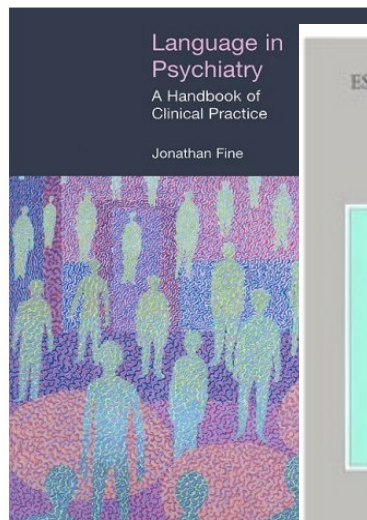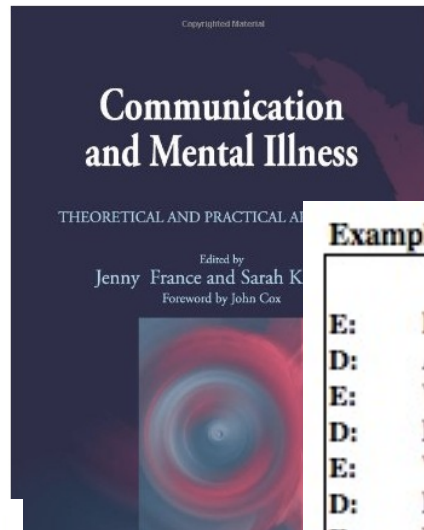Irene Walsh, Julie Regan, Rebecca Sowman, Brian Parsons, A. Paula McKay

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'Poverty of speech'?

Communication
and the
Mentally Ill Patient
Developmental and Linguistic
Approaches to Schizophrenia
Edited by Jenny France
and Niki Muir

Communication
and Mental Illness
THEORETICAL AND PRACTICAL A[...]
Edited by
Jenny France and Sarah K[...]
Foreword by John Cox

Language in
Psychiatry
A Handbook of
Clinical Practice
Jonathan Fine

ESSAYS IN COGNITIVE PSYCHOLOGY

THE COGNITIVE
NEUROPSYCHOLOGY OF
SCHIZOPHRENIA
Christopher D. Frith

Example 1. 2: Poverty of Speech (from C. Frith 1997; 11)

E:	How're you doing generally at the moment, Mr. D?
D:	All right.
E:	You're OK . How're ...How've you been feeling in your spirits this past week?
D:	Not so bad.
E:	You're feeling alright. Do you have any spells of feeling sad or miserable?
D:	No.
E:	No? Nothing like that? That's good. Now tell me, Mr. D, do you have any special ideas about life in general?
D:	(Shakes head)
E:	No. Do you feel people stare at you and talk about you in some way?
D:	(Shakes head)
E:	No. No, you didn't get bothered with that at all. Do you feel in any way that people are against you and trying to do you harm?
D:	(Shakes head)
E:	No, you didn't get that either. That's good. Now I'd like to ask you some questions about your thoughts, Mr. D. Do you ever feel that your thoughts or your actions are influenced in some way?
D:	(minimal headshake)
E:	You didn't get that. You didn't get that. That's fine. Now could I ask you a routine question that we ask everyone? Do you ever....
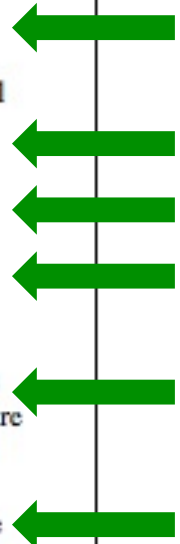
- Missing voice in evidence-based practice
(*Kovarsky & Curran, 2007)*

- '…individual narratives by people who have experienced mental illness and are living well with their illness, <u>can inform current practices in recovery</u>' *(Mental Health Commission, 2007)*

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Janet Frame
(1924-2004)

	Janet Frame **New Zealand novelist & poet – diagnosed with 'schizophrenia' & institutionalized for long periods**
Struggle with/in communication	' *I cannot talk about myself. I cannot. Every month I to the hospital and [see] one of the doctors from X...I have been able scarcely to say a word to them...And my voice won't work'* (in King 2000; 103)
Other's perception	'*... and if it did it would utter what they would think to be utter nonsense...I keep silent because physically I cannot speak'* (in King 2000; 103) '*Sometimes when I began to say what I really felt, using a simile or metaphor, an image, I saw the embarrassment in my listener's eyes- here was the mad person speaking'* (1989; 215)
Strength/ way forward	'*I was taking my new status seriously. If the world of the mad were the world where I officially belonged (lifelong disease, no cure, no hope), then I would use it to survive. I would excel in it. I sensed it did not exclude my being a poet.'* (1989, 198)

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	People with schizophrenia: interview data (Brophy, 2009)
Struggle with/in communication	'even myself, when I am talking myself I hear the words coming out of my **mouth but I can't really (3) understand, I think I am talking a load of crap**' (P1 72ff)
Other's perception	'you're not really sure what you think is important is *what they think is important* (P7, 593ff) 'friends of mine get frustrated [in communication] and they say "what's wrong with you *WHAT IS WRONG WITH YOU?*" (P2, 831ff)
Strength/ way forward	you know I mean I tend to ask a lot of questions I tend to cope with my lack of speech my asking the other person questions …***to keep the conversation going*** (P3, 633ff) 'communication was a way…of therapy, ***it was a way of getting myself well***' (P2, 583ff)

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Recovery Model

SLP social model

'Recovery' in MHDs

It is a means to develop a 'new meaning and purpose in one's life as one grows beyond the catastrophic effects of [psychiatric] illness'

(Anthony, 1993; 527)

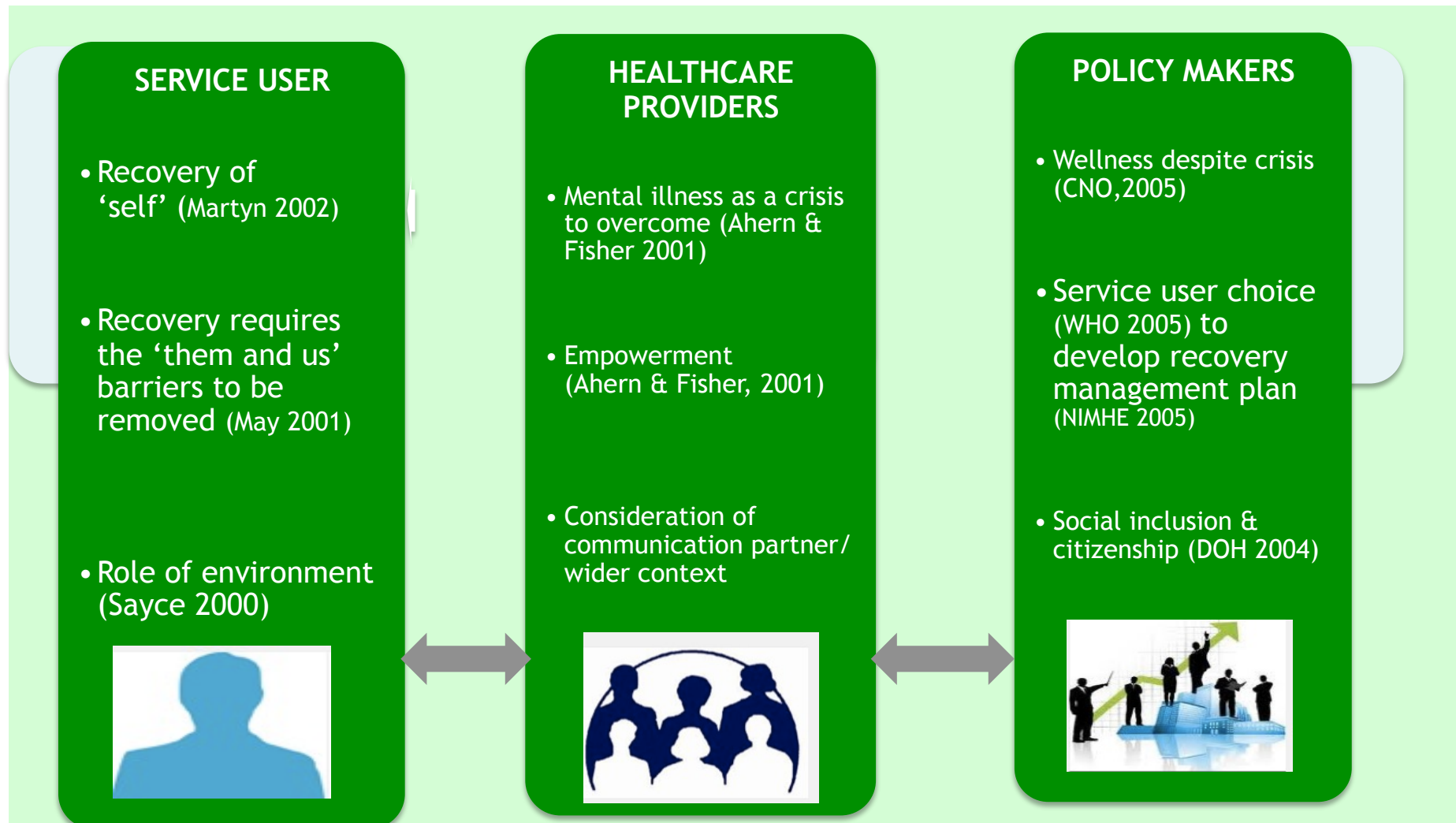| Recovery Model	SLP social model
'Living with' mental health difficulty	'Living with' communication disorder
Person as an active agent in the recovery process	Goal setting from perspective of the person
Recovery is something a person does, not something that is done to them	Authentic involvement of the person
Collaboration	Partnership

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Recovery in the (speech) communication 'community'

SERVICE USER

- Recovery of 'self' (Martyn 2002)

- Recovery requires the 'them and us' barriers to be removed (May 2001)

- Role of environment (Sayce 2000)

HEALTHCARE PROVIDERS

- Mental illness as a crisis to overcome (Ahern & Fisher 2001)

- Empowerment (Ahern & Fisher, 2001)

- Consideration of communication partner/ wider context

POLICY MAKERS

- Wellness despite crisis (CNO,2005)

- Service user choice (WHO 2005) to develop recovery management plan (NIMHE 2005)

- Social inclusion & citizenship (DOH 2004)

Conclusion

MEDICAL MODEL
'us' & 'them'

RECOVERY MODEL
marrying service needs & people's desires

SOCIAL MODEL
'we', 'working alongside'

'Revaluing madness without romanticizing or denying difficulties'
(Sayce 2000)

Some relevant readings

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Recovery and mental health: a review of the British Literature

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