Mental Health and Children with Additional Needs

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Role of the AHP

• Primarily to support the child/young person and their family
• Help parents/carers understand their child’s condition, prognosis for future development, aims of therapeutic interventions, manage their expectations
Role of the AHP

• Signpost families to post diagnostic support groups and useful sources of information
• Be aware of the team around the child and when to share relevant information
• Make onward referrals as needed
What is unique about us?

- Longstanding relationships with individual children and their families
- When we know children well we can spot changes to behaviour or state that may indicate MH difficulties
- Parents/families may confide in us because they trust and know us
- Strong MDT working relationships and good understanding of the roles of others
- Knowledge of referral processes and when to facilitate a referral on to another AHP, medic or MH professional
What is the role of SALTs?

• SALTs primary role is to improve the communication skills of the individual and help the family and teaching staff develop appropriate communication strategies.

• Work to develop the communication skills of the child - verbal language, PECS (Picture Exchange Communication System), communication books etc.

• Influence the communication environment for the child by training parents, carers and teaching staff – visual timetables, Social Stories, now/next cards etc.
What is the role of SALTs/AHPs in Mental Health?

• We may spot very subtle changes that indicate the child is unhappy
• We are in a position to gather information from several sources and/or observe the child in different settings
• We can share specific information about that child’s unique profile e.g. communication style, sensory needs..
Mental Health and ASD

- Autism spectrum disorders occur in up to 1% of the population
- 40% ASD population have symptoms of at least 1 anxiety disorder (compared to 15% of general population)
- Prolonged periods of anxiety associated with depressive illness
- “Talking therapies” can be difficult for individuals with ASD where impaired communication skills are part of their disability
Mental Health and ASD

• Both the individual with ASD and their family are more likely to experience mental health difficulties than other “neurotypical” families

• Parents with a history of severe psychiatric illness are more likely to have children with ASD

• Parents of children with ASD have an increased likelihood of relationship breakdown, stress, anxiety and depression

• Mothers, in particular, of children with ASD have increased levels of anxiety – thinking of the well being of their child
Mental Health versus ASD behaviours

There is an overlap of what can be viewed as “typical” ASD behaviours and behaviours that are associated with mental ill health – therefore difficult to spot that someone is mentally unwell.

Social withdrawal
Appetite and sleep disturbances
Obsessive thoughts, interests or behaviours
Self injury
Mental Health versus ASD behaviours

• NAS “You Need to Know” document has useful information:

• Anxiety, although routinely seen in people with autism, should be viewed as a preventable and separate condition that can be treated.

• Obsessions and rituals can be mis-labelled as OCD. As a general rule people with autism actively want to carry out their rituals and find them comforting and enjoyable. In OCD people feel compelled to carry out rituals and find them distressing.
Case Studies

Child A - ASD and moderate learning disability

- Severe expressive language difficulties – limited speech, virtually unintelligible, but strong comprehension skills
- Teacher noticed increase in anxiety and behavioural outbursts
- More frequent and prolonged “crisis” episodes at home and school
- MDT discussion – SALT, teacher, LD Specialist nurses, paediatrician and CAMHS team

OUTCOME:

1. Child provided with a communication aid so could express himself more fully
2. Teaching staff started each day with “emotions” chart and helped him get things off his chest
3. CAMHS identified underlying psychosis – put on medication
4. Family provided stronger support network – child A provided with specialist carers to access leisure pursuits and give the family respite
5. Child A experienced fewer crises and developed in confidence and resilience as he became more able to communicate his needs
6. He developed “self-soothing” strategies by putting Q and As on his communication aid and then playing them back to himself over and over
Case Studies

Child B – ASD and severe learning disability
- Non-verbal, expressed himself through vocalisations and avoidance behaviours
- Quiet child, “low registration”, easy to overlook, “subtle” changes to his posture and facial expression only signs of changes in his internal state
- When he changed classes I noticed an increase in avoidance behaviours and subtle changes that indicated he was anxious (vacant stares, increase in rocking behaviours etc.). The new class team had no frame of reference to compare to
- Mum reported more repetitive/OCD type behaviours at home and felt that he was more anxious and less happy than he had been previously. There were also ongoing issues with sleep and feeding behaviours that were worse when he was anxious
- Discussion between Mum, teacher and SALT

OUTCOME:
1. SALT referred child B to specialist LD nurses and kept family informed where they were up to on the waiting list
2. SALT reported further changes in behaviour/concerns to specialist LD nurses so that he could be prioritised accordingly and so they had all the relevant information for when they started treatment
3. Teacher and SALT looked at changes to the classroom environment that would help child B – such as being able to sit slightly away from the rest of the group at greetings, having extra sensory activities, using more symbols to express his preferences etc.
4. SALT met with whole class team to talk about child B’s communication style and what his “anxious” face looked like so that they could recognise and respond accordingly
5. LD nursing team began involvement and treatment is ongoing to help child B and his family manage his behaviour, reduce his anxiety and provide suitable alternatives to self injurious OCD/repetitive behaviours. The LD nursing team have integrated sensory advice from the OT service and communication advice from SALT into their treatment plan.

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Mental Health Practitioners – Communication Strategies

1. Contact the MDT around the child to gather information about their communication and sensory needs – make adaptations as needed. Follow Person Centred Planning principles.

2. Be aware of their baseline of “typical” ASD (or other) behaviours versus manifestations of mental health difficulties.

3. Access the “ask Autism” modules on the NAS website – written by individuals with ASD.

4. Access “You need to Know” Mental health in children and young people with autism: A guide for parents and carers – from the NAS.

5. Follow good communication principles of:
   - reducing and simplifying your language,
   - using visuals (photos and symbols) to support what you are saying.
   - allowing the child to listen and engage in a way that is comfortable to them (i.e. don’t force eye-contact, let them hold “twiddlers” or other objects of importance to them etc.)
   - giving them non-verbal ways to express themselves e.g. holding up emotions pictures to express how they feel about a particular situation.
   - engaging the child by using their favourite topics or “motivators” e.g. talking about emotions by looking at the faces of Thomas the Tank characters.
   - Use the style/mode of communication that is most familiar to the child e.g. symbols for a non-verbal child or texting to a verbal teenage child.

Remember each child will be unique in their presentation and their style of communication.
References and suggested reading

- NAS website [www.autism.org.uk](http://www.autism.org.uk)
- Children and Young People with Learning Disabilities – Understanding their Mental Health. BOND consortium led by Young Minds [www.youngminds.org.uk/bond](http://www.youngminds.org.uk/bond) * this is a very useful document – particularly p23 which gives general tips (including communication advice) for working with young people with a learning disability

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