



# Supporting children and young people's mental health services

**M**any children and young people who access mental health services have speech, language and communication needs. These include communication needs that existed prior to a mental health problem, and communication difficulties which are part of a mental health disorder, or a combination of the two.

## What are speech, language and communication needs?

A person with speech, language and communication needs may have difficulties understanding and remembering what is said to them; explaining and expressing themselves; or following the 'rules' of social interaction. Some speech, language and communication needs are considered to be a hidden disability, because they are not immediately obvious.



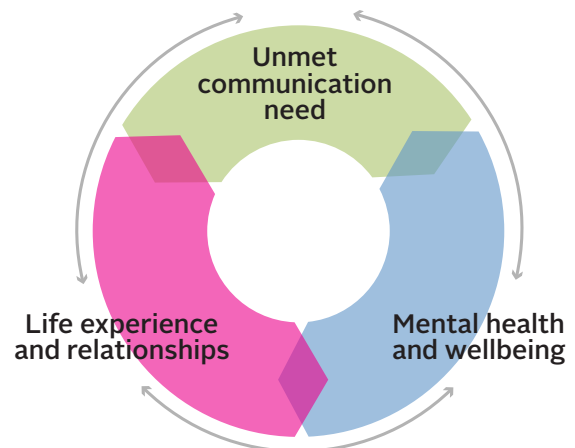
## The size of the issue

- **81%** of children with formally identified emotional and behavioural disorders have significantly below average language abilities.<sup>1</sup>
- **45%** of young people referred to mental health services had a higher order language impairment (difficulties with understanding inference and abstract language) compared to 15% of young people in a comparison group.<sup>2</sup>
- Children with a mental health disorder report having speech or language problems **five times** more than those without.<sup>3</sup>
- Many children and young people who are at increased risk of developing mental health problems are also likely to have communication needs, including those with autism, learning disabilities and attention deficit hyperactivity disorder, children in care and young people involved in the justice system.

## How does communication impact on mental health?

**Communication difficulties are a risk factor**<sup>4,5</sup>

- Adolescents with developmental language disorder (DLD) are more likely to have symptoms of depression and anxiety than their peers.<sup>6</sup>
- Problems with pragmatic language (social communication) in childhood are associated with psychotic experiences in adolescence.<sup>7</sup>



**Communication difficulties are a barrier to accessing psychological therapies**

- Many psychological therapies rely heavily on the individual's ability to use language – to identify treatment goals, articulate the difficulties they are experiencing, reflect on their strengths and resources, and regulate their own behaviour and interactions.<sup>8</sup>
- Therapies may need to be adapted for children and young people with neurodevelopmental conditions, learning disabilities or other communication needs.<sup>9</sup>

## How do mental health problems impact on communication?

**Mental health disorders can impact a person's ability to communicate. For example:**

- Eye contact, facial expression and intonation may be reduced in people with depression.<sup>10</sup>
- Children who are socially anxious may find it difficult to speak to an unfamiliar person.<sup>11</sup> Selective mutism is an anxiety disorder in which a person is unable to speak in certain social situations.<sup>12</sup>
- People with psychosis may experience disorganised thinking and speech.<sup>13</sup>

Speech and language therapists (SLTs) have an important role to play at every level of children and young people's mental health services.

## TIER 01

Universal

SLTs work in early years settings, schools and with families to support emotional wellbeing through promoting the development of language and communication skills, which are strongly associated with social, emotional and behavioural development. They also identify children who may be in need of additional support and make referrals to targeted or specialist services.

## TIER 02

Targeted

SLTs work in targeted services such as early help and youth offending teams. They may also be part of mental health support teams. By assessing and supporting communication needs, they help to reduce the likelihood of at-risk children and young people developing mental health problems. SLTs also train other staff and parents to identify and respond to communication needs, including by adapting their own communication style, supporting effective access to appropriate services and interventions.

## TIER 03 Specialist

SLTs work in community CAMHS as part of a multidisciplinary team. Their unique skills in assessing speech, language and communication mean they can diagnose speech, language and communication needs and contribute to differential diagnosis, including in relation to neurodevelopmental conditions such as autism. For young people with identified communication needs, SLTs can provide direct interventions to maximise their communication potential, as well as providing advice and support to other professionals and settings on how to develop communication supportive environments and adapt psychological therapies.

## TIER 04 Highly specialist

SLTs are a crucial part of the multidisciplinary team in Tier 4 services. In addition to the input described in Tier 3, they work jointly with other professionals to make important contributions to the quality of care provided to young people in inpatient settings, including supporting young people to understand and be involved in decisions about their care, and creating a supportive communication environment which can help to reduce physical interventions and restrictive practices. They also support successful and timely transition out of inpatient settings through contributing to risk assessments, creating communication passports and providing advice and training to the settings that will support the young person in the community upon discharge.

SLTs also work in other specialist children and young people's mental health services, including regional forensic CAMHS and secure children's homes.



**“The Government recognises that speech, language and communication skills are a primary indicator of child wellbeing.”**

*Caroline Dinenage, Minister of State  
(Department of Health and Social Care)  
July 2019*

**“Certain therapies may not be suitable or may need to be adapted for use with children generally or those with comorbidities, neurodevelopmental disorders, learning disabilities or different communication needs.”**

*NICE Guidelines: Depression in children and young people:  
identification and management*



**“Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. So identifying their speech and language needs early is crucial for their health and wellbeing.”**

*NICE Quality Standard - Early years: promoting health and wellbeing in under 5s*



## Amy's story

Amy is 15 years old and has selective mutism, autism and severe anxiety, and has received care from a CAMHS inpatient service. On admission to the ward, she demonstrated no intent to communicate and showed minimal levels of engagement and participation.

A speech and language therapist who is embedded within the inpatient service worked with Amy and the rest of the team to support her communication. This involved training staff on how best to communicate with Amy, working with Amy and her family to create a communication passport, and providing Amy with a non-verbal method of communicating so that any pressure to communicate verbally was reduced. Direct sessions with Amy focussed on providing opportunities to communicate in a low pressure environment.

As a result of these interventions, Amy started to communicate verbally with family and all familiar staff members to share her opinions on aspects of her care and engage in general social exchanges. With unfamiliar staff she used an alphabet chart to make requests. Overall, her engagement and participation levels improved and she was able to access more interventions on the ward.

## Hannah's story

Hannah is 18 years old and has been known to CAMHS since she was 12 due to her social anxiety. During that time she received several courses of cognitive behavioural therapy (CBT) which were not effective. This left Hannah with a sense of failure, and as a result she refused any further CAMHS involvement.

Hannah was assessed by a speech and language therapist, who identified that she had pragmatic language difficulties. These difficulties may explain why Hannah has not been able to engage with CBT. Hannah has engaged well with speech and language therapy, which helped her to understand the impact that her language difficulties have had on her life and her mental health. Hannah hopes to be able to attend the university course she has been offered.

## Policy recommendations

In order to support better outcomes for children and young people accessing mental health services, the Royal College of Speech and Language Therapists recommends that:

- Speech and language therapists should be recognised as part of the core CAMHS workforce
- Speech and language therapists should be embedded in all relevant children and young people's mental health services
- The wider children and young people's workforce should receive training on the links between speech, language and communication needs and mental health
- Funding should be made available to research the impact of speech and language therapy input on children and young people's mental health

► For further information, please contact [info@rcslt.org](mailto:info@rcslt.org)

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Also see our factsheet on **Promoting social, emotional and mental health**

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