Mental health: Link to communication and swallowing needs

INTRODUCTION
There is a high incidence and prevalence of speech, language and communication and swallowing problems associated with mental health in both children and adults. Specific mental health conditions have communication and eating, drinking and swallowing difficulties commonly associated with them, for example, schizophrenia, psychosis, dementia and depression. However, often problems are not recognised and there is a risk that they may be masked by the mental health symptoms.

COMMUNICATION
There are important links between mental health and speech, language and communication needs. Communication needs put people at risk of developing mental health problems and those with mental health problems may also have communication needs. Being able to communicate is essential in explaining concerns around mental health and accessing talking therapies.
- People with a primary communication problem are at greater risk of experiencing mental health problems than their peers, commonly anxiety or depression
- 84% attendees at area psychiatric services had language impairment and 74% had communication difficulties
- 81% of children with social, emotional and mental health needs (SEMH) had undetected speech, language and communication needs
- Verbal and non-verbal communication skills are a key component of effective de-escalation techniques in mental health services

SWALLOWING
Mental health problems can also have eating, drinking and swallowing difficulties (dysphagia) associated with them. They may be an intrinsic part of the disorder or a side effect of medication.
- There is a greater prevalence of dysphagia in acute and community mental health settings compared to the general population
- There is also evidence for an elevated rate of death due to choking in acute mental health settings partly due to the effects of medication
- The risk of death due to choking in people with schizophrenia has been reported as 30 times more likely than in the general population

IMPACT
Adopting an early identification and intervention approach is essential to recognise and respond to people’s communication and swallowing needs. Speech and language therapy input can:
1. Identify speech, language, communication and eating, drinking and swallowing difficulties
2. Support patient safety by reducing the risk of swallowing problems which can lead to malnutrition, dehydration, choking, or aspiration pneumonia requiring hospital admission and in some cases causing death
3. Support access to verbally mediated intervention and individual or group based talking therapies which require significant understanding and expressive language skills
4. Support other professionals and staff to recognise and understand how to respond to communication needs and dysphagia and how to tailor information to support decision-making and discuss treatment options