RCSLT and CYPMHC webinar: Supporting children and young people's social, emotional and mental health and wellbeing
12th October 2017

Dominique Lowenthal, Head of Professional Development, RCSLT
I'm excited to introduce today's webinar which is about supporting children and young people's mental health and wellbeing. This relates to children who have a medical diagnosis or a recognised special education need or additional learning needs – and also children who do not have formal recognition but have mental health and wellbeing needs. To explore this topic I'm delighted to welcome our two speakers today: Paula Lavis, who is Strategic Lead of the Children and Young People's Mental Health Coalition; and Melanie Cross, who is a RCSLT Clinical Advisor and a Consultant Speech and Language Therapist.

This webinar is 45min long with questions at the end, and to ask a question you can use the Q&A button in the webinar software to submit a question. You can submit a question at any time and we will aim to answer at the end. If you have any technical issues or questions during the webinar please use the Chat button on the webinar software to send an instant message to Kaleigh Maietta who is on hand at any time to help you. This is being recorded and will go online along with any slides – and questions and answers that we didn't get to – in about a week's time. The link is there on screen but you'll also be sent an email when they become available.

A quick note about feedback; it is greatly appreciated and really necessary to help us to continually improve the webinar experience. So, immediately after the webinar a pop-up screen will appear with a short survey and we would be very grateful if you could take 2min to fill it out – a link will also be emailed to you. Also note: if you use Twitter and would like to join the conversation, please do so using the hashtag #RCSLTwebinar.

So – without any further ado – I'd like to welcome Paula Lavis.

Paula Lavis, Strategic Lead, Children and Young People's Mental Health Coalition (CYPMHC)
Good afternoon. I'm Paula Lavis and I'm the Strategic Lead for the Children and Young People's Mental Health Coalition. I'm just going to talk to you very briefly about children and young people's mental health and mental health problems generally and I'll leave it to Melanie – who will talk later – to talk about mental health in relation to speech and language problems more specifically. So, I'm going to cover prevalence rates of mental health problems; looking at risk and protective factors – what causes and what protects against mental health problems – and also what we think needs to be done to help children and young people. And finally, I'm just going to talk a little bit about the Children and Young People's Mental Health Coalition that I work for.

So, firstly, on to the prevalence of mental health problems. We know that about 1 in 10 children and young people aged 5 to 16 years old have a mental disorder. This data is actually from 2004 – so it's actually very old now – but there is a new survey that has been done and that's supposed to come out next year. But at the moment this is what we know; about 1 in 10. And of that 1 in 10, about 3.7% of young people will have an emotional disorder – which are things like anxiety and depression – around 5.8% will have a conduct disorder and 1.5% will have ADHD and children will also have other slightly – what they've defined as – rarer conditions. And also, I suppose a good point is, these are just those who've been diagnosed with a mental disorder and there will be those who are at the subthreshold which means their symptoms haven't got severe enough to be called a disorder as yet.

And so, just going on to emotional problems. One thing we have found out is that… we know that young women have a higher rate of emotional problems than men – I'm not sure if we know why – and we have some evidence that this has actually increased in young women. So, we know that the rates are similar in boys and girls until they get to about the age of 11 – it's about 12% – but when they get to 14 and when parents rate their children's mental health, the rate in girls increases to 18% with 12% in boys. But when young people themselves rate their own mental health, with girls that increases to 24% and with boys it's 9%. I suppose the important thing to point out here is actually that these are self-reported symptoms – with the emphasis on symptoms – and they're not a diagnosis.

So, we know that certain groups of young people are at a higher risk of developing mental health problems than others. We know that about 36% of children and young people with a learning disability will also have mental health problems. About 60% of children and young people in care have mental health problems. 71% of children with Autism have a mental health problem – which is often anxiety – and 54% of children and young people with developmental language disorders will also have behavioural and emotional problems. And, I suppose, the other important thing here is that these young people don't necessarily fit in to one particular group. You might be a Looked After child; you also might have a learning disability; you might also have a speech and language problem – so your risk is probably increased.

And speaking of risk, we're just going on to risk and protective factors in children and young people's mental health. As you can see in the diagram these exist – or we think they exist – within the child, within the family and within the environment. Within the child we're talking about things like genetic factors, their learning disabilities, their personality, speech and language problems; within the family these are things like abuse, parental conflict, parental relationship problems or parental mental health issues; within the environment there are bigger societal things like poverty, poor housing and gang culture. And on the other side of the equation are protective factors which would actually reduce the risk of a young person developing a mental health problem. These things will again be: their personality and if they have an easy-going personality; possibly they don't have speech and language problems; they're securely attached to a carer; they've good support networks – these are all things that would mitigate against any potential risk factors.

And so, just to recap on the causes. There is not really any one single cause for mental health problems. We know that the more risk factors you experience the greater the risk. One of the very big risk factors is poverty – which I suppose at the moment is linked to austerity – and also, in terms of risk factors, is the impact of speech and language problems. And just in terms of what we think needs to happen: early intervention is key. We know that the root of mental health problems is often in childhood and mental disorders often first emerge in the teenage years. And just to reiterate that: we know that 75% of adult mental health problems begin before the age of 24 and 50% by the age of 14. And having these quite severe problems in childhood means they're missing out on their childhood, so they may not be able to get a good education, they may have problems making friends and we also know that there are poor outcomes in adulthood. So, they might be – if they don't have a good education – less likely to get a good job and all the things that that covers.

But while we always talk about early intervention as being important, we know that there are cuts and pressures on funding generally and that's had a big impact on early intervention services and that's possibly why referrals to Child and Adolescent Mental Health Services (CAMHS) have increased in the last few years. So, we think we need a whole system approach whereby all agencies work together to actually improve children and young people's mental health – and it's also important to think about what it is that children and young people want and so choice is a big thing. They might want access to school – but also within the community.

And, just quickly, about the Children and Young People's Mental Health Coalition. So, we work with over 140 organisations to collectively campaign and influence on policy with regards to children and young people's mental health. And this is just to give you an idea of our steering group and this is

just a list of what we do. So, by collectively lobbying we bring together a strong unified voice telling government when things aren't working; we give a voice to smaller as well as larger organisations; we act as a critical friend; we don't represent any particular organisation, approach or professional body; we collect views from a wide range of stakeholders – including young people. We lobby for a whole system approach which goes from prevention through to specialist provision and covering all children and young people from 0 to 25. We look at the role of educational settings in supporting mental health and that goes from preschool through to university. We have a focus on inequality; looking at the variation in provision. So, things like the variation in waiting times across the country. We also have a focus on vulnerable groups and we recently did a piece of work looking at the mental health needs of children and young people with learning disabilities. And these are just some useful resources that you could look up later. Now I'm going to hand over to Melanie…

Melanie Cross, RCSLT Adviser and Consultant SLT

Thank you Paula, that was very interesting and I think we can all agree that something needs to change and also that it's very important that we involve children and young people in choices about their services. And just to expand on what Dominique said, the children and young people we're thinking about in this webinar are those who have formal mental health diagnoses. So, for example, things like ADHD or conduct disorder. We're also thinking about those whose needs have been identified through the special educational needs system and in England – at the moment – these young people are known as having social, emotional and mental health needs (SEMH). In the past – and elsewhere – there have been other titles such as emotional and behavioural difficulties (EBD); social, emotional and behavioural difficulties (SEBD); behavioural, emotional and social difficulties (BESD). So, we're thinking about those young people too. And also those whose needs are not formally recognised – but who do have problems with socioemotional functioning and wellbeing.

What we know is that good communication skills are a protective factor against… as regards resilience and mental health. And speech, language and communication needs and poor social relationships are risk factors for social, emotional and mental health. And, of course, good communication skills are very important for social interaction and for forming positive social relationships. But communication needs are often unidentified or misdiagnosed in children and young people who have social, emotional and mental health needs. There's a long history of research showing that, in children who have social, emotional and mental health needs they very often have communication difficulties which haven't been identified. And in a meta-analysis – which looks across lots of research – one group of researchers found that approximately 81% of children actually had undetected communication needs.

So, speech, language and communication needs might be overshadowed by behavioural problems – but also behaviour can be misunderstood. For example, somebody who doesn't really understand what's being said might appear to be just someone who's not listening very carefully. Somebody who doesn't really explain why they did something or why something happened could be a young person who doesn't have the skills to construct a clear explanation or a narrative. And somebody who might seem to be rude perhaps doesn't have the social communication skills to interact in the way that people would expect. As to the impact of unidentified communication needs: they're very serious. Because, of course – as Paula said – we're talking about children and young people who are already troubled and what this means is that they miss out on opportunities to learn communication skills and miss out on access to speech and language therapy. They're then also at risk of exclusion – not only by their peers, but also from school. And this is on top of the risks that we're already familiar with for any child or young person who has speech, language and communication needs. So, for example, the massive impact those difficulties have on literacy. Another significant impact is that verbally based interventions are unlikely to be effective for children and young people who have speech, language and communication needs.

As to why speech, language and communication needs and emotional and mental health needs often go together: children with communication needs may be rejected by their peers and not only does this mean they lose opportunities to learn language and social communication skills – but it

also has a massive impact on their view of themselves and their ability to see themselves in a positive way. Another way that these two things happen together is that some children have neurodevelopmental difficulties which impacts on the development of their communication and their emotional skills; the term for this being comorbidity. And so what that means is that somebody might have ADHD and developmental language disorder. They might have social, emotional and mental health needs and a social communication disorder. So, trying to find a primary need is often problematic. The other thing that's relevant is the fact that some children and young people experience a variety of factors common in areas of social deprivation and these impact negatively on both the development of communication and social and emotional skills. And, as Paula said, in times of austerity this is affecting more and more young people.

Another way of looking at this is in terms of adverse childhood experiences and the more of those you have the more at risk you are. Another way of talking about that is as the compounding risk model. So, behaviour is communication and sometimes all we think about is the observable behaviour. But in order to really understand why it happens we have to look below the surface. And one reason why behaviours happen is these often undetected communication needs. Speech and language therapists need to collaborate with other professionals and the family to try and understand what it is the child is actually trying to say. And the thing is, being in a communication unfriendly or hostile environment is very stressful. So, that's an environment where people do not understand you and when you can't make yourself understood. And what children and young people tend to do in this situation is either withdraw or act out in order to get out.

So, speech and language therapists try to address these issues by working in collaboration with many other professionals and, as I said, families and – importantly – the child and young person themselves. And that will be professionals within education, social care and health. One of the most important things speech and language therapists do is to identify and assess the communication needs of a young person. They will then help develop communication-friendly environments – and what that's really all about is making those environments accessible. So, for example, they might help to differentiate or simplify or make accessible resources or interventions. They often also work with others to help them communicate with the young person in a way that's going to be effective. They also, obviously, help develop a child and young person's communication and interaction skills and train others about speech, language and communication needs – and its impact. And most importantly really – because there's very little research in this area – speech and language therapists are keen to research effective interventions.

So, an example, of how a speech and language therapist has worked with a child and young person who has these sorts of needs is, Emma. She's now 10; a Looked After child who was often physically and verbally aggressive. She had a very bad reputation in school – other parents complained about her – and some staff saw her as *"the devil"*. Another way of looking at it is that she had very poor social communication skills. She was not able to recognise or respond to the communications of others. She had extreme difficulties recognising and managing and labelling her own emotions and she could not – because of these things – make or keep friends and she had regular exclusions from school. When she was 7 she was referred for speech and language therapy by her social worker and, following work, her social communication and interaction skills with other children have greatly improved. As did her ability to build new relationships as well as maintain the ones that she'd formed. She got better at managing her emotions; she knew what they were called and she knew some ideas about how to manage them. She also got better at recognising what sort of information was public and what was private. She learned phrases and used them to negotiate and compromise with other children and adults – and she's continued in mainstream school since then.

So, just some examples of other things that speech and language therapists do. One being: differentiating behavioural interventions. It's very important to simplify the language so that it matches the abilities of the child or young person – so it needs to relate to a speech and language therapy assessment. And if you look at the underlined words here you can see that many of the words and phrases that we use are actually very complicated. So, speech and language therapists

would work… because there are lots of evidence based ways to help young people learn relevant vocabulary and make sure that that was accessible. And also the addition of visual support makes things easier to understand, especially when spoken language is quite tricky. Another thing that speech and language therapists would do is either model or use video to help adults working with a child develop attuned and positive interactions so that they can then learn social communication skills from those interactions. So, it's very important to commission services that have the capacity to be creative and flexible in order to meet the needs of these children and young people.

The Royal College of Speech and Language Therapists has recently developed some resources that could be useful. There are factsheets on social, emotional and mental health, Looked After children and safeguarding – and there are others being prepared. There are also clinical excellence networks for speech and language therapists and we've recently completed social, emotional and mental health clinical webpages; some of these pages are accessible to people who are not speech and language therapists – and there they are.

Dominique Lowenthal, Head of Professional Development, RCSLT
Fantastic. Thank you very, very much. We've got some time now to answer some questions. Thank you to those of you who submitted questions in advance of the webinar. We were quite overwhelmed – there was quite a lot of questions – and we've tried to choose a few that we could answer today, but we will be answering all of the questions and providing those online afterwards as well. So, I think really the first question that we'd like to answer today is: how do we develop an evidence base for speech and language therapists working in acute mental health settings? And, actually, I'd like to ask Paula to kick us off.

Paula Lavis, Strategic Lead, CYPMHC
Well, first of all, I think there is a lack of funding for mental health research generally. I think if we want parity of esteem between mental health and physical health we need to adequately fund mental health research or at least parity given between physical health research and mental health research. And I think it needs to look not just at clinical work but also on the social determinants and the risk factors that we know impact on children's mental health.

Melanie Cross, RCSLT Adviser and Consultant SLT
Yes, I would agree and similarly we need more research funding for children who have speech, language and communication needs generally, but particularly this group who also have mental health needs. What we have done is gathered research evidence, resources and interventions onto the clinical webpages and so those are available so that you can see what we do have. But it's definitely the case that we need more research funding.

Dominique Lowenthal, Head of Professional Development, RCSLT
Excellent, thank you very much. I've also got another question which is: if a child has significant mental health needs is it possible to work on their communication and access therapy?

Melanie Cross, RCSLT Adviser and Consultant SLT
Yes, it is. I think – as I said – what's important in their situation is that the services need to have some built-in ability to be creative and flexible. We need to start by building a positive relationship with a child or young person and these are precisely the children and young people who find that difficult and so it does take time. We also need to work in a functional and a holistic way. So, we need to understand what the child or young person actually wants to be able to do as regards communicate and how that fits in with all the rest of their life, really. The other thing, of course, is that access to psychological and behavioural interventions may be affected by their speech, language and communication needs. So, again, we need to be creative about how we can facilitate that and help them access those interventions. Often by working collaboratively with our colleagues. Just to reiterate… I think the most important thing is to include the child and young person in this process: in the assessment and in the identification of any targets.

Dominique Lowenthal, Head of Professional Development, RCSLT
Thank you. I've got another question which is an interesting one. So, within the school setting, what have been the biggest developments or changes in how young people are supported to manage and understand their own mental health and wellbeing? And I'd like to ask Paula.

Paula Lavis, Strategic Lead, CYPMHC
Well, I would say the biggest change – probably for most schools –is actually that they've now started to talk about mental health, because it wasn't that long ago that really people… the *'m'* word wasn't mentioned and it was more just about behaviour. So, I think that's a big change and that probably came around largely with the SEND reforms where mental health is mentioned for the first time. But going forward from that and in the future: a Mind report set out a whole system approach which includes schools – and that's not to say that there's not more to do on that, to be honest, because I think schools often get forgotten in the system. But also – more currently – the green paper which is due out any time soon is supposed to have a big emphasis on schools which I think is going to be really important; obviously, we'll see what's in the detail. And I suppose the other thing to point out is whilst I think it's great that schools are being thought about in terms of mental health, we have to think about them as part of the whole system and that there's no point improving mental health provision in schools if actually everything else isn't working around it, because it all needs to support each other.

Dominique Lowenthal, Head of Professional Development, RCSLT
Thank you very much. We have got a few questions coming in as well and if we've got time at the end I will pick up one of those as well. I think this is a question probably more for Melanie, which is: do you think that parent-child interaction therapies could be developed and extended for those families with children at risk of developing mental health problems?

Melanie Cross, RCSLT Adviser and Consultant SLT
Possibly. Again, we need more research. We need to use evidence based interventions and NICE guidelines for attachment in early years recommend interventions which are attunement based and non-directive such as video interaction guidance. But I think the most important thing that we need is more funding to find out what is actually effective.

Dominique Lowenthal, Head of Professional Development, RCSLT
Thank you. Another question, which is a bit more on the lobbying side: what lobbying is currently taking place in regard to speech and language therapists routinely being part of CAMHS and multidisciplinary teams? And I'll ask Paula to answer this first.

Paula Lavis, Strategic Lead, CYPMHC
Well, I would say that in terms of lobbying and what we do is to lobby for the whole system. As I mentioned in my previous response, the fact that speech and language therapists are very important within the whole system approach; so they are part of that and need to be seen as part of that and that's what we will continue to lobby for.

Melanie Cross, RCSLT Adviser and Consultant SLT
Yeah. So, the Royal College of Speech and Language Therapists has made a submission to NHS England about the Tier 4 CAMHS. The Royal College is very keen and glad to work with partners on all of this work and being part of the Children and Young People's Mental Health Coalition is very important. The other thing is though that it's also important that speech and language therapists on the ground – as it were – lobby their local CAMHS and contribute to the RCSLT's responses. The college has developed resources for this and so we've got evidence that people are using them already. So, for example, all of the evidence that's in the clinical guidelines and the factsheets can be part of lobbying both locally and nationally. So, the college are doing that at one level and its members can be doing that at another.

Dominique Lowenthal, Head of Professional Development, RCSLT

Thank you very much. Lucy Benjamin has asked whether you know of any practical approaches for developing wellbeing and self-esteem and I think even perhaps some sort of tips or ideas knowing that… and there are also some questions coming in around support in schools, so I think it's related to that.

Paula Lavis, Strategic Lead, CYPMHC
Well, I think around schools it's quite a busy sort of marketplace at the moment. I'm just thinking particularly about developing, it's kind of… maybe when we do the follow-up I can just check the name of this organisation and that I've actually got them right. A number of our members, for instance, do things with the Partnership for Children of Essex who have a number of resources. I mean, we ourselves have a framework for a whole school approach to mental health and wellbeing. How to Thrive – I think they're based in Hertfordshire – is used in schools to teach young people how to be resilient. There are probably lots more that I can't even remember at the moment but maybe when we do the written response I can provide more information.

Dominique Lowenthal, Head of Professional Development, RCSLT
That's fine. Melanie, yeah, go for it…

Melanie Cross, RCSLT Adviser and Consultant SLT
Yes, absolutely. And the clinical guidelines, again, have got various examples of this kind of thing but I'm sure we can find more and add them to our answers.

Dominique Lowenthal, Head of Professional Development, RCSLT
There are lots of questions all coming in at once and a very small box to read them through. I just wonder actually if you wanted to… thinking of the different kinds of participants that we have today whether there were any sort of general thoughts around speech, language and communication needs in the different settings. You know, in terms of advice for supporting mental health and wellbeing perhaps for Looked After children as an area, we know primary school is one setting as is secondary school. I just wonder perhaps if a little bit of discussion on that might be interesting for people to hear.

Paula Lavis, Strategic Lead, CYPMHC
I suppose when you're thinking about a child with problems and, for example, the case study that Melanie talked about where a 7-year-old child was referred to as *"the devil"* is not helpful to anyone. So, it's about – regardless of your level of training – doing some common sense things and actually talk to the child and try to find out what the issues are. Because if the issue is actually that they have problems with communication or whatever it is then that's where you need to start out rather than just assuming you know what their problems are, because it could be a whole range of problems they have. It could be problems at home… it could be anything. So, I think it's just starting by talking to the child and not being too frightened. I mean, you do have to be careful and not go beyond your knowledge and training – but just be human and talk to the child.

Melanie Cross, RCSLT Adviser and Consultant SLT
And in addition to that, make sure that you have the time and space to actually listen to the answers too and act on them. I think it's very easy for us to be too restricted in time to really give young people the time that we want and often – what research tells us – what they want is not anything complicated and that they do actually want people to genuinely listen, to be kind and to try and make some changes for them. So, in a sense, these are skills that everybody has.

Paula Lavis, Strategic Lead, CYPMHC
And I suppose one other thing to add – just in terms of what I've heard young people say – is keeping what they say confidential because they're more likely to talk to you if they trust you and they think that you won't go blabbing about it to all your colleagues and all your family. I mean, it sounds like a stupid thing but I think these things do happen. Yeah, so obviously that's very important.

Dominique Lowenthal, Head of Professional Development, RCSLT
Great, thank you very much. I think a lot of the questions that we've answered today and there'll be more that we can answer online with the people who've asked for specific resources and things – I think those would be great to do online. But I'd just like to invite our speakers if they'd like to add any final thoughts or questions that perhaps you get regularly outside the webinar.

Paula Lavis, Strategic Lead, CYPMHC
I suppose my thing is maybe about children's mental health just in terms of… maybe it's just reiterating what I've just said about listening; don't think just because we're talking about mental health that you have to shy away from it – I think that's important. But also, in terms of mental health services because I think people get very confused about what that actually is. So, people talk about CAMHS; specialist CAMHS, comprehensive CAMHS – and I suppose we talk about the whole system and seeing everybody who works with children and young people as having their part to play in this system, which obviously includes speech and language therapists.

Melanie Cross, RCSLT Adviser and Consultant SLT
I think what I would like to say is that if you're working with somebody whose behaviour seems to be a concern it's quite important to think – in amongst all the other thinking that there is going on about their behaviour – whether or not their communication skills are okay. And one way to find that out is to modify the communication. I see it a lot where there are people who are saying way too much and overwhelming a young person and then somebody else will come in and they speak slowly and they're calm and they listen and suddenly that young person's behaviour is much, much calmer and is okay. So, speech and language therapy assessments will find out if there are communication needs but, again, we can all do that by just the way we interact with them.

Dominique Lowenthal, Head of Professional Development, RCSLT
Thank you very, very much. I think we're drawing to the end of our webinar today. Just to remind everybody that the presentation, the recording and a transcript as well as a Q&A document will be available we think in about a week's time. And also this is a great opportunity to ask people to earmark the 13 December 2017 for our next webinar which will be on Inclusive Communication. So, thank you very much to our speakers.