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ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Promoting social, emotional and mental health

Many children and young people with social, emotional and mental health needs (SEMH) have unidentified speech, language and communication needs (SLCN). These needs include problems understanding language (making sense of what people say), using language (words and sentences), and knowing how to join a conversation in the right kind of way (social communication). Children and young people with SLCN can also have problems developing positive relationships and knowing how to act in a range of settings. Speech and language therapy plays a crucial role in identifying and supporting SLCN. It promotes better outcomes for those with social, emotional and mental health needs.

SEMH and speech, language and communication needs

SLCN are likely in children with social, emotional and mental health difficulties. Children with attention deficit hyperactivity disorder, conduct disorder and attachment difficulties may also have SLCN. Many looked-after children, whether in mainstream or other schools or in residential care, also have SLCN.

The size of the problem

- **One in eight** (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.[1]
- Children with a mental disorder are **five** times more likely to have problems with speech and language.[2]
- **81%** of children with emotional and behavioural disorders have significant unidentified language deficits.[3]
- People with a primary communication impairment are at greater risk of a secondary mental health disorder, commonly anxiety or depression.[4]
- Children with persistent developmental language disorder from preschool to early primary school may be more likely to have social, emotional and behavioural difficulties (particularly behavioural difficulties).[5]
- Between **40% and 54%** of children with behaviour problems have language impairment.[6,7]

A serious issue

Left unidentified and/or unmet, SLCN can have a range of negative consequences. They can affect:

- Social, emotional and mental health and wellbeing, identity, relationships, educational attainment, and the securing and retaining of employment.
- Behaviour. Many children with unidentified and/or unmet SLCN communicate through behaviour, which can lead to exclusion from school, offending behaviour and involvement in the criminal justice system. Sixty per cent of young people in the youth justice estate can have difficulties with speech, language or communication.[8]

Unidentified and/or unmet SLCN can also prevent children and young people from accessing and benefitting from treatments and programmes that are primarily verbally delivered, such as talking therapies.

Who are the children and young people with SLCN?

- More than **10%** of children and young people have long-term speech, language and communication needs (SLCN) which create barriers to communication or learning in everyday life:
- **7.6%** have developmental language disorder.[9]
- **2.3%** have language disorders associated with another condition such as autism or hearing impairment.[10]

SLCN also include conditions such as speech difficulties, stammering and many others.

Children living in areas of social disadvantage are at much higher risk, with around **50%** of children starting school with delayed language and other identified SLCN.[11,12]

How speech and language therapy can help

As part of a multi-disciplinary team, speech and language therapists promote better social, emotional and mental health. They play a crucial role in identifying SLCN and in contributing to differential diagnosis. They promote 'inclusive communication' by developing accessible environments that remove barriers to communication. They provide 1:1 speech and language therapy to those children and young people who need it and train others in awareness of SLCN and how to respond appropriately. This can have a range of benefits:

PROMOTING POSITIVE OUTCOMES – it helps children and young people develop their social communication skills and the language they need in everyday life; helps them form positive relationships; enhances resilience; promotes participation in education, work, and society; and enables children and young people to take an active part in making decisions about their treatment and care. Learning emotion vocabulary can help with emotion regulation[13], which is important for social outcomes.[14]

REDUCING THE RISK OF NEGATIVE OUTCOMES – it reduces the risk of children and young people not understanding what is being said to and asked of them and not being able to make themselves understood. It also reduces the risk of this leading to frustration, depression and depressive and withdrawn behaviour, aggressive behaviour and behaviour that might result in involvement in the criminal justice system.

Prevention of SEMH

Good communication skills are a protective factor for good mental health:

- A large population cohort study showed that early language development at age 2 and age 4 made an important contribution to emotional and behavioural functioning at age 6.[15]
- Analysis of data from the Millennium Cohort Study found that verbal cognitive ability appears to be a powerful protective factor against the development of childhood conduct problems.[16]
- The NICE *Early years: promoting health and wellbeing in under 5s Quality Standard* states: '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.'[17]
- A study of 9–12 year olds with SLCN found that hope, agency and positive relationships were protective factors in relation to wellbeing.[18]

Access to treatment for SEMH

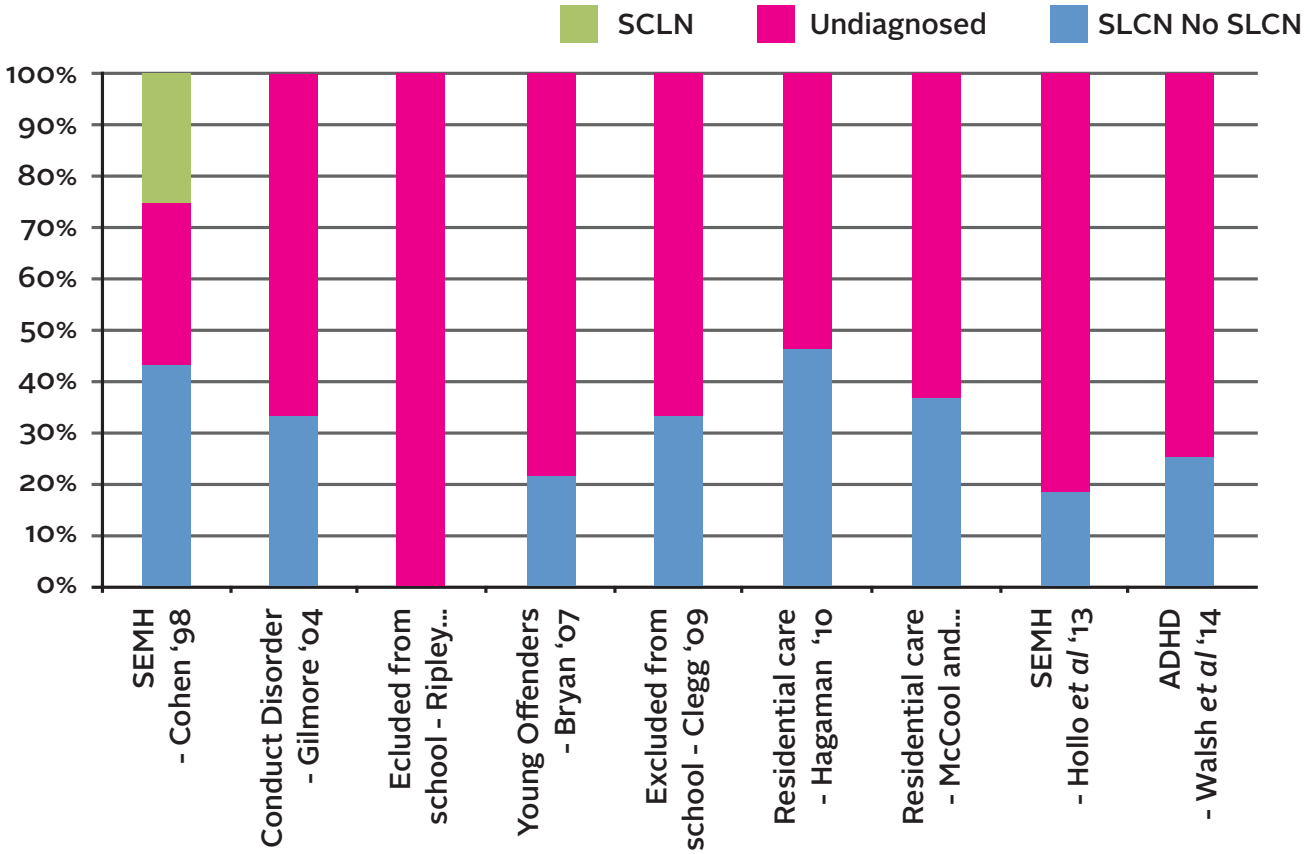
Mental health referrals, assessments and interventions put a significant demand on communication skills. For example, the success of cognitive behavioural therapy (CBT) is reliant on participants' language and verbal reasoning capabilities.[19]

Unless speech, language and communication needs are identified and accommodated, referrals, assessments, support and treatment programmes may be inaccessible or deliver inaccurate results. This risks public resources being wasted on failed interventions.

Addressing the underlying causes of behaviour

The UK's Department for Education has recognised that speech and language difficulties may be an underlying cause of disruptive or withdrawn behaviour. They have stated that, 'Where there are concerns about behaviour there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues.'[20]

UNDETECTED SLCN IN SEMH



The Royal College of Speech and Language Therapists recommends that:

- The multidisciplinary education, health and social care teams supporting children and their families have access to speech and language therapy services – this would include speech and language therapists contributing to assessment, planning and intervention where appropriate.
- All staff working with children and young people should be trained in recognising and knowing how to respond to SLCN. This includes through making classrooms, material and treatment programmes communication accessible.
- Where professionals working with a child or young person with social, emotional or mental health needs are concerned that there could be an underlying SLCN, the child or young person should be assessed by a speech and language therapist and provided with the appropriate level of speech and language therapy where needed.

In addition, as recommended in the report Bercow: *Ten Tears On*, funding for research is required to identify more effective interventions for children and young people with social, emotional and mental health needs and SLCN.

Emma's story

Emma is a 10-year-old looked-after child with social, emotional and mental health needs. She had extreme social difficulties, including being highly aggressive both physically and verbally. She had very poor social communication skills, very poor ability to recognise and respond to the communications of others, emotional literacy difficulties and extreme difficulties managing her emotions. She could not make or keep friends and she had regular exclusions from school. Parents of other children complained about her behaviour and school staff labelled her as 'the devil'.

Aged seven, she was about to move carers, geographical area, and to another mainstream school.

Given concerns about her ability to continue in mainstream education, she was referred to speech and language therapy services by her social worker. Following work with the speech and language therapist, Emma's social communication and interaction skills with other children greatly improved, as did her ability to build new relationships as well as maintain the ones she had already formed. She got better at managing her emotions when things did not go as she would like, and at recognising what information was appropriate to speak about, depending on her audience (i.e. recognising private versus public subject matters). She learned phrases to use to negotiate and compromise. Her file has now been closed, very few difficulties have been reported since, and she has continued in mainstream education.

Becky's story

Becky was a girl of 15 in the care system, known to the youth offending team (YOT) and with a long history of violence and drug use. She presented to Child and Adolescent Mental Health Services as highly distressed and 'hearing voices'. She was diagnosed with psychosis with a view to prescribing anti-psychotic medication. The YOT speech and language therapist worked with Becky, her mother, the YOT mental health worker, YOT officer and drug worker to provide a differential diagnosis of a pre-existing developmental language disorder compounded by her drug use and developmental trauma.

Becky worked hard to understand her language disorder and that the voices she heard were in fact her own internal fragmented expressive language trying to make sense of her traumatic childhood experiences. Becky's distress, violence and drug use immediately decreased. She no longer reported hearing voices. Her care placement stabilised. Becky was empowered to participate in meetings by first explaining that she had a language disorder and how she could be helped to participate. Before this, meetings such as Care Order meetings had ended in Becky becoming abusive and walking out. Becky's diagnosis of psychosis was revised to developmental language disorder with no anti-psychotic medication being prescribed, saving the NHS a significant sum through non-prescription of medication. Becky completed her Court Order. No repeat offending has been recorded.

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▶ For further information, please contact **info@rcslt.org**

Also see our factsheets on **Safeguarding, Looked after children** and **Behaviour.**

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