CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH AND SPEECH & LANGUAGE THERAPY

RCSLT NORTHERN IRELAND

There is a high incidence of speech, language, communication and swallowing needs associated with mental ill health in children and young people (CYP). These include difficulties that existed prior to mental ill health, as part of their diagnosis, or indeed a combination of the two. Speech and language therapy supports children and their carers to access the help they need, promoting recovery in mental health.

Many children who are at increased risk of developing mental ill health, are also likely to have communication needs such as autistic individuals, learning disabilities, children in care and young people in the justice system.

FACTS — THE SIZE OF THE PROBLEM

81%
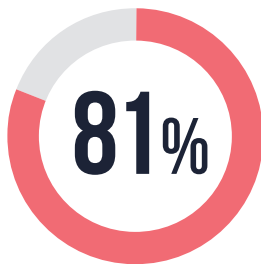
81% of children with emotional and behavioural disorders have significant language difficulties.[1]

45%
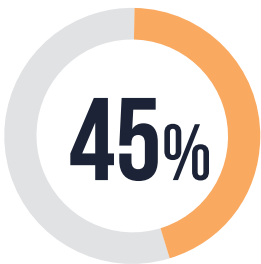
45% of young people referred to mental health services had higher level language difficulties (problems with more abstract language and the subtleties of social communication) compared to only 15% of young people in a comparison group.[2]

- When a person presents with depression[3], nonverbal communication changes may include; reduced eye contact, facial expression and intonation.

- Children with vocabulary difficulties at age five are three times as likely to have mental health problems in adulthood.[4]

- Children with speech, language and communication needs (SLCN) in the preschool and early primary years are approximately twice as likely to develop social, emotional and mental health difficulties as children with typical language development, when followed up over time.[5]

- Children who are socially anxious may find it difficult to speak to an unfamiliar person.[6]

- Selective mutism is an anxiety disorder in which a person is unable to speak in certain social situations.[7]

Communication difficulties are a barrier to accessing psychological and talking therapies – language is needed to identify treatment goals, articulate difficulties, reflect on strengths and regulate behaviour and interactions. Often behavioural issues are due to unidentified language issues. Therapies may need to be adapted to ensure they are inclusive for those with communication needs.

THE VALUE OF SLT SERVICES

Speech and Language Therapists

- Identify speech, language, communication and/or swallowing needs and advise on appropriate interventions.

- Work collaboratively with other healthcare professionals to better meet the needs of the individual child or young person.

- Build the capacity of those who support the children, young people & their families to meet communication needs, including providing a communication friendly environment that encourages positive engagement.

- Provide direct speech and language therapy to those children and young people who require it.

The Northern Ireland Mental Health Strategy 2021-31 recognises the links between mental health and communication needs and SLTs are hopeful for funded posts within the new CAMHS workforce model.

Case Study – T's Story

T was receiving individual support in the inclusion/nurture unit at a secondary school for children with social, emotional and mental health (SEMH) needs, as he was not able to mix with other students. A previous attempt to reintegrate T into a mainstream school had been unsuccessful, and he returned to the secondary SEMH school, but with lengthy periods of absence. The SLT assessed T and, on the basis of that assessment, proposed that T might benefit from a social skills group at another mainstream school. The speech and language therapist arranged for this to be set up and as a result the student's attendance and participation subsequently increased.

Behaviours often communicate an unmet need or distress, particularly if a child or young person is feeling unsafe, insecure or disconnected. Speech and language therapy, as part of a multidisciplinary team, can provide important information on SLCN, build capacity within the staff team and advise on alternative communication tools and strategies.

Case Study – J's Story

J has a learning difficulty and autism with experience of early trauma and attachment difficulties. Following breakdown of his home and special school placements, J was receiving full time residential care in a respite setting. J could be highly distressed and violent, resulting in several staff sustaining injuries. Staff were on high alert in J's company and often used physical holds to manage the risk to staff. The Southern Trust community paediatric SLT service was asked to attend the residential home one day a week and provide advice and support as part of a multidisciplinary approach. The SLT identified that J was unable to communicate effectively with staff and had particular difficulties in transitioning between activities and ending his day, resulting in aggressive behaviour. The SLT introduced communication tools to support the therapeutic plan. This allowed J to build periods of calm alert where he was able to access the higher-level functions required for listening and completing settled, cognitive based tasks. J's heightened behaviours were significantly reduced and he demonstrated a shorter recovery time from episodes – physical holds reduced to zero over the period of the interventions. Staff reported increased levels of confidence in working with J.

1 Hollo, A., Wehby, J. H. & Oliver, R. M. (2014) Unidentified Language Deficits in Children with Emotional and Behavioural Disorders: A Meta-Analysis. *Exceptional Children.* 80 (2), 169-186.

2 Cohen, N., Farnia, F. & Im-Bolter, N. (2013) Higher order language competence and adolescent mental health. *Journal of Child Psychology and Psychiatry.* 54 (7), 733-744.

3 Bryan, K. (2013) Psychiatric disorders and communication. In: Cummings, L. (ed.) *The Cambridge Handbook of ,Communication Disorders*. Cambridge University Press, Cambridge, pp. 300-318.

4 Botting, N., Durkin, K., Toseeb, U., Pickles, A. & Conti-Ramsden, G. (2016) Emotional health, support and self efficacy in young adults with a history of language impairment. *British Journal of Developmental Psychology.* 34, 538-554.

5 Yew, S. G. K. & O'Kearney, R. (2013) Emotional and behavioural outcomes later in childhood and adolescence for children with specific language impairments: meta-analyses of controlled prospective studies. *Journal of Child Psychology and Psychiatry.* 54, 516-524.

6 National Institute for Health and Care Excellence (2013). *Social anxiety disorder: recognition, assessment and treatment* (CG159). www.nice.org.uk/guidance/cg159 [Accessed 30th November 2022].

7 National Health Service (2019). *Selective mutism.* www.nhs.uk/conditions/selective-mutism [Accessed 30th November 2022].

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