

# Improving support for mental health

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## 1. Key points

- Many children and adults accessing mental health services have speech, language, and communication needs or problems with eating, drinking and swallowing.
- Unidentified and unsupported communication needs can lead to disengagement from services, inability to access talking therapies, high use of medication and restrictive practices to manage challenging behaviour arising from communication need, increased length of stay, ineffective discharges and readmission.
- Speech and language therapists are integral members of the multidisciplinary mental health team working with children and adults of all ages, to support independence and facilitate recovery. However, access to vital speech and language therapy is variable. The NHS Long Term Workforce plan had commitments to increase the number of allied health professionals, and speech and language therapists, in mental health, but implementation is variable and too slow.
- Demand for mental health services is outpacing the resources afforded to them. Despite the commitment to £2.3 billion a year by 2023/24, this is insufficient to fully meet rising demand.
- Community and inpatient mental health services have seen a dramatic rise in the numbers of children and adults accessing services (NHS Monthly mental health dataset). As a result, too many people are not getting the vital help they need, when they need it. The recently published Lord Darzi's [Independent investigation of the NHS in England](#) highlighted that “long waits have become normalised”.
- The mental health workforce is not increasing at the rate needed to meet current and increasing demand. The Government needs to invest in the entire mental health workforce, including allied health professionals as per the NHS Long Term Workforce Plan.

## **2. The RCSLT calls for:**

- The Government publishes its mental health bill to modernise the Mental Health Act 1983.
- The Government recruits enough mental health staff to meet current and future demand. Commitments to expanding the mental health workforce must recognise and include speech and language therapists (and other allied health professionals).
- Speech and language therapists must be embedded in inpatient mental health teams and in multidisciplinary community mental health teams to ensure access to this vital service.
- That funding for mental health must ensure that people receive the same attention and focus for mental health as for physical health, and that people can access mental health support when and where they need it.

## **3. The link between speech and language therapy needs and mental health**

- Many children and adults accessing mental health services may have speech, language, and communication needs ([Government response to a written parliamentary question, July 2024](#)).
- Even if someone has no existing speech, language and communication difficulties, a chronic or acute mental health episode can impair someone's communication (RCSLT mental health factsheet).
- Children and adults accessing mental health services may have another condition that has a speech, language and communication need associated with it. These conditions can include autism, brain injury, dementia, depression, learning disability, psychosis and schizophrenia.

### ***Communication – children and young people***

- Children with a mental health disorder are five times more likely to have problems with speech and language (NHS Digital, 2018).
- 81% of children with social, emotional and mental health needs have significant unidentified language deficits (Hollo et al, 2014).

### ***Communication - adults***

- 80% of adults with mental health disorders have impairment in language (Walsh et al, 2007).

- Over 60% of adults with mental ill health have an impairment in communication and discourse (Walsh et al, 2007).

### **Swallowing**

- Over 30% of adults with mental ill health have some impairment in swallowing (Walsh et al, 2007).
- There is a greater prevalence of dysphagia (swallowing difficulties) in acute and community mental health settings compared to the general population - 35% in an inpatient unit and 27% in those attending day hospital, which compares to 6% in the general population (Regan et al, 2006).

## **4. The impact of unidentified and unsupported speech and language therapy needs**

- Almost all mental health services and therapies are verbally mediated, that is conducted through language and interactions. Language is needed to identify treatment goals, express difficulties, wishes and preferences, and participate in decisions about their care and treatment. Failure to support communication results in people's needs escalating and reaching crisis.
- Left unidentified and unsupported, speech, language and communication difficulties can result in:
  - Assessments, including risk assessments for capacity and consent, which are inaccessible and/or return inaccurate results or diagnoses; and
  - Rehabilitation and psychological programmes, including talking therapies that are verbally delivered, are unsuccessful, due to omission of effective reasonable adjustments and communication support strategies with the potential for public resources to be wasted on failed interventions.
- Unmet swallowing needs can pose a significant risk to patient safety, including through choking and aspiration pneumonia.
- Choking is a risk among patients experiencing severe mental health problems. The risk of death due to choking in people with schizophrenia has been reported as 30 times more likely than in the general population (Ruschena et al ,2003).
- Adults with mental ill health have higher rates of dysphagia and choking due to factors such as medication side effects (Aldridge et al, 2012).
- Difficulties swallowing medication can lead to people choking (Guthrie, 2015).
- Poor mental health and speech and language therapy needs can lead to low school attendance and reinforce barriers to opportunity and learning.

- In 2024, [ONS data](#) showed that 2.8 million people were economically inactive due to long-term sickness, with most of the number accounted for by mental health ill-health. Speech and language therapists help adults of working age navigate communication challenges that may affect their employment. They help people to retain their job, return to work or find new work. They can also help employers understand how a person's health affects their work performance. Addressing access to speech and language therapy for working age adults should be an economic priority for the Government to ensure continued participation in the workplace.

## **5. The role of speech and language therapists in mental health**

- Whilst we have seen an increase in the speech and language therapy mental health workforce, there is significant unwanted variation in access to speech and language therapy in mental health.
- We believe that multidisciplinary working – with a well-trained, supported workforce that is equipped to meet the demands – should be central to the future provision of mental health services. This approach would enable each group of professionals to use their own unique skills, knowledge, and abilities to better meet the needs of individuals. Speech and language therapists as part of the core mental health workforce would provide the right skill mix to deliver high quality healthcare and meet people's therapeutic needs.
- Speech and language therapists work with adults and children of all ages with a wide range of conditions and as such are able to help the NHS meet the changing, and increasing, mental health needs across our populations.
- There are vacancy rates across mental health nursing and medical professions. The government needs to look to invest in the entire mental health workforce including speech and language therapists and other allied health professionals.
- Speech and language therapy seeks to prevent, delay, or ameliorate, communication and/or swallowing needs from arising in the first place, and are critical to early intervention in community-based teams.
- Speech and language therapists are referenced in national guidance as part of the mental health team in [NICE Guidelines: Rehabilitation for patients with complex psychosis](#), [NICE Guidelines: Depression in children and young people: identification and management](#) as well as in [adult secure care national specifications](#).

## **6. Key benefits of speech and language therapy**

- Speech and language therapists work with adults and children of all ages with a wide range of conditions and help them to understand the nature and impact of their communication difficulties and managing and maintaining their own (good) mental health.
- Speech and language therapy supports communication between the person and care teams with improved access to therapeutic opportunities and reduced need for restrictive practices and seclusion.
- Speech and language therapy is a therapeutic protective intervention. It can help reduce inequalities and can enable successful relationships and relational security.
- Speech and language therapists support people to recover, by enabling:
  - Increased understanding
  - Increased engagement
  - Good communication which supports resilience
  - People to participate in decisions about their care and engage in psychological therapies, such as Talking Therapies, to support recovery
  - Understanding of behavior, decreasing aggression and agitation, and reducing restraint and escalation in hands-on intervention
  - Contributes to reducing lengths of stay and helps to break the cycle of admission and readmission.
- Research shows that speech and language therapy add value. Research has shown that speech and language therapy is effective for some of the conditions people who access mental health services have, which include autism (Reichowet al, 2012), learning disability (Allen et al, 2013), and stammering (Bothe et al, 2006).

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