

Adult mental health and speech and language therapy

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Key issues

- Mental health can impact communication and swallowing – both of which are essential to people's quality of life, for treatment, and recovery.
- Up to 60% of people in adult mental health services have speech, language and communication needs (SLCN), and a third experience eating, drinking or swallowing difficulties.¹
- Needs that are unidentified and unsupported can lead to disengagement from services, misdiagnosis, longer hospital stays, inappropriate use of restrictive practices, and increased readmissions.
- Speech and language therapists are essential within mental health services. They support individuals with communication disability, difficulty, or difference to communicate their wishes and preferences, participate in decisions about their care and treatment, and engage effectively in psychological interventions.
- However, there are insufficient numbers of speech and language therapists working in mental health services, and access remains a postcode lottery. This leaves services and patients significantly compromised, increasing the risk of unmet needs, miscommunication, and even self-harm or suicide.

Why this matters

- Communication and mental health are interlinked:
 - Acute or chronic mental illness can significantly impair communication.
 - Communication difficulties may be a symptom of mental ill health (for example, in psychosis, depression, schizophrenia, or dementia).
- Speech and language therapists assess and treat communication and/or swallowing difficulties, which can be a symptom or cause of mental health issues. They engage people in daily activities and conversations, support access to therapies, identify swallowing risks, and educate other professionals.
- By fostering better communication, speech and language therapists promote inclusion, shared decision-making, and enable people with mental health problems to participate more fully in their recovery and daily lives.
- Early identification of SLCN can reduce restrictive interventions, prevent relapse, and promote recovery in mental health.

Current gaps

- Access to speech and language therapy is patchy and many areas lack support for communication and swallowing in their mental health pathways.
- Speech and language therapists are not formally recognised in the mental health workforce at national policy level.
- The broader mental health workforce often lacks training to recognise communication needs, leading to misinterpretation of behaviour, disengagement, and inappropriate and ineffective treatment.

Consequences of these gaps

- Mental health care relies heavily on verbal therapies, making SLCN a major barrier if unrecognised and unsupported.
- People with schizophrenia are 30 times more likely to experience choking incidents than the general population.ⁱⁱ
- Restrictive interventions such as seclusion and restraint are more likely where staff do not recognise communication difficulties.
- Without understanding communication difficulties, staff may misinterpret behaviours, leading to incorrect assumptions and interventions.
- People with communication barriers may disengage from services if their needs are not understood or supported.
- Lack of communication-focused support can result in treatments that are not suitable for an individual's needs.
- The absence of adequate speech and language therapy support maintains inequalities for people with mental health issues who have underlying communication needs.

Recommendations

Workforce reform

- Increase access to speech and language therapy by recognising the role of speech and language therapists in national workforce and commissioning frameworks.
- Clearly recognise speech and language therapists as part of the mental health workforce in NHS workforce strategies.

Embed SLTs in mental health services

- Ensure every acute inpatient and community mental health team has access to speech and language therapy.

Workforce training

- The wider mental health workforce should receive training on identifying and responding to SLCN in mental health.

Parity of recognition

- Communication and swallowing needs must be recognised as integral to mental health care, on a par with physical health needs.

Why action is needed

- Failure to identify and address SLCN wastes NHS resources, increases demand on emergency and inpatient services, and harms recovery.
- Embedding speech and language therapists improves treatment engagement, supports self-advocacy, reduces risk of harm, and enables more people to live well in the community.
- Action now will improve outcomes, reduce costs, and ensure mental health services are inclusive, effective, and truly person-centred.

For more information

- Visit: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/mental-health-adults/>
- Contact: elissa.cregan@rcslt.org

ⁱ Walsh, I. et al. (2007). A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders. *Ir J Psych Med* 24(3): 89-93.

ⁱⁱ Ruschena, D. et al. (2003). Choking deaths: the role of antipsychotic medication. *British Journal of Psychiatry*, 183, 446-450.