



Talking recovery:

The impact of speech and language therapy in mental health services

Adult SLT Mental Health Network (Scotland)

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Executive summary

Effective communication is fundamental to mental health. It underpins how people express their needs, build relationships, understand treatment, and participate in everyday life. Yet many people experiencing mental ill health also have speech, language and communication needs that go unrecognised and unsupported. This limits their ability to engage in care, contributing to poorer outcomes and increased clinical risk.

Speech and language therapists (SLTs) are uniquely skilled in identifying and supporting these needs. They play a critical role in enabling individuals to access services, participate in decision-making and benefit from therapeutic interventions. SLTs also support multidisciplinary teams to deliver accessible, inclusive and person-centred care through adapting communication approaches and environments.

Communication difficulties can significantly impact mental health and recovery. They are associated with reduced engagement in treatment – particularly psychologically informed therapies – alongside increased social isolation, diagnostic uncertainty, and risk of unmet need. In addition, eating, drinking and swallowing difficulties are prevalent in this population and carry serious risks to physical health. SLTs provide specialist assessment and management in these areas, contributing directly to safety and quality of care.

Despite clear evidence of need and alignment with national policy priorities, access to SLT support within adult mental health services in Scotland remains limited, inconsistent and geographically inequitable. Current services are concentrated in a small number of areas and predominantly within inpatient or specialist settings. Many health boards have no dedicated provision, particularly within community mental health services, where early intervention and prevention should be prioritised. This results in a reliance on overstretched generalist services, delays in access and increased pressure across the wider system.

This report, developed by members of the Adult SLT Mental Health Network (Scotland), sets out the scale of communication need within adult mental health populations and the risks associated with unmet need. Drawing on clinical evidence and case examples, it demonstrates the impact of SLT involvement in improving diagnostic clarity, enabling access to interventions, reducing risk, supporting recovery and enhancing quality of life.

To address current gaps, there is a clear need for national and local action. This includes establishing equitable speech and language therapy provision across all health boards, embedding SLTs within multidisciplinary mental health teams, strengthening workforce capacity, and improving awareness and skills across the wider workforce. Clear referral pathways and tiered models of care are also required to ensure timely and appropriate access to support.

Embedding SLTs as a core component of adult mental health services is essential to delivering safe, effective and person-centred care. It will also support the achievement of national policy

ambitions by improving access, reducing inequalities, and ensuring that all individuals – regardless of how they communicate or where they live – can engage meaningfully in their care and achieve better outcomes.

Foreword

Communication is a fundamental part of who we are. It is the means by which people make sense of their experiences, express distress, build relationships and engage with the world. When communication breaks down, particularly for those who experience poor mental health, so too does access to care, shared decision-making and recovery. Yet, as this report clearly sets out, speech, language and communication needs remain routinely overlooked within adult mental health services in Scotland, despite decades of policy intent and a growing body of evidence.

This report, developed by members of the Adult SLT Mental Health Network (Scotland), provides a timely and compelling account of why this matters. It draws together research evidence, policy context and powerful case examples to demonstrate the scale of unmet need and the very real risks associated with failing to recognise and support communication and swallowing difficulties. It also shows the unique and essential contribution that speech and language therapists make in prevention, improving diagnosis, reducing risk, enabling access to therapeutic interventions, and supporting people to participate meaningfully in their own care.

As Head of the Royal College of Speech and Language Therapists (RCSLT) Scotland, I am acutely aware of the frustration felt by SLTs working in areas where provision is minimal or non-existent, and by service users whose needs remain unmet simply because of where they live. The geographical inequity described here is stark. But there is an opportunity to make change. Embedding speech and language therapists as core members of adult mental health teams is a logical, evidence-based and person-centred response to well-established need. It aligns directly with Scotland's mental health strategy, with rights-based care, and with our shared ambition to reduce inequalities and improve outcomes.

This report is a call to action and a practical resource. It makes a clear case for national and local investment, for workforce development, and for genuine multidisciplinary working that recognises communication as fundamental to mental health. I commend it to policy makers, health board leadership, service managers and practitioners. Most importantly, I hope it helps ensure that people with mental health needs are no longer excluded from care because their communication needs go unseen or unsupported, but are given the right support to access care, participate in decisions, engage meaningfully in therapeutic interventions and receive the support they deserve.

Glenn Carter

Head of RCSLT Scotland

Introduction

The Scottish Mental Health Strategy (2017–2027) emphasises the importance of ensuring that people can access the right help at the right time, and that care is coordinated, accessible and ‘joined-up’. This ambition is not new. In 2010, ‘Realising potential: an action plan for allied health professionals in mental health’ called on health boards to fully engage allied health professionals (AHPs) in leading the rehabilitation of people with mental health problems, supporting early intervention and improving timely access for service users and carers.

Despite these longstanding policy drivers, the integration of speech and language therapy within multidisciplinary and multi-agency mental health teams remains inconsistent across Scotland.

This document aims to address that gap by:

- outlining the current SLT workforce contributing to adult mental health care across Scotland
- describing the range and diversity of roles undertaken by SLTs in these settings, drawing on professional clinical guidance
- highlighting the breadth of communication needs within the adult mental health population, alongside the risks associated with limited or absent SLT provision
- demonstrating, through real-life examples, the added value SLTs bring to multidisciplinary teams delivering adult mental health care.

The Scottish Government defines mental health as a spectrum, ranging from emotional wellbeing to mental illness, that ‘ebbs and flows’ daily (Mental health and wellbeing strategy, Scottish Government, 2023). Mental health services are designed to support this spectrum, covering promotion, prevention, treatment and recovery. This includes support delivered through primary care, specialist community mental health teams, and inpatient services. These definitions and structures underpin the discussion throughout this paper.

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Evidence of communication support needs in adult mental health population

The current evidence base consistently demonstrates that adults with mental health conditions are more likely to have significant communication support needs. Studies have identified high rates of language, communication and swallowing needs among individuals requiring psychiatric care (Guthrie and Leslie, 2023; Hancock et al., 2023; Rees et al., 2018; Bolter and Cohen, 2007; Walsh et al., 2007; Emerson and Enderby, 1996). Further, individuals with a primary communication difficulty are at increased risk of developing secondary mental health conditions, most commonly anxiety and depression (Snowling et al., 2006).

Effective communication is widely recognised as fundamental to maintaining good mental health and to accessing key aspects of everyday life, including education, social relationships and employment. For individuals with serious mental illness, communication difficulties can therefore create additional and compounding barriers. These challenges may affect not just daily functioning but also engagement with mental health services and interventions.

Psychoeducational approaches are a core component of many mental health treatments; however, they rely heavily on an individual's ability to understand, process and express information. Without appropriate support, people with communication difficulties may struggle to benefit fully from these interventions. By contrast, when strategies and adaptations are implemented to meet the needs of individuals with complex communication profiles, more equitable access to care and improved outcomes can be achieved (Watson et al., 2023).

There is growing recognition that the current mental health workforce does not consistently have the knowledge or skills required to identify and address speech, language and communication needs. As a result, the importance of access to speech and language therapy has become increasingly acknowledged in recent years (Guthrie and Leslie, 2023; Rees et al., 2018).

Policy context

The Scottish mental health strategy identifies four key areas for improvement: prevention and early intervention; access to treatment and joined-up, accessible services; the physical wellbeing of people with mental health problems; and rights, information use and care planning.

These priorities are echoed in local mental health strategies across health boards and health and social care partnerships, with a particular emphasis on strengthening community-based services and ensuring that individuals can access the right support, at the right time, from the right professional, and in the right setting (see Appendix A).

SLT services are well placed to support the delivery of these ambitions. By identifying and addressing communication needs at an early stage, SLTs can help maximise the effectiveness of interventions and ensure that individuals are able to participate meaningfully in decisions about their care. Where SLTs are embedded within adult mental health teams, they also play a key role in enhancing the quality of community care by supporting colleagues to adapt communication approaches to meet the needs of each individual (Guthrie and Leslie, 2023).

This contribution aligns with the Scottish allied health professions public health strategic framework implementation plan (2022-2027), which highlights the role of allied health professionals (AHPs) in supporting people to manage long-term conditions and improving rehabilitation outcomes. It is also consistent with the findings of the Royal College of Psychiatrists, whose report on neurodevelopmental conditions in adult mental health services highlights the high prevalence of unmet communication needs and the importance of services being equipped to respond effectively to these needs as part of high-quality, person-centred care (RCPsych, 2025).

Like all AHPs, speech and language therapists contribute to the promotion of mental wellbeing and the prevention of mental ill health. However, they also have a distinct role within mental health services. SLTs enable individuals with communication needs to engage actively in care planning, access appropriate services, and express their views and preferences. They also provide specialist advice to multidisciplinary colleagues and wider support networks on how to communicate effectively with individuals experiencing communication difficulties – whether these are temporary and related to an acute episode of illness, or longer term in nature.

The Royal College of Speech and Language Therapists (RCSLT) has consistently highlighted the critical role of SLTs in supporting the high proportion of adults within mental health services who experience speech, language, communication and swallowing difficulties. However, evidence suggests that this role is not yet fully recognised. For example, Guthrie and Leslie (2023) found that many professionals continue to underestimate both the importance of communication in maintaining mental health and the need for SLT input within mental health services.

The current picture of adult mental health service provision

In 2024, the Adult SLT Mental Health Network undertook a survey of speech and language therapy services across Scotland. The findings showed that SLT posts exist across a range of adult mental health settings, with most located within inpatient services. A significant proportion of these roles support adults with a learning disability or those in prison settings. In contrast, SLTs are included in only a small number of community-based adult mental health services, with much of this work instead being carried out by therapists within mainstream adult teams.

Provision is unevenly distributed across the country. Most SLTs working in adult mental health are based in Scotland's central belt. Pockets of provision exist in other areas, where we may see inpatient posts but almost no community posts, for example. However, there are currently no funded SLT posts in adult mental health services in Fife, Borders, Highland or the Island boards.

In areas without dedicated provision, requests for SLT input are typically managed on a case-by-case basis by existing adult services. While this may provide a temporary solution, it introduces risks for patients, clinicians and services. SLTs responding to mental health referrals are often doing so using resources allocated to other clinical populations, such as individuals with stroke, head and neck cancer, or Parkinson's disease. As a result, capacity for core services is reduced and waiting times increase.

Adult mental health care is delivered through multidisciplinary and multi-agency teams to ensure holistic and safe support. When SLTs are not embedded within these teams, they often find themselves working in isolation, limiting opportunities for effective interdisciplinary collaboration, including shared decision-making and risk assessment. Access to relevant clinical information may also be restricted, leading to an incomplete understanding of the individual's needs and the concerns of the wider team. In addition, practical constraints around when and where individuals can be seen may limit the SLT's ability to fully assess functional communication and deliver effective, person-centred interventions.

SLTs working outside specialist mental health teams may also lack access to the training and supervision routinely available to other members of those teams. This further impacts the quality and consistency of care. At the same time, absorbing mental health referrals places additional strain on already stretched SLT services, reducing their ability to meet the needs of other client groups. Where no clear referral pathway exists, delays can occur while services determine responsibility, further postponing access to support.

Although adult mental health has recently been incorporated into SLT curriculum guidance – reflecting the profession's recognised role in this area – the lack of funded posts limits opportunities for clinical placements and workforce development.

Over the past 15 years, several regional scoping exercises have been undertaken across Scotland, including recent work in NHS Lothian and NHS Forth Valley. The Lothian project explored both the confidence of mental health professionals in supporting individuals with communication and/or eating, drinking and swallowing difficulties, and their awareness of SLT services. Findings highlighted gaps in knowledge and skills, with staff expressing a need for further training. This indicates a clear and ongoing demand for increased SLT input across both community and inpatient settings.

These findings mirror those from a similar scoping exercise conducted in NHS Tayside in 2009, suggesting that little progress has been made to date. This is despite widespread recognition within adult mental health services that SLTs contribute valuable expertise to multidisciplinary teams.

Strategic policy documents consistently advocate a tiered model of care for mental health services in Scotland. This model ranges from low-intensity, self-management support at Tier 1 to highly specialist intervention for individuals with complex needs at Tier 4 (see Figure 1). SLTs have a role across all tiers, but their contribution is particularly critical at Tiers 3 and 4, where needs are more complex. Although some SLTs are working at these levels, provision remains limited and varies significantly by geography, as outlined above.

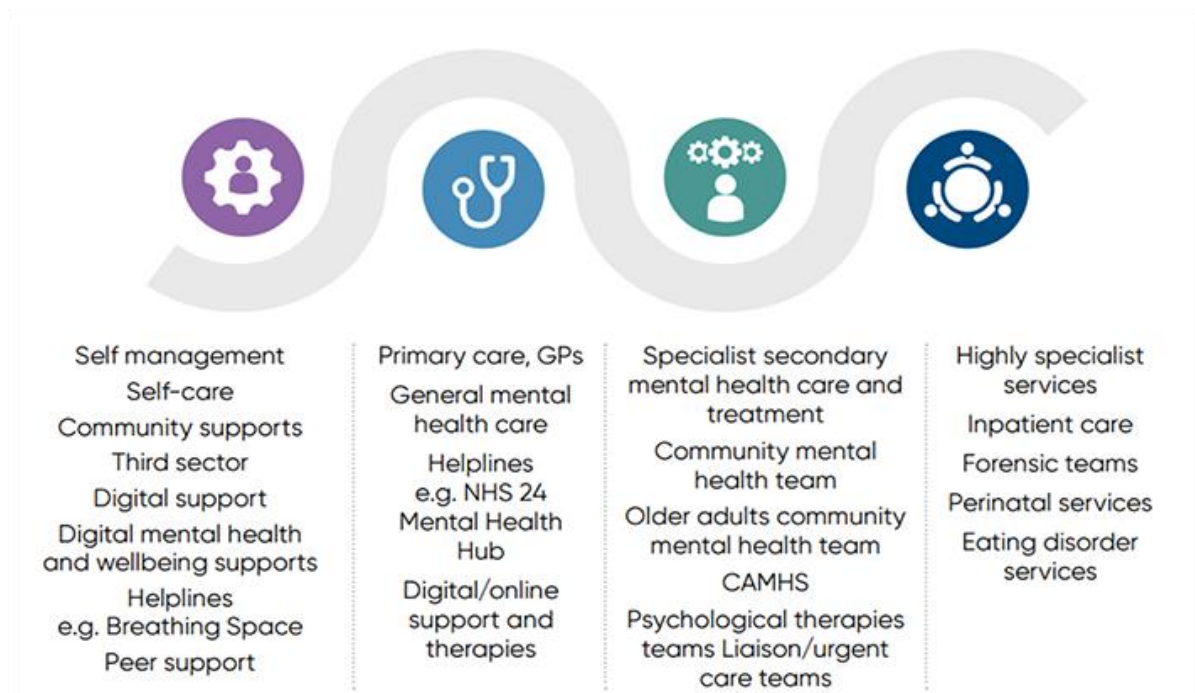


Figure 1: Tiers of the support, care and treatment pathway. Mental health– distress framework for collaboration: multi-agency partnership approach, Scottish Government, 2025

Clinical risk, vulnerability and health inequalities

The presence of speech and language disorders among adults with mental health conditions has been widely recognised for many years (Hancock et al., 2023; Strong and Randolph, 2021; Jagoe and Walsh, 2020; Rees et al., 2018; Bolter et al., 2007; Walsh et al., 2007; Emerson and Enderby 1996). Clinical guidance published by the Royal College of Speech and Language Therapists in 2015 highlighted the range of risks associated with communication difficulties in this population. Subsequent research has strengthened the evidence base and deepened understanding of the impact these difficulties can have on outcomes.

These risks include:

- barriers to accessing services, leading to poorer physical health and social outcomes (Strong et al., 2021; Ryan et al., 2019)
- reduced engagement with interventions – particularly talking therapies that rely on strong oral language skills – resulting in increased likelihood of repeated referrals (Hancock et al., 2023; Hobson et al., 2022)
- increased social isolation and difficulties in interpersonal relationships, including the masking of communication needs or differences (Evans et al., 2024; Khudiakova et al., 2024; Boyle et al., 2023)
- limited ability to express needs, preferences and concerns (Bolter and Cohen, 2007)
- reduced quality of life due to impacts on education, employment and participation in meaningful activities
- misdiagnosis (Au-Yeung et al., 2019) and diagnostic overshadowing of co-occurring conditions (Stephens et al., 2018; Meera et al., 2013).

In addition to communication difficulties, individuals with mental health conditions may also experience challenges related to eating, drinking and swallowing (Harris, 2013; Aldridge et al., 2012; Walsh et al., 2007). These can include risks such as choking (Ruschena et al., 2003) and difficulties managing oral medication (Miarons Font et al., 2017), with significant implications for both physical and psychological health.

Taken together, these factors contribute to increased vulnerability and widening health inequalities for this population.

In the next section, we'll provide detailed case studies that illustrate these risks in practice, alongside examples of how speech and language therapy input can reduce risk, improve access to care, and support better outcomes for individuals and services.

The critical role of speech and language therapy in mental health services

Speech and language therapists working in adult mental health settings contribute in a range of ways, supporting individuals, carers and multidisciplinary teams through both direct and indirect approaches. These roles were outlined in the RCSLT guidance on Mental health (adults), (2015) and are further reflected here to capture the breadth of current practice across Scotland.

Speech and language therapists work with an individual to:

- develop skills, strategies and confidence to manage communication difficulties
- reduce frustration associated with communication challenges and build confidence through strengths-based, neuro-affirming approaches
- increase insight into their communication profile and its impacts
- support autonomy and independence, enabling greater involvement in care planning and the ability to request reasonable adjustments
- assess and manage risks associated with eating, drinking and swallowing difficulties through advice, rehabilitation and targeted strategies.

They work with carers to:

- improve understanding of the individual's speech, language and communication needs
- provide training in general and tailored communication strategies to support high-quality care
- support safe management of eating, drinking and swallowing difficulties.

They work as part of the multidisciplinary team to:

- inform understanding of communication and/or eating, drinking and swallowing needs, contributing to holistic assessment and care planning
- support assessment processes, including differential diagnosis and considerations of mental capacity
- enable equitable access to interventions, including talking therapies, through appropriate adaptation and support
- promote inclusive communication environments and advise on effective, person-centred communication approaches
- facilitate transitions between services or settings where communication environments and partners may change
- contribute to trauma-informed care and neuro-affirming practice.

The positive impact of SLT involvement is further illustrated through real-life case examples gathered from network members and included within this report. Further examples can be found in Appendix B of this report.

Supporting differential diagnosis and access to appropriate intervention

Given the high co-occurrence of speech, language and communication needs alongside mental health conditions, speech and language therapy can play a critical role in both diagnosis and ongoing clinical formulation (Fine, 2005). SLT input can help to reduce the risk of misdiagnosis – particularly where diagnostic overshadowing may occur – by enabling teams to better understand the communication profile of an individual and how this interacts with their mental health needs.

This enhanced understanding supports more accurate clinical decision-making and ensures that individuals are able to access the most appropriate interventions in a timely manner.

Case study: Steven

Steven is a young adult with complex needs, including a traumatic brain injury and a suspected learning disability. He has a history of violent behaviour and substance misuse. During an inpatient admission, the multidisciplinary team recognised the need for a more comprehensive understanding of his needs and undertook a holistic assessment.

As part of this process, the SLT carried out a detailed assessment of Steven's language and interaction skills. The findings were shared with the wider multidisciplinary team, providing evidence that Steven did not meet the criteria for a learning disability but did meet diagnostic criteria for autism.

This clarification enabled more accurate care planning and supported Steven's discharge to an appropriate community placement, with clear guidance provided to staff regarding his communication needs and how best to support him.

Case study: Greg

Greg has a diagnosis of schizophrenia and is also autistic. He was experiencing difficulty engaging in discussions with his care team about his mental health and communication support needs.

Following assessment, the SLT worked with Greg using a structured visual framework to support these conversations. This approach enabled Greg to provide significantly more detailed and meaningful information about his experiences and needs.

Together, Greg and the speech and language therapist developed a report to share with his care team. This included key communication strategies, triggers for stress or distress, indicators of potential deterioration in mental health, and his preferred methods of communication.

This work improved Greg's engagement with his current support team and facilitated a smoother transition to a new service, with staff better equipped to meet his needs.

Supporting engagement with therapeutic interventions

Many individuals with communication needs struggle to access services due to difficulties with speech, language or interaction (Watson et al., 2023). SLTs are uniquely qualified to assess communication strengths and needs, and to recommend effective ways of presenting information and choices. This supports individuals to build confidence, access services and exercise autonomy. SLTs also play an important advocacy role, promoting wider understanding of communication support needs.

Case study: Paul

Paul, 39, has a mild learning disability and paranoid schizophrenia. He is detained in a low secure inpatient ward under the Mental Health (Care and Treatment) (Scotland) Act with a Compulsion Order with Restriction Order (CORO). He was referred to speech and language therapy to support his understanding of his legal restrictions and required conditions.

Limited understanding, alongside social communication difficulties, negatively affected Paul's interactions, behaviour and progression towards a less restrictive setting. It also impacted his ability to engage in psychological interventions.

SLT assessment developed a communication profile, informing adaptations to his care plan. Supportive strategies were embedded in daily interactions, and easy-read materials were introduced. The SLT also worked with staff delivering psychological interventions to adapt materials and approaches.

This input enabled more person-centred care, improving Paul's relationships, participation in activities and access to therapy. As a result, his disruptive behaviours reduced significantly, leading to fewer restrictions.

Case study: Simon

Simon was referred to speech and language therapy due to poor engagement in therapeutic group sessions required as part of his rehabilitation for substance use. Staff were concerned about his attendance, participation and ability to understand daily information.

Assessment identified significant receptive and expressive communication difficulties. A report outlining tailored strategies was shared with Simon and his care team. The SLT supported staff to adapt their communication and group materials accordingly.

These adjustments improved Simon's access to treatment and ability to engage meaningfully in therapeutic interventions.

Supporting ability to engage in activities of daily living

Communication difficulties can limit access to education, employment, recreation and community participation (Wickramaratne et al., 2022; Law et al., 2009;). When combined with mental health conditions, this increases the risk of social exclusion and isolation, further impacting wellbeing.

Case study: Jane

Jane is autistic and has experienced long-term depression and anxiety. She works in social care and has been supported by her community mental health team for several years.

She was referred to speech and language therapy after occupational therapy input did not achieve the expected outcomes, and her employment was at risk. The SLT supported Jane to understand her communication style in the context of late-diagnosed autism and to develop strategies for more effective interactions. They also identified workplace communication adjustments to support her role.

This input helped Jane better understand how her communication differences affected her mental health. She was then able to engage in appropriate self-management strategies and advocate for her needs at work. As a result, reasonable adjustments were made, enabling her to remain in employment.

Case study: Sam

Sam has developmental language disorder (DLD), diagnosed in childhood. Although he felt well supported at school, he began to struggle with communication at college, leading to increased anxiety. Despite accessing clinical psychology support, his language difficulties affected his ability to engage.

The SLT used a visual communication framework to help Sam express his experiences and goals. This informed a joint plan with clinical psychology, including development of a communication profile and support for self-advocacy.

These strategies improved Sam's confidence and ability to manage anxiety-provoking situations, supporting progress towards his goals.

Supporting carers and services

Communication difficulties in the context of mental health can contribute to behaviours that challenge, increasing the burden on carers and the risk of carer ill health. Carers often report communication and behavioural difficulties as highly stressful (Haley et al., 1994), and when support breaks down, hospital admission or additional services may be required. Speech and language therapists provide specialist guidance to help individuals and carers manage communication challenges and maximise existing skills.

In adult mental health settings, SLTs work both directly with individuals and indirectly through consultancy. This includes contributing to clinical decision-making and risk assessment, liaising with families, advising colleagues, and delivering training (Guthrie and Leslie, 2023; Rose et al., 2007).

Case study: Claire

Claire, 23, is an inpatient in an acute mental health ward and has a history of crisis admissions involving self-harm and suicide attempts. She is situationally mute and often unable to communicate verbally, limiting staff's ability to assess risk and involve her in care decisions.

SLT input focused on addressing these communication barriers. A visual decision-making tool was introduced, enabling Claire to express her psychological state without speech. The SLT worked with nursing staff to refine the tool and ensure it supported effective risk assessment. Training was provided so all staff could use it confidently, particularly during crises.

This approach improved risk management and enabled Claire's views to be included in her care. Consistent positive interactions also strengthened her relationships with the multidisciplinary team.

Case study: Tony

Tony has Primary Progressive Aphasia with associated behavioural changes and was referred to speech and language therapy during an inpatient admission. He has limited insight into his communication difficulties, and his family were distressed by his decline.

Assessment identified severe receptive and expressive language difficulties, though Tony remained socially motivated and more settled during interaction. The SLT supported development of a detailed communication passport, including personal information, interests and preferred communication methods.

This resource improved communication between Tony, his family and staff, increasing confidence in interactions. It also supported wellbeing and provided a useful tool for de-escalation during periods of distress.

Eating, drinking and swallowing difficulties

Eating and drinking difficulties are common in adults with mental health conditions and can negatively impact physical health, self-esteem, socialisation and quality of life (Harris, 2015; Aldridge and Taylor, 2012). SLTs assess swallowing and communication needs to support safe management and informed decision-making.

Case study: Mary

Mary, 47, was admitted to an intensive psychiatric care unit with acute psychosis. Due to high clinical risk, she required constant supervision and initially refused all food and drink. This prevented oral medication, leading to the use of intramuscular injections. She also presented with dehydration and poor oral health.

The SLT carried out an observational assessment of Mary's communication and swallowing needs on the ward. Recommendations focused on improving communication, creating a more predictable environment, and offering flexible opportunities for eating and drinking outside standard mealtimes.

This consistent approach reduced distress and improved engagement. Mary began eating and drinking more regularly, enabling joint SLT and dietetic input to safely improve her nutritional status.

Case study: Florence

Florence, 78, is an inpatient on an older adults' mental health ward, admitted due to confusion and aggression, with a history of psychotic illness. She was referred to speech and language therapy following a decline in her swallowing ability.

Assessment identified eating, drinking and swallowing difficulties, and recommendations were made regarding appropriate food textures. As her condition deteriorated, ongoing reassessment and regular liaison with nursing and medical staff ensured her safety and nutritional needs were managed.

SLT involvement supported timely assessment and review of Florence's physical health within her mental health care, enabling effective risk management as her needs changed.

Conclusion

This report demonstrates that speech, language, communication and swallowing needs are highly prevalent among adults accessing mental health services in Scotland. These needs significantly affect individuals' ability to engage with care, participate in daily life, maintain relationships, and achieve positive outcomes. When unrecognised or unsupported, they contribute to increased clinical risk, poorer physical and mental health outcomes, and widening health inequalities.

Despite strong and longstanding policy drivers emphasising early intervention, equitable access and joined-up care, the integration of speech and language therapy within adult mental health services remains inconsistent and inequitable across Scotland. Current provision is limited, geographically uneven and largely concentrated within inpatient and specialist settings. Many areas have no dedicated SLT input, particularly within community mental health services, where early intervention and prevention should be prioritised.

The case studies presented throughout this report illustrate the significant and measurable impact of SLT involvement. SLTs enable more accurate assessment and diagnosis, improve engagement with therapeutic interventions, support participation in everyday activities, reduce risk, and enhance the capacity of carers and multidisciplinary teams. Their role is essential to delivering person-centred, trauma-informed and accessible mental health care.

Without systematic inclusion of SLTs within mental health services, there is a continued risk that communication needs will remain unidentified and unmet, limiting the effectiveness of wider service provision and undermining national policy ambitions.

Recommendations

To address these gaps and support delivery of high-quality, equitable mental health care, the following actions are recommended:

1. Establish equitable SLT provision across Scotland

- Develop and fund dedicated SLT posts within adult mental health services in all health boards, including those with no current provision.
- Prioritise expansion within community speech and language therapy services to support early intervention and prevention.

2. Embed SLTs within multidisciplinary mental health teams

- Ensure SLTs are core members of inpatient and community teams, contributing to assessment, care planning, risk management and discharge planning.
- Support integrated, team-based approaches rather than ad hoc or consultative-only models.

3. Develop clear referral pathways and service models

- Establish consistent, transparent referral pathways to speech and language therapy within mental health services.
- Implement tiered models of SLT input aligned with national mental health service frameworks.

4. Strengthen workforce capacity and capability

- Increase training opportunities, clinical placements and supervision in adult mental health for SLTs.
- Ensure SLTs working in these settings have access to appropriate specialist training and professional support.

5. Enhance knowledge and skills across the wider workforce

- Provide SLT-led training for mental health professionals to recognise and respond to communication and swallowing needs.
- Promote communication-inclusive and neuro-affirming practice across services.

6. Improve access to psychological and therapeutic interventions

- Ensure SLT input is available to support adaptation of therapeutic materials and approaches, enabling equitable access for individuals with communication needs.

7. Recognise communication as a core component of mental health care

- Embed consideration of speech, language and communication needs within assessment, care planning and policy development.
- Align SLT provision with national priorities around rights-based, person-centred and trauma-informed care.

8. Support carers and reduce system pressures

- Ensure SLT input is available to provide guidance and training for carers and families.
- Recognise the role of effective communication support in reducing crisis presentations, hospital admissions and service demand.

Implementing these recommendations will support more equitable, effective and person-centred mental health services across Scotland. Integrating speech and language therapy as a core component of care is essential to achieving national policy ambitions and improving outcomes for individuals, carers and services.

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Appendix A: National strategy and policy drivers

- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Carers \(Scotland\) Act 2016](#)
- [Caring Together: The Carers Strategy for Scotland 2010–2015](#)
- [Changing Scotland's Relationship with Alcohol: A Framework for Action \(2009\)](#)
- [Community Justice \(Scotland\) Act 2016](#)
- [Equally Well \(2008\)](#) and [Equally Well Review 2010](#)
- [Getting it Right for Every Child](#)
- [Good Mental Health for All \(2015\)](#)
- [Healthier People Safer Communities – Working Together to Improve Outcomes for Offenders \(2013\)](#)
- [Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020](#)
- [Mental Health Strategy for Scotland 2017–2027](#)
- [Mental Health \(Scotland\) Act 2015](#)
- [See Me: End mental health discrimination](#)
- [National Parenting Strategy: Making a Positive Difference to Children and Young People Through Parenting \(2012\)](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Report by the Commission on Women Offenders \(2012\)](#)
- [Scottish Government: National Dementia Strategy 2017–2020](#)
- [Self-Directed Support: A National Strategy for Scotland \(2010\)](#)
- [Scottish Government: Suicide Prevention Strategy 2013](#)
- [The Keys to Life: Improving Quality of Life for People with Learning Disabilities \(2013\)](#)
- [The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem 2008](#)
- [The Scottish Strategy for Autism \(2011\)](#)

Appendix B: Additional case studies

This appendix provides additional case studies aligned with the themes presented in the main report.

Supporting differential diagnosis and access to appropriate treatment

Case study: Alison

Alison, a first-year university student, was admitted to an acute psychiatric ward with symptoms initially attributed to an acute stress reaction. Despite treatment, her presentation deteriorated and she developed significant word-finding difficulties that increasingly affected her ability to communicate with staff and family.

Speech and language therapy assessment identified that Alison's communication difficulties were directly related to her mental ill health rather than an underlying neurological condition, based on the pattern and nature of her presentation. A therapeutic-assessment approach enabled the development of tailored communication support strategies to facilitate her engagement in treatment. The assessment also supported Alison to express information that she had previously been unable to communicate, contributing to a more accurate understanding of her needs and informing care planning.

Case study: Frank

Frank was an inpatient on an adult mental health ward when concerns were raised about a decline in his eating, drinking and swallowing abilities. Assessment by a speech and language therapist identified lip-smacking behaviour and other features consistent with mild tardive dyskinesia, a known side effect of antipsychotic medication.

These findings were shared with the multidisciplinary team, and it was noted that the symptoms had emerged following an increase in medication dosage. Ongoing monitoring by the speech and language therapist demonstrated progression of symptoms, prompting a review by the medical team. A change in medication resulted in improved swallow function and reduced dietary restrictions, leading to an improvement in Frank's quality of life. Speech and language therapy input supported informed clinical decision-making and safe person-centred care.

Case study: Chris

Chris has experienced persistent anxiety and low mood throughout adulthood, compounded by a lifelong stammer. Although previously referred to hospital-based speech and language therapy services, he was unable to attend consistently due to his mental health difficulties.

The community mental health team identified this barrier and facilitated joint working between team-based and hospital-based speech and language therapists. Through a combination of video appointments and interim support from the team therapist, Chris was able to access specialist fluency therapy in a format that accommodated his mental health needs. This flexible approach enabled Chris to engage with intervention and address both his communication goals and psychological wellbeing.

Supporting engagement with therapeutic interventions

Case study: James

James is a 29-year-old autistic man with a co-existing diagnosis of ADHD who was referred to speech and language therapy within a prison mental health service due to concerns about his ability to engage with therapeutic interventions.

Assessment identified specific aspects of James's communication profile that impacted his mental wellbeing and participation in therapy. The speech and language therapist worked individually with James to develop strategies to support communication and self-understanding, and jointly with occupational therapy to support engagement in group-based behaviour management interventions. As a result, James developed greater insight into his communication differences, improved his self-management skills, and experienced improvements in mental health and sense of self.

Case study: Jason

Jason is an autistic adult with an intellectual disability who experienced increasing incidents of violence and aggression linked to difficulties expressing his emotional state. Speech and language therapy input was requested to support communication within his care team.

Working jointly with psychology, the speech and language therapist developed a visual emotional communication tool using language and symbols accessible to Jason. Guidance was also provided to staff on adapting their communication approaches. Further multidisciplinary work supported discussions around Jason's mood, mental health, personal care and daily structure. Improved communication support resulted in increased engagement, reduced risk and more effective participation in his care and treatment plan.

Case study: Neuro-affirming group intervention

A community mental health team identified a gap in post-diagnostic support for autistic adults. Speech and language therapy and occupational therapy collaborated to develop a neuro-affirming group intervention providing psychoeducation, strengths-based discussion and practical coping strategies.

Participants reported improved understanding of their diagnosis, increased confidence and enhanced ability to engage in other therapeutic activities. The group supported emotional regulation, self-advocacy and recovery-focused participation in services.

Supporting ability to engage in activities of daily living

Case study: George

George is a 70-year-old man with a history of psychotic illness and epilepsy who experienced progressive cognitive decline affecting his communication and social participation. He was referred to speech and language therapy due to increasing social isolation.

Intervention focused on maintaining communication skills through structured, supported conversation centred on topics of interest. This approach maximised George's strengths, promoted meaningful interaction, and provided valued opportunities for social engagement, contributing positively to his overall mental wellbeing.

Case study: Robert

Robert lives in a community rehabilitation setting and has schizophrenia and depression. As a side effect of medication, he developed tardive dyskinesia affecting speech, leading to anxiety in formal communication situations.

Speech and language therapy intervention supported Robert to develop strategies for managing speech disruptions, adopt a slower and more relaxed speech pattern, and practise communication in high-pressure contexts. Improved confidence and communication skills supported his progression towards discharge and greater independence.

Case study: Philip

Philip has a long history of severe and enduring mental illness and experienced persistent communication difficulties despite stability in his psychiatric symptoms. Living alone with limited

opportunities for conversation, he was referred to speech and language therapy to support social participation.

Philip attended a therapist-led community conversation group, where structured activities supported speech volume, confidence and conversational skills. Participation enabled Philip to build friendships and increase social connectedness. Following the group, he reported confidence in maintaining relationships independently.

Supporting carers and services

Case study: Maria

Maria is a young woman with a history of trauma, emotionally unstable personality disorder and alcohol misuse, recently discharged from prison. Concerns regarding her communication abilities were identified by her social care team following incomplete assessment during custody.

Although individual speech and language therapy provision was unavailable locally, consultation-based input enabled the development of a communication profile and practical guidance for carers. This supported consistent communication approaches, increased Maria's involvement in care planning and strengthened therapeutic relationships, facilitating improved engagement and wellbeing.

Case study: Older adult inpatient group

An older adult inpatient mental health ward identified communication difficulties as a barrier to engagement in therapeutic activity. Speech and language therapy developed and facilitated a structured social communication group supported by nursing staff.

Patients demonstrated improved confidence and participation, while staff developed greater understanding of supportive communication strategies. This resulted in improved staff-patient relationships, increased appropriate referrals and more inclusive ward-based care.

Case study: Workforce communication support

An adult mental health ward experienced a high volume of referrals related to common communication needs. Speech and language therapy responded by developing ward-based communication resources and providing training for nursing staff.

Ongoing drop-in support enabled staff to address challenges collaboratively, increasing confidence and capability in meeting patients' communication needs. This approach supported more person-centred care and efficient use of specialist resources.

Eating, drinking and swallowing difficulties

Case study: David

David, an inpatient with a history of choking and recurrent chest infections, was referred to speech and language therapy for swallowing assessment. Mild dysphagia was identified and recommendations were provided; however, David was reluctant to follow advice.

Using the Realistic Medicine BRAN framework, the speech and language therapist supported David and the team to explore benefits, risks, alternatives and the option of doing nothing. This enabled informed decision-making aligned with David's values and priorities, balancing safety and quality of life.

Case study: Sarah

Sarah has a longstanding diagnosis of anorexia nervosa and emotionally unstable personality disorder. Following medical complications requiring non-oral feeding, she returned to the eating disorders ward on a modified diet and reported anxiety related to swallowing.

Speech and language therapy assessment and intervention focused on safe progression towards a normal diet, in close collaboration with nursing staff and dietetics. Therapeutic exercises and individualised support enabled Sarah to broaden food choices safely, supporting discharge and recovery.

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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