RCSLT response “Informing the Mental Health Strategy for England: Call for Evidence”

July 2026

Section one: Hospital to community

Effective partnership working at a community level is essential for the provision of person-centred care. We would like to hear practical insights that support wider transformation of mental health care in communities. We welcome practical examples and evidence on how mental health services can work more effectively across sectors and settings.

Q1: How can mental health services work more effectively across communities/ sectors/settings/areas? Please provide examples of cross-sector pathways in practice.

Mental health services can work more effectively across communities by designing pathways that recognise the factors influencing whether people can access, understand and benefit from care. Communication is fundamental to mental health assessment, risk assessment, diagnosis, psychological intervention and shared decision-making; therefore, identifying and responding to speech, language and communication needs should be considered a core component of safe, equitable and person-centred care.

Communication needs are common among people accessing mental health services, including those with autism, acquired brain injury, dementia, depression, schizophrenia and personality disorder, yet they frequently go under-identified. Evidence indicates up to 81% of children with social, emotional and mental health needs and around 60% of adults in mental health services have speech, language and communication needs (RCSLT). When these needs are not identified, individuals may experience inaccessible assessments, reduced participation in care planning, misinterpretation of distress or communication differences, and increased risk of being viewed as “not engaging” with services.

Integrated multidisciplinary pathways should ensure that communication needs are identified early, recorded consistently and reflected in reasonable adjustments across health, social care, education, justice, employment and voluntary sector services. Speech and language therapists provide specialist expertise when embedded in these pathways by supporting differential diagnosis, adapting psychological interventions, strengthening consent and decision-making processes, and enabling teams to develop communication approaches that are effective and consistent across settings.

Cross-sector pathways already demonstrate these benefits. Within Hampshire’s and IOW Liaison and Diversion Service, embedding speech and language therapy has improved identification of communication needs, increased the use of reasonable adjustments and supported more equitable participation in justice processes.

Q2: What further support should be provided for people with severe and enduring mental illness?

People with severe mental illness require coordinated, multidisciplinary support across health, social care and community systems. Effective models of care must recognise the range of factors that influence recovery, participation and quality of life, including communication and swallowing needs, which are often overlooked within mental health pathways.

Routine identification of speech, language, communication and swallowing needs should form part of comprehensive mental health assessment and ongoing care. These needs are recognised within NICE guidance in the care of people with severe mental illness (NG181). Swallowing difficulties are associated with conditions such as schizophrenia and severe depression, medication side effects, cognitive impairment or co-occurring neurological conditions. If unidentified, swallowing difficulties increase the risk of aspiration, malnutrition and avoidable hospital admission. Unmet communication needs can affect a person's ability to understand information, participate in treatment decisions, engage with psychological interventions and maintain independence.

Mental health systems should ensure access to speech and language therapy expertise within multidisciplinary teams, enabling communication needs to be recognised and addressed alongside psychological, social and physical health needs. Speech and language therapists contribute to differential understanding, accessible intervention, capacity and consent processes, risk management and the development of communication strategies that support consistent care across settings.

Support should extend beyond clinical treatment to sustaining recovery and participation in community life. Communication is central to relationships, employment, education and self-advocacy, and therefore, communication-inclusive care planning should continue across transitions and changing needs, including ageing, physical comorbidity and cognitive decline.

This approach is evidenced in practice. At Nottinghamshire Healthcare NHS Foundation Trust, speech and language therapy input has improved engagement in verbally mediated psychological interventions and contributed to safer discharge planning. In secure inpatient services in Lancashire and South Cumbria NHS Foundation Trust, speech and language therapy interventions including Talking Mats and social stories have enabled a diabetic man with cognitive impairment to participate in complex health decisions, improving engagement and safety and reducing his risk of foot loss.

Q3: What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services?

Continuity of care across transitions between hospital and community services, between different levels of care, and from child to adult services remains a challenge. These challenges reflect fragmented pathways, inconsistent information sharing, variation in service models and thresholds, and insufficient recognition of the factors that influence whether people can successfully engage with care.

A key barrier is the inconsistent identification, recording and transfer of communication needs across settings. Speech, language and communication needs are frequently unrecognised or not routinely captured within mental

health pathways. As a result, reasonable adjustments, communication profiles and effective strategies may not follow the person through transitions between inpatient and community services, across providers, or during the transition from child to adult mental health services.

This is particularly significant because communication affects every stage of care: understanding information, expressing needs, participating in assessment, making decisions and engaging with treatment. When communication needs are not recognised, distress or difficulty participating may be misinterpreted as lack of engagement, reduced motivation or limited insight, potentially contributing to poorer experiences and outcomes.

Transitions are also affected by changes in professional relationships, eligibility criteria and models of care. For young people moving from Child and Adolescent Mental Health Services to adult services, these changes can occur at a particularly vulnerable stage of life. Similarly, adults discharged from inpatient services under the Mental Health Act may experience a loss of communication support despite ongoing needs that continue to affect recovery and participation.

Improving continuity requires communication needs and reasonable adjustments to become a routine part of transition planning, with information shared effectively across systems. Speech and language therapists have a key role in supporting identification, assessment and communication-inclusive practice.

Q4: Please provide examples from either side of the transition and outline how these barriers could be effectively addressed.

Improving transitions between hospital and community services requires a consistent approach to identifying communication needs, sharing information and maintaining effective support across settings. Current variation in access to speech and language therapy within mental health services means that some people receive specialist communication support at one stage of their care but experience a loss of support during transition. This creates avoidable inequity and can affect engagement, safety and recovery.

Within inpatient mental health settings, people may be admitted during periods of crisis with previously unidentified speech, language or communication needs. Without recognition, they may find it difficult to understand information, participate in risk assessment, contribute to care planning or engage in discharge discussions. Where speech and language therapy expertise is available, assessment can identify communication barriers and introduce practical strategies, including accessible information, visual supports and approaches that enable more effective participation in decision-making.

In inpatient to community transitions, gaps in community speech and language therapy provision can further disrupt continuity, with communication support not always maintained post-discharge. Similarly, in CAMHS-to-adult transitions, changes in eligibility and changes to service models can create additional barriers. Communication needs should be treated like other essential care information that follows the person. Early joint planning, including consideration of communication needs, and addressing variation in access to speech and language therapy can support smoother transitions and reduce the risk of disengagement.

These challenges require integrated transition pathways supported by clear expectations for communication-inclusive practice. Equitable commissioning of speech and language therapy across mental health systems, alongside workforce development and increased visibility of communication needs would strengthen continuity, improve safety and support better long-term outcomes.

Section two: Analogue to digital

Q1: What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes?

Digital technologies and artificial intelligence (AI), including the development of a "digital front door" via the NHS App, have significant potential to improve access to mental health support, increase choice and enable earlier intervention. However, the success of digital transformation will depend on whether services are designed around the needs of the whole population, including people with speech, language and communication needs.

Communication accessibility should be recognised as a fundamental element of digital inclusion, alongside digital access and digital literacy. As digital pathways increasingly support triage, assessment, self-management and therapeutic intervention, communication needs must be considered at the point of design. Without this approach, digital transformation risks unintentionally reinforcing existing inequalities in access and engagement

Many people accessing mental health services, including people with severe mental illness, autism, learning disabilities, acquired brain injury, developmental language disorder and dementia, experience difficulties understanding complex language, expressing themselves, or navigating digital platforms. These barriers reflect whether systems are designed to enable meaningful participation.

Innovative approaches being used include accessible digital assessment and triage tools, remote consultations, digital communication profiles that allow communication needs and reasonable adjustments to be shared across services, and AI-supported clinical documentation that can improve continuity of care and reduce administrative burden.

Speech and language therapists have an important contribution to make in the design and implementation of accessible digital mental health systems. This ensures that digital tools support, rather than restrict, equitable access to care.

Evidence indicates a significant proportion of people experiencing mental health difficulties face barriers across communication channels (Holkar et al., 2018). Digital approaches can support self-management and access to care but must complement and not replace professional judgement and therapeutic relationships, particularly for people with complex communication needs. Maintaining non-digital routes to support remains essential to ensure no one is excluded because of how they communicate.

Q2: How can data be used more innovatively to improve mental health and wider societal outcomes? Please provide examples.

Data has significant potential to strengthen mental health services through earlier identification of need, more personalised support and proactive approaches to care planning. However, current mental health datasets remain largely focused on diagnosis, service activity, and crisis presentations, with limited routine information about factors that influence whether people can engage effectively with care, including communication needs, reasonable adjustments and communication-related outcomes.

This creates an important gap in understanding both need and impact. Without visibility of communication needs within this population and service data, systems cannot reliably identify inequalities in access, understand barriers to engagement, measure whether reasonable adjustments are effective, or determine where additional support may be required.

More innovative use of data should include routine recording of speech, language and communication needs, preferred communication approaches and reasonable adjustments within shared electronic records. This information should be used proactively to inform care planning, identify people at increased risk of disengagement, inform clinical decision-making and monitor whether services are delivering equitable outcomes.

Greater linkage of information across health, social care, education, employment and justice systems would also strengthen understanding of how communication accessibility influences wider outcomes, including participation, independence, employment, education and community inclusion. This would support earlier intervention and reduce duplication across services.

Speech and language therapists already contribute structured outcome data through approaches such as Therapy Outcome Measures (TOMs) and the RCSLT Online Outcome Tool (ROOT), which capture change across impairment, activity, participation and wellbeing domains. Embedding these approaches more consistently within mental health data systems would strengthen the evidence base, support service improvement and demonstrate the contribution of communication-inclusive care to both individual and wider system outcomes.

Section three: Sickness to prevention

We encourage examples of good practice within and beyond the health system, including in work and education settings where people with a co-occurring mental health and neurodevelopmental condition may particularly benefit.

Q1: Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

Effective prevention requires approaches that strengthen protective factors, identify emerging needs early and enable people to participate fully in education, employment and community life. Communication is central to these aims. The ability to understand information, express needs, build relationships and participate in decision-making supports emotional wellbeing, social connection and access to support across the life course.

Primary prevention should focus on promoting communication development, emotional wellbeing and health literacy from the earliest years. In Waltham Forest, speech and language therapists working in Family Hubs support families to understand communication milestones and strengthen early interaction. In Hampshire, speech and language therapists have co-produced accessible public health information on physical activity, healthy eating and mental wellbeing, improving understanding and supporting more equitable access to prevention messages.

Secondary prevention should prioritise early identification and intervention for people at increased risk of mental health difficulties, such as children and young people with social, emotional and mental health needs, neurodevelopmental

differences and those experiencing barriers to education or employment. In Nottingham Child and Adolescent Mental Health Services, speech and language therapy input has improved emotional vocabulary, emotional awareness and participation in psychological interventions, enabling young people to better identify, express and regulate emotions. In Cornwall, speech and language therapists work with young people who are absent from education or work, providing targeted communication support to help them re-engage with learning and participation.

Tertiary prevention should support recovery and reduce relapse by enabling people to maintain relationships, education, employment and community participation. Communication inclusive social prescribing approaches, including initiatives such as Include Choir, demonstrate how community connection can reduce isolation and improve wellbeing for people with communication needs.

Embedding communication-focused prevention across the life course aligns with Core20PLUS5 ambitions by improving access for groups who experience poorer health outcomes and barriers to care. Speech and language therapy contributes to this wider prevention agenda by ensuring that communication is recognised as a key factor influencing wellbeing, participation and recovery.

Q2: Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

Suicide prevention requires approaches that support early identification of risk, accessible assessment, timely intervention and sustained support during recovery. These approaches are strengthened when services recognise and respond to communication needs, ensuring that everyone can participate meaningfully in conversations about distress, risk and support.

Many people at increased risk of suicide, including people with severe mental illness, autism, learning disabilities, acquired brain injury and developmental language disorder, may experience communication barriers that affect their ability to recognise distress, describe their experiences, seek help or engage with services. Adolescents with speech, language and communication needs may face additional vulnerabilities, including difficulties expressing emotions, navigating relationships and accessing support. Social isolation associated with communication barriers can also affect wellbeing and connection.

Early identification of communication needs should form part of routine inclusive mental health assessment. Recognising communication differences enables services to make appropriate adjustments before barriers affect engagement, understanding or the accuracy of risk assessment.

Communication-accessible suicide risk assessment and safety planning are essential components of equitable care. Questions, information and safety plans should be adapted where required using accessible language, visual supports and other communication strategies to ensure people can understand, contribute and make informed decisions about their care.

Ongoing multidisciplinary support should maintain awareness of communication needs throughout crisis intervention and recovery. Speech and language therapists contribute specialist expertise by supporting teams to recognise different ways people communicate distress, adapt assessment and intervention approaches, and develop strategies that enable continued participation in care.

Embedding communication-inclusive practice within suicide prevention pathways would strengthen the quality of assessment, improve engagement and help ensure that people with communication difficulties receive equitable access to timely, effective support.

Q3: How can services better support the 'missing middle' - those with sustained needs (that affect their participation in community life, for example, in education or work) who may not meet the criteria for NHS mental health services? Please provide examples.

People in the 'missing middle' require earlier, flexible and community-based support that addresses functional needs before difficulties escalate to crisis or specialist mental health services. This includes people whose mental health, communication and participation are significantly affected but who do not meet eligibility criteria for either specialist services.

There are currently groups of adults who experience significant psychosocial impact from communication difficulties but have limited access to NHS speech and language therapy, including people who stammer, people with developmental language disorder and those with primary progressive aphasia. Addressing these gaps would reduce unmet need, support independence and help prevent deterioration in mental health and wellbeing.

A key challenge is that communication needs are often overlooked within wider approaches to mental health prevention and early intervention. Difficulties understanding information, expressing distress, advocating for oneself, maintaining relationships or navigating services can significantly affect participation in education, employment and community life. However, because

these needs are not always immediately visible, they may remain unidentified until difficulties become more complex.

Examples from practice demonstrate the value of community-based approaches. Dyscover a specialist charity in Surrey supports people with primary progressive aphasia and their families to develop communication strategies, maintain confidence and participation in everyday life. In Swindon, speech and language therapists have developed social prescribing approaches that connect people with community groups, reducing isolation and promoting wellbeing. In Coventry, Positive Directions integrates speech and language therapy within support for young people not in education, employment or training (NEET), improving engagement and progression into education.

Integrated neighbourhood teams should bring together primary care, speech and language therapy, education, employment support, social care and voluntary sector organisations. Services should adopt flexible referral pathways that consider functional impact including communication needs and participation alongside diagnosis and traditional eligibility criteria. Ensuring earlier access to communication support within community pathways would help reduce inequalities and prevent people reaching crisis before their needs are recognised.

Section four: Factors enabling good practice

Too often, we hear that services are hindered by administrative barriers that prevent innovative, integrated and person-centred care. We are interested in the underlying enablers of good practice around the country, and the role national government can play in creating the conditions for reformed models of mental health support. We are particularly interested

to understand how access can be improved, for example through therapeutic support for certain groups such as women and girls subject to violence and/or child sexual abuse.

Q1: What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning? Please provide examples.

Safe, integrated mental health services require commissioning, funding and accountability arrangements that recognise the factors influencing whether people can access, engage with and benefit from care. Communication is fundamental to assessment, treatment, recovery and participation in education, employment and community life; therefore, speech, language, communication and swallowing needs should be recognised within mental health planning for children, young people, adults and older people.

Commissioning approaches should support equitable access to communication expertise from speech and language therapy across community, inpatient, crisis and neighbourhood mental health services. Current variation in provision means that some people receive appropriate support while others experience unmet communication needs that affect engagement, decision-making and recovery. Embedding speech and language therapy expertise within multidisciplinary models, rather than relying solely on referral pathways, would support earlier identification, more effective reasonable adjustments and greater continuity of care

Funding arrangements should enable sustainable multidisciplinary workforce models and support workforce development and training so that all mental health professionals can recognise communication needs and implement adjustments. Speech and language therapy services should become part of routine service design.

Oversight and accountability should extend beyond service activity and symptom based outcomes to include meaningful measures of participation and inclusion. National and local frameworks should consider outcomes such as engagement with care, education, employment, social connection, communication effectiveness and quality of life. They should also monitor whether communication needs are identified, reasonable adjustments are implemented and people receive equitable access to appropriate support.

Developing this approach would provide systems with clearer understanding of unmet need, reduce unwarranted variation and support more consistent, person-centred mental health care. Ultimately, recognising communication as a core component of mental health provision would improve safety, reduce inequalities and enable more people to participate fully in community life.