

Supporting social, emotional and mental health and wellbeing

Many children and young people with social, emotional and mental health needs have unidentified communication and interaction difficulties. Communication difficulties include problems understanding language (making sense of what people say) and with using language (words and sentences). Interaction difficulties include problems developing positive relationships. Speech and language therapy plays a crucial role in identifying and supporting communication and interaction difficulties. It promotes better outcomes for those with social, emotional and mental health needs.

Social, emotional and mental health and communication and interaction needs

Communication and interaction needs are likely in children with social, emotional and mental health difficulties, including those children with attention deficit hyperactivity disorder, conduct disorder, social communication disorder, and attachment difficulties. Many looked after children, whether in mainstream or other schools or in residential care, also have communication and interaction needs.

The size of the problem

- ▶ **One in 10** children and young people aged younger than 16 have a mental health disorder.^{1,2}
- ▶ In addition, approximately a further **15%** have less severe problems that put them at increased risk of developing mental health problems in the future.³
- ▶ **81%** of children with emotional and behavioural disorders have significant language deficits.⁴
- ▶ People with a primary communication impairment are at greater risk of a secondary mental health disorder, commonly anxiety or depression.⁵
- ▶ Between **40%** and **54%** of children with behaviour problems have language impairment.^{6,7}

A serious issue

Left unidentified and/or unmet, communication and interaction needs can have a range of negative consequences on a person's social, emotional and mental health.

- ▶ They can affect their emotional health and wellbeing, relationships, educational attainment, and the securing and retaining of employment.
- ▶ They can also affect behaviour. Many children with unidentified and/or unmet communication and interaction needs communicate through behaviour which can lead to exclusion from school, offending behaviour and involvement in the criminal justice system. Sixty percent of young people in the youth justice estate can have difficulties with speech, language or communication.⁸
- ▶ They can also prevent children and young people from accessing and benefitting from treatments and programmes that are primarily verbally delivered, such as talking therapies.

How speech and language therapy can help

Speech and language therapy promotes better social, emotional and mental health and wellbeing. It plays a crucial role in identifying communication and interaction needs and in contributing to differential diagnosis. It promotes 'inclusive communication' by developing communication-friendly environments that remove barriers to communication. This includes providing speech and language therapy to those children and young people who need it and training others in awareness of communication and interaction needs and how to respond to them. This has a range of benefits:

- ▶ **PROMOTING POSITIVE OUTCOMES** – it helps children and young people develop their social communication skills and the language they need in everyday life, helps them form positive relationships, enhances resilience, promotes participation in education, work, and society, and enables children and young people to take an active part in making decisions about their treatment and care.
- ▶ **REDUCING THE RISK OF NEGATIVE OUTCOMES** – it reduces the risk of children and young people not understanding what is being said to and asked of them and not being able to make themselves understood. It also reduces the risk of this leading to frustration, aggressive behaviour, and behaviour that might result in involvement in the criminal justice system.

Promoting better outcomes for those with social, emotional and mental health needs

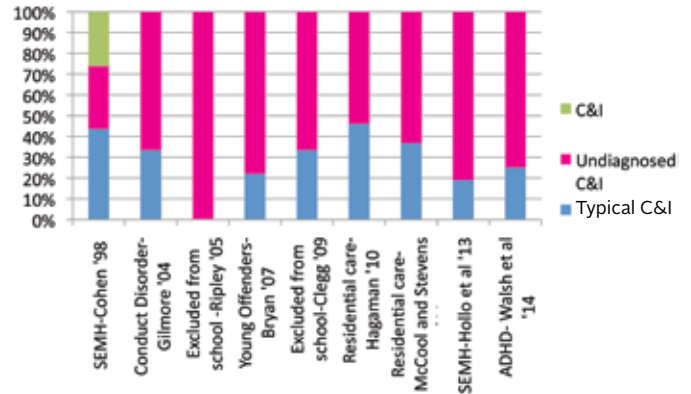
The United Kingdom's Department for Education has recognised that speech and language difficulties may be an underlying cause of disruptive or withdrawn behaviour. They have stated that 'where there are concerns about behaviour there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues.'⁹

The Royal College of Speech and Language Therapists recommends that:

- the multidisciplinary health, education and social care teams supporting children and their families have access to speech and language therapy services – this would include speech and language therapists (SLTs) contributing to assessment planning and intervention where appropriate.
- those with social, emotional or mental health needs should be screened for communication and interaction difficulties.
- all staff working with children and young people should be trained in recognising and knowing how to respond to communication and interaction needs, including through making

classrooms, material and treatment programmes communication and interaction friendly to ensure they are accessible. In addition, research is required to identify more effective interventions for children and young people with social, emotional and mental health and communication and interaction needs.

Undetected Communication and Interaction difficulties in SEMH



Emma's story

Emma is a 10-year-old looked after child with social, emotional and mental health needs. She had extreme social difficulties, including being highly aggressive both physically and verbally. She had very poor social communication skills, very poor ability to recognise and respond to the communications of others, emotional literacy difficulties and extreme difficulties managing her emotions. She could not make or keep friends and she had regular exclusions

from school. Parents of other children complained about her behaviour and school staff labelled her as 'the devil'.

Aged seven, she was about to move carers, geographical area, and to another mainstream school. Given concerns about her ability to continue in mainstream education, she was referred to speech and language therapy services by her social worker.

Following work with the SLT, Emma's social communication and interaction skills with other children greatly improved, as did her ability to build new

relationships as well as maintain the ones she had formed. She got better at managing her emotions when things did not go as she would like, and also at recognising what information was appropriate to speak about, depending on her audience (i.e. recognising private versus public subject matters). She learned phrases to use to negotiate and compromise. Her file has now been closed, very few difficulties have been reported since, and she has continued in mainstream education for three years.

► Also see our factsheets on **'Safeguarding'** and **'Looked after children'**

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