

## Improving mental health outcomes for school age children: evidence of links with speech, language and communication

### Summary

- Good communication skills are a protective factor against mental health problems.
- Poor communication is a mental health risk factor: children with speech, language and communication needs (SLCN) are at increased risk of developing mental health problems.
- Children with mental health problems are more likely to have co-occurring communication difficulties.
- Communication difficulties are a barrier both to diagnosis and to accessing mental health interventions which tend to be verbally delivered e.g. cognitive behavioural therapy.
- A significant number of children and young people (over 10%) have long-term speech, language and communication needs which require ongoing support. These children are at high risk of developing mental health problems unless appropriately supported during the school years.
- Evidence indicates some areas that universal approaches could address, but more research is needed into interventions which:
  - can prevent children with SLCN developing mental health difficulties, particularly for universal approaches.
  - are effective in treating mental health difficulties for children with co-occurring SLCN.

### **1. Good communication skills are a protective factor**

- A large general population cohort showed that early language development at age 2 and age 4 made an important contribution to emotional and behavioural functioning at age 6 (Clegg et al, 2015).
- Analysis of data from the Millennium Cohort Study about children between the ages of 9 months and 14 years found that verbal cognitive ability appears to be a powerful protective factor against the development of childhood conduct problems, substantially reducing the likelihood among both boys and girls of being on any of the three higher risk pathways. The effect is particularly marked in relation to the 'persistent high problems' pathway (Centre for Mental Health, 2018).

### **2. Poor communication is a mental health risk factor:**

Children with speech, language and communication needs (SLCN) are at increased risk of developing mental health problems

#### ***During school:***

- Children with language difficulties have an impoverished quality of life in terms of moods and emotions and are more at risk in terms of social acceptance and bullying (Lindsay & Dockrell, 2012).

- Anxiety is higher in individuals with developmental language disorder (DLD) than age matched peers and remains so from adolescence to adulthood; individuals with DLD have higher levels of depression symptoms than do peers in adolescence (Botting et al, 2016b).
- Deficits in pragmatic language (social communication) precede early and late adolescent psychotic experiences and early adolescent depression (Sullivan et al, 2016).
- Longitudinal studies of children with identified SLCN demonstrate an elevated risk of social, emotional and behavioural difficulties in adolescence (Snowling et al, 2006).
- Language difficulties are also strongly associated with behavioural problems, with studies observing consistently higher levels of disruptive and antisocial behaviour amongst children also identified with speech and language needs (Benner et al, 2002; Pickles et al, 2016; Nelson et al, 2005; Snow & Powell, 2011).
- Children with persistent language disorder from preschool to early primary school may be more likely to have concomitant social, emotional and behavioural (SEB) difficulties, particularly behavioural difficulties. Those with unstable language disorder may also have co-occurring SEB difficulties, showing a need for education and health professionals to monitor early language and SEB development (Levickis et al, 2017).
- Secondary difficulties for children with DLD make these children more vulnerable to victimization and warrant specific support and interventions (van den Bedem et al, 2018).
- Children with DLD had significantly smaller peer social networks and were more likely to be isolated (Chen et al, 2018).

***Into adulthood:***

- Children with vocabulary difficulties at age five are three times as likely to have mental health problems when they reach adulthood (Law et al, 2009).
- People with a primary communication impairment are at greater risk of a secondary mental health disorder, commonly anxiety or depression (Botting et al, 2016a).
- Studies observe a higher rate of past early language problems among adults with anxiety disorders (Law et al, 2009; Beitchman et al, 2001.)

**3. Children with mental health problems are more likely to have communication difficulties**

- The Mental Health of Children and Young People in England, 2017 survey series, commissioned by NHS Digital, found that children with a mental disorder were about five times more likely to have speech or language problems than those without (14.9% compared to 3.2%). (NHS Digital, 2018).
- Young people aged 12 - 18 referred to mental health services are three times more likely than their non-referred peers to meet the criterion for higher order language disorders affecting inferential thinking, understanding abstract concepts and the understanding and use of figurative language (Cohen et al, 2013).
- Higher order language impairments are associated with parent ratings of severity of externalising psychopathologies in the clinic setting (ibid).

**4. Communication difficulties are a barrier to diagnosis and accessing psychological therapies**

- Children with recognised SLCN are at risk of unrecognised mental health needs due to:
  - a) diagnostic overshadowing (where signs of a mental health condition may be attributed to an existing SLCN), and/or
  - b) difficulties with communicating their mental health needs in a way that enables them to access the mental health service.

- Children’s language abilities affect the discrepancy between informant ratings of ADHD symptomatology and the agreement between parents and teachers regarding the extent to which the child meets the diagnostic criteria for ADHD. (Gooch et al, 2017).
- Many psychological therapies rely heavily on the individual’s ability to use language to identify treatment goals, articulate the difficulties they are experiencing and exceptions to problems, reflect on their behavioural strengths and resources and regulate their own behaviour and interactions. There is therefore a need to consider language ability in order to plan and deliver effective mental health interventions and predict response to treatment:
  - The success of cognitive behavioural therapy (CBT) is reliant on participants’ language and verbal reasoning capabilities (Snow, 2013).
  - Despite the fact that therapies are verbally based, language competence is rarely evaluated systematically before such therapies are undertaken (Cohen et al, 2000).

## **5. What works / protective factors for children and young people with SLCN**

- A study of 9-12 year olds with SLCN found that hope, agency and positive relationships were protective factors in relation to well-being (Lyons & Roulstone, 2018).
  - Putting feelings into words can attenuate our emotional experiences (Torre & Lieberman, 2018).
  - Interventions targeting pragmatic skills - such as making inferences, appropriate conversational turn taking, and tuning into the facial expressions of others - have the potential to reduce adolescent behavioral symptoms (Law et al, 2015), emotional difficulties and peer problems (Conti-Ramsden et al, 2018), and may reduce the incidence of adolescent psychopathology and associated psychological disorder and dysfunction later in life (Sullivan et al, 2016).
  - Better relationships with peers may offer some protection against poor mental health outcomes in adolescents at risk of developmental language disorder (Forrest et al, 2018).
  - Prosociality – behaviours such as being considerate of other people’s feelings and sharing with others – may also reduce the risk of developing persistent emotional difficulties and peer problems for children with DLD, although more research is needed (Conti-Ramsden et al, 2018).
  - Studies have indicated that professional development for teachers in schools can impact on children’s language and literacy skills, but more evaluation is needed (Ebbels et al, 2018).
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