Talking about mental health:
speech, language, communication and swallowing

Executive summary

There are important links between mental health and speech, language, communication and swallowing needs. Those needs can:

- contribute to the development of a mental health condition;
- be an intrinsic part of a mental health condition; and/or
- result from the management of a mental health condition.

As part of the Royal College of Speech and Language Therapists' (RCSLT's) contribution to delivering better mental health across the United Kingdom, we are publishing this statement to highlight:

- the links between mental health and speech, language, communication and swallowing needs in children, young people and adults; and
- the role that speech and language therapy can play in promoting better mental health and supporting people of all ages living with mental health disorders.

Our statement focuses on:

- the policy changes we think need to happen to ensure better support for children, young people and adults with mental health problems who have speech, language, communication and swallowing needs;
- the links between mental health and speech, language, communication and swallowing needs;
- the risks associated with those needs not being identified and responded to appropriately;
- the routes via which people with such needs can arrive in mental health services;
- the role of speech and language therapy; and
- the impact of speech and language therapy.

We also include details of how we, as the professional body for speech and language therapists, will be supporting our members and others to improve support for children, young people and adults' mental health.

Promoting better mental health: the RCSLT's policy calls

To improve support for children, young people and adults' mental health, it is essential that:

Workforce recognition: speech and language therapists should be recognised as part of the core mental health workforce.

Embedded speech and language therapists: speech and language therapists should be embedded as a core part of the multi-disciplinary team in all relevant child, adolescent and adult mental health services. This would support:

- identification and appropriate response to speech, language, communication and swallowing needs – and differential diagnosis;
- training of the mental health workforce on the links between mental health and speech, language, communication and swallowing needs and how to respond to them; and
- the provision of speech and language therapy for those who require it.

Wider workforce: to support prevention and early identification of mental health problems, the wider education, health and social care, and justice workforce should be trained in understanding the links between speech, language, communication and mental health.

Research funding: research funding should be made available to research:

- the effect of communication difficulties on psychological intervention; and
- the impact of speech and language therapy input on the mental health of children, young people and adults with mental health problems.

Mental health and communication and swallowing needs: understanding the links

There are important links between mental health and speech, language and communication and swallowing needs.[1]

Speech, language and communication needs in children and young people

Research has shown that speech, language and communication needs are common amongst children and young people who have social, emotional and mental health difficulties:

- children with a mental health disorder report having speech or language problems five times more than those without;[2] and
- 81% of children with social, emotional and mental health needs have significant unidentified language deficits.[3]

Many children and young people who are at increased risk of developing mental health problems are also likely to have speech, language and communication needs, including those with anxiety, autism, learning disabilities, selective mutism and attention deficit hyperactivity disorder (ADHD), children in care and young people involved with the justice system.

Communication difficulties in childhood are a risk factor for developing mental health problems:

- adolescents with developmental language disorder (DLD) are more likely to have symptoms of depression and anxiety than their peers;[4] and
- problems with pragmatic language (social communication) in childhood are associated with psychotic experiences in adolescence.[5]

Speech, language and communication needs in adults

While the evidence base of the extent of speech, language and communication needs in adults accessing mental health services is limited, one study of 60 randomly selected people accessing such services found that 80% had an impairment in language and over 60% had an impairment in communication and discourse.[6]

In addition, many of the people accessing adult mental health services do so with another condition that has a high-level of associated speech, language and communication needs. These conditions can include autism, brain injury, dementia, depression, hearing problems, learning disability, personality disorder, schizophrenia and stammering.

Swallowing needs in adults

Difficulties with eating and drinking (dysphagia) are a common and serious problem for adults with mental illness:[7]

- over 30% of adults with mental health disorders have some impairment in swallowing;[8]
- there is a greater prevalence of dysphagia in acute and community mental health

settings compared to the general population - 35% in an inpatient unit and 27% in those attending day hospital, which compares to 6% in the general population;[9]
- difficulties swallowing medication can lead to people choking;[10]
- according to one systematic review, the prevalence of patients with swallowing problems taking antipsychotic medication ranged from 21.9% to 69.5% whereas the prevalence of patients without swallowing problems taking antipsychotic medication ranged from 5% to 30.5%;[11] and
- another systematic review found that other types of medication, for example anxiolytics, can also impact on someone's ability to swallow.[12]

Risks associated with speech, language, communication and swallowing needs

Communication and swallowing needs carry a number of risks for the person who has them, for their friends and families, for the professionals working with them, including their carers, and for the wider health and social care, education and justice system.

Speech, language and communication needs

Aside from those conditions treated with medication, almost all mental health services and therapies are verbally mediated, that is conducted through language and interactions, for example, 'talking therapies'. If people's language and interaction needs are not identified and supported appropriately, they, the professionals working with them and the wider system face a number of risks:

- verbally mediated referrals and assessments may be inaccessible and/or return inaccurate results or diagnoses so people's mental health difficulties may escalate;
- risk assessments for capacity and consent may also be inaccessible and/or return inaccurate results unless people are presented with information that is accessible to them and, where necessary, are supported to weigh up the information and communicate their wishes;
- people may be perceived as not engaging with therapeutic interventions;
- resources may be wasted on those interventions with their failure due to the language demands placed upon the individual; and
- a person's recovery may be negatively impacted on, in some cases resulting in longer stays in inpatient care.

Swallowing needs

Swallowing needs may be an intrinsic part of a mental health disorder or a side effect of medication.[13] They can pose a significant risk to patient safety, including through choking and aspiration pneumonia (food or drink entering the lungs):

- the serious consequences of dysphagia include a significant rate of mortality due to choking asphyxiation;[14,15]
- they are a source of considerable morbidity and mortality for people with schizophrenia, generally as a result of either acute asphyxia from airway obstruction or aspiration and pneumonia;[16]
- one study reported that the risk of death due to choking in people with schizophrenia is 30 times more likely than in the general population;[17]
- another study found that amongst psychiatric inpatients, including those with dementia, bipolar affective disorder and organic brain injury, the mortality rate due to choking was 8 times higher than that of the general population.[18]
- there is also a high prevalence of swallowing difficulty and choking amongst people with dementia.[19]

Routes into mental health services

People accessing mental health services can require support with their speech, language, communication and/or swallowing needs for a number of reasons[20]:

- difficulties resulting from a pre-existing speech, language or communication need – they may be accessing mental health services due to a pre-existing speech, language or communication need which has not had appropriate support that has lead them to develop separate mental health problems;
- difficulties as an intrinsic part of a mental health condition – their communication difficulty may be an intrinsic part of their mental health condition, for example schizophrenia; and
- difficulties resulting from the management of a mental health condition – a communication need may develop as a side-effect of treatment, for example drug-induced dysarthria (slurred or slow speech that can be difficult to understand). Similarly, dysphagia (difficulties with eating and drinking) can be caused by antipsychotic medication.

The role of speech and language therapists

Given their expertise in speech, language, communication and swallowing, speech and language therapists have a key role to play in:

1. helping to promote better mental health through improved communication;
2. preventing mental health problems escalating;
3. improving access to appropriate services;
4. achieving more accurate risk assessment;
5. improving patient safety through identifying and responding to swallowing needs;
6. training other mental health professionals on the overlap between speech, language and communication and mental health, including on how to adjust psychological interventions and information for families and carers;
7. enabling recovery for people with mental health problems including through supporting people's accessibility to, engagement with and involvement in the co-production of recovery approaches thereby promoting inclusion and shared decision-making; and
8. supporting those who live with long-term mental ill-health, their families and friends and the other professionals working with them.

Supporting mental health in other services

Speech and language therapists in community services will encounter people with depression and other mental health conditions when they arise in conjunction with other conditions.[21] For example, people with acquired communication impairment may experience depression[22] so speech and language therapists will work with people with aphasia who may have some level of depression.

Similarly, speech and language therapists who work in schools or other community settings are likely to work with children and young people who have social, emotional or mental health needs associated with their communication difficulties, such as those with developmental language disorder (DLD), ADHD, attachment related difficulties, autism, hearing problems and learning disability.

Mental health services

Within mental health services, speech and language therapists have four main roles to play:

1. **Managing**: we provide direct management of speech, language and communication and/or swallowing difficulties, including:
    a. assessing people and advising on appropriate response; and

    b. raising awareness and understanding amongst our multi-disciplinary team colleagues of how speech, language and communication needs present and their potential impact on verbally mediated psychological interventions;
2. **Enabling**: we can enable people with mental health disorders to develop the skills they require to:
    a. access information about mental conditions and services, including other health and social care services;
    b. co-produce approaches to their recovery;
    c. develop their ability to express themselves effectively; and
    d. benefit from interventions and other services.
3. **Adapting**: we can help adapt assessments and interventions so people can participate, including through modifying group work or other psychological interventions; and
4. **Supporting**: we can support our multi-disciplinary team colleagues to communicate effectively with people with speech, language and communication needs so they can fulfil their professional responsibilities.

The impact of speech and language therapy

The added value of speech and language therapy in mental health services is:

- showing how the communication of all people with mental health difficulties can be facilitated so every person can communicate to the best of their abilities; and
- identifying and reducing the risks associated with dysphagia.

Speech and language therapy is vital to advising on how the most effective communication can be facilitated for each individual and their environment so they can engage effectively in all aspects of their management and achieve the outcomes they want.

Research has shown that speech and language therapy is effective for some of the conditions people who access mental health services have. These include autism[23], learning disability[24] and stammering.[25]

While more research is needed on the impact of speech and language therapy on communication and swallowing in mental health services, the research that does exist shows that speech and language therapy adds value. This includes:

- Speech and language therapy has demonstrable value for people with schizophrenia who experience communication difficulties:[26]

    - One study found speech and language therapy input increased a patient's verbal communication and they developed more appropriate social communication skills.[27]
    - Other studies demonstrated the value of the analysis of talk-in-interaction in evaluating the impact of the communication partner's role in facilitating or inhibiting talk about the experiences of communication symptoms of schizophrenia[28]; a similar study demonstrated how conversational skills could be revealed among people with schizophrenia.[29] Further research suggests that communication partners play an important role in the success, or miscommunication with people with schizophrenia. Communication partners may inadvertently contribute to communication breakdown. Recognition of communication as a complex and fallible process provides a foundation for speech and language therapists to maximise the success of interaction.[30]
- Vocabulary/language intervention is effective in school age children excluded from school due to social, emotional and mental health difficulties.[31]

Promoting better mental health: what the RCSLT is doing

To support speech and language therapists and others working for better mental health for children, young people and adults, the RCSLT will be developing a range of resources over the next year or so:

- Our developmental language disorder research priorities include research into the impact of DLD on mental health: https://www.rcslt.org/members/research/research-priorities#section-4
- A learning journey for non-speech and language therapists working with children and young people with social, emotional and mental health needs – hopefully to be published in early 2021. This will be based on The Box, our learning journey about communication needs in the justice system: https://www.rcslt.org/learning/the-box-training
- A learning journey for speech and language therapists working with children and young people with social, emotional and mental health needs - hopefully to be published later in 2021.
- An update of our adult mental health clinical guidance and an adult mental health learning journey once that update has taken place – hopefully next year.
- We will also be collating the available evidence and gathering case studies.

May 2020

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Acknowledgements

The RCSLT is grateful to our members who responded to the survey we undertook on our policy asks. We are also very grateful to Professor Nikki Botting, Dr Judy Clegg, Melanie Cross, Susan Guthrie, Dr Irene Walsh and Fiona Young for their input to and comments on this statement. We owe particular thanks to Professor Karen Bryan OBE for her advice, guidance and support.

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