Bercow: Ten Years On

Children and young people's mental health

B's story

B was a girl of 15 in the care system, known to the Youth Offending Team (YOT) and with a long history of violence and drug use. She presented to Child and Adolescent Mental Health Services as highly distressed and 'hearing voices'. She was diagnosed with psychosis with a view to prescribing anti-psychotic medication. The YOT speech and language therapist (SLT) worked with B, her mother, the YOT mental health worker, YOT Officer and drug worker to provide a differential diagnosis of a pre-existing Developmental Language Disorder[1] compounded by her drug use and Developmental Trauma. B worked hard to understand her language disorder and that the voices she heard were in fact her own internal fragmented expressive language trying to make sense of her traumatic childhood experiences. B's distress, violence and drug use immediately decreased. She no longer reported hearing voices. Her care placement stabilised. B was empowered to participate in meetings by first explaining that she had a language disorder and how she could be helped to participate. Before this, meetings such as Care Order meetings had ended in B becoming abusive and walking out. B's diagnosis of psychosis was revised to Developmental Language Disorder with no anti-psychotic medication being prescribed, saving the NHS a significant sum through non-prescription of medication. B completed her Court Order. No repeat offending has been recorded.

Prevalence of speech, language and communication needs

- **81% of children** with emotional and behavioural disorders have **significant unidentified SLCN**.[2]
- **SLCN are common in children presenting to mental health services** and frequently undiagnosed:
    - 64% of 7-14 year olds referred to psychiatric services had SLCN.
    - 40% of these were previously unidentified.[3]

Impact of speech, language and communication needs

Speech, language and communication needs (SLCN) are a mental health risk factor:

- **Children with SLCN** in the preschool and early primary years are approximately **twice as likely to develop social, emotional and mental health difficulties** as children with typical language development, when followed up over time.[4]
- Without effective help **up to a third of children with SLCN need treatment for mental health problems in adult life**.[5]
- **Children with vocabulary difficulties** at age five are **three times as likely to have mental health problems** in adulthood.[6]
- People with a primary **communication difficulty** are at greater risk of a secondary mental health disorder, commonly **anxiety or depression**.[7]

Mental health referrals, assessments and interventions put a significant demand on language processes. Unless SLCN are identified and accommodated, referrals, assessments and treatment programmes risk being inaccessible or delivering inaccurate results. For example, the success of cognitive behavioural therapy (CBT) is reliant on participants' language and verbal reasoning capabilities.[8]

Recommendation in *Bercow: Ten Years On*

Bercow: Ten Years On recommends that The Department for Education and the Department of Health and Social Care should strengthen the place of speech, language and communication in its proposals to transform children and young people's mental health provision by ensuring that:

2.4.1 the training for both the Designated Senior Leads for Mental Health and Mental Health Support Teams includes information on the link between SLCN and mental health, and how to recognise and respond appropriately to SLCN;

2.4.2 Children and Young People's Mental Health Services and, where appropriate, Mental Health Support Teams, include embedded speech and language therapists with the appropriate level of specialism, able to provide the appropriate level of service;

2.4.3 trailblazer areas include speech and language therapists with the appropriate level of specialism able to provide the appropriate level of service so that:

· Children and Young People's Mental Health Services and the Mental Health Support Teams have the support they need to fulfil their responsibilities to children and young people with SLCN and mental health needs; and

· children and young people with SLCN and mental health needs receive the support they need to access and engage with referrals, assessments, and interventions;

2.4.4 the special interest group convened by Public Health England to identify key prevention evidence and its relevance to practice, and to highlight gaps and make recommendations for these to be addressed through further research, should include an expert in speech, language and communication and the links with mental health; and

2.4.5 funding is available for further research and evaluation of the impact of speech and language therapy interventions in children and young people with mental health needs and SLCN.

Good practice

In North Yorkshire, the Back on Track team supports children and young people with social, emotional and mental health needs (SEMH). This is an extension of the No Wrong Door methodology.[9] The support provided focuses on vulnerable young people, who may be known or at risk of being known to social care, in Year 6 and mainstream secondary schools, alternative provision and special schools. Practitioners (including speech and language therapists) are responsible for delivering outreach in relation to those referred for support. The objectives are to demonstrate the positive impact of a multi-disciplinary and therapeutic approach to the needs of children and families adopting a framework to be used within the school as a whole. It aims to work with young people and their school to help them re-engage with learning and enjoy school, prevent further exclusions, and support young people to access school local to where they live, wherever possible.

For more information, please contact Peter Just on peter.just@rcslt.org or 020 7378 3630.

References

1 Developmental language disorder: A life-long condition where children have problems understanding and/or using spoken language. There is no obvious reason for these difficulties – no hearing problem or physical disability explains them. It affects 7.6% of children.

2 Hollo A et al. (2014) Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. Exceptional Children; 80(2): 169-186. http://journals.sagepub.com/doi/abs/10.1177/001440291408000203

3 Cohen, N.J. et al. (1998). Language, Achievement, and Cognitive Processing in Psychiatrically Disturbed Children with Previously Identified and Unsuspected Language Impairments. Journal of Child Psychology and Psychiatry. Vol. 39, No 6, pp865-877.

4 Yew, S. G. K. & O'Kearney, R. (2013). Emotional and behavioural outcomes later in childhood and adolescence for children with specific language impairments: meta-analyses of controlled prospective studies. Journal of Child Psychology and Psychiatry, 54: 516–524

5 Clegg, J., Hollis, C., Mawhood & Rutter, M. (2005) "Developmental language disorders - a follow-up in later adult life. Cognitive, language and psychosocial outcomes" Journal of Child Psychology and Psychiatry 46:2, pp 128–149.

6 Botting N, Durkin K, Toseeb U, Pickles A, Conti-Ramsden G (2016). Emotional health, support, and selfefficacy in young adults with a history of language impairment. British Journal of Developmental Psychology; 34, 538–554.

7 Law, J., Rush, R., Parsons, S., and Schoon, I. (2009). Modelling developmental language difficulties from school entry into adulthood: Literacy, mental health and employment outcomes. Journal of Speech, Language and Hearing Research 52, pp. 1401-16

8 40 Snow, P. C. (2013). Language competence: A hidden disability in antisocial behaviour. InPsych. June 2013. https://www.psychology.org.au/publications/inpsych/2013/june/snow/

9 For more on No Wrong Door see http://bit.ly/2u527qM