

# Speech Therapy and Mental Health Advocacy: What is Our Role?

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# Why Mental Health in Kids?

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# Background and Statistics: Mental Illness

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- Of the 74.5 million children in the U.S., an estimated 17.1 million children of all ages have or have had a psychiatric disorder
- 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder as of 2020 (CDC)
- Half of all psychiatric illnesses on average occur before the age of 14, and 75 percent by the age of 24
- Kids with mental illness are more at risk for academic failure, substance abuse, and interactions with law enforcement
- Most conditions commonly co-occur

# Background and Statistics: Communication Disorders

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- Almost 8% of the children's population have or has had a communication disorder within the past 12 months
- According to ASHA, 21.4% or 1.5 million of children in public schools receive special education services for communication disorders under IDEA currently
- Risk factors include difficulty participating in social settings, developing peer relationships, achieving academic success, and long-term performance in the workplace
- Children with communication disorders are more at risk for emotional, behavioral, or other psychiatric conditions

# Most Common Mental Conditions (Illnesses) in Children

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- ADHD: 9.4% of children aged 2-17 years (approximately 6.1 million)
- Behavioral issues: 7.4% of children aged 3-17 years (approximately 4.5 million)
- Anxiety: 7.1% of children aged 3-17 years (approximately 4.4 million)
- Depression: 3.2% of children aged 3-17 years (approximately 1.9 million)



<https://www.istockphoto.com/photos/mental-health>

<https://www.cdc.gov/childrensmentalhealth/data.html>

# Attention Deficit Hyperactivity Disorder (ADHD)

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## DSM-5 Criteria (<https://www.cdc.gov/ncbddd/adhd/diagnosis.html>)

- Inattention (6 or more symptoms children up to 16; 5 or more 17+ - must have for at least 6 months)
  - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
  - Often has trouble holding attention on tasks or play activities.
  - Often does not seem to listen when spoken to directly.
  - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
  - Often has trouble organizing tasks and activities.
  - Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
  - Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
  - Is often easily distracted
  - Is often forgetful in daily activities.

# Attention Deficit Hyperactivity Disorder (ADHD)

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## DSM-5 Criteria (<https://www.cdc.gov/ncbddd/adhd/diagnosis.html>)

- Hyperactivity and Impulsivity (6 or more symptoms children up to 16; 5 or more 17+ - must have for at least 6 months)
  - Often fidgets with or taps hands or feet, or squirms in seat.
  - Often leaves seat in situations when remaining seated is expected.
  - Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
  - Often unable to play or take part in leisure activities quietly.
  - Is often “on the go” acting as if “driven by a motor”.
  - Often talks excessively.
  - Often blurts out an answer before a question has been completed.
  - Often has trouble waiting their turn.
  - Often interrupts or intrudes on others (e.g., butts into conversations or games)

# ADHD and Communication

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- Three main areas affected
  - Comprehension
    - Difficulty listening, following instructions, and understanding words and sentences
  - Expression
    - Difficulty getting their message across - rushing/poor organization
  - Social skills
    - Turn-taking
    - Difficulty with nonverbal language
- Common deficit of executive functioning
- ADHD and language disorders occur 50% of the time together (Mueller & Tomblin, 2012)
  - Language deficits may occur due to ADHD



# Emotional-Behavioral Issues/Disorders

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- **Oppositional Defiant Disorder (ODD)**
  - When children act out persistently so that it causes serious problems at home, in school, or with peers
  - Start before 8, no later than 12
- **Conduct Disorder (CD)**
  - Ongoing pattern of aggression toward others, and serious violations of rules and social norms at home, in school, and with peers
- **Autism Spectrum Disorder (ASD)\***
  - neurodevelopmental disorder characterized by deficits in social communication and social interaction and the presence of restricted, repetitive behaviors

# Behavioral Issues/Disorders and Communication

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- ODD/CD
  - Around 11% co-occurrence communication disorders
- Autism\*
  - Around 89% co-occurrence communication disorders
  - Social communication
  - Expressive/Receptive language
  - Also co-morbid mental health conditions within Autism to be considerate of
    - OCD, ADHD, Anxiety, etc.

# Anxiety

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- Anxiety Types/Disorders

- Being very afraid when away from parents (separation anxiety)
- Having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (phobias)
- Being very afraid of school and other places where there are people (social anxiety)
- Being very worried about the future and about bad things happening (general anxiety)
- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty (panic disorder)

# Depression

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- Symptoms

- Feeling sad, hopeless, or irritable a lot of the time
- Not wanting to do or enjoy doing fun things
- Showing changes in eating patterns – eating a lot more or a lot less than usual
- Showing changes in sleep patterns – sleeping a lot more or a lot less than normal
- Showing changes in energy – being tired and sluggish or tense and restless a lot of the time
- Having a hard time paying attention
- Feeling worthless, useless, or guilty
- Showing self-injury and self-destructive behavior

# Anxiety/Depression and Communication

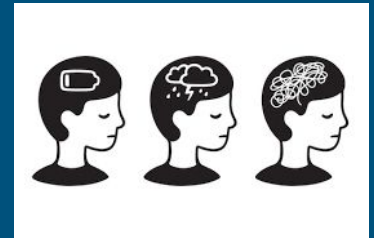
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- Anxiety is higher in individuals with developmental language disorder (DLD) or other communication impairments
- Selective Mutism
  - Building trust/forming relationship
  - Parent involvement
  - Advocacy
  - Group therapy not always best option
- Fluency
  - Advocacy/Inclusive approach
  - Building confidence and self-assurance

# COVID-19 and Mental Health in Children

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- Disruption from daily routines and social experiences as a result of school closures
  - 1.3 billion young people in the U.S.
- Parent support vs. Single parent homes
- Nutritional value
- Increase exposure and risk for interpersonal violence
- Less engagement in schoolwork effort



<https://www.istockphoto.com/photos/mental-health>

Joseph, et. al (2020)

# Virtual Support

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- Continue to be honest and factual with kids
- Providing stability
- Realistic expectations
- Flexibility for families
- More research on the effects of the pandemic on mental health in kids to come

Joseph, et. al (2020)

# Why SLPs Should Be Involved in Mental Health

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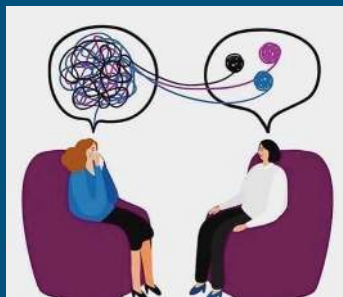
- High comorbidity (prevalence) of children with language impairment in the population of children with emotional-behavioral disorders
- The population of children with mental illness is often “underdiagnosed and underserved” when it comes to providing speech and language services
  - identified that 88% of children with emotional-behavioral disorders were never evaluated for speech and language
- SLPs should be involved in prevention
  - Kids with speech/language impairment may often have co-occurring conditions that are undiagnosed
  - Identify, refer when appropriate, and treat



# Cont.

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- Studies show that good communication skills are a protective factor against mental health problems
- Communication difficulties are a barrier both to diagnosis and to accessing mental health interventions that are verbally delivered (CBT)
- Success in Cognitive Behavioral Therapy (CBT) can depend on the child's communication skills (expressive/receptive/social language)



Royal College of Speech and  
Language Therapists (2019)

# Promoting “Well-Being” and Building Resilience

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Study by Rena Lyons and Sue Roulstone (2018)

- Children with speech and language disorders are at risk in relation to psychological and social well-being
- Eleven 9-12 year olds
  - Interviews over 6-month period
  - Looked for themes in risk factors to well-being and protective strategies
- Risk factors included difficulties with relationships and concerns with academics
- Protective factors included hope, agency, and positive relationships

# What Can We Do to Help?

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- Promote putting “feelings into words” for expression
- Pragmatic skills and therapy have the potential to reduce behavioral symptoms
- Try to gain a “holistic” picture/view of the child
- Reach out to parents for more information
- Refer to other RSPs and advocate for students to gain the support they need
- Incorporate mental health strategies and advocacy within speech therapy
- Accommodations and modifications to the classroom setting
- More research needed!

# Focusing on the Individual

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- There isn't a "one size fits all" treatment package for every child
- Make therapy personal and engaging for each child, even in small ways
- Validate feelings! It's okay to not feel okay
- Engage students by highlighting their interests
  - Showing acknowledgement and giving meaning to likes and dislikes
  - Relationship building
  - Trust
  - Acceptance
- Providing reassurance and specific feedback not just for speech!
  - Tik Tok teacher reference (late to class)

# Creativity and Positivity

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- Hands-on activities
- Art - all modes - improves mental health
  - Away from screens
- Unique and imaginative activities
- Movement activities
- Mindfulness!



# Collaboration

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- Utilize other RSPs - Psychologist, Social Work, OT, etc.
- Social work
- Group therapies (when able)
- “Bring a friend to speech”
  - Better relationship with peers may offer protection from poor mental health

# Being Our Best Selves First

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- Monitoring our own well-being - check in with yourself
- Take time to allow yourself to rest and reflect
- Recharge away from work
- Make a list of things you enjoy
- Ask for help!
  - Oxygen mask
- How will you take care of yourself this weekend?



# References

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Hawkins, E., Gathercole, S., Astle, D., The Calm Team, & Holmes, J. (2016). Language Problems and ADHD Symptoms: How Specific Are the Links?. *Brain sciences*, 6(4), 50. <https://doi.org/10.3390/brainsci6040050>

Mueller, K. L., & Tomblin, J. B. (2012). Examining the comorbidity of language disorders and ADHD. *Topics in language disorders*, 32(3), 228–246. <https://doi.org/10.1097/TLD.0b013e318262010d>

Lyons, Rena, and Sue Roulstone. "Well-Being and Resilience in Children With Speech and Language Disorders." *Journal of Speech, Language, and Hearing Research*, vol. 61, no. 2, 2018, pp. 324–344. doi:10.1044/2017\_jslhr-l-16-0391.

Geller, E., & Foley, G. M. (2009). Expanding the "Ports of Entry" for Speech-Language Pathologists: A relational and Reflective model for clinical practice. *American Journal of Speech-Language Pathology*, 18(1), 4-21. doi:10.1044/1058-0360(2008/07-0054)

Hummel, L. J., & Prizant, B. M. (1993). A socioemotional perspective for understanding social difficulties of school-age children with language disorders. *Language, Speech, and Hearing Services in Schools*, 24(4), 216-224. doi:10.1044/0161-1461.2404.216

Pinborough-Zimmerman, Judith & Satterfield, Robert & Miller, Judith & Bilder, Deborah & Hossain, Shaheen & McMahon, William. (2007). Communication Disorders: Prevalence and Comorbid Intellectual Disability, Autism, and Emotional/Behavioral Disorders. *American journal of speech-language pathology / American Speech-Language-Hearing Association*. 16. 359-67. 10.1044/1058-0360(2007/039).

Joseph, S. J., Bhandari, S. S., Ranjitkar, S., & Dutta, S. (2020). School Closures and Mental Health Concerns for Children and Adolescents during the COVID-19 Pandemic. *Psychiatria Danubina*, 32(2), 309–310.



# References

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- <https://www.cdc.gov/childrensmentalhealth/data.html>
- <https://www.speechpathology.com/ask-the-experts/speech-language-pathology-and-mental-8544>
- <https://www.spectrumspeech.ie/adhd>
- [https://medicalxpress.com/news/2013-02-closer-personal-relationships-teens-disabilities.html?utm\\_source=TrendMD&utm\\_medium=cpc&utm\\_campaign=MedicalXpress\\_TrendMD\\_1&origin=9ef9e65efbccecd3b73d045a2ccded65](https://medicalxpress.com/news/2013-02-closer-personal-relationships-teens-disabilities.html?utm_source=TrendMD&utm_medium=cpc&utm_campaign=MedicalXpress_TrendMD_1&origin=9ef9e65efbccecd3b73d045a2ccded65)
- <https://theconversation.com/why-children-with-poor-language-skills-often-have-mental-health-difficulties-125352>
- <https://www.rcslt.org/wp-content/uploads/media/Project/improving-mental-health-outcomes.pdf>
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