



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

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Why Mental Health in Kids?



Background and Statistics: Mental Illness

- 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

- 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

- 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)



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

Attention Deficit Hyperactivity Disorder (ADHD)

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)

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

- 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

- **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

- 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

- 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

- Symptoms

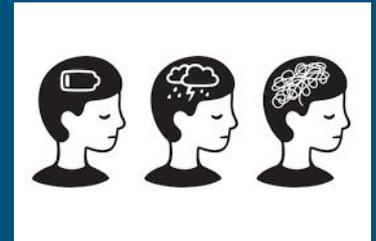
- Feeling sad, hopeless, or irritable a lot of the time
- Not wanting to do or enjoy doing fun things
- Showing changes in eating patterns – eating a lot more or a lot less than usual
- Showing changes in sleep patterns – sleeping a lot more or a lot less than normal
- Showing changes in energy – being 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

- 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

- 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

- 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

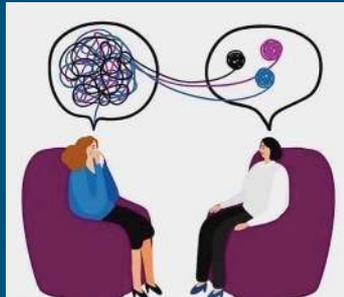
Joseph, et. al (2020)

Why SLPs Should Be Involved in Mental Health

- 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.

- 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

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?

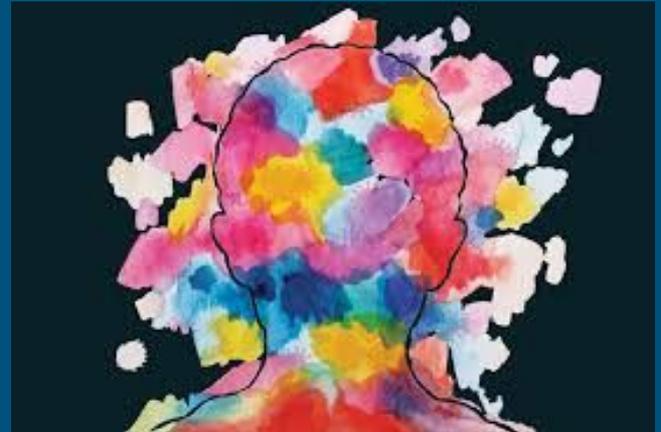
- Promote putting “feelings into words” for expression
- Pragmatic skills and therapy have the potential to reduce behavioral symptoms
- Try to gain a “holistic” picture/view of the child
- Reach out to parents for more information
- Refer to other RSPs and advocate for students to gain the support they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

Focusing on the Individual

- 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

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



Collaboration

- 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

- 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?



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