



Reference guide

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# HOW TO SUPPORT YOUNG PEOPLE WITH SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN) IN MENTAL HEALTH SETTINGS

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For mental health clinicians working with young people who have SLCN



Communication is an essential element of mental health assessment, engagement and treatment, and strategies to improve communication will increase the success of mental healthcare. Mental health clinicians must understand the communication skills and difficulties of the young people they work with and tailor interventions appropriately.

44% of Australian adults aged 15–65 do not have well enough developed literacy to read a range of different documents<sup>1</sup>. Over 80% of children referred to services for emotional and behavioural disorders have a coexisting and previously unidentified language difficulty<sup>2</sup>.

This reference guide—developed by Orygen, The National Centre of Excellence in Youth Mental Health (Orygen) and Speech Pathology Australia (SPA)—provides strategies and tips that mental health clinicians can use to support young people with speech, language and communication needs (SLCN) to navigate mental health settings.

## REFERENCE GUIDE STRUCTURE

This reference guide is divided into seven sections. Each section represents a different communication requirement a young person may need when interacting with a mental health setting.

The seven communication requirements considered in this guide are:

- Understanding spoken and written instructions and explanations (pg 2).
- Sharing information clearly and coherently (pg 4).
- Engaging in social interaction that is different from relating to peers, family and teachers (pg 5).
- Discussing, clarifying, disagreeing, compromising and negotiating (pg 6).
- Understanding and using non-verbal communication (pg 7).
- Participating collaboratively in verbally mediated interventions delivered one-to-one or in groups (pg 7).
- Participating in interventions or programs which may be provided in other settings (pg 8).

You can use this guide to find general tips and examples of strategies that may be helpful in adapting your practice and treatment for young people with SLCN. Please remember, though, that every young person's needs are different. This guide does not replace the need for a thorough assessment and individual treatment plan.

## UNDERSTANDING SPOKEN AND WRITTEN INSTRUCTIONS AND EXPLANATIONS

In mental health settings, young people use their developing skills in understanding to navigate the service and figure out what will happen at each step of their treatment. For example, they may need to understand information relating to:

- the service and what will happen
- their rights and responsibilities
- consent and privacy
- mental health conditions
- medications, assessments, investigations and referrals
- safety plans
- treatment plans
- behaviour support plans
- advanced directives and nominated persons
- community treatment orders
- discharge.

### What should I look for?

As well as considering a young person's understanding of spoken language, you can gauge a young person's literacy level through simple things, such as tactfully asking them how comfortable they are reading and by bearing in mind other family members' speech, language and communication needs. For more information about this, refer to Orygen and SPA's '[Speech, language and communication needs in youth mental health](#)' clinical practice point.

### Signs of a SLCN

Some signs a young person may have trouble understanding spoken and written instructions and explanations include:

- difficulty with, reluctance to complete and/or disengagement from school work
- not completing set tasks
- missing appointments
- taking longer than expected to process information
- seeming either overly compliant or uncooperative
- behaviours, such as poor eye contact, shrugging shoulders and responding in monosyllables (e.g. 'yep', 'nope') that may be masking SLCN
- acting out, acting the clown or withdrawing
- responses that don't match what was said or asked
- making overly literal interpretations
- misunderstanding jokes, metaphors or abstract language.

## How can I support understanding?

If a young person has difficulties understanding spoken and written instructions and/or explanations you can:

- Review how you explain your service, the vocabulary you use and concepts conveyed. Replace with simple, unambiguous language (e.g. short, simple sentences and everyday vocabulary rather than mental health ‘jargon’).
- Ask the young person respectfully for feedback about whether you are communicating clearly (e.g. asking ‘Did I explain that clearly?’ rather than ‘Do you understand?’)
- Check-in regularly with the young person to be sure you have developed a shared understanding.
- Ask the young person to repeat instructions or explain in their own words what they understand about a topic or what they understand they need to do next.
- Use the ‘10 second rule’—i.e. pause for 10 seconds after presenting information to allow the young person to process the information.
- Use visual aids (draw while you talk, diagrams, pictures, photos) to support your explanations. Number things to indicate order.
- Use online readability tools to review the grade level of written materials given to the young person. Adapt these using everyday words and sentences of 15–20 words. Use active voice instead of passive (e.g. active = ‘John shut the door’; passive = ‘The door was shut by John’).
- Consider writing a plain English (or ‘Easy English’) description of your service and its staff, including concepts such as consent and privacy, rights and responsibilities, and ideally including images to illustrate key messages and a simplified font, layout and design.
- Review resources developed for people with low English literacy and communication challenges. Adapt these or use a similar approach.
- Check the young person can tell the time, knows the days of the week, months and other time concepts (e.g. before, after, fortnight, the day after tomorrow, midday).
- Consider using a simple 1–5 Likert scale (e.g. 1 = ‘could be better’; 5 = ‘working well’) to check in on how you and the young person are communicating. Follow up by talking about what works and what is unhelpful.
- Take frequent breaks or schedule shorter sessions if it helps the young person.
- Use technology as reminders of appointments (e.g. send text message reminders one day prior to appointment).
- Remember that stress exacerbates speech, language and communication difficulties. Not understanding something can cause further stress and impact engagement in discussion and treatment.

- Take time to develop rapport with the young person. The more comfortable they are, the more likely they are to be able to communicate to the best of their ability. The more time you have spent working on rapport the more likely you are to have a better gauge of their speech, language and communication skills.
- Consider optimal seating arrangements for the young person: sitting side-by-side or face-to-face?
- To avoid communication overload, consider the optimal number of people a young person can manage in one meeting.
- Include the young person in all conversations they are present for by using language they can understand.
- Consider with the young person and their family whether sensory or environmental factors such as background noise, light and perfumes are distracting or disturbing, and minimise accordingly.
- Don’t assume the young person is comfortable speaking up, or has the skills or confidence to ask for repetition, clarification or a simpler explanation.
- Set the scene so they feel comfortable to speak up. You may need to work on this explicitly, and model speaking up to the young person when you don’t understand them.

## Useful resources

### Plain and Easy English

- Use an [online automatic readability checker](#) to get an indication of the reading or grade level of your written information.
- Refer to well-regarded sources for tips on how to write medical information in plain English, such as the [Plain English Campaign’s glossaries and special subject guides](#).
- Use an established writing guide—such as the [Australian Government’s digital guide for plain English](#)—or consider developing a guide that’s tailored to your setting.
- Use the internet to find synonyms for jargon or difficult vocabulary.



## TUNE INTO YOUR OWN COMMUNICATION

Communication is a two-way process. It is our responsibility to make sure we do everything we can to help the people we work with understand the information we're giving, and to express their thoughts and feelings. We communicate with other people all the time and we may not realise that our own communication habits might make it harder for someone with SLCN to engage effectively with us. Take time to reflect on your own communication skills so that you can notice and adapt the way you interact and communicate.

- Notice whether you ask several questions in a row without pause, ask lengthy questions (e.g. more than 15 words) or reformulate your question as you are speaking it.
- Identify the technical vocabulary you use and create a glossary of everyday words to replace, or explain, the jargon.
- Notice how many sentences you use when explaining something, how quickly you speak, how often you pause between sentences, how long you wait for a response before you repeat yourself or rephrase and whether you check-in as to what has been heard.
- Notice your use of metaphors, sarcasm and figurative language expressions (e.g. 'pull your socks up', 'Rome wasn't built in a day', 'nothing ventured, nothing gained'). Do you check that these are understood?
- Notice your non-verbal cues. Do you smile when nervous or habitually cross your arms? Do your non-verbal cues match your message?

## SHARING INFORMATION CLEARLY AND COHERENTLY

When receiving mental healthcare, a young person is expected to tell their story and explain their situation. To do this they must draw on their growing skills in language, expression and reasoning. They need to be able to describe and recount their experiences, express their preferences, views and needs, speak about a range of feelings and degree of distress, reflect and reason, as well as complete questionnaires.

Familiarise yourself with what's typical for the age of the young person you're seeing. In doing so, you can improve your understanding of where they are at with their communication and ensure your expectations match their capacity.

## What should I look for?

Some signs a young person may have trouble sharing information clearly and coherently include:

- trouble discussing their emotions
- reluctance or frustration when describing, explaining or expressing their views
- difficult to follow, jumps from topic to topic
- difficulty sequencing events and anticipating consequences
- speaks in simple sentences
- explanations lack detail or contain irrelevant detail
- limited vocabulary resulting in difficulty putting complex thoughts or feelings into words
- difficulty imagining, anticipating and articulating others' views, reactions and feelings
- difficulty holding the 'thread' of a discussion, seeing the main points or staying on topic.

## How can I support information sharing?

If a young person has difficulties sharing information clearly and coherently you can:

- Get a sense of the young person's expressive language capacities by asking them to tell you about a film, TV program or YouTube clip, how to play a game, or what they did on the weekend. This should elicit multiple sentences. When listening to them:
  - › Can you follow what they are talking about?
  - › Do they include varied vocabulary and explain events in the right order?
  - › If needed, ask questions to clarify who, what, where, when, why or how.
- Get a sense of the young person's ability to persuade, consider others' views by modelling some hypotheticals related to their stage of life (e.g. 'How you could persuade your parents to raise your pocket money?').
- Offer cartooning to the young person as an alternative way for them to share information.
- Use pictures depicting social scenes and discuss what is happening to probe for and model social thinking and emotional literacy.
- Teach emotion vocabulary explicitly and provide multiple opportunities for reinforcing. Using emotion thermometers can be useful to teach degree of emotions (calm, concerned, worried, terrified) and the associated vocabulary.

## Useful resources

### Resources describing typical development

- Refer to established sources—such as The Communication Trust's (UK) '[Universally Speaking: ages and stages of children's communication development for children ages 11 to 18](#)'—to find out where a young person is on the developmental continuum of communication skills.



- Use Talking Point's (UK) '[What's typical talk at secondary?](#)' poster to help you identify the communication milestones of secondary-aged young people you are working with.

#### Printable communication tips for offices and clinics

- Refer to The Communication Trust's (UK) '[Sentence Trouble](#)' guide to improve your understanding of and communication with young people with SLCN.

#### Visual supports

- '[Working with young people with autism spectrum disorder and comorbid mental disorders](#)' (Orygen, 2014)—part 5 has tools for clinical work.

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## ENGAGING IN SOCIAL INTERACTION THAT IS DIFFERENT FROM RELATING TO PEERS, FAMILY AND TEACHERS

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When attending a mental health clinic or receiving treatment from a mental health practitioner, a young person needs to grasp and adapt to rules of social interaction particular to the setting. These are likely to be different from social interactions they have experienced when relating to peers, family and teachers. For example, they need to understand their roles, and those of other people, in order to complete tasks such as:

- navigating the service
- completing mental health and other assessments
- individual or group treatment
- family sessions.

To engage in social interactions that are different from relating with peers, family and teachers, a young person with SLCN is required to understand that social interactions and roles can be different in different settings, and that they need to work out who does what, who to ask different questions of and what is expected of them. For example, they may not be used to sharing both positive and negative views constructively or working collaboratively with adults.

### What should I look for?

Some signs a young person may have trouble engaging in a social interaction that is different from relating to peers, family and teachers include:

- using socially awkward or inappropriate language (e.g. overly direct or blunt, inappropriately formal or informal)
- being unclear about who to share what information with, or sharing unnecessary or irrelevant information
- difficulty changing how or what they say depending on who they are talking to
- using a conversation style more common in other settings and social interactions
- difficulty initiating or ending conversations
- being unsure of what to speak about

- confusing personal and professional relationships, such as referring to the mental health clinician as their 'friend', trying to connect with them on social media, inviting them to attend a social event with them, or asking them personal questions
- difficulty or reluctance to provide their views and opinions, ask questions or ask for help or clarification.

### How can I support social interaction?

If a young person has difficulties engaging in a social interaction that is different from relating to peers, family and teachers you can:

- Develop an easy-to-understand overview of your setting to explain what young people can expect, their jobs and the kinds of issues they can raise. Explain roles and expectations—e.g. 'My jobs are to ...' and 'Your jobs are to ...'
- An important job for the young person is to speak up when they are confused, misunderstood or need a break. Model and normalise asking for clarification. Check-in regularly with the young person to be sure you have been clear and have understood them correctly. Provide explicit prompts and practice to facilitate the young person expressing their opinion and needs.
- Give specific (but tactful) feedback to a young person if they do not interact in a way that is expected for the setting, as well as praise when they do interact appropriately.
- Before family meetings, individually talk through expectations and provide an opportunity for the young person to plan or practise what they might like to say.
- Write or draw a structure for meetings so the young person knows what will happen, how long the meeting will go for, who will be there and topic/s to be discussed.
- In groups and family meetings, set some ground rules to reduce interrupting and over talking. Write and share a [Social Story™](#) of expected behaviours—these stories can help young people learn social behaviours and responses.
- Consider cue cards or posters as visual reminders for group behaviour.

### Useful resources

- Use an established writing guide—such as the [Australian Government's digital guide for plain English](#)—or consider developing a guide that's tailored to your setting.
- Consider using approaches such as comic strip conversations to help explore different perspectives in interactions, including those in mental health settings.
- Refer to [Social Stories™](#) to explain social situations to young people with autism spectrum disorder (ASD) and help them learn socially acceptable and expected behaviour. Although initially developed for people with ASD, Social Stories™ are useful for lots of people.

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## **DISCUSSING, CLARIFYING, DISAGREEING, COMPROMISING AND NEGOTIATING**

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In order to advocate for their own mental healthcare a young person must be able to discuss, clarify, disagree, compromise and negotiate. This might be to discuss safety and risk, talk through their treatment plan, ask questions when confused, clarify when they have been misunderstood, express a different view from their caregivers', disagree, protest or complain.

The skills used to discuss, clarify, disagree, compromise and negotiate are not just important in mental health settings, but also for academic achievement and for building and maintaining relationships with friends.

### **What should I look for?**

Some signs a young person may have trouble when they need to discuss, clarify, disagree, compromise and negotiate include:

- difficulties with school work
- difficulties with making and maintaining friendship
- often going along with other peoples' suggestions
- difficulty resolving conflict verbally
- difficulty expressing their point of view assertively
- reluctant to ask for clarification or express an alternative opinion
- difficulty understanding and communicating nuance, may seem overly direct or blunt
- difficulty turn-taking, for example often interrupting other people or dominating the discussion
- difficulty seeing others' points of view or anticipating reactions to, or consequences of, what they say or do.

### **How can I support young people to advocate for their own mental healthcare?**

If a young person has difficulties when they need to discuss, clarify, disagree, compromise or negotiate:

- Start a conversation about communication. Is the young person aware of their communication needs in the clinical setting and in the everyday life? Ask the young person what would help them express their opinions.
- Ask the young person to relay back to you their understanding of the discussion you've had, or to describe the session as if they were telling their family or a friend about it.
- Practice some simple ways that the young person can let you know if they need clarification, or how they can convey a different point of view.

- Model ways to ask for clarification, disagree and negotiate.
- Role play interactions which need disagreeing, compromising and negotiating.

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## **UNDERSTANDING AND USING NON-VERBAL COMMUNICATION**

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Understanding non-verbal communication—such as body language, facial expression, gestures and tone of voice (and the context in which it is occurring)—is vital for our interpretation of people's thoughts, feelings, behaviours and words. Difficulty understanding and using non-verbal communication can stem from SLCN and is also a feature of some neurodevelopmental disorders, such as ASD. The effects of current mental ill-health or early trauma can also affect a young person's non-verbal presentation and the way they interpret that of others. This is important to consider in the context of the therapeutic alliance, as well as within a young person's relationships with their peers, family and teachers, which may be addressed as part of treatment.

### **What should I look for?**

Some signs a young person may have trouble understanding and using non-verbal communication include:

- misunderstandings, particularly of humour or sarcasm where words used, tone of voice and non-verbal communication combine to convey meaning
- difficulty understanding or anticipating others' emotions or reactions, for example frequently believing other people are angry with them when they are not, or missing the non-verbal cues that someone is upset
- using culturally unusual gestures or mannerisms
- mismatch between the words used and body language, facial expression or tone of voice
- difficulty using conventional social mannerisms (e.g. for greetings and leave-taking)
- appearing uncomfortable and unsure or, alternatively, overly brash and unresponsive in social situations
- lacking awareness and/or control of own body language, gestures, tone of voice
- cultural differences in non-verbal communication are subtle, may be present even if the young person has competence in English and can be misinterpreted as signs of SLCN. When working with young people from culturally and linguistically diverse backgrounds (CALD), be aware that gestures, eye contact and other non-verbal characteristics that don't seem appropriate may actually be appropriate in the home culture.

## How can I support non-verbal communication?

If a young person has difficulties understanding and using non-verbal communication you can:

- Probe the young person's underlying abilities by discussing people's thoughts or feelings in pictures or videos of everyday situations.
- Start a conversation about non-verbal communication to develop a shared understanding about communication needs.
- Incorporate social communication training in to your treatment plan, if necessary. Many resources developed for young people with ASD are suitable for any young person with social communication difficulties.

## Useful resources

### Books

- 'Working with young people with autism spectrum disorder and comorbid mental disorders' (Orygen, 2014).

### Websites

- Autism Spectrum Australia's [Launchpad](#)—resources for young people with autism spectrum disorders and their families.
- [Social Thinking](#)—strategies for teaching essential life skills across all settings.

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## PARTICIPATING COLLABORATIVELY IN VERBALLY MEDIATED INTERVENTIONS DELIVERED ONE-TO-ONE OR IN GROUPS

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A combination of speech, language and communication skills are needed for a young person to participate in structured, evidence-based psychotherapies, such as cognitive behavioural therapy (CBT) or interpersonal psychotherapy (IPT). Group interventions place additional demands on young people. The larger the group, the greater the language and cognitive load as the young person manages multiple contributions, interjections and topic changes.

Evidence-based psychotherapies require meta-cognitive skills—e.g. thinking (and talking) about one's thinking so that unhelpful beliefs can be identified and modified—and high-level language ability—e.g. using language to reason and problem-solve, and using complex vocabulary to describe nuanced emotional states.

## What should I look for?

As these interventions depend on adequate verbal, written and social communication skills, all signs of difficulty identified above apply here.

## How can I support this?

All of the previous suggestions apply given these interventions depend on adequate verbal, written and social communication skills. If a young person has difficulties with participating in interventions, you can also:

- Use visual props such as 'feeling thermometers' to assist shared understanding.
- Think about the task the young person has to do. Does it require perspective taking, cause-effect thinking, understanding emotion words, thinking about past, present and future, generating solutions and predicting outcomes? Explore these with the young person.
- Shift your expectations: expect to cover less content and take longer for the young person to integrate it.
- Make sessions shorter.
- Learning is negatively impacted in the context of stress and emotional distress. Consider using neutral examples, fun and humour when introducing and practicing new concepts.
- Simplify language to aid comprehension.
- Consider whether a whiteboard or scrapbook for recording key information is helpful or distracting. Some young people find it helpful to take a photo of a whiteboard summary and share this with their support network. Previous discussions can also be reviewed if photos are stored on a tablet.
- Consider pre-teaching concepts and vocabulary and priming the young person in their individual sessions ahead of group sessions.
- Build groups based on common language and cognitive levels. Spend some time on group communication skills.
- Ensure exercises match communication competencies of group members so a young person does not have their SLCN highlighted within a group.

## Useful resources

- 'Working with young people with autism spectrum disorder and comorbid mental disorders' (Orygen, 2014) – page 9 gives examples of modifications to psychotherapy.

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## PARTICIPATING IN INTERVENTIONS OR PROGRAMS WHICH MAY BE PROVIDED IN OTHER SETTINGS

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A young person may need to navigate more than one setting when they receive multidisciplinary support or treatment.

Settings and interventions may include:

- mental health
- social skills
- anger management programs
- sex education
- substance use
- restorative justice conferencing
- vocational intervention.

Understanding the treatment process and navigating more than one context can be complex and involves integrating all of the communication skills outlined above.

### What should I look for?

The signs a young person may have trouble with participating in interventions or programs across different settings include:

- missing appointments
- not completing treatment tasks between sessions or following up referrals
- difficulty understanding instructions and sequencing tasks
- frustration or reluctance to engage with different treatment providers
- difficulty problem-solving or overwhelmed by problems and tasks.

### How can I support participation in interventions and programs provided in other settings?

While many of the ideas in other sections will also be relevant here, if you notice a young person has trouble participating in interventions and programs provided in other settings, you can:

- Inform other providers about the young person's SLCN and necessary adjustments so the young person can experience the maximum benefit of interventions. This would require permission from the young person, their family or other supports.
- Share resources about typical development and communication tips for supporting young people.
- Create a one-page communication profile with the young person. This profile can include the communication status, progress and unique needs of the young person to assist with self-advocacy.

### Useful resources

#### Psychoeducation for young peoples' SLCN

- Refer to established sources—such as The Communication Trust's (UK) '[Universally Speaking: ages and stages of children's communication development for children ages 11 to 18](#)'—to find out if young people are on the right track with their communication abilities.
- Use Talking Point's (UK) '[What's typical talk at secondary?](#)' poster to help you identify the communication milestones of secondary-aged young people you are working with.

#### Printable communication tips

- Refer to The Communication Trust's (UK) '[Sentence Trouble](#)' guide to improve your understanding of and communication with young people with SLCN.



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