

FACT SHEET

COMMUNICATION SUPPORT NEEDS IN YOUTH MENTAL HEALTH

AT A GLANCE

This clinical practice resource is for anyone working in youth mental health who:

- wants to know more about CSN,
- has identified an individual with CSN and wants to know what to do, and
- wants guidance on how to adapt their approach for young people who have CSN.

- become more communication aware in your practice,
- find further resources and points of referral, and
- share up-to-date clinical information in your setting about CSN.

WHAT IS COMMUNICATION?

SPEECH

pronunciation,
fluency, voice.

LANGUAGE

speaking and understanding (oral), reading and writing (written), sign language, using symbols or gestures.

SOCIAL COMMUNICATION

how we communicate
for different people
and contexts
(pragmatics).



SPEECH

Speech refers to pronunciation, fluency and voice. Speech can be affected by many factors including hearing differences (3), medications (4), substance use (5), head injury (6) and dental problems (7,8).

PRONUNCIATION

Someone may have difficulty producing speech sounds accurately and clearly. Simple phoneme (sound) substitutions, such as a lisp or not articulating 'r' sounds (e.g. 'wabbit' for 'rabbit'), may resolve during the primary school years or persist into adolescence and adulthood. Speech differences may not impact significantly on an individual's ability to communicate clearly, but they may still affect self-esteem (1). Some children have more marked speech differences in childhood and are difficult to understand, even by familiar people. While speech sound disorders can improve with speech therapy, there may be residual difficulties that can negatively affect academic and employment outcomes (2,3,9).

FLUENCY

Speech that is not fluent (e.g. repeating sounds, words and phrases, getting stuck on words, long pauses) is common in early childhood as children are developing their talking skills. For some, it may develop into persistent stuttering and contribute to social anxiety. Low literacy can increase anxiety and loneliness and individuals can experience decreased happiness (10).

VOICE

Voice refers to loudness, pitch, intonation, rate, resonance and quality. Voice refers to the "sound we produce to communicate meaning, ideas, opinions etc" (11). A young person may: have trouble projecting their voice, speak loudly or quietly, speak with a pitch that is unexpectedly high or low (e.g. late- or early-onset of puberty, transgender people), use intonation that sounds monotonous or highly melodious, or emphasise different words in sentences.

A young person's voice may sound as though they are speaking through a blocked nose, which relates to resonance, or their voice may be hoarse or strained. Voice differences can affect how a person is perceived and how listeners engage with their message, which may, at times, influence mutual understanding. Voice differences may be temporary or longstanding and can reflect the underlying structure of the mouth or larynx (e.g. cleft palate or laryngeal nodules) (11).

LANGUAGE

Language refers to a shared code through which meaning is conveyed, including expressive language (speaking and writing) and receptive language (understanding oral and written language), as well as sign language and symbols or gestures. Language includes vocabulary and word knowledge, grammar and sentence structure and higher order meta-cognitive and meta-linguistic skills, which enable thinking about thoughts and language (12).

During adolescence, vocabulary expands significantly and supports expression of complicated ideas in efficient ways. Sentence structures become more complex and concise to support succinct expression of thought as young people tell longer stories (narratives), share experiences (recount), explain, discuss and persuade (12).

As young people progress through secondary school, there are increased demands on their oral and written language skills. They are expected to understand lectures delivered by teachers with varied teaching styles and models of communication, read and understand textbooks and websites, understand multimedia resources, take notes, engage in extended discussions about varied topics, write longer texts of various types (e.g. reports, discussions, persuasive texts, narratives and essays) and complete written assignments more frequently. They may also be required to interact with peers in group contexts and provide oral reports and presentations of various types.





Many factors can influence how a person develops and uses language, including hearing and sensory differences, ways of processing information and attention, perspective taking, understanding of context, access to education, and stress levels. The ability to understand and express language supports many functions, including sharing information, expressing thoughts and feelings verbally, resolving conflict, following and giving multi-step instructions and engaging in “talking therapies” (13).

VOCABULARY AND WORD KNOWLEDGE

Word knowledge plays an important role in understanding what we hear and read. Young people who experience differences in vocabulary or word learning may acquire new words at a different pace, use a smaller range of words, or rely more often on general words (e.g. ‘stuff’, ‘thing’, ‘it’). These differences can influence how they engage with the school curriculum, understand and express concepts of time and sequence, appreciate wordplay and humour, and use context to interpret figurative language (13–15).

GRAMMAR AND SENTENCE STRUCTURE

Young people who experience differences in the structural aspects of language may use developing grammar and produce fewer complex sentences (e.g. sentences containing conjunctions such as if, so, when, otherwise, until, or instead) when explaining, describing, comparing, recounting, or persuading. They may find complex sentences and longer stretches of information (e.g. oral or written paragraphs) more challenging to process. In writing, they may produce shorter texts with less varied sentence types and simpler sentence structures than their peers.

HIGHER ORDER LANGUAGE

The demand for critical thinking and executive functioning skills grows in adolescence. In social and academic contexts, young people need to make inferences, understand ambiguous language, identify emotions, think abstractly, draw conclusions, express logical thinking to solve problems, and identify obstacles. Young people are expected to work independently, evaluate, monitor and discuss their performance, and comprehend written and spoken material. In group contexts they need to use spoken language to express opinions, persuade and negotiate with peers. They are required to use ‘meta’ skills (metacognition and meta-linguistics) to think about their own thinking and communication (13,15).

READING AND WRITING

As well as requiring phonemic awareness (the ability to focus on, and manipulate, the individual sounds within words) and letter-sound knowledge, reading and writing proficiency are interrelated with the development of oral language. Oral language skills underpin the transition to literacy, forming a foundation for reading and writing, and similarly, solid literacy skills help further develop oral language skills (13). By secondary school, most new words are learnt through reading, not conversation. Students with language support needs may find reading comprehension more demanding and may produce writing that is still developing in complexity compared with their peers. The mismatch between language demands of the curriculum and an individual’s language skills – and therefore their ability to engage effectively with the curriculum – can have a significant effect on self-identity and sense of competence (1,10,13).

SOCIAL COMMUNICATION

Communication refers to how people use language to connect with others, share ideas, and navigate different social situations. People may adapt what they say and how they say it depending on the context, such as considering the listener’s age, status, or background knowledge.

People communicate in many ways – not only through words, but also through body language, gestures, facial expressions, and eye contact. These cues can help express emotions, clarify meaning, and repair misunderstandings. People may also use social/cultural rituals for greetings, introductions, asking for help, joining conversations, and checking for understanding.

During adolescence, new social contexts often emerge including friendships, romantic relationships, and workplace interactions (1,14). Communication styles can become more varied and complex with young people using slang, in-group language, playful teasing, small talk, and subtle hints to connect socially.

Everyone has their own communication style. Sometimes differences in how people communicate or interpret social cues can create challenges in relationships (i.e. the double empathy problem – see [The double empathy problem](#) for more information), especially when messages are nuanced, emotional, or open to interpretation. Recognising and respecting diverse communication styles can help support connection and mutual understanding.

HOW CAN I TELL IF A YOUNG PERSON HAS CSN?

Communication support needs can be present in one or more aspects, may be ongoing or transient, apparent from early childhood, or acquired following illness or injury. While some challenges become less prominent by adolescence, their influence on self-esteem and confidence may continue. For some young people, earlier differences in learning or communication may persist or re-emerge as they navigate new social and academic expectations.

The following text boxes include some guidance around the characteristics of CSN.

INDICATORS A YOUNG PERSON MIGHT HAVE CSN

There is an inter-relationship between mental health and CSN (1–3,16–21). Observed features of CSN may reflect an underlying difference in communication e.g. (13,22–30) or they may relate to other factors such as mental health (31–33). For example, variations in volume, speech rate, or intonation can occur in contexts such as mania or psychosis (34,35) and these patterns may change as the underlying condition evolves.

The text boxes below provide examples of observed features that may indicate a young person has CSN. If you notice any of these features, consider how long they have been present, in which contexts they appear, and gather relevant background information to support informed decisions about whether further speech pathology assessment may be helpful.

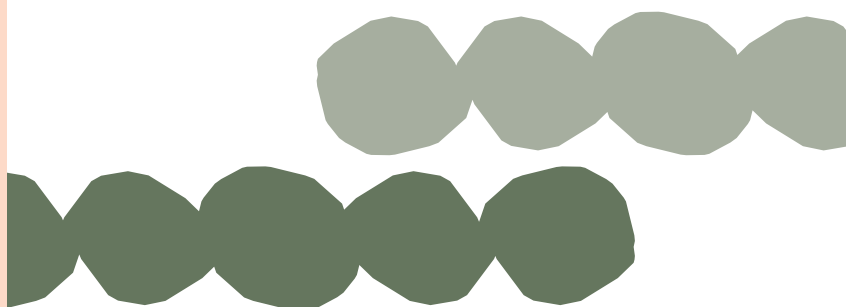
SPEECH

- Speech that is difficult for some listeners to understand.
- Speech that is different to peers in their community or with similar lived experience.
- Differences in the pronunciation of polysyllabic words.
- Variations in volume, pitch, speech rate, or intonation.
- Persistent nasal, husky, or strained voice, or frequent changes in voice.
- Differences in rhythm or fluency, such as repeating sounds, words, or parts of words.

LANGUAGE

- Sharing stories or explanations in ways that might include:
 - Providing less background detail than might be typical.
 - Organising thoughts in a sequence that differs from common patterns.
 - Using time references in unique ways or not at all.
 - Expressing ideas in ways that may be less linear or less focused on conventional logic.
 - Pausing to gather thoughts or rephrasing frequently.
 - Arranging words in ways that are unusual or creative.
- Using simpler sentences rather than longer or more complex sentence structures (e.g. sentences with words like 'because', 'if', 'when', 'so').
- Using a smaller range of vocabulary, sometimes relying on general words (like 'stuff' or 'thing'), using swear words more frequently, and possibly using fewer words to describe emotions.
- Needing extra time to understand or process questions, instructions, or conversations, or finding it harder to remember details shared verbally.
- Experiencing differences in understanding figurative or abstract language, such as metaphors, sarcasm, jokes, or indirect hints, and interpreting things literally.
- Giving responses that might seem unrelated or not closely connected to the questions or comments made by others.
- Experiencing challenges with reading or writing tasks.
- Shows these behaviours in a way that is different to others of the same age, language and life experience, and cultural background.

Please note that challenges with reading and writing tasks may not be obvious. A possible indicator of CSN could be avoidance of these tasks.



SOCIAL COMMUNICATION

- Being unsure about how to start or end conversations, taking turns when speaking, or choosing conversation topics.
- Communicating in ways that may be perceived by others as direct or blunt, or using language that feels more formal or informal than is common in the situation.
- Using conversation patterns that may follow familiar scripts or repeated phrases.
- Experiencing differences in understanding or use of non-verbal communication, such as eye contact, gestures, facial expressions, or body language.
- Sharing details that others might not expect or might see as less relevant to the conversation.
- May benefit from support to clarify information, ask questions, or seek help
- Uses social communication differently to peers with similar lived experience and backgrounds.

Some of these social communication patterns are common among people with certain neurotypes (e.g. autism); they can be a more effective and comfortable way for them to communicate. Consider whether the young person's social communication relates to their neurotype, whether it creates difficulties for them, and the nature of the difficulties.

BEHAVIOUR

- Showing frustration when trying to communicate.
- Being able to speak only in certain settings or with particular people where they feel more comfortable.
- Finding it challenging to focus for long periods of time.
- Engages easily in conversation, though communication may be more general or less detailed than expected.
- Appearing very agreeable or, at times, less engaged, depending on comfort, understanding, or support needs.
- Communicating emotions through behaviour rather than words and benefitting from support to express feelings or resolve conflict verbally.
- Using non-verbal communication like limited eye contact, shoulder shrugs, or brief responses (e.g. 'yep' or 'nope') as ways of coping or communicating.
- Using humour, high energy, or withdrawing in social situations as ways to manage stress, uncertainty or social dynamics.

CATEGORISATION OF COMMUNICATION NEEDS

There is considerable overlap in the definitions of conditions associated with CSN, and these continue to evolve as our understanding deepens.

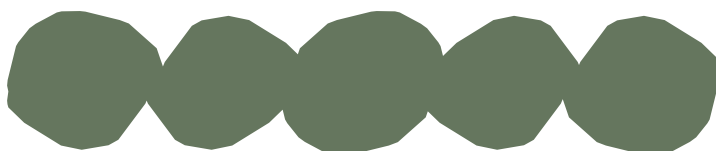
The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) uses the term 'communication disorders' and identifies the following categories:

- Language disorder
- Speech sound disorder
- Childhood-onset fluency disorder (stuttering)

- Social (pragmatic) communication disorder
- Unspecified communication disorder

In line with current diagnostic practice, the term 'language disorder' (or developmental language disorder where the language difficulties are not attributable to another condition) replaces other previously used diagnostic terminology, such as specific language impairment (SLI), aphasia, and expressive/receptive/mixed expressive-receptive language disorder (36).

While the DSM-5-TR refers to these as disorders, many practitioners and communities prefer the term 'communication support needs' to reflect a more strengths-based and inclusive perspective.



WHAT IS THE RELATIONSHIP BETWEEN CSN AND YOUTH MENTAL HEALTH?

Communication disorders often occur alongside emotional challenges, which are shaped by wider social and systemic influences (1). Early communication support needs are associated with increased social, emotional, and behavioural support needs during adolescence, with studies finding an increased prevalence of mental health needs in adolescents who had significant CSN when they were younger (1,13,14). Communication support needs may also occur because of mental ill-health, and some factors, such as intellectual disability (ID), autism, or adverse childhood experiences (ACEs) place young people at greater risk of experiencing both CSN and mental ill-health.

Unsurprisingly, CSN during childhood and adolescence – particularly when not identified or supported – can significantly influence a young person's psychosocial development, access to the school curriculum, interpersonal relationships, and opportunities for social inclusion (Hunn et al., 2023; Q. Zhang, 2021; Snow, 2016, 2021; Conti-Ramsden et al., 2016).

Communication support needs are also associated with an increased risk of school disengagement and involvement with the justice system (Anderson et al., 2016; Snow, 2021). Young people in the justice system are over-represented among those with CSN and mental ill-health. Research in Australia and internationally has consistently identified a high prevalence of previously unrecognised language support needs in youth justice populations (37). A health survey in NSW found that 43 per cent of young people in custody had significant challenges with core oral language skills, almost 90 per cent had reading comprehension skills below the average range, and 80 per cent scored in a range indicating substantial language support needs (38).

The text box on page 6 includes examples of how CSN can affect mental health and how mental health can affect CSN.

IMPACT OF CSN ON MENTAL HEALTH

Here are some of the ways in which CSN can affect a young person's mental health.

- Communication support needs may make social connection more challenging, which can increase the likelihood of feelings of isolation or loneliness (10), known to be associated with low mood and heightened anxiety (10).
- Personality development may be shaped by how a young person experiences and interprets interactions, including the messages they receive from caregivers and peers (1,15). This can influence self-esteem (1) self-image, and aspirations.
- Young people may feel stress or frustration in situations where communication is challenging. This can sometimes be expressed as irritability, behaviour outbursts, impulsivity (1) or distractibility and shorter attention span. They may also experience periods of anxiety or low mood (16) respond in a slower or less spontaneous way and engage in self-harm (39).
- Limited opportunities to express thoughts and emotions verbally can affect self-advocacy and the ability to make preferences known.
- Challenges in accessing opportunities that support wellbeing and daily functioning (40).
- Some young people may experience barriers to fully participating in social participation (40), classroom learning or reading tasks which can affect confidence in social communication (20,21,41).

WHY MIGHT CSN BE OVERLOOKED?

If a mental health clinician is not aware that a young person has CSN and does not plan or adapt treatment accordingly, these needs can influence the young person's ability to fully engage in talking therapies, which rely on verbal skills (3,13,15). Communication support needs may also benefit from direct attention and tailored strategies within treatment (42).

Here are some of the main reasons why a young person's CSN might be overlooked:

- Communication support needs may be less visible and misinterpreted as low motivation or disengagement, for example, when a young person gives brief verbal responses, avoids eye contact, or uses closed body language (43).
- Young people may have developed strategies to manage or mask their CSN while still experiencing challenges (44,45).
- High-risk behaviours, conflict, or crises can shift attention away from identifying underlying CSN (46).
- Relevant developmental history or family context related to early CSN may not always be available or previously identified (47-50)

When approached positively, targeted assessment and support for adolescents with CSN can benefit mental health, enhance engagement in treatment and support more positive developmental and risk outcomes (51).

IMPACT OF MENTAL HEALTH ON CSN

Here are some of the ways in which mental health needs can affect a young person's CSN.

- Depression may influence communication in ways such as tearfulness, irritability, reduced variation in tone or prosody, less social engagement, changes in body awareness and movement, and differences in attention, concentration, or information processing (2).
- Anxiety may affect social awareness and interaction and can shape how information is noticed and processed (10).
- Psychosis can have broad effects on communication, including altered language and social skills. Areas that may benefit from additional support include expressing thoughts and ideas (expressive language), understanding others' messages (receptive language), processing language, and interpreting facial expressions or vocal cues (15,39).



HOW CAN I SUPPORT DIVERSE COMMUNICATION IN MY PRACTICE?

Being aware of diverse ways young people communicate, and adapting approaches where needed, is important in youth mental health. An interprofessional, multidisciplinary and collaborative approach can help ensure that care is well-integrated and respectful of each young person's communication style and needs.

Understanding the communication skills and preferences a young person uses in your setting is a helpful first step in figuring out whether any adjustments might support their comfort, participation, and understanding.

The table on page 8 describes some examples of communication situations and tasks young people may encounter in mental health settings. It's important to remember that everyone's communication style is unique, and clinicians and services share responsibility for creating environments where young people feel safe and understood.



COMMUNICATION TASKS IN A MENTAL HEALTH SETTING:

SETTING	TASKS	EXAMPLES
Everyday communication	Access the service and navigate informal interactions with peers, family, members of the clinical team, and other people in the community.	• Chat with clinician, family and friends • Catch public transport to and from appointments • Engage in social or group programs • Access a pharmacy
Youth mental health (service, interaction with a clinician, lived experience)	Develop additional skills and vocabulary specific to mental health treatment.	• Read and answer questionnaires about symptoms • Share concerns and insights • Reflect and reason • Clarify misunderstandings, disagree, advocate and make a complaint • Read and discuss treatment plans • Discuss and describe emotions, signs and symptoms • Read appointment cards, SMS, letters, pathology or other medical information

SCREENING AND ASSESSMENT

Understanding the signs of CSN can help you plan and adapt treatment, as well as indicate if a speech pathology referral is appropriate.

A standardised mental state examination (MSE) – i.e. assessment of appearance, behaviour, speech, mood, affect, thought, perception, cognition, insight and judgement – can be adapted to include a brief checklist focused on communication skills. Refer to the **“How can I tell if a young person has CSN”** section of this resource for guidance on what you can include or focus on in your MSE.

Clinicians should check a young person’s literacy, which plays a crucial role in the academic and social contexts of their daily lives (20,21) and obtain a history of any known CSN or learning difficulties that the young person or someone in their family has experienced.

ENGAGEMENT

CSN can be a barrier to engaging in mental health treatment. With a focus on understanding their needs, and approached sensitively and in collaboration with a young person, supporting them to improve their communication skills can be empowering and provide them with further agency in their mental health treatment (16,20).

For practical guidance on engagement please download Orygen’s resource: **“How to support young people with communication support needs (CSN)”**.

TREATMENT

Speech pathologists are an important part of the mental health treatment team. Speech pathologists diagnose speech, language and social communication or swallowing conditions and, as part of the mental health team can play an important role in diagnosing mental ill-health (42). They also help to determine whether communication or swallowing support needs are part of the current mental health picture or whether there are underlying CSN (42). They then develop treatment plans that provide support and strategies to help the young person understand and engage fully in their care (42).

For practical guidance on supporting communication skills, you can download Orygen’s resource: **“How to support young people with communication support needs (CSN)”**.

Where possible, an individual with suspected CSN should be referred for assessment by a speech pathologist to identify their strengths and support needs, allowing for a personalised plan that helps them engage effectively in treatment.

For more information about how speech pathologists can support mental health and an overview of possible approaches to care, please refer to Speech Pathology Australia’s resources entitled **“Mental health and trauma”**.

REFERRAL

Collaboration between mental health practitioners and speech pathologists can be highly beneficial. It enables multidisciplinary assessments and tailored interventions, including adapting mental health treatments to be meaningful and responsive to the young person's needs, as well as providing additional assessment or support for specific CSN (42).

If your organisation does not employ a speech pathologist, you will need to make a referral to a private or community health speech pathologist. Community health services may provide free or low-cost services to priority groups. You can ["Find a Speech Pathologist"](#), using Speech Pathology Australia's website, which lists certified practicing members.

Eligible young people can access speech pathology services under some Medicare schemes or under the National Disability Insurance Scheme (NDIS). More information about different schemes can be found on Speech Pathology Australia's website:

[Fees, rebates and funded programs.](#)



CONCLUSION

Communication skills play an important role in building positive relationships, supporting academic and vocational success, and promoting psychological wellbeing (20,41,42). Mental health practitioners can work with young people and their support networks to understand their experiences and provide strategies that support their CSN (42).

Youth mental health practitioners can promote the achievement of best outcomes for the young people who have CSN by:

- being aware of CSN and understanding what to look for,
- routinely screening to identify a young person's CSN,
- communicating in a way that meets the needs of a young person with CSN,
- adapting treatments to accommodate CSN, and
- supporting the young person to advocate for themselves in mental health settings and beyond (42).

Identifying and supporting a young person's CSN can enhance their engagement in mental health treatment and improve outcomes. However, CSN can be subtle, sometimes overlooked, and may be less visible amid other complexities (20). Collaboration between mental health practitioners and speech pathologists can help adapt treatments to the young person's needs and facilitate referral when specialist support for CSN is indicated (42).



FURTHER RESOURCES

Clinical practice point: [How to support young people with communication support needs \(CSN\) in mental health settings](#). This resource provides practical guidance on supporting young people's communication skills and engagement in treatment and complements the current clinical practice resource.

Webinar: Communication expectations across different settings ([Communication expectations across different settings \(Speech Pathology Week - August 2019\) - Orygen, Revolution in Mind](#))

Webinar: Understanding speech, language and communication needs in mental health ([Understanding speech, language and communication needs in mental health \(Speech Pathology Week - Aug - Orygen, Revolution in Mind\)](#))

Webinar: Strategies for working with young people with additional speech, language and communication needs ([Strategies for working with young people with additional speech, language and communication needs \(S - Orygen, Revolution in Mind\)](#))

Fact sheet: Neurodevelopmental disorders and youth mental health ([Orygen-Neurodevelopmental-disorders-and-youth-ment](#))

Fact sheet: Speech pathology in mental health ([Green Paper](#))

REFERENCES

- Xue L, Gong Y, Pill S, Han W. Communication Disorders and Mental Health Outcomes in Children and Adolescents: A Scoping Review. *Healthcare*. 2025 Jul 25;13(15):1807. doi:10.3390/healthcare13151807
- Hunn L, Teague B, Fisher P. Literacy and mental health across the globe: a systematic review. *Ment Health Soc Incl*. 2023 Dec 1;27(4):392-406. doi:10.1108/MHSI-09-2022-0064
- Hobson H, Kalsi M, Cotton L, Forster M, Toseeb U. Supporting the mental health of children with speech, language and communication needs: The views and experiences of parents. *Autism Dev Lang Impair*. 2022 Jan;7:23969415221101137. doi:10.1177/23969415221101137
- Texas Health and Human Services. List of Psychotropic Medications and Side Effects [Internet]. Texas, USA: Texas Health and Human Services; 2023 Apr. p. 9. Report No. Available from: <https://www.hhs.texas.gov/sites/default/files/documents/List-of-Psychotropic-Medications-and-Side-Effects.pdf>
- Nikvarz N, Sabouri S. Drug-induced stuttering: A comprehensive literature review. *World J Psychiatry*. 2022 Feb 19;12(2):236-63. doi:10.5498/wjp.v12.i2.236
- Ille G, Cusimano MD, Li W. Prosodic processing post traumatic brain injury - a systematic review. *Syst Rev*. 2017 Dec;6(1):1. doi:10.1186/s13643-016-0385-3
- Aprile M, Verdecchia A, Dettori C, Spinas E. Malocclusion and Its Relationship with Sound Speech Disorders in Deciduous and Mixed Dentition: A Scoping Review. *Dent J*. 2025 Jan 10;13(1):27. doi:10.3390/dj13010027
- Kaur J. Speech Delay Due To Various Dental Anomalies And Their Management. *J Adv Med Dent Sci Res*. 2025 Jun 11;13(6):22-4. doi:10.21276/jamdsr
- Dall M, Fellingner J, Holzinger D. The link between social communication and mental health from childhood to young adulthood: A systematic review. *Front Psychiatry*. 2022 Oct 6;13:944815. doi:10.3389/fpsy.2022.944815
- Zhang Q. The cost of illiteracy: A causal inference study on how illiteracy affects physical and mental health. *Health Educ J*. 2021 Feb;80(1):54-66. doi:10.1177/0017896920949894
- Zhang Z. Mechanics of human voice production and control. *J Acoust Soc Am*. 2016 Oct 1;140(4):2614-35. doi:10.1121/1.4964509
- Nippold MA. Later Language Development: School-age Children, Adolescents, and Young Adults. 4th ed. Pro-ed; 2016. 344 p.
- Hill E, Tonta K, Boyes M, Norbury C, Griffiths S, Goh S, et al. "Why Would Someone like Me with DLD Want to Sit in a Room and Talk? How Would that Make Me Feel Better?!" Developmental Language Disorder and the Language Demands of Cognitive Behaviour Therapy. *Int J Cogn Behav Ther*. 2025 May 27;18(3):405-24. doi:10.1007/s41811-025-00254-3
- Clarke A, Rose TA, Meredith PJ. Language skills and interpersonal trust in adolescents with and without mental illness. *Int J Speech Lang Pathol*. 2023 Jul 4;25(4):589-607. doi:10.1080/17549507.2022.2075466
- Hobson H, Van Den Bedem NP. The Association between Parent and Child-Report Measures of Alexithymia in Children with and without Developmental Language Disorder. *Int J Environ Res Public Health*. 2021 Aug 5;18(16):8309. doi:10.3390/ijerph18168309
- Botting N, Toseeb U, Pickles A, Durkin K, Conti-Ramsden G. Depression and Anxiety Change from Adolescence to Adulthood in Individuals with and without Language Impairment. Ebmeier K, editor. *PLOS ONE*. 2016 Jul 12;11(7):e0156678. doi:10.1371/journal.pone.0156678
- Conti-Ramsden G, Durkin K, Mok PLH, Toseeb U, Botting N. Health, employment and relationships: Correlates of personal wellbeing in young adults with and without a history of childhood language impairment. *Soc Sci Med*. 2016 Jul;160:20-8. doi:10.1016/j.socscimed.2016.05.014
- Robidoux S, Eklund K, McArthur GM, Francis DA, Aro T, Torppa M. Reading and emotional-behavioural development in Finnish children: a longitudinal study of associations. *Read Writ*. 2025 May;38(5):1359-82. doi:10.1007/s11145-024-10559-y
- Snow P, McLean E, Frederico M. The language, literacy and mental health profiles of adolescents in out-of-home care: An Australian sample. *Child Lang Teach Ther*. 2020 Oct;36(3):151-63. doi:10.1177/0265659020940360
- Snow PC, Elizabeth Usher Memorial Lecture: Language is literacy is language - Positioning speech-language pathology in education policy, practice, paradigms and polemics. *Int J Speech Lang Pathol*. 2016 May 3;18(3):216-28. doi:10.3109/17549507.2015.1112837

21. Snow PC, Timms L, Lum JAG, Powell MB. Narrative language skills of maltreated children living in out-of-home care. *Int J Speech Lang Pathol*. 2020 Mar 3;22(2):117–28. doi:10.1080/17549507.2019.1598493
22. Chan KM, Fugard AJ. Assessing speech, language and communication difficulties in children referred for ADHD: A qualitative evaluation of a UK child and adolescent mental health service. *Clin Child Psychol Psychiatry*. 2018 Jul;23(3):442–56. doi:10.1177/1359104517753510
23. Hobson HM, Toseeb U, Gibson JL. Developmental language disorder and neurodiversity: Surfacing contradictions, tensions and unanswered questions. *Int J Lang Commun Disord*. 2024 Jul;59(4):1505–16. doi:10.1111/1460-6984.13009
24. Jepsen IB, Hougaard E, Matthiesen ST, Lambek R. A Systematic Review and Meta-analysis of Narrative Language Abilities in Children with Attention-Deficit/Hyperactivity Disorder. *Res Child Adolesc Psychopathol*. 2022 Jun;50(6):737–51. doi:10.1007/s10802-021-00871-4
25. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry*. 2007 Jul;20(4):359–64. doi:10.1097/YCO.0b013e32816ebc8c PubMed PMID: 17551351; PubMed Central PMCID: PMC1925038.
26. Lai MC, Kassee C, Besney R, Bonato S, Hull L, Mandy W, et al. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *Lancet Psychiatry*. 2019 Oct;6(10):819–29. doi:10.1016/S2215-0366(19)30289-5
27. McLean S. Understanding the impacts of Fetal Alcohol Spectrum Disorder (FASD) on child mental health [Webpage] [Internet]. Australia: Emerging Minds; 2019. Available from: <https://emergingminds.com.au/resources/understanding-the-impacts-of-fetal-alcohol-spectrum-disorder-fasd-on-child-mental-health/#introduction>
28. Tafolla M, Lord C. Longitudinal Analyses of Mental Health in Autistic Individuals: A Systematic Review. *Brain Sci*. 2024 Oct 18;14(10):1033. doi:10.3390/brainsci14101033
29. Toseeb U, Vincent J, Oginni OA, Asbury K, Newbury DF. The Development of Mental Health Difficulties in Young People with and without Developmental Language Disorder: A Gene-Environment Interplay Study Using Polygenic Scores. *J Speech Lang Hear Res*. 2023.
30. Wilmot A, Hasking P, Leitão S, Hill E, Boyes M. Understanding Mental Health in Developmental Dyslexia: A Scoping Review. *Int J Environ Res Public Health*. 2023 Jan 16;20(2):1653. doi:10.3390/ijerph20021653
31. American Speech-Language-Hearing Association. Selective Mutism [Practice Portal] [Internet]. USA: American Speech-Language-Hearing Association; 2024. Report No. Available from: https://www.asha.org/practice-portal/clinical-topics/selective-mutism/#collapse_9
32. Joyal M, Bonneau A, Fecteau S. Speech and language therapies to improve pragmatics and discourse skills in patients with schizophrenia. *Psychiatry Res*. 2016 Jun;240:88–95. doi:10.1016/j.psychres.2016.04.010
33. Morgan SE, Diederken K, Vértes PE, Ip SHY, Wang B, Thompson B, et al. Natural Language Processing markers in first episode psychosis and people at clinical high-risk. *Transl Psychiatry*. 2021 Dec 13;11(1):630. doi:10.1038/s41398-021-01722-y
34. Boudewyn MA, Carter CS, Long DL, Traxler MJ, Lesh TA, Mangun GR, et al. Language context processing deficits in schizophrenia: The role of attentional engagement. *Neuropsychologia*. 2017 Feb;96:262–73. doi:10.1016/j.neuropsychologia.2017.01.024
35. Corcoran CM, Carrillo F, Fernández-Slezak D, Bedi G, Klim C, Javitt DC, et al. Prediction of psychosis across protocols and risk cohorts using automated language analysis. *World Psychiatry*. 2018 Feb;17(1):67–75. doi:10.1002/wps.20491
36. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association Publishing; 2022. doi:<https://doi.org/10.1176/appi.books.9780890425787>
37. Anderson SAS, Hawes DJ, Snow PC. Language impairments among youth offenders: A systematic review. *Child Youth Serv Rev*. 2016 Jun;65:195–203. doi:10.1016/j.chidyouth.2016.04.004
38. Young People in Custody Health Survey Report. 2022.
39. Hancock A, Northcott S, Hobson H, Clarke M. Speech, language and communication needs and mental health: the experiences of speech and language therapists and mental health professionals. *Int J Lang Commun Disord*. 2023 Jan;58(1):52–66. doi:10.1111/1460-6984.12767
40. Eadie P, Conway L, Hallenstein B, Mensah F, McKean C, Reilly S. Quality of life in children with developmental language disorder. *Int J Lang Commun Disord*. 2018 Jul;53(4):799–810. doi:10.1111/1460-6984.12385
41. Snow PC. Psychosocial Adversity in Early Childhood and Language and Literacy Skills in Adolescence: The Role of Speech-Language Pathology in Prevention, Policy, and Practice. *Perspect ASHA Spec Interest Groups*. 2021 Apr 28;6(2):253–61. doi:10.1044/2020_PERSP-20-00120
42. Speech Pathology Australia. Speech Pathology in Mental Health [Position Statement]. Melbourne, Australia: The Speech Pathology Association of Australia Limited; 2018. p. 8. Report No.
43. Snow PC, Powell MB. Oral language competence in incarcerated young offenders: Links with offending severity. *Int J Speech Lang Pathol*. 2011 Dec 1;13(6):480–9. doi:10.3109/17549507.2011.578661
44. Bradley L, Shaw R, Baron-Cohen S, Cassidy S. Autistic Adults' Experiences of Camouflaging and Its Perceived Impact on Mental Health. *Autism Adulthood*. 2021 Dec 1;3(4):320–9. doi:10.1089/aut.2020.0071
45. Rynkiewicz A, Janas-Kozik M, Słopień A. Girls and women with autism. *Psychiatr Pol*. 2019 Aug 31;53(4):737–52. doi:10.12740/PP/OnlineFirst/95098
46. Bowen C, Snow P. Making Sense of Interventions for Children and Developmental Disorders: A Guide for Parents and Professionals. Guildford, UK: J&R Press Ltd; 2017.
47. Jenner R, Hopf SC. Family-centred practice in speech-language pathology practice with children and young people in out-of-home care in Australia: A scoping review. *Int J Speech Lang Pathol*. 2023 Sep 3;25(5):667–76. doi:10.1080/17549507.2022.2110279
48. MacLean MJ, Taylor CL, O'Donnell M. Preexisting adversity, level of child protection involvement, and school attendance predict educational outcomes in a longitudinal study. *Child Abuse Negl*. 2016.
49. Sylvestre A, Bussi  res   L, Bouchard C. Language Problems Among Abused and Neglected Children: A Meta-Analytic Review. *Child Maltreat*. 2016 Feb;21(1):47–58. doi:10.1177/1077559515616703
50. Vasilevski V, Tucker A. Wide-ranging cognitive deficits in adolescents following early life maltreatment. *Neuropsychology*. 2016;30(2):239–46. doi:10.1037/neu0000215
51. Winstanley M, Webb RT, Conti-Ramsden G. More or less likely to offend? Young adults with a history of identified developmental language disorders*. *Int J Lang Commun Disord*. 2018 Mar;53(2):256–70. doi:10.1111/1460-6984.12339



CLINICAL PRACTICE POINT WRITERS

Affrica McCarthy

Clinical Consultant Educator, Orygen

Mary Fleming

Chief Speech Pathologist, Alfred Child and Youth Mental Health Service (1995 - 2018)

CLINICAL CONSULTANTS INVOLVED IN ORIGINAL PUBLICATION

Caroline Crlenjak

Clinical Consultant/Director of Workforce Development, Orygen

Mary Woodward

Senior Advisor, Justice and Mental Health at Speech Pathology Australia

Dr Shona Francey

Senior Psychologist/Clinical Consultant, Orygen

Dr Cori Williams

Past President of Speech Pathology Australia, Speech Pathologist and Senior Advisor Evidence Based Practice and Research, Speech Pathology Australia

Melanie Cooke

Clinical Consultant Educator, Orygen

CLINICAL CONSULTANT REVIEW WRITERS

Melissa Girardi

Clinical Consultant Educator, Orygen

Melanie Cooke

Clinical Consultant Educator, Orygen

Caroline Crlenjak

Clinical Consultant/Director of Workforce Development, Orygen

SPEECH PATHOLOGY AUSTRALIA CONSULTANT

Laura Caire

National Advisor, Mental Health and Trauma, Speech Pathology Australia

© 2026 Orygen

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

Suggested citation: Communication support needs in youth mental health. Melbourne: Orygen; 2026.

Disclaimer This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice.



Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to their Country, which continue to be important to First Nations people living today.

REVOLUTION
IN MIND *orygen*

GET IN TOUCH

IF YOU'D LIKE MORE INFORMATION ABOUT ORYGEN, PLEASE CALL +61 3 9966 9100 OR SEND AN EMAIL TO INFO@ORYGEN.ORG.AU

ORYGEN.ORG.AU

ORYGEN LTD

35 POPLAR ROAD
PARKVILLE VIC 3052
AUSTRALIA

FOLLOW US ON

