



IASLT

The Irish Association of
Speech + Language Therapists

Role of Speech and Language Therapy in Eating Disorders.

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1.0 Introduction.

Speech and language therapists (SLTs) work in community mental health teams, offering services to child and adolescent mental health services (CAMHS) and to adults attending community teams, community residences and approved centres. 81 % of young people with mental health difficulties present with below average language and communication skills. These needs are often not identified prior to a young person's engagement with mental health services (Hollo, Wehby & Oliver, 2014). Speech, language and communication needs can occur prior to the development of a mental health condition, or an intrinsic part of mental health condition or resulting from the management of a mental health condition (RCSLT, 2020). Given that many mental health assessments and interventions are delivered through the medium of language or as part of 'talking therapies', it is important that such interventions are tailored and accessible to young people and adults.

If people's language and interaction needs are not identified and supported appropriately, the following clinical risks occur (RCSLT, 2020):

- verbally mediated referrals and assessments may be inaccessible and/or return inaccurate results or diagnoses so people's mental health difficulties may escalate;
- risk assessments completed for capacity and consent may also be inaccurate unless people are presented with information that is accessible to them and, where necessary, are supported to weigh up the information and communicate their preferences;
- people may be perceived as not engaging with therapeutic interventions;
- inefficient use of resources on provision of inaccessible interventions mediated through language; and
- a person's recovery may be negatively impacted on, in some cases resulting in longer episodes of care.



2.0 The Relationship between Eating Disorders and Communication Difficulties.

Communication (written, oral, non-verbal, social) is an essential life skill and is integral to everything that we do – when communication skills are inadequate for the demands, it can affect a person’s mental health. Being a competent and confident communicator will support a successful recovery for people with eating disorders. Speech and Language Therapists are the CORU registered professionals who possess the evidence based knowledge and skills to work with individuals with clinical communication disorders and swallowing disorders.

There is evidence that people with anorexia nervosa present with a history of poor peer relationships (Cunha et al., 2009), interpersonal problems (Hartmann et al., 2010) and difficulties in emotional literacy (Nalbant et al., 2019) and emotional regulation (Harrison et al, 2009). A recent longitudinal study in the UK (Solmi et al., 2020) found that adolescents who experienced disordered eating behaviours at aged fourteen years had higher scores on the Social and Communication Disorders Checklist scale, suggesting that it is likely that these traits could constitute a risk factor for disordered eating. Higher rates of Autism Spectrum Disorder (ASD) traits are also evident in samples of young people with eating disorders (Westwood & Tchanturia, 2017).

Social communication differences have been cited as a maintaining factor for eating disorders (Harrison et al., 2014). They are also associated with delayed recovery (Patel et al., 2016) and a predictor of poorer overall outcome (Wentz et al., 2009).

2.1 How SLT can support young people and adults with eating disorders?

SLTs are trained to assess and provide therapeutic intervention for communication difficulties across the lifespan. SLTs work with young people and adults, their families/carers/conversation partners and their environment to improve everyday communicative functioning and participation. SLTs in mental health services have training and experience in identifying, diagnosing and treating communication disorders, which may be a risk factor or maintaining factor in eating disorders.



Additionally SLTs;

- ✓ Identify undiagnosed speech, receptive language, expressive language and communication difficulties which could otherwise lead to disengagement, or poor outcomes in therapeutic services.
- ✓ Profile a young person's understanding, expression, and social communication skills so that those working with him/her know how best to communicate with them and which accommodations are reasonable at home, in mental health services and in school.
- ✓ Mitigate the psychosocial impact (for the young person and their family) of communication impairments and neuro-developmental diversity.
- ✓ Treat Avoidance Restrictive Food Intake disorder (ARFID). They also can investigate when a swallowing disorder or aspiration is suspected.
- ✓ Work as an integral part of mental health teams to ensure young people with ARFID and dysphagia have access to adequate nutrition and hydration.
- ✓ SLTs in eating disorder services have specialist skills in providing evidence based interventions, for example Family Based Treatment, Cognitive Behaviour Therapy- Enhanced, New Maudsley carer skills workshops, diagnostic assessment and intervention, and gender-affirming services for transgender and gender-diverse people.
- ✓ Assist the young person's comprehension of care plans, specifically related to eating disorder terminology, understanding of complex concepts and vocabulary.
- ✓ Facilitate young people to engage in daily activities, treatment, education; harnessing protective factors.
- ✓ Communication partner training supports relationship building within a recovery model. This supports parents and carers in their interactions with the young person and reduces the likelihood of relapse.
- ✓ Promote accessible communication including use of plain English in documents as well as visual supports tailored to a young person's age and ability.



- ✓ Provide a young person with augmentative alternative communication and technological means to communicate when face to face spoken interactions are proving difficult in diverse settings.
- ✓ Advocate for the young person's voice, their preferences and choices so that treatment is collaborative, motivating and effective.
- ✓ When a young person's swallow or communication abilities change due to physical ill-health, SLT can advise on approaches to ensure meals, interactions and assessments are safe and effective.
- ✓ Assist young people to express risk factors, precipitating factors, and maintaining factors as well as changes in their mental state.
- ✓ Facilitate young people and families to develop and articulate their identity in recovery by assisting communication, socialisation and participation in daily activities.

2.2 *SLT on specialist community eating disorder teams:*

SLT should be a core discipline on specialist community eating disorder teams as it enables timely identification of communication difficulties and the underlying deficits. This enhances the accuracy of overall assessment and therapeutic interventions, ensuring optimal outcomes and efficient use of resources. Access to speech and language therapy in eating disorder services results in increased service user collaboration and engagement in recovery.

2.3 *Prevalence of Communication Difficulties in one Community Eating Disorder Service:*

In 2021 – 2022, SLT service activity data, over a nine month period, in a HSE specialist community Eating disorder service (Linn Dara CAMHS, Dublin) demonstrated the following:



- ✓ 70 young people were referred to the SLT service, 12 of whom were referred for more than one SLT intervention (approximately 55% of overall CEDS caseload).
- ✓ 82% of those referred had a diagnosis of Anorexia Nervosa or atypical Anorexia Nervosa.
- ✓ Of those who were referred for SLT assessment, 58% were referred for social communication or friendship based difficulties, 30% were referred for query language difficulties, 8% for MDT ASD assessment, and 4% for other reasons.
- ✓ >97% of young people (26/27) presented with language or communication needs identified following SLT assessment.
- ✓ Previously undiagnosed language disorders (such as *Developmental Language Disorder) were evident following formal language assessment in 19% of cases assessed during this time.

**Developmental Language Disorder (DLD) is defined as "children likely to have language problems enduring into middle childhood and beyond, with a significant impact on everyday social interactions or educational progress" (Bishop et al., 2017). The language disorder is not associated with a known differentiating condition, such as ASD or an intellectual disability.*

2.4 Audit Example: Prevalence of language and communication needs in a CAMHS Approved Centre

There are two speech and language therapy posts in Linn Dara Approved Centre in Dublin. This is a CAMHS in-patient unit with a specialist eating disorder service. All young people admitted to Linn Dara Approved Centre are referred to SLT for a screening assessment. Further assessment and intervention may be indicated following the screening.

An audit of the SLT service in 2021 highlighted the following:



- ✓ 27 young people with eating disorders were admitted to the unit, 4 of which were re-admissions (first admissions in 2020). Only 3 of these had -previous contact with SLT when they were much younger.
- ✓ 26/27 of the young people reported social communication difficulties
- ✓ 10.53% presented with core language disorders identified by formal assessment, which had not been previously identified.
- ✓ It was not possible or appropriate to complete standardised language assessments with all young people. However, SLTs have specific training in linguistics, pragmatics and observational skills and were able to identify areas of need and provide strategies to staff and carers.

3.0 Conclusion

SLTs have a long history of working in CAMHS in Ireland, which makes a significant impact on mental health and functional outcomes for young people and their families. Often young people who require speech and language therapy within mental health services have long standing mental health needs. It is clear from the data gathered in an Irish context over the past two years that many young people with eating disorders present with significant communication needs, and would benefit from speech and language therapy. Interestingly, in the majority of cases, communication issues predated the development of eating disorders. Speech & language therapists also deliver specialist eating disorder interventions such as family based therapy.

Young people aged 18 years presenting with eating disorders and significant communication needs require speech and language therapy on transition to eating disorder services for adults.



Adults with additional communication needs can be supported to participate in the care planning process. Additionally, adults with eating disorders and co-occurring swallowing and communication needs require access to speech and language therapy to support compliance with the Mental Health Commission judgement framework.

Inclusion of speech and language therapy as a core discipline in specialist community eating disorder services enables timely identification of communication differences and impairments in people attending eating disorder services. This ensures accurate diagnosis and effective case management. Speech and language assessment supports people to understand, to be understood and to express important personal factors affecting their recovery. Speech and language therapy promotes safe, engaged, patient-centred care and recovery. We recommend the inclusion of two full time Speech and Language Therapists at Senior grade or higher per community CAMHS specialist eating disorder services.

4.0 Revision and Audit

This document is to be revised every three years or sooner as deemed necessary by IASLT.



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