

Supporting the mental health needs of children with language and literacy difficulties

 openaccessgovernment.org/article/supporting-the-mental-health-needs-of-children-with-language-and-literacy-difficulties/177675

3 June 2024

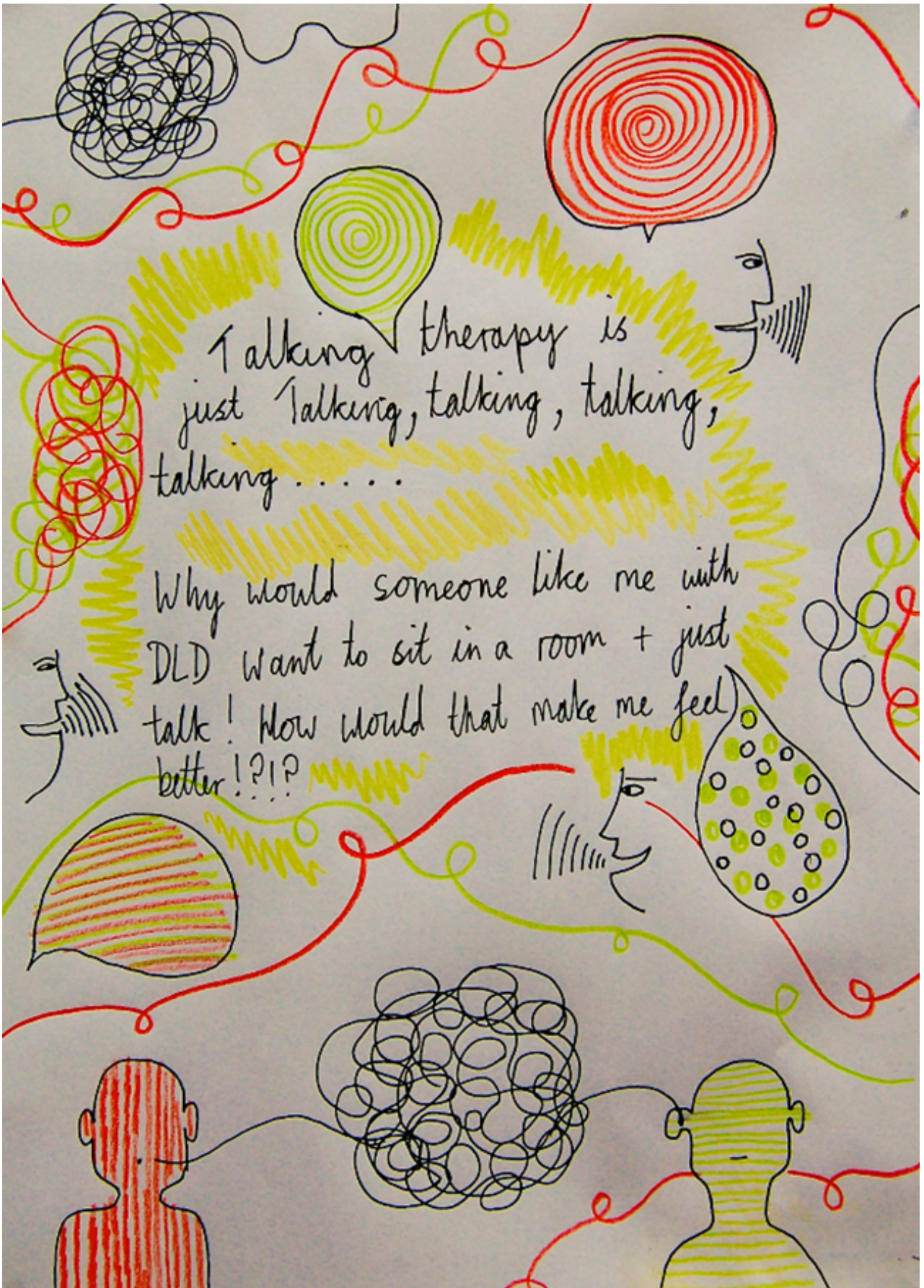


Figure 1. Artwork by Siouxsie, a teenager with intersecting language and mental health difficulties. © Siouxsie Webster.

Professor Mark Boyes, Curtin enAble Institute, spotlights mental health in the context of language and literacy difficulties, including the urgent need for accessible mental health interventions

Both oral (spoken) and written (reading, writing) language are crucial for success in educational and social contexts. Up to 15% of children experience significant and persistent difficulties with oral and written language, representing approximately four children in a typical Australian classroom. These children are at substantially elevated risk of mental health problems, are overrepresented in our justice systems, and are more likely to develop suicidal thoughts and behaviours than children who do not experience language difficulties.

The Royal College of Speech Language Therapists (UK) recently led an exercise (partnering with community stakeholders) to identify key priorities for the field, which included improving mental health. Our community partners in Australia have also identified mental health as an area of unmet need, with notable increases in demand for services that are not readily available. Addressing the need for accessible mental health services for children with language difficulties (both oral and written) is clearly an urgent international priority.

My research and the work of Curtin University's 'Language and Literacy in Young People' research group informs advocacy efforts relating to inequities in mental health service access and engagement for children with language difficulties.

Advocacy and raising awareness

We work closely with international academics, practitioners, individuals with language difficulties and their families, and advocacy groups to raise awareness of language difficulties among service providers who may not be aware of how common these difficulties are, or of the substantial impact these difficulties can have on child mental health. For example, we recently published a commentary in *The Lancet: Child & Adolescent Health* to raise the profile of language disorders among medical practitioners.

Our interdisciplinary team also raises awareness of intersections between language difficulties and child mental health in clinical workforces by incorporating our research directly into pre-service training and advocating for ongoing collaborative learning and professional development. In work led by Dr Lizz Hill, we have demonstrated improvements in psychology Masters students' perceived competence and confidence to support the mental health of children with language difficulties ⁽²⁾; critical skills that students take with them into future clinical practice. We also conduct similar pre-service training for speech pathology students.

Developing accessible mental health programs

We have identified salient risk and protective factors associated with mental health among children with reading difficulties. This work includes a comprehensive literature review ⁽³⁾ and analyses of nearly 500 clinical casefiles. ⁽⁴⁾ Our research was conducted in collaboration with the Dyslexia-SPELD Foundation (DSF), the premier service provider for families affected by learning difficulties in Western Australia, and highlights emotion-regulation, coping skills, self-esteem, social skills, peer relationships, and self-advocacy as important intervention targets to support child wellbeing.

DSF has developed Clever Kids, a mental health program designed specifically for children with reading difficulties. It explicitly targets risk and protective factors, including recognising and regulating emotions, developing productive coping strategies, self-esteem, resilience, and strategies for seeking help when required. The program includes a combination of explicit instruction, modelling, role-playing, and ongoing revision. Activities have been designed to be accessible for children with reading difficulties.

In partnership with DSF, we recently conducted a pilot trial of Clever Kids, demonstrating significant improvements in coping skills and promising effects on self-esteem and emotional symptoms. ⁽⁵⁾ Importantly, the program is acceptable to children with reading difficulties and their families. Clever Kids is now routinely implemented by DSF clinicians. Training workshops (face-to-face and online) are available for practitioners interested in implementing Clever Kids, and a [larger trial](#) of the program is underway.

While Clever Kids may provide an effective and accessible mental health intervention for children with reading difficulties, we still lack such a program for children with oral language difficulties. Critically, most evidence-based psychological treatments are verbally mediated. These talking therapies are often inaccessible to children with language difficulties, as clearly articulated in the words and artwork of Siouxsie, a teenager with developmental language disorder (Figure 1). Thanks to funding from the [Western Australian Health Promotion Foundation](#), we are currently working with children with language difficulties, their parents, and service providers to co-design an accessible mental health program that will meet their own identified needs.

The take-home

In the words of Siouxsie, “Communication is everywhere, and I have no voice”. We must urgently address inequities in service access for children with language difficulties and support the well-being of these children who so often fall through the cracks of educational and mental health services.

To do so, we need to amplify the voices of children and their families, raise awareness and advocate for their needs and priorities, and design and test accessible interventions to promote their mental health.

References

1. Norbury, C., Griffiths, S., Goh, S., Boyes, M., Hill, E., & Viding, E. (2024). Developmental language disorder: An introduction to a hidden condition. *The Lancet Child & Adolescent Health*. [https://doi.org/10.1016/S2352-4642\(24\)00016-6](https://doi.org/10.1016/S2352-4642(24)00016-6).
2. Hill, E., Wilmot, A., Roberts, O., Tonta, K., & Boyes, M. (2024). "I didn't know what I didn't know!": Improving confidence of postgraduate psychology students to support children with language difficulties through a targeted education intervention. *Journal of Clinical Practice in Speech-Language Pathology*. <https://doi.org/10.1080/22000259.2024.2317469>.
3. Wilmot, A., Hasking, P., Leitão, S., Hill, E., & Boyes, M. (2023). Understanding mental health in developmental dyslexia: A scoping review. *International Journal of Environmental Research and Public Health*, 20 (2), 1653.
4. Boyes, M., Leitão, S., Claessen, M., Badcock, N., & Nayton, M. (2020). Correlates of externalising and internalising problems in children with dyslexia: An analysis of data from clinical casefiles. *Australian Psychologist*, 55 (1), 62-72.
5. Boyes, M., Leitão, S., Claessen, M., Dzidic, P., Badcock, N., & Nayton, M. (2021). Piloting 'Clever Kids': A randomised-controlled trial assessing feasibility, efficacy, and acceptability of a socioemotional wellbeing programme for children with dyslexia. *British Journal of Educational Psychology*, 91 (3), 950-971.

Please Note: This is a Commercial Profile



This work is licensed under [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).