FOR MENTAL HEALTH CLINICIANS

CLINICAL PRACTICE POINT

HOW TO SUPPORT YOUNG PEOPLE WITH COMMUNICATION SUPPORT NEEDS (CSN) IN MENTAL HEALTH SETTINGS

Communication is an essential element of mental health assessment, engagement and support, and strategies that improve communication will increase the success of mental health care. To provide care that meets a young person's needs, clinicians must understand both their communication strengths and the areas where support is required.

Around 1.2 million Australians live with some form of communication disability, based on data from the Australian Bureau of Statistics' 2015 Survey of Disability, Ageing and Carers (1). These disabilities can affect a person's ability to understand communication or express themselves in ways others can understand. The impact can vary widely, ranging from mild to severe, and may be temporary or lifelong. Communication is not limited to spoken language, as many people use alternative or additional verbal and non-verbal ways to communicate, highlighting the diverse nature of communication differences.

Developmental Language Disorder (DLD) – where individuals experience persistent differences in language processing and use – is one example of a communication support need that frequently co-occurs with mental health challenges, particularly anxiety or mood disorders.

Approximately seven per cent of children (or one in 14) in English-speaking countries meet criteria for DLD (2). Notably, over 80 per cent of children referred to services for emotional and behavioural disorders have a coexisting and previously unidentified language difficulty (3), underscoring how often communication needs go unrecognised in clinical settings. It has also been estimated that 14 per cent of the global population has low, or no literacy (4). More broadly, approximately 5.8 per cent of Australians (around 1.46 million people) reported a core activity need for assistance with self-care, mobility, or communication (5).

This clinical practice point – developed by Orygen and Speech Pathology Australia (SPA) – provides strategies and tips that mental health clinicians can use to support young people with communication support needs (CSN) to navigate mental health settings.

You can use this resource to find general tips and examples of strategies that may be helpful in adapting your practice, support and treatment for young people with CSN. 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.

RESOURCE STRUCTURE

This clinical practice point is divided into seven sections. Each section represents a different set of communication skills a young person may need when interacting in a mental health setting. The seven communication areas are:

UNDERSTANDING SPOKEN AND WRITTEN INSTRUCTIONS AND EXPLANATIONS

In mental health settings, young people use their developing comprehension skills 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 using simple strategies, such as tactfully asking them how comfortable they are reading, and by bearing in mind other family members' communication support needs. For more information about this, refer to Orygen and SPA's **'Communication Support Needs in Youth Mental Health'** clinical practice point.

INDICATORS OF CSN

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

- Difficulty with, reluctance to complete, and/or disengagement from schoolwork.
- Not completing set tasks.
- Missing appointments.
- Taking longer than expected to process information.
- Seeming either overly compliant or uncooperative.
- Behaviours such as differences in eye contact, shrugging shoulders and responding in monosyllables (e.g. 'yep', 'nope') that may be masking CSN.
- Emotion dysregulation, joking around, or withdrawal.
- Responses that don't match what was said or asked.
- Making 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 provide support through these various means and strategies:

ENGAGEMENT AND RAPPORT

- Consider creating and sharing a Social Story™ or visual guide that can be shared before the first meeting to help a young person know what to expect.
- Take time to develop rapport with the young person. The more comfortable they are, the more likely they can 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 communication skills.
- Include the young person in all conversations they are present for by using language they can understand and checking for understanding.

SPOKEN COMMUNICATION SUPPORTS

- Ask the young person, and/or their supports, "What helps you understand?". For example, most young people would know if they need to move their bodies, see your mouth as you talk, or do something with their hands such as fidgeting.
- 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.
- 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.
- 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.
- 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).

WRITTEN COMMUNICATION SUPPORTS

- Consider writing a plain English (or 'Easy English') description of your service and its staff (see links under **USEFUL RESOURCES** on page 4), 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. A footed font or a dyslexia font can be helpful, and footed font is recommended for Easy English. For more information about the difference between plain English and Easy English, see Easy English versus Plain English guide, which can be found in **USEFUL RESOURCES** (p.4).
- Provide a visual or plain language written schedule to help the young person understand what is coming up and how long they are likely to be there. This can help reduce anxiety and support greater capacity for communication, including comprehension.
- 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 – 'The psychiatrist will give you a script' vs. passive – 'The script will be given to you by the psychiatrist').
- Review resources developed for people with low English literacy and communication support needs. Adapt these or use a similar approach.

ENVIRONMENTAL AND SENSORY SUPPORTS

- Encourage the young person to bring sensory items that help them to regulate their emotions and arousal, as this can support attention and listening. Having some sensory tools or items available and modelling their use can also help the young person knows it's okay to use them if they need to.
- 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 and one hour prior to appointment).
- Consider optimal seating arrangements for the young person (e.g. sitting side by side).
- To avoid communication overload, consider the optimal number of people a young person can manage in one meeting.
- 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.
- Remember that stress exacerbates communication support needs.
  Not understanding something can cause further stress and impact engagement in discussion and treatment.

USEFUL RESOURCES

PLAIN AND EASY ENGLISH

- For information about the difference between plain and Easy English, please see **Easy English versus Plain English guide**.
- **The SHeLL Editor - THe SHeLL Editor - Health Literacy Solutions** offers a free version of its program.
- Culture, Equity & Health has a range of factsheets on health literacy, including tips for verbal and written communication, which can be found here: **Health Literacy - Centre for Culture, Equity & Health**.
- Use an online automatic readability checker to get an indication of the reading or grade level of your written information. Microsoft Word does a grade-level reading check: **Get your document's readability and level statistics - Microsoft Support**
- Use an established writing guide – such as the Australian Government's digital guide for plain English **Plain language and word choice | Style Manual** – or consider developing a guide that's tailored to your setting. Use the internet to find synonyms for jargon or technical vocabulary.

TUNE INTO YOUR COMMUNICATION

Communication is a two-way process that relies on each communication partner to consider the communication style and skills of the other person or people in the conversation. It's not just up to the person with the CSN to change their communication - the responsibility is yours as well. In the case of working with vulnerable young people who are likely to have CSN, this is particularly important. 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"). How could you check that these are understood?
- Notice your non-verbal cues. Try and match your non-verbal cues to your verbal message to reduce the risk of the young person getting confused.

SHARING INFORMATION CLEARLY

When engaging in mental health care, a young person is expected to tell their story and explain their situation. To do this they must draw on their 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 the young person's communication profile so you can improve your understanding of where they're at with respect to their communication and their support needs.

WHAT SHOULD I LOOK FOR?

Some indications a young person may have trouble sharing information in a way that's easy to understand include the following:

- Trouble identifying, naming, describing, discussing and managing 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?

When considering strategies that can support effective communication, always consider whether the young person shares information in a way that relates to their neurotype, culture, and language experience. For example, an autistic person might list many details about a topic of interest. A young person's cultural way of sharing information could require different details and focus on other aspects of an event than we expect.

- Keeping this in mind, 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 others or consider others' views by modelling some hypotheticals related to their stage of life (e.g. "What could you say to your parents to get more pocket money?").
- Offer cartooning or drawing to the young person as an alternative way for them to share information.
- Use pictures depicting social scenes to explore what is happening and gain a sense of their social and emotional perspective.
- Teach emotion vocabulary explicitly and provide multiple opportunities for reinforcing. Using emotion thermometers can be useful to teach degrees of emotion (calm, concerned, worried, terrified) and the associated vocabulary. Also consider interoception activities such as body mapping, which highlight physical sensations and can support the young person in understanding how their emotions are experienced in their body.

USEFUL RESOURCES

RESOURCES DESCRIBING DEVELOPMENT OF COMMUNICATION SKILLS

- Refer to establishes 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 Points (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

- Talking Trouble NZ has created Communication Postcards aimed at helping professionals think about what they can do differently to help people participate. They are available for free download at **Resources – Talking Trouble**.

ENGAGING IN DIFFERENT TYPES OF SOCIAL INTERACTIONS

When visiting a mental health clinic or working with a mental health practitioner, young people are often expected to navigate social expectations and ways of interacting that are different from those they're used to with peers, family or teachers. It can be helpful to clearly explain who does what, who they can go to with different questions, and their rights and responsibilities. This should support young people to feel more comfortable and able to participate in things like:

- Navigating the service.
- Completing mental health and other assessments.
- Individual or group treatment.
- Family sessions.

WHAT SHOULD I LOOK FOR?

Some signs that a young person may find it more challenging to engage in professional therapeutic interactions (such as with a mental health professional or different members of a care team) compared with their interactions with peers, family, or teachers, include:

- Using language that might come across as unexpected for the situation, such as being very direct, or more formal or informal than is common.
- 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 clinicians 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...".
- Talk with the young person about the idea of double empathy – that misunderstandings can happen both ways, and that neurotypical and neurodivergent people might naturally communicate or interpret things differently. This can help the young person feel validated and reduce any sense that communication differences are only their "problem" to fix (6). See link under **USEFUL RESOURCES** (p.8) for more information.
- 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 with the young person regularly to be sure you have been clear and have understood them correctly. Provide explicit prompts and practice facilitating the young person expressing their opinion and needs. Talking about the 'double empathy' theory can help to normalise misunderstandings when they arise (6).
- Before family meetings, individually talk through expectations and provide an opportunity for the young person to plan or practice 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, establish clear and shared ground rules to help everyone feel heard and reduce talking over one another. Consider creating and sharing a Social Story™ or visual guide that explains what to expect during these interactions, which can support young people in feeling more comfortable and prepared.
- Consider cue cards or posters as visual reminders for group agreements.

USEFUL RESOURCES

- The double empathy problem
- Use an established writing guide – such as the "Plain language and word choice | Style Manual" section in the Australian Government Style Manual – 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.
- Consider using Social Stories™ to help young people – including those who are autistic – understand social situations and feel more prepared for what to expect. Although originally developed for autistic individuals, Social Stories™ can be helpful for many people in navigating different environments and interactions.

DISCUSSING, CLARIFYING, DISAGREEING, COMPROMISING AND NEGOTIATING

In order to advocate for their own mental health care 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?

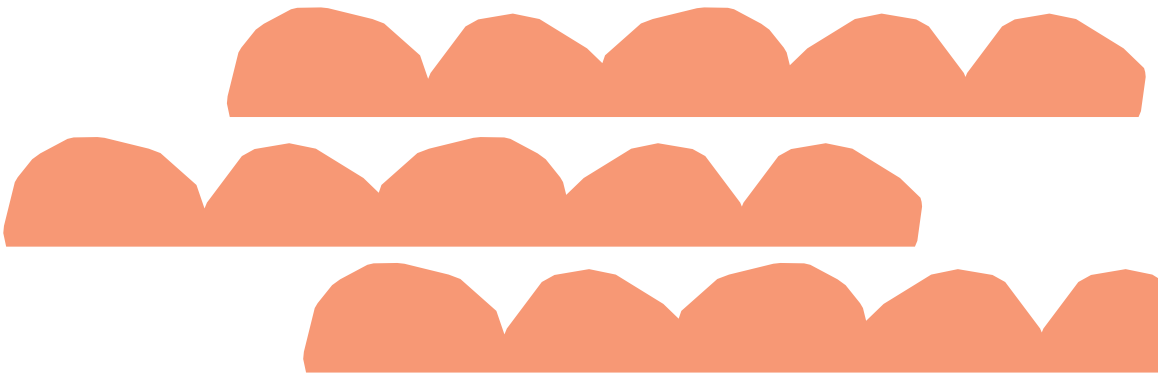
Some indicators a young person may have trouble when they need to discuss, clarify, disagree, compromise and negotiate include:

- Difficulties with schoolwork.
- Difficulties with making and maintaining friendships.
- Often going along with other peoples' suggestions, even if they don't understand them or agree.
- Difficulty resolving conflict verbally.
- Difficulty expressing their point of view assertively.
- Reluctance to ask for clarification or express an alternative opinion.
- Difficulty understanding and communicating nuance and may seem direct.
- A tendency to communicate with enthusiasm and speak over others when excited or deeply engaged. May benefit from clear turn-taking cues or structured facilitation to support balanced participation.
- May experience differences in understanding others' perspectives or in anticipating how their words or actions might be received.

HOW CAN I SUPPORT YOUNG PEOPLE TO ADVOCATE FOR THEIR OWN MENTAL HEALTH CARE?

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

- Start a conversation about communication. Why is it important for the young person to be able to express their opinion or negotiate? How do these things make the young person's life better? Is the young person aware of their CSN?
- 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 disagreement, compromise and negotiation.



UNDERSTANDING AND USING NON-VERBAL COMMUNICATION

Understanding non-verbal communication – such as body language, facial expression, gestures and tone of voice (and the context in which it is occurring) – is important for our interpretation of people's thoughts, feelings, behaviours and words. Difficulty understanding and using non-verbal communication can stem from CSN and is also a feature of some neurodevelopmental differences, such as autism. The effects of current mental 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 characteristics a young person may have trouble understanding and using non-verbal communication include:

- Interpreting humour or sarcasm differently, especially when meaning relies on tone, wording, or non-verbal cues.
- Experiencing differences in recognising or anticipating other's emotions or reactions, such as sometimes perceiving anger when it isn't intended, or not noticing subtle cues that someone is upset.
- Using gestures or mannerisms that differ from common cultural expectations.
- Differences between the words used and body language, facial expression or tone of voice.
- May use social greetings, farewells, or other conventional mannerisms in ways that differ from common social routines.
- Responding to social situations in ways that vary from common expectations, ranging from appearing shy or uncertain to being very direct or less responsive.
- Showing differences in body language, gestures, or tone of voice, and may sometimes be unaware of how these are perceived by others.

When working with young people from backgrounds that culturally and/or linguistically differ from your own, remember that gestures, eye contact, and other non-verbal behaviours may differ from your cultural expectations and norms. These differences may be common within the person's home culture and should not be assumed to indicate social communication difficulties.

HOW CAN I SUPPORT NON-VERBAL COMMUNICATION?

If a young person experiences differences in understanding or using non-verbal communication, you can:

- Explore how the young person interprets thoughts and feelings for example by looking at pictures or videos of everyday situations and discussing what people might be thinking or feeling.
- Have open conversations about non-verbal communication to build a shared understanding of each other's communication preferences and needs.
- If helpful and in line with the young person's goals, include support for social, communication in your work together. Resources developed for autistic young people can often be helpful for anyone wanting to explore different ways of understanding and expressing themselves.

USEFUL RESOURCES

- National Roadmap to Improve the Health and Mental Health of Autistic People 2025-2035
- Working with Autistic People: Position Statement (Speech Pathology Australia, 2022)

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

A combination of speech, language and social 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 verbal, written and social communication skills, all of the differences identified in the above sections apply here.

HOW CAN I SUPPORT THIS?

All previous suggestions apply given these interventions and supports depend on verbal, written and social communication skills. If a young person has difficulties with participating in interventions or accessing supports 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 and 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 or incorporate lots of breaks.
- 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 CSN highlighted within a group.

USEFUL RESOURCES

- National Roadmap to Improve the Health and Mental Health of Autistic People 2025-2035
- Autism Connect - National autism helpline - phone, email or live webchat
- Supporting the mental health of autistic girls and gender-diverse youth. Available for free download at Yellow Ladybugs
- Resources for autistic teenagers
- Autism Teen Wellbeing Website | Autism CRC
- For high school students and teenagers, Olga Tennison Autism Research Centre, Resources, La Trobe University
- I CAN® - Australia's Largest Autistic-led Organisation

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

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

Settings and interventions may include:

- Mental health
- Peer groups
- Anger management programs
- Sex education
- Substance use treatment
- 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 indicators a young person may have trouble with participating in interventions or programs across different settings include:

- Missing appointments.
- Not completing 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 feeling 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 providers about the young person's CSN 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.
- 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. Clinicians and young people might like to use 'communication passports' - see link below for free, downloadable templates.

USEFUL RESOURCES

- Speech and Language UK - Ages and Stages 14 -17
- Supporting Learning for Children with Needs
- Speech and Language UK - Ages and Stages 18+
- Talking Trouble Communication Postcards these help professionals think about how they can help to communicate as effectively as possible.
- Communication passport templates
  - PDF
  - PowerPoint (editable)
- Creating communication passports
- Mental health visual resources: This file shows a sample from some of the resources Talking Trouble Aotearoa NZ has developed with various teams, including mental health, youth justiceand social worker teams. These can support discussion of a range of needs related to mental health and wellbeing.

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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.

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