

THE CENTER FOR SPEECH EXCELLENCE

Communication Problems and Mental Health Fact Sheet

Definition: According to D. Frank Benson, M.D., Augustus S. Rose Professor of Neurology at the UCLA School of Medicine in Los Angeles, "speech and language, thought content and thought performance are affected in patients who experience any one of nine neuropsychiatric disorders, including schizophrenia, mania, vascular dementia, Huntington's disease, and frontal lobe degeneration." Dr. Benson also noted that "speech-language pathologists are, in my opinion, the persons best able to recognize" communication problems accompanying those disorders. Other mental health disorders that often have accompanying communication impairments are depression, bipolar disorder, personality disorders, anxiety disorders, and polysubstance abuse.

Characteristics: Patients with *psychiatric disorders*, communication skills may exhibit these communication patterns.

In patients with *depression* one or more of these symptoms may occur:

- Speech is slow
- Decreased voice volume
- Patient is hesitant to initiate verbalization
- Pronunciation is often indistinct and underarticulated
- Abnormally long pauses between words or phrases
- Language skills may be impaired, including simplified and/or incomplete syntax
- Limited semantic usage, often with use of morbid expressions
- Nonverbal cues may be diminished
- Cognitive decline
- Decreased length of utterance; may speak in monosyllables
- Difficulty internalizing information

In patients with *mania or with severe anxiety* disorder, one or more of the following may be exhibited:

- Rapid pressured speech
- Speech increasing in amount, but becoming less intelligible as it increases
- Trying to keep pace with racing thoughts, yielding incomplete sentences and rapid switching of topics
- Difficult to interpret
- Difficult for the listener to follow the conversation

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In patients with *schizophrenia*, a severe psychotic condition, one or more of the following may be exhibited:

- Auditory hallucinations (e.g., voices tell him to engage in certain activities)
- Delusions (false beliefs)
- Perseverations in speech and in writing (repeating what one just said or wrote)
- Echolalia (repeating what someone else just said)
- Neologisms (invented words)

Studies of the speech and language skills of patients at the UCLA Neuropsychiatric Hospital revealed impairments in pragmatics (practical use of language), expressive abstract language, auditory processing, and expressive syntax, with variations across age levels. While some subjects were identified with pure speech disorders, most had combined speech and language disorders. These findings contribute to the understanding of the relationship between psychiatric disorders and communication impairments, according to Bradley L. Warren, MD, at UCLA. The two are closely related.

Observations of students studied and treated at the Kobacker PsychoEducational Center at the Medical College of Ohio in Toledo indicated that communication disorders occur in **more than half** the population. Therefore, it was recommended that all children with psychiatric conditions have initial speech, language, and hearing evaluations. Though some children with severe behavioral and/or communication problems have difficulty blending with the mainstream classes, most can be taught language, social, and behavioral skills. In teaching language development to children with psychiatric disorders, the speech language pathologist might initially focus on the "language of feelings." According to Jane J. Giddan, MA, CCC-SLP, anger, happiness, sadness, or whatever emotion is being felt can be labeled as it happens. This is done easily through play therapy. Then the student begins to differentiate between how she feels and how the other person feels.

Many older children with psychiatric and communication disorders exhibit poor reading skills. Lisa R. Audet, MS, CCC-SLP noted that speech language instruction and reading can blend together to help shape important skills in the older children. For example, a story book approach puts even older children with psychiatric problems at ease. If you read the story book to them, they do not have to deal with their own weak reading skills at that point in time. Their language and reading skills can be enhanced while addressing self-esteem and confidence issues.

Rosemary Gravell and Jenny France in their book, *Speech and Communication Problems and Psychiatry*, reported that a large number of persons with mental illness may also have some degree of hearing loss. They noted that hearing loss, especially in the elderly, may lead to feelings of isolation, suspiciousness, depression, mild hysteria, and psychosomatic symptoms. Many older adults may exhibit communication disorders as a result of stroke, Parkinson's Disease or other neurological disorders in addition to a mental health disorder.

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Another area in which communication disorders and neuropsychological deficits are found as in the traumatic brain injury population. Diagnosis in the recovery unit at Mediplex Rehab-Denver in Thornton, Colorado include depression, schizophrenia, bipolar disorder, personality disorders, antisocial behavior, or any other diagnosis that would be seen on a regular psychiatric unit. The difference is that these patients also have physical disabilities and many of the patients have some type of addiction. The patient is referred for evaluation in speech-language pathology to help identify and treat the communication disorders exhibited. It is evident from these various studies and descriptions that psychiatric disorders and communication disorders often go together.

Assistance

We can offer the following assistance:

- An evaluation, including assessment of speech rate and volume, articulation, flow of speech (including pausing and phrasing patterns), semantics, syntax, lengths of utterance, and use of language for social or conversational purposes. This evaluation may be valuable in differentiating among communication symptoms related to mental health disorders and neurologic disorders.
- Written reports of scores, judgment of appropriateness, and recommendations.
- Consult with physician, family, and other involved persons at patient request.
- Therapy to improve skills.
- Work with psychiatrists and other health professionals to observe and track patients progress while the patient is receiving medication.
- Suggestions for home practice and management.

Benefits: Through speech and language therapy a person with communication problems and mental health problems will:

- Become more aware of what is and is not appropriate communication.
- Articulate words correctly.
- Expand sentence length.
- Improve intonation and phrasing.
- Enrich conversation with: appropriate topics, ability to initiate conversation, ability to continue conversation, and an awareness of how to politely terminate conversation.
- Expand writing skills with improved vocabulary and sentence structure.
- Control anxiety through breath control and relaxed speaking.
- Learn skills to improve communication when a hearing impairment is present.
- Gain confidence and more positive self-image by practicing effective communication skills.

Adapted from "Identification of Communication Disorders is Key to Psychiatric Diagnoses," by Robert Trace, ADVANCE, May 30, 1994; and "Team Treatment Benefits Patients in Mental Health Setting," by Lora R. Brecker, ADVANCE, July 11, 1994.

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