

# Anxiety

## What is it?

Anxiety is a typical part of childhood and a normal reaction to stress. Anxiety can be beneficial in some situations: it can alert us to dangers, help us attend to our environment, and help us to prepare.

Anxiety can become problematic when we are constantly noticing dangers all around us, and it involves excessive fear or worry. For an anxiety disorder to be diagnosed, the anxiety must interfere with normal functioning and be age-inappropriate or out of proportion to the situation (APA, 2017).

Recent research shows that as many as 1 in 6 young people will experience an anxiety condition at some point in their lives. This means that up to 5 pupils in your class may be living with anxiety. There are many forms of anxiety: generalised anxiety, or lots of worries about different things; social anxiety and shyness in relation to social situations; panic attacks; phobias, or anxiety about something specific; obsessive compulsive disorder, or reoccurring worries (obsessions) which drive the young person to do something (compulsions); and post-traumatic stress disorder, which can follow on from a traumatic event. Exam stress and separation anxiety related to being separated from a caregiver are also common in children and young people.

## Signs and Symptoms

### Cognitive and psychological signs

- Excessive worrying - this could be out of proportion to the situation, or something that goes on for a long time
- Unpleasant thoughts - these can include thoughts of dying, of being different from others, or not managing or coping
- Feeling on edge - you may notice a child being jumpy or very alert
- Worrying about judgement from others - a child may be oversensitive about comments from peers, or may not put themselves in situations that could lead to judgement e.g. speaking in front of the class
- Difficulty concentrating - you may notice them struggling to focus on the task in class
- Problems with memory - this could present as difficulty completing the task in class if they are forgetting your instructions
- Indecisiveness – a child may struggle to decide when given a choice of tasks by staff, or struggle to agree on social plans with friends

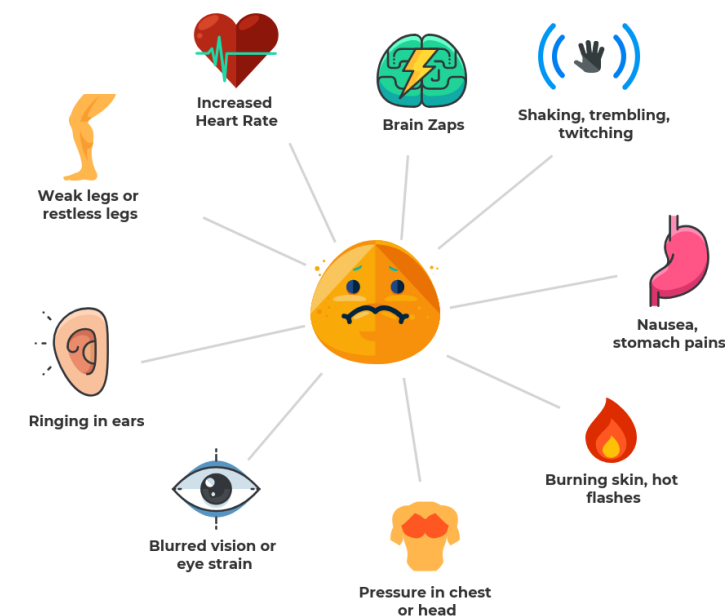
### Behaviour

- Avoiding social situations - you may notice a child has withdrawn from their friends or avoids taking part in class
- Arriving late and leaving early - was this child often punctual? Are they consistently turning up late to your class? Are they leaving class when things get too much for them?

- Avoiding eye contact - are they looking at you when you speak to them or when they are participating in class?
- Lack of interest in hobbies - have they stopped participating in activities that they used to enjoy?
- Distraction from school work - they might have stopped completing classwork/homework, stopped participating in class, or be avoiding class etc.
- Fight flight freeze:
  - 'Fight' - appear more argumentative, defiant, verbal (swearing, name calling) and physically aggressive (hitting, kicking, throwing things)
  - 'Flight' - appear fidgety or leave the classroom without permission
  - 'Freeze' - refuse to speak, give minimum one word answers, seem shut down or put their head down, or not appear to respond to the environment
- Panic attacks - this is when a person's body goes into survival mode. Symptoms can include: racing heart, fast and shallow breathing, being fidgety and restless. This is frightening to experience, but is short-lived.
- Anxiety is different from panic attacks - it is long lasting and when it affects a young person's daily life they may need some interventions from a children's mental health service.

## Physical Sensations

Physical symptoms of anxiety may include:



## Suggestions for Schools

- **Acknowledge that anxiety is completely normal:** It is something that we all experience to some level.
- **Help the young person to identify the physical symptoms of anxiety:** "What happens when I am anxious?" (I get butterflies in my stomach, sweat a lot, breathe heavily, and feel dizzy or lightheaded).

This is important to help children identify that they are experiencing anxiety and to understand what is happening in their body. Understanding anxiety can allow them to ask for help.

- **Help young people recognise anxious thoughts:** this can affect how a person may think, feel and behave. Anxious thoughts usually include a fear of something bad happening in the future.
- **Help young people identify 'safety behaviours':** or actions carried out with the purpose of preventing a feared catastrophe, such as an urge to escape or avoid situations/activities/people. Encourage them to build up to do things they want to avoid.
- **Encourage daily 'meet and greet' in school:** be present to welcome children into school, as the transition from home to school can be anxiety-inducing.
- **Provide 'safe spaces' in school:** provide spaces in school where there is a trusted adult if anxiety gets overwhelming.
- **Provide regular "downtime":** This may include encouraging breathing exercises (five finger breathing, belly breathing), grounding techniques, or giving opportunities to go to a quiet space.
- **Encourage a healthy diet:** try to reduce caffeinated drinks, and encourage children to get the recommended amount of sleep. Please see useful resources/websites for recommendations of sleep for young people.

## Useful websites / Resources

Hands on Scotland- relaxation techniques

<http://www.handsonscotland.co.uk/relaxation/>

Young Minds

<https://youngminds.org.uk/>

Graded Exposure: a method that works well with anxiety and simple phobias. The basic idea is to help the young person become exposed gradually to a feared situation in a controlled step by step approach. This is one example of how to approach graded exposure: [http://downloads.bbc.co.uk/headroom/cbt/graded\\_exposure.pdf](http://downloads.bbc.co.uk/headroom/cbt/graded_exposure.pdf)

Sleep Tips for Older Children

<https://www.nhs.uk/live-well/sleep-and-tiredness/sleep-tips-for-teenagers/>

"Huge Bag of Worries" book

<https://www.amazon.co.uk/Huge-Bag-Worries-Virginia-Ironside/dp/0340903171>

Generalised Anxiety Disorder (GAD)

<https://www.youtube.com/watch?v=9mPwQTiMSj8>

Leaflet on Anxiety <https://adaa.org/sites/default/files/Anxiety%20Disorders%20in%20Children.pdf>

Anxiety UK <https://www.anxietyuk.org.uk/coronanxiety-support-resources/>



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# Confidence and Self-esteem

## What is it?

Self-confidence is when we trust in our own abilities, qualities and judgement. People with self-confidence tend to have the courage to embrace new situations that, in time, leads to a sense of confidence. Self-esteem is how we see ourselves and our worth. Feelings around our self-esteem begin to develop in early childhood. The judgement is internal and can be difficult to change if we see ourselves in a certain way. **Self-confidence** is how you feel about your abilities and can vary from situation to situation. **Self-esteem** refers to how you feel about yourself overall; how much esteem, positive regard or self-love you have.

## What can cause low self-esteem?

What affects an individual's self-esteem differs from person to person. Some people may suddenly develop low self-esteem, whilst for others it may happen slowly over a longer period of time. There are many events and experiences that could have an effect on a child or young person's (CYP) self-esteem. These include: bullying; exams/school attainment; ongoing stress; peer pressure; worries about appearance or body image; changes in relationships; mental health problems; and money problems.

## Signs and Symptoms

A lack of confidence and self-esteem difficulties can affect us in different ways. There are various signs and behaviours that you may pick up on that could point to a CYP struggling with their confidence and self-esteem. These include:

- Having a negative image of themselves
- Being preoccupied with personal problems
- Overly fixating on their appearance
- Being sensitive to criticism – e.g. getting upset
- Putting themselves down
- Minimising accomplishments & magnifying mistakes
- Finding change difficult
- Avoiding new and unfamiliar things
- Not dealing well with failure
- Self-harm
- Physical symptoms such as headaches, difficulty sleeping and tiredness



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- Slouching/avoiding eye contact
- Being hostile
- Withdrawing socially
- Comparing themselves to their peers negatively
- Finding friendships difficult - both making and keeping friendships
- Quickly backing down in conversations

## Feelings

A CYP with low confidence and low self-esteem may feel:

- Worthless, stupid, bad and ugly
- Unlikeable and unlovable
- Awkward
- Incompetent
- Isolated and lonely
- That they aren't as good as others
- Victimised by others
- That mistakes they make are magnified
- That they don't like themselves
- Unable to make decisions or to assert themselves
- That they don't deserve to be happy

## Suggestions for Schools

### Key adult/emotionally available adult

Help the CYP to feel supported and cared for by arranging regular 'check ins' with a key adult that they feel comfortable talking to and who has the time to offer support. Checking in regularly will help the CYP to feel supported by the emotionally available adult and it will also give the key worker the opportunity to monitor how the CYP is doing and to support accordingly. Support the CYP to identify strategies such as finding someone to speak to, journaling, exercising, listening to music, engaging in activities they enjoy.

### Refer CYP for extra support

Refer to interventions you may have in place in your school (e.g. ELSA) that can support the CYP to identify their feelings and provide coping skills for their changing feelings or life circumstances. You can also refer to counselling or third sector agencies if appropriate. Speak to the CYP and pastoral staff before making a referral as it may not be needed. Referrals into child and adolescent health services (via GP) are typically appropriate when first line school interventions have been tried but things haven't improved and symptoms are impacting on the CYP's day to day functioning.

### Ideas to support and boost self-confidence

Some ideas to support and boost a CYP's confidence are to help them:

- **Challenge negative self-talk.** Help to identify negative self-talk and replace with positive statements.
- **Spend time with people who love and support them.** Help them to spend time with people who lift them up, compliment and encourage them.
- **Focus on their positives.** Help to remind themselves of their strengths, achievements and the compliments they've received.
- **Accomplish something.** Support them to set realistic and achievable goals (it helps if it's something they enjoy) and visualise success before they begin. If you can see it, you can believe it!
- **Be kind to themselves.** Encourage CYP to speak to themselves in same way that they would speak to a friend in a similar situation.
- **Know it's ok to say 'no'.** People with low self-esteem often feel that they can't say 'no'. Normally saying 'no' will not upset a relationship and saying 'yes' all of the time can make us feel angry and resentful.
- **Accept mistakes and learn from them.** We all need to know what doesn't work and what does work. Know that good enough is good enough, there is no such thing as perfect!

Suggestions adapted from Emotional Wellbeing Service (link below).

## Useful websites / Resources

<https://positivepsychology.com/self-esteem-worksheets/>

<https://www.twinkl.co.uk/resources/keystage2-ks2-pastoral-support-and-well-being/keystage2-ks2-pastoral-support-and-well-being-student-pastoral-support/keystage2-ks2-pastoral-support-and-well-being-student-pastoral-support-self-esteem>

<https://www.dove.com/uk/dove-self-esteem-project/school-workshops-on-body-image-confident-me.html>

<https://www.childline.org.uk/info-advice/your-feelings/feelings-emotions/building-confidence-self-esteem/>

<https://www.dewis.wales/confidence-cyp>

<http://www.stepiau.org/low-self-esteem>

<https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-self-esteem/>

<https://www.nhs.uk/conditions/stress-anxiety-depression/raising-low-self-esteem/>

<https://emotionalwellbeingsservice.org.uk/>

Emotional Wellbeing Service for Cardiff and the Vale - Contact directly for the Confidence and Self-esteem booklet)



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# Emotional Regulation Difficulties

## What is it?

Emotional regulation refers to how well we are able to understand and manage our emotions and how we respond to these emotions. We learn how to regulate our emotions through interactions with parents, peers and other adults (family members, teachers etc.).

Initially babies are entirely dependent on their parents/carers to regulate their emotions. Difficulties with emotional regulation are typical in very young children, such as toddlers, as they are still learning what emotions are and how to regulate themselves. At this stage, parents and carers are key in helping the child to regulate their emotions or 'co-regulating' their emotions with them. Repeated experiences of adults helping the child to regulate their emotions (co-regulation) enable the child to begin to develop skills in regulating their own emotions.

As children get older and reach primary school age, typically they are beginning to understand and regulate their own emotions ('self-regulation'). However throughout childhood, particularly in novel situations and at times of stress, children require help from an adult to regulate themselves. Children whose parents or carers struggle to regulate and co-regulate them in their early years (particularly the first 3 years of life), may struggle to a greater extent to regulate their emotions, and will likely need additional help from adults to 'co-regulate' for longer.

Children who persistently have highly intense emotional reactions, are unable to calm themselves down or adjust to a change in routine, may be struggling with emotional regulation difficulties.

## Signs and Symptoms

Emotion regulation difficulties can present in different ways. Children struggling to regulate their emotions may:

- Be unable to calm themselves down
- Have outbursts when things don't go their way
- Overreact to minor difficulties
- Show aggressive behaviours (hitting, shouting, throwing things)
- Walk out of class
- Withdraw when they experience difficult emotions
- Become extremely tearful
- Be impulsive
- Hurt themselves
- Get very overexcited
- Be unable to cope with change



## Suggestions for Schools

There are a few things that schools can do to help children manage and regulate their emotions.

### 1. Support and teach children to recognise and name their emotions

In order to regulate emotions, we first need to understand what they are. Many children with emotional regulation difficulties cannot distinguish between emotions and often confuse feelings of anxiety with anger. Emotional literacy takes time to develop, so this will need to be a long term goal rather than a short lesson. Start with easier emotions such as happy, sad and angry, before moving onto more complex emotions such as frustration, jealousy and shame.

A good way to develop emotional literacy is to name emotions children appear to be experiencing (rather than ask them what they feel). This helps them to develop language to understand what they are feeling and start to recognise their own emotions.

### 2. Teach children to understand how emotions affect our bodies

Emotions can evoke physiological responses on our bodies, meaning for example, increased heart rate, high body temperature and sweating. As part of understanding emotions, understanding how they impact our bodies is a great way of teaching children to recognise their emotions so that they can then begin to regulate them.

### 3. Find alternative ways to express and regulate emotions

Once children start to understand their emotions and how they can affect our bodies, we can begin to support them to develop alternative ways to manage intense feelings:

- **Co-Regulation**

Children need to be dependent before they can be independent. Children will need to 'borrow' regulation from an adult who is regulating their own emotional state well before being able to regulate for themselves.

Using a PACE approach (Playfulness, Acceptance, Curiosity and Empathy) can help when co-regulating a child. Be curious about the child's experience ("*I wonder if you're so cross is because you want to keep playing?*"), accept and empathise with how they may be feeling ("*You don't want to go to assembly today, it's so hard when we have to do things we don't want to!*") and use play to help them regulate.

Below are some playful activities that adults can do with children to help them regulate their emotions.

- **5,4,3,2,1, Grounding exercise:** ask the child to notice: 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell and 1 thing you can taste
- **Sensory boxes:** filled with sensory regulating items e.g. feathers, glitter bottles, stress balls, play dough
- **Blowing bubbles:** helps to slow breathing
- **Stretches and yoga:** <https://www.childline.org.uk/toolbox/calm-zone/#yoga>
- **Nature walks:** walk around school grounds – can also incorporate counting or noticing objects e.g. how many birds you see. If getting outside is not possible you can walk around school and also count or take notice e.g. all the things that are blue



Some children may need to release pent up emotions before they become overwhelming, and physical exercise is a good alternative. For example, encouraging children do some physical activities before doing something you anticipate they may find difficult can be a helpful preventative strategy.

Children will need lots of support and 'doing with' to use new coping skills. For example, if you have a child who is beginning to show signs of emotional dysregulation, saying "you're starting to feel annoyed, let's go for a run in the yard" can support them to use alternative emotional regulation strategies. It is important to practise coping strategies with children while they are regulated before trying them when the child is struggling to regulate their emotions.

- **Self-Regulation**

Once a child is able to co-regulate their emotions with an adult, they will begin to start self-regulating their own emotions. Encourage and teach use of coping skills such as:

- Breathing exercises for example **Finger Breathing Exercises** (Hold out your hand and stretch out your fingers, with your other hand trace along the outline of your hand breathing in when going up the finger or thumb and exhaling when going down the finger or thumb – repeat 5 times)
- Distraction
- Physical activities: running, using trampoline, star jumps, playing ball games
- Mindfulness: colouring, 'chill zone'

You may notice that the child is self-regulating more frequently but this does not mean that they no longer need your support. As children face difficult times or situations, they will rely on adults to help guide them. By offering on-going opportunities for co-regulation, you are helping to teach the child to express emotions and rely on adults to support them when needed.

## Useful websites / Resources

<https://beaconhouse.org.uk/wp-content/uploads/2019/09/Schools-Resources-List-2.pdf>

Resources to help educate children on emotions

<https://inclusiveteach.com/2019/04/03/behaviour-and-emotion-resources/>

Window of tolerance video and explanation of co-regulation:

<https://www.youtube.com/watch?v=Wcm-1FBrDvU>



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# Low mood

## What is it?

Low mood can mean feelings of sadness, lack of motivation/pleasure, worry, tiredness, frustration or anger. Most people will experience these at some point, however they will usually lift after a short period of time. Feeling this low mood persistently can lead to depression. Feelings of depression are longer lasting and deeper than shorter periods of unhappiness, and can affect the person's daily life. Low mood can sometimes be a response to life events such as exam stress, bullying, bereavement or parental separation.

## Signs and Symptoms

There are various signs you may pick up on that could point to a child or young person (CYP) having low mood. However, these can sometimes be difficult to spot.



## Cognitive and psychological signs

- The young person may be overly critical about themselves or their school work, which could lead to them choosing not to complete the work in order to prevent "failure".
- They may also lose interest in hobbies or previous interests.
- Thoughts of helplessness e.g. may not be able to work independently or without extra support from staff.
- Unable to concentrate e.g. you may notice them struggling to focus on the task in class.
- Indecisiveness e.g. can't decide when giving a choice of tasks by staff, struggle with friends to agree about social plans etc.
- Problems with memory e.g. this could present as difficulty completing the task in class if they are forgetting your instructions.



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## Feelings

- You may notice they are feeling unhappy, becoming tearful or often feeling tired/exhausted.
- Feeling guilty, shame, fear or anxiety.
- Feeling numb/unable to feel or describe emotions
- These feelings can be difficult to spot in others, especially if they are good at hiding how they are feeling. Changes in behaviour are often easier to notice.

## Physical Signs

- Changes in weight
- Under or over eating
- Loss of energy/ fatigue
- Trouble sleeping/Not sleeping enough
- Changes in personal appearance (personal hygiene, not caring about appearance)
- Changes in sex drive

## Behaviours

- Avoiding social situations - you may notice they have withdrawn from their friends or avoid taking part in class.
- Arriving late and leaving early - was this person often punctual? Are they turning up to your class late consistently? Are they leaving class when things get too much for them?
- Avoiding eye contact - are they looking at you when you speak to them or when they are participating in class?
- Engaging in risk taking activities e.g. smoking, truanting, fighting, alcohol/drug use.
- Lack of interest in extracurricular activities/hobbies - have they stopped participating in activities that used to enjoy.
- Distracted from school work e.g. not completing classwork/homework, not participating in class, avoiding class etc.
- Changes in relationships with peers and school staff.

## Suggestions for Schools

### Key adult/emotionally available adult

Ask the CYP how they are and give them the time and space to share their feelings. Ensure they know you are taking their feelings seriously and help the CYP to identify the symptoms of their low mood. Help them to recognise when they are struggling and who they can go to for support. Make it clear where they can go in school when they need help and support them to create a plan they can follow when they are feeling particularly low. This may include strategies such as finding someone to speak to, journaling, exercising, listening to music, engaging in activities they enjoy. You should then arrange to 'check in' with the CYP. This gives the key worker the opportunity to monitor how the CYP is doing, and show them they have an emotionally available adult who

they can go to when they need support. Ensure the key adult is someone they would feel comfortable talking to and who has the time to offer support.

### **Refer CYP for extra support**

Refer to interventions you may have in place in your school e.g. ELSA that can support them to identify their feelings and provide coping skills for their changing feelings or life circumstances.

You can also refer to counselling or third sector agencies if appropriate. Speak to pastoral staff and the CYP before making a referral as it may not be needed. Referrals into child and adolescent health services (via GP) are typically appropriate when first line school interventions have been tried but things haven't improved and symptoms are impacting on the CYP's day to day functioning.

If you are really worried about a child and believe they are a risk to themselves tell your safeguarding officer, contact parents/carers and support the CYP/family to access specialist support via the GP or out of hours A&E.

## **Useful websites / Resources**

<https://www.nhs.uk/oneyou/every-mind-matters/low-mood/>

<https://www.mymind.org.uk/resources/mood/low-mood/>

<https://www.getselfhelp.co.uk/freedownloads.htm>

<https://www.mind.org.uk>

<https://www.childline.org.uk/info-advice/your-feelings/feelings-emotions/depression-feeling-sad/>



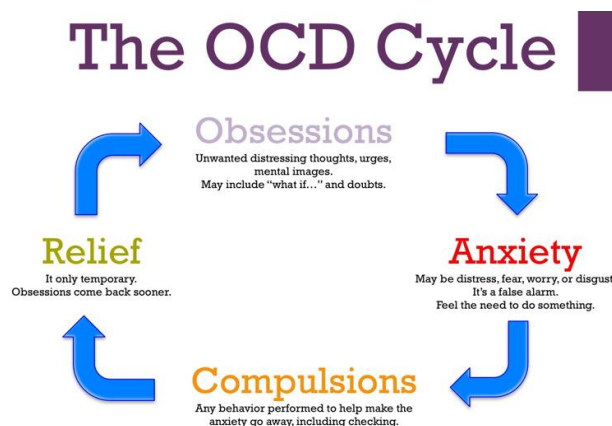
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# Obsessive Compulsive Disorder (OCD)

## What is it?

Obsessive Compulsive Disorder (OCD) is a type of anxiety disorder that causes a child to be stuck in a cycle of distressing thoughts (obsessions), and as a result need to carry out rituals or habits (compulsions). These compulsions may temporarily make the child feel better. However, this is usually short-lived. Some obsessive thoughts and behaviours may have limited impact on functioning and be part of normal development and/or response to stress. To be diagnosed as OCD, obsessions and compulsions must cause distress and interfere with everyday life. The focus of OCD can vary, but may include dirt/contamination, danger, or specific time-conscious actions.



According to OCD UK, the onset of OCD varies across a range of ages, with some children as young as six developing the disorder. OCD UK reports that 25% of cases begin by age 14, and symptoms tend to become problematic during late adolescence in men and early adulthood in women (OCD UK).

## Signs and Symptoms

OCD symptoms can be divided into obsessions and compulsions. Examples include:

### Common OCD symptoms in children

#### Obsessions

- ⌘ Contamination themes
- ⌘ Harm to self or others
- ⌘ Aggressive themes
- ⌘ Sexual themes
- ⌘ Scrupulosity/religiosity
- ⌘ Forbidden thoughts
- ⌘ Symmetry urges
- ⌘ Need to tell, ask, confess

#### Compulsions

- ⌘ Washing or cleaning
- ⌘ Repeating
- ⌘ Checking
- ⌘ Touching
- ⌘ Counting
- ⌘ Ordering/arranging
- ⌘ Hoarding
- ⌘ Praying



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OCD can appear different in different people, but some examples include:

- Having to do something multiple times (e.g. turning lights on and off)
- Repetitive hand-washing, or avoiding dirt
- Distress if not able to complete rituals – rituals can be mental or physical
- The need for everything to be 'just right' (chair at certain angle, colours in a certain pot)
- Worrying that something bad is going to happen

## Suggestions for Schools

If you are concerned that a child might have OCD, it would be helpful to speak to their parent(s) and encourage them to visit the GP. The GP will be able to refer the child to appropriate mental health services.

However, there are some things you can do to help manage the distress of pupils.

- **Communicate with the child:** Let them know that you are here to help and reassure them that if they want to talk to anyone at any time, this is okay. Often, children with OCD will hide their obsessive thoughts for fear of someone not understanding. If you are able to provide a safe space where they can talk freely and without judgment, they may find it easier to manage the compulsions.
- **Support with coping skills:** Try to support the child with coping techniques that might help to manage their anxiety. Breathing exercises and muscle relaxation can be useful.
- **Be aware of triggers:** Knowing what the child's OCD is focused on can help you to be aware of potential triggers. For example, if the child's OCD centres around dirt and contamination, paying close attention during forest schools may help you to notice if distress is becoming too much. It may be helpful to ask the child if they are okay or need some time out.
- **Praise task success:** Provide children with appropriate praise for successfully completed tasks and positive behaviour. Try to ignore frequent requests for reassurance.
- **Model acceptance of mistakes:** It can be helpful to model to children the acceptance of mistakes in class. This can help children to manage their anxiety around mistakes, and to understand that we all make mistakes and it is okay to ask for help.
- **Extra time for work/tests:** Children with OCD may find it difficult to concentrate and may need extra time to complete work. Doing this can help reduce anxiety and improve focus.
- **Break down complex tasks:** Breaking down complex tasks into smaller steps can help children to feel less overwhelmed. Provide estimates for expected task completion time.
- **Notify in advance of any upcoming changes to routine:** Children may struggle with a change in routine. If a child has OCD, they may find this particularly overwhelming. Changes to routine can cause them to resort back to their obsession/compulsion behaviours in order to feel safe.



## Useful websites / Resources



Further information and examples of different types of OCD

<https://childmind.org/guide/a-teachers-guide-to-ocd-in-the-classroom/>

Examples of obsessive and compulsive behaviours and how they may present

<https://adaa.org/understanding-anxiety/obsessive-compulsive-disorder/ocd-at-school>

Research paper on OCD in the classroom including useful strategies

[https://www.researchgate.net/publication/249832670\\_Teaching\\_Students\\_With\\_Obsessive-Compulsive\\_Disorder](https://www.researchgate.net/publication/249832670_Teaching_Students_With_Obsessive-Compulsive_Disorder)

NHS Self Help Booklet

<https://www.anxietyuk.org.uk/wp-content/uploads/2010/06/Obsessive-Compulsive-Disorder-A-young-persons-self-help-guide.pdf>

NHS Parent/Carer Guidance Booklet

<https://www.anxietyuk.org.uk/wp-content/uploads/2010/06/Helping-your-child-with-Obsessive-Compulsive-Disorder.pdf>



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# Selective Mutism

## What is it?

It is an anxiety disorder where an individual is unable to speak in certain social situations, such as in school or in a peer group, but speaks to a small circle of people usually involving family members. It usually occurs in childhood but, if left untreated, can continue throughout adulthood. Selective mutism affects around 1 in 140 children and is more prevalent in girls and children learning a second language.

It is important to note that they are not choosing to not speak at certain times, they are unable to. The social situation they are in triggers a freeze response with feelings of panic that causes talking to be impossible. Individuals with selective mutism can talk to people they feel comfortable with if no one else is around to trigger the freeze response.

## Signs and Symptoms

Signs of selective mutism usually appear in early childhood, between the ages of 2 and 4. It becomes particularly noticeable when they start interacting with people outside of their family, for example nursery. The main warning sign is freezing when they are talking to someone out of their comfort zone, this will usually not occur with select people they know well. Other signs to look out for are:

- Avoiding eye contact
- Appearing nervous, socially awkward or uneasy
- Shy and withdrawn
- Clingy
- Stiff, tense or poorly coordinated
- They may get angry when their parents ask them questions about their day or act out when they get home from school
- There are different levels of selective mutism. Some children can say a few words whilst others make gestures such as nodding for yes in social situations. However, some do not use any form of communication at all, including non-verbal gestures or writing in certain situations.

## Suggestions for Schools

- **It is important that children are diagnosed early on** in order for parents and schools to reduce the child's anxiety. Family based behavioural interventions can be very effective, therefore encourage parents/carers to seek a formal diagnosis and support from a speech and language therapist or paediatrician if needed.
- **Avoid asking the child to speak in front of the class** to begin with as this is likely to heighten anxiety. Rather, develop a graded plan to build up to speaking in class. This is likely to need to be different and

take varying amounts of time from child to child. A graded plan could include speaking to a member of staff with whom they have a good relationship in the presence of someone they do talk to (usually a family member); slowly increasing the distance the person they already talk to is from the child when speaking; speaking to staff member alone; speaking to a staff member with a trusted peer, then in a small group.

- **When in class allow multiple methods to respond to questions** (e.g. gestures, writing) and reduce pressure to answer in front of lots of peers, for example ask a question one-to-one after a class discussion.
- **Offer praise especially when a child does respond verbally or non-verbally.** Be specific when praising them, make sure they know what they are being praised for.
- **It is sometimes easier for children with selective mutism to carry out work in smaller groups** as this can reduce anxiety. You could also pair them with a buddy that they trust during these work tasks.
- **When children are unable to respond, accept how anxious they are likely to be and verbally empathise** with how they may be feeling, for example 'it's so hard for you to speak with me, I wonder if speaking here feels scary.'

## Useful websites / Resources

<https://www.nhs.uk/conditions/selective-mutism/>

<https://childmind.org/guide/teachers-guide-to-selective-mutism/>

<https://findingourvoices.co.uk/>

<http://www.selectivemutism.org.uk/information/information-for-parents/>



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# Self-Harm

## What is it?

“Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences” (MIND, 2019).

Some common reasons why children and young people self-harm include: to turn emotional pain into physical pain; to reduce overwhelming feelings or thoughts; to gain a sense of control; to punish themselves; to stop feeling numb or disconnected; to create a reason to physically care for themselves; and to communicate suicidal feelings without taking their own life.

Self-harm includes self-injury (such as cutting, scratching or biting their body, inserting objects into their body, burning their body, interfering with wounds or pulling out their hair) and self-poisoning (taking an overdose of medication or drugs, swallowing bleach or other chemicals, or inhaling glue or petrol).

## Signs and Symptoms

- Marks on their body that appear too ordered to be accidental, or inconsistent with the story of how they were sustained
- Blood stains on clothing, or finding tissues with blood on them
- Frequently engaging in activities that cause physical injury
- Regularly bandaged areas of the body
- Reluctance to take part in activities that require them to change clothes e.g. P.E.
- Wearing long sleeves and trousers, especially during hot weather
- Wincing from pain if someone or something touches an area of their body
- Use of strategies such as snapping an elastic band on their wrist
- Scars from previous self-harm

## Suggestions for Schools

Information provided by the Anna Freud Centre:

- **Don't panic!** The worst thing you can do is to do nothing and ignore the self-harm – talking about the problem will not encourage more self-harm.
- **Speak with the young person** – invite them to tell you about the self-harm and any problems or worries they might want to share - this should be an invitation and not a demand to share everything, it may take



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a few invitations to talk before the young person feels able to risk sharing with you - the most important thing you can do is offer to listen.

- **Don't tell them to "just stop doing it"** the self-harm will always be of great importance to the young person and may be their only coping mechanism - so just stopping might leave them more at risk.
- **Make a plan** – this might be as simple as making another time to listen or the plan might be to make a referral on - what is important is that you and the young person discuss and (ideally) agree on the plan.
- **Share with someone** – always speak to colleagues in school and ideally speak to your local CAMHS team for advice - your local safeguarding protocol will also mean you have to share with a parent or carer - be clear with the young person why you are doing this and give them choices about how you might tell parents.
- **Act** – do what you have agreed – even the best plans don't always go to plan - but do what you can as soon as you can.
- **Let them know what you have done** and what you haven't managed to do yet, and why.
- **Stay in the loop** - if the local CAMHS or Social Care start work with the young person – school still has a great deal to offer – it is important for the young person that schools and specialist services continue to communicate and work together in the interest of the young person.
- **If someone is actively suicidal:** If they are clear they want to die, they have a plan and intend to act on that plan immediately, make sure someone stays with them – you still have time to seek advice as long as they are kept safe with someone. If the young person has already taken an overdose - or if you suspect they might have - get them to A&E for medical assessment and treatment for the poisoning.

One strategy is to find ways to replace the behaviour with other, safer ways of coping. Consider the function that self-harm plays for that individual and what non-injurious behaviours could achieve this. For instance, if the self-harm functions to turn emotional pain into physical pain they could hold ice cubes on their skin; if it functions to release negative feelings about themselves they could draw themselves and write the harm they are imagining onto the drawing; or if it functions to generate self-care they could put plasters or bandages on where they want to self-harm.

Another strategy is to create a self-harm timeline (a version is available from the National Self Harm Network website, linked below) to document changes in their self-harming behaviours, such as the amount, the type and the method. This can help them to understand triggers, associations and protective factors.

Ways they could minimise harm can also be explored, such as through encouraging them to clean the blades, use non-rusted blades or to clean themselves and use bandages afterwards.

## Useful websites / Resources



AMBER Project – Cardiff-based group, specifically for young people who self-harm  
Tel: 029 2034 4776; Text/Phone: 07905 905437; Email:  
[amber.project@churcharmy.org](mailto:amber.project@churcharmy.org)  
<https://www.amberproject.org.uk/>

SHOUT - A text-based crisis service  
Text shout to: 85258  
<https://www.giveusashout.org>

Head Above the Waves – Online resources on coping strategies and alternatives to self-harm, as well as school-based workshops  
<https://hatw.co.uk/>

MEIC – National helpline for young people who self-harm  
Call: 080880 23456; Text: 84001, or chat online  
<https://www.meiccymru.org>

National Self Harm Network - A support forum for individuals who self-harm  
[www.nshn.co.uk](http://www.nshn.co.uk)

Anna Freud – National Centre for Children and Families  
<https://www.annafreud.org/what-we-do/schools-in-mind>

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg



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# Sleep Hygiene

## What is it?

Sleep is a vital part of feeling well and happy. Sleep hygiene is a variety of practices that are necessary to have good night time sleep. Sleep disturbance is very common, especially during times of emotional overwhelm. Heightened emotions, anxiety, and persistent replaying of the day's events can interfere with your sleep. The most common cause of poor sleep is stress or a change in daily routine. Additional causes include exams, school stress, a change in schools, relationship conflicts, difficulties at home, and health worries.

## Signs and Symptoms of poor sleep:

The main symptom of poor sleep or sleep loss is extreme daytime sleepiness. Other symptoms include:

- Yawning
- Moodiness
- Fatigue
- Irritability
- Fluctuating moods
- Difficulty learning new concepts
- Forgetfulness
- Poor concentration or 'fuzzy' head
- Lack motivation
- Clumsiness
- Increased appetite and carbohydrate cravings

It takes time to get problematic sleep under control and rarely can this be done overnight. Developing sleep hygiene is essential to maintain good sleep. To help improve sleep hygiene it is useful to separate the fact from the fiction.

## Sleep Myths: Fact or Fiction

### We need eight hours of sleep:

There is no 'magic number' for sleep. Everyone is different - some of us can cope far better on less than others. Estimate what you need by how you feel the next day. Regularly getting less than six hours a night is not ideal as research shows that this may increase the 'fight or flight' response to stress, releasing hormones that speed up heart rate and raise blood pressure.

### Once a poor sleeper, always a poor sleeper:

It is always possible to improve your sleep. Developing sleep hygiene can and does improve quality of sleep.



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### **Daytime naps are bad for you:**

Daytime naps are generally discouraged as they can affect night sleep. However if night time sleep has been poor, a planned daytime nap can improve alertness without necessarily affecting night sleep. A twenty minute nap is enough to turn off the nervous system and recharge the whole body. However, a nap that is more than 30 minutes is enough to put you in a deep sleep and leave you feeling groggy when you wake.

### **Sleeping more at weekends makes up for poor sleep during the week:**

You cannot make up sleep that you have lost. Trying to make up for 'lost' sleep by sleeping longer at weekends can upset the circadian rhythm (also known as your sleep/wake cycle or body clock) and makes it even harder to get refreshing sleep. Having a regular bedtime routine is key to getting good quality sleep.

### **Yawning is a sign you are tired:**

Yawning is not always a sign of tiredness. Sometimes we yawn on awakening or during the day if we are bored or even if someone else does.

### **Counting sheep helps you fall asleep:**

Counting sheep can help us fall asleep, but so can counting dogs or cows! It is the repetitive nature of the task that makes you feel sleepy or fall asleep. Whether you count sheep or dogs, the rhythmic task is likely to prevent you from having other thoughts that are worrying and is an aspect of mindfulness that can help to relax you.

## **What are the benefits of good 'sleep hygiene'?**

You feel alert all day, from the time you wake up through a seemingly endless afternoon, right up to your bedtime. You are more focused, more present and have improved concentration.

Good 'sleep hygiene' sets the stage for a restful night when your body heals and restores itself. Getting good quality sleep is important for your health: it strengthens your immune system, helps you maintain a healthy weight, and lowers your risk for serious health conditions such as diabetes and heart disease.

When the quality of your sleep is improved, you feel better. It can improve your mood and while you sleep, your brain forms new pathways to help you remember information. Whether you're learning a new skill or studying a new subject, restful sleep supports better comprehension and problem-solving skills. Research shows that after a good night's sleep, you are likely to feel more confident and less anxious. There are so many ways that sleeping well makes life hugely better and proper sleep hygiene can help that happen.

### **Sleep Hygiene Practices that create ideal conditions for a healthy, restful sleep:**

- **Set a regular sleep routine.** This means going to bed and waking up at the same time every day (give or take 20 minutes), including weekends. Even if you have slept poorly the night before, it is unhelpful to sleep in. Getting up at a consistent time will maintain your sleep cycle and help you sleep better the following night.
- **Develop a relaxing pre-bedtime routine.** Whether it is a warm bath, reading a book, listening to a bedtime story, or meditating, any relaxation activity about an hour before bed helps to form a bridge between wakefulness and sleep.

- **The ideal bedroom is cool, quiet, comfortable and dark.** The mattress and pillows should feel comfy to allow your body to settle down and relax.
- **Reduce the lights after dark.** Exposure to natural light during the day is important to maintain a healthy sleep-wake cycle, but bright lights before bed can disrupt that cycle and make it harder to fall asleep. Try dimming your lights in the evening.
- **Unplug all electrical devices an hour before bed.** The blue light from screens inhibits the hormone (melatonin) that tells our body to wind down. Games, videos and social feeds keep your mind active and prevent you from sleeping. Make a habit to sleep with the phone out of reach, ideally in another room or switched off for the night.
- **Avoid stimulants later in the day.** Try to avoid coffee, tea, fizzy drinks and chocolate at least six hours before bedtime.
- **Stay away from foods that can upset sleep.** A heavy meal, spicy food and fatty or fried food can all disrupt sleep. This is because it takes the stomach three to four hours to digest.
- **Have a regular exercise routine.** Regular exercise can help us sleep. It is advisable that you exercise at least three hours before bedtime, as exercise stimulates your body to produce the stress hormone (cortisol) that keeps the brain alert.
- **Only use the bedroom for sleep.** Therefore, no TV, internet browsing, or late-night messaging with friends and/or partners. The bedroom is a place of rest. Sleep hygiene experts recommend getting out of bed and going to another room if you don't fall asleep within 20 minutes and repeat this process (without stimulating yourself) until you feel sleepy and ready to go to sleep.
- **Limit or avoid naps during the day.** Research indicates that a short nap of 20-25 minutes can lift your mood and leave you feeling refreshed, but a longer nap will affect quality of sleep at night.

## Useful websites / Resources:

Guys and St. Thomas NHS -

<https://www.guysandstthomas.nhs.uk/resources/patient-information/sleep/Sleep-hygiene.pdf>

Headspace - <https://www.headspace.com/sleep/sleep-hygiene>

Healthline - <https://www.healthline.com/health/sleep-deprivation/effects-on-body#1>

National Sleep Foundation - <https://www.sleep.org/articles/circadian-rhythm-body-clock>

Sleep Tips - <https://www.helpguide.org/articles/sleep/getting-better-sleep.htm>

Sleep Tips for Older Children - <https://www.nhs.uk/live-well/sleep-and-tiredness/sleep-tips-for-teenagers>



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