

Additional Learning Needs – Selective Mutism If a child is of compulsory school age and their learning and development is hindered due to significant difficulty or disability; then special educational provision ensures inclusion and support. This will enable them to reach their full potential in all areas of development (The Department for Education, 2015; <i>Children and Families Act 2014</i>; Unicef, no date). Selective mutism (SM) is an additional learning need, it affects 1 in 140 children, mostly girls and often begins in early childhood. It is a mental-health disorder triggered by anxiety, resulting in a ‘frozen’ like appearance when expected to speak to certain people. It does not mean they cannot communicate effectively. Without intervention, this could continue into adulthood resulting in low self-esteem, isolation, and difficulties within social interactions (NHS, 2023; Smira, 2018).	Treatment Janneke Van Hoeve (2022) suggests SM is difficult to treat, therefore a multidimensional approach is used, recognising it is not exclusively a communication problem, but anxiety (Speech and Language Kids, 2023). The causes and effects of SM vary widely, so it requires exploration of diverse and in some cases multiple treatments (NHS, 2023). Speech and Language Kids (2023) suggests some children might need psychological intervention like Cognitive Behaviour Therapy (CBT) with family integrated plans such as counselling; yet another child may only require behaviour modification such as speech and language therapy. The variation of methods considers the individual child’s diverse needs, which is a strength; but the challenge is that such strategies demand time, resources, and organisation amongst professionals to find which technique/techniques is going to be successful (Janneke Van Hoeve, 2022).
Identification & Diagnosis SM is rare and professionals know little about it. Diagnosis is challenging because speaking is inconsistent across environments (Mulligan, Hale and Shipon-Blum, 2015). Pereira et al. (2021) however, suggests SM is not so rare, and identifying and diagnosing consists of tools and standardised tests to classify and investigate if and how severe the disorder is. Thorough diagnostics include information from parents, teachers, and the child, through assessment observations, interviews, and questionnaires to examine speaking behaviour. Furthermore, NHS (2023) suggests a medical and developmental history, family history, and understanding the family unit, including traumatic events. Identification and diagnosis can be difficult if parents or carers are unaware of SM, especially if their child speaks at home, but silent at school. Therefore, teachers are invaluable contributors to diagnosing early because they observe the child daily and can communicate concerns (Kovac and Furr, 2019). Department for Education (2015) and Department for Health (2015) along with White and Bond (2022) agree. However, White and Bond (2022) argue that teachers are not sufficiently trained and equipped to recognise signs of emotional distress in children, therefore lack of understanding could mean incorrect referrals and delayed treatment. NHS (2023) suggests symptoms of social anxiety: shyness, withdrawn, disinterest and poor eye contact. Moreover, identification and diagnosis can present further challenges due to the multi-dimensional and factorial nature of the disorder; all children with SM are unique, and should have defined, distinct subtypes providing differentiated diagnosis, for example anxiety mutism might need different treatment to expressive language mutism; oppositional mutism; English language learner mutism; or sensory/regulation mutism. If children are diagnosed according to their unique identified subtype, they can be treated accordingly and recover faster (Mulligan, Hale and Shipon-Blum,2015).	The Impact of Psychological Barriers Young children with SM as an additional learning need face many barriers that can impact their social and academic development (Aberdeenshire Council, 2013). The psychological impact is one: according to Dr. Shipon-Blum (no date) children who are fearful of talking in social situations can become overwhelmed, which increases their stress levels resulting in heightened anxiety. The worries and pressure which is constant can consequently affect their emotional well-being by making those experiences negative for them, resulting in poor confidence and self-esteem, including isolation, confusion, and an awareness that they are misunderstood (Dr. Shippon-Blum, no date; American Speech Language Hearing Association (2023). Social avoidance is also a barrier which can have a psychological impact on a child with SM; consequently social experiences and opportunities for relationships to grow is missed for example with their teachers; however, in a study by Young, Bunnell and Beidel (2012), 35 children 5-12 years, who were diagnosed with either social phobia, selective mutism or had no diagnosis at all, concluded that it is uncertain whether children with selective mutism are not able to talk due to anxiety, or if they are silent as a coping avoidance strategy. Children may be overwhelmed by anxious fear, therefore, speechless, but it could be an effective strategy to reduce emotional and physical distress. Therefore, children would benefit from addressing the psychological impact of SM by incorporating different approaches, supported by mental health professionals; this will ensure the child’s need is being met through, ensuring children can manage anxiety and with time, overcome their communication barrier. This is because the emotional support is validating their feelings/experiences and encouraging positive identity (NHS, 2023).
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Collaboration between professionals invite comprehensive support establishing a constant organised setting for the child (Bhalla, no date; Speech and Language Kids, 2023; NHS (2023). However, availability, funding, and access to services can create barriers, and the results could be unsuccessful if stakeholders lack commitment and consistency (Baskind, 2007). Furthermore, NHS (2023) suggests SM varies considerably amongst individuals, and depending on the treatment will consequently be successful or have a delayed result; it is therefore important, interventions are tailored to the unique needs of each child taking consideration of the child’s strengths, the unique challenges they are facing and the level of comfort they feel. This could mean regular flexibility adapting strategies and techniques that will reflect positive progression. However, correct diagnosis and treatment if successful can identify and change the anxious thoughts and behaviours debilitating the child, enabling them to speak freely without fear.
Conclusion SM is a difficult condition to diagnose and treat; barriers include lack of knowledge and understanding; time; resources and funding which can have a detrimental impact on a child’s development if untreated. A multidimensional approach to treatments including different techniques and professionals can mean successful recovery which means children can achieve their full potential both socially and academically.

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