



Empowering Children. Supporting Families. Building Brighter Futures.

#### **Resource 078 | Emotional and mental health**

## **Selective mutism**

### **What it means**

Selective mutism is an anxiety-related condition in which a child consistently cannot speak in certain situations despite speaking in others. It can affect learning, social participation, and access to help. The silence is not simply defiance. A child may need other communication methods while treatment reduces speaking anxiety. [1]

### **Causes and risk factors**

Anxiety and individual vulnerability contribute, and speech-language difficulties may coexist. Some children have other developmental or sensory needs. The cause is not established by silence alone. A multilingual child's early quiet period in an unfamiliar language requires careful interpretation and is not automatically selective mutism. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



## Signs and everyday impact

A child may talk comfortably at home but remain silent or freeze at childcare, school, or with unfamiliar people. Gestures or facial expressions may also become restricted in stressful settings. Difficulty asking for help, using the toilet, or joining play can reveal the everyday impact. [1,2]

## Assessment and diagnosis

Assessment combines caregiver and school information with mental health and speech-language evaluation. It considers hearing, communication across languages and settings, anxiety, duration, and functional impact. Clinicians distinguish selective mutism from insufficient language knowledge and other communication difficulties. Video or reports from comfortable settings may help. [1,2]

## Treatment and therapy

Treatment reduces pressure and uses planned, gradual steps toward communication and speech. Behavioral and cognitive behavioral approaches, including graded exposure, may be used by trained professionals. Speech-language support addresses co-occurring needs. Caregivers and educators coordinate the plan. Medicines may be considered in selected cases under specialist care, rather than as a universal first step. [1,2,3]

## Support at home

Accept gestures, pictures, or other ways to communicate needs while following the treatment plan. Reduce public demands to perform speech and allow warm-up time. Use enjoyable activities with manageable social demands. Avoid punishment, bribery, or drawing public attention to a first spoken response.

## When to seek help

Arrange assessment when the pattern persists and limits participation or access to help. If the child cannot communicate pain, toileting, or safety needs, provide an immediate alternative communication plan.

## Questions for your care team

- How will assessment consider all languages and settings?
- Which gradual communication steps should home and school share?
- How can the child reliably ask for help now?



## Podcast preparation

Use this outline to develop a later podcast script.

### Suggested opening

Welcome to Mariel Early Intervention. Today we discuss selective mutism. Selective mutism is an anxiety-related condition in which a child consistently cannot speak in certain situations despite speaking in others. This is general education; each child needs individualized care.

**Opening:** Define the topic and its developmental context.

**Understanding:** Explain causes and signs without inviting self-diagnosis.

**Assessment:** Describe evaluation and distinguish screening from diagnosis.

**Support:** Discuss treatment, therapy, and practical family supports.

**Closing:** Explain urgent signs and one clear next step.

Misconception to address: Myth: the child is choosing silence to control adults. Anxiety can make speaking feel impossible.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

### Terms in plain language

- Selective mutism: persistent inability to speak in particular situations despite speech elsewhere.
- Graded exposure: gradual practice with situations that trigger anxiety.
- Alternative communication: gestures, pictures, writing, or other ways to express needs.

### Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

**[1] Selective mutism - NHS**

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

**[2] Selective Mutism**

<https://www.asha.org/practice-portal/clinical-topics/selective-mutism/>

**[3] Children and Mental Health: Is This Just a Stage? - National Institute of Mental Health (NIMH)**

<https://www.nimh.nih.gov/health/publications/children-and-mental-health>