



Anna Freud
National Centre for
Children and Families

What works for me: The self-care approaches of children and young people

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Contents

Welcome	2
Executive Summary	3
Background	4
About the consultation	6
Respondents	7
Findings	8
Children's and young people's responses	
Parents and carers' responses	
Discussions and conclusion	14
Acknowledgements	
Appendix	

Welcome

This report draws on the lived experience of children and young people with anxiety and depression. It offers an insight into the self-care approaches that young people adopt and how they help.

Self-care is a neglected area of research, and one which has potential benefits, particularly to those children and young people who do not or cannot engage in specialist mental health services. While we know that these services play a crucial role in addressing anxiety and depression, that does not mean they provide the whole answer for everyone. We recognise the formal evidence base for other types of support is thin. This report aims to start a process to help us understand self-care, and its potential benefits.

We hope that the experience-based knowledge that children and young people shared in this survey will be of interest and help to their peers. We also hope that it will influence future research: being guided by children and young people themselves may help us to tap into areas of knowledge and support that take us beyond conventional wisdoms.

Kate Dalzell

Head of Innovation and Dissemination



Executive summary

Between October 2018 and February 2019, the Anna Freud Centre ran an online consultation to find out about the self-care approaches used by children and young people to address anxiety and depression. It captured the views of young people (aged 11-25) and parents and carers about their experiences of 85 self-care approaches - and whether they would use these again or recommend them to others. It also sought participants' perspectives on why they choose certain self-care strategies, why these approaches are effective for them, and priorities for future research in this area.

The consultation is part of a broader programme of work the Anna Freud Centre is leading on self-care to address mental health difficulties. Our exploration of this area does not reflect any underestimation of the importance of specialist services for many children and families who are experiencing difficulties: rather it reflects our desire to understand more about the huge range of activities and approaches young people may be using without the involvement of a mental health professional, either alongside or instead of seeking specialist help.

The approaches that most young people said they had used and would use again include listening to music, reading and watching TV, personal hygiene, talking to someone you know and trust, laughter/ humour, crying and going outside. Of course consultees were self-selecting and not representative of all young people with anxiety and depression. However we saw variances in different age and gender groupings. Across all of our respondents listening to music, and reading and watching TV, are commonly selected approaches, providing a potential starting point for further research. There was substantial overlap in young people's and parents and carers' responses, although parents and carers also highlight socialising as a helpful way to address anxiety and depression.

Survey respondents emphasise the importance of individual agency when it comes to choosing and using self-care approaches and suggest that what is effective might vary not only according to the individual, but might change from day to day according to mood or symptom severity.

Accessibility, safety and the perceptions of peers are also key factors in the choice of self-care strategy. While responses were diverse, many participants reflected that self-care approaches help when they provide distraction, relaxation, regulation of emotions or a sense of being supported and in control. However some respondents did not know why, or even whether, the self-care approaches they adopt are effective for them.

This consultation is part of an ongoing programme of work and we continue to seek feedback from young people about their experience of using a range of self-care strategies through our website. A clearer understanding of whether, how and in which contexts self-care approaches are effective for young people experiencing mental health difficulties will require a rigorous programme of research, and we recommend that the shape and direction of this continues to be informed by the lived experience and direct involvement of children, young people and families.



Background

We know that mental health disorders are widespread. We also know that specialist mental health services cannot address this problem alone. As a community we need not only to continue to strengthen established services, but also to be curious about approaches that do not involve mental health specialists. A wide range of self-care approaches are discussed but formal research in this area is thin: it is this context that prompted us to enquire directly with children and young people about their experience of a wide range of self-care approaches.

A 2017 review by Schaefer¹ and colleagues found that most people will develop a diagnosable mental disorder at some time during their lives. They suggest that experiencing a mental health disorder isn't the exception as we might have assumed – it's the norm. The latest national prevalence survey looking at the mental health of children and young people in England found that one in eight (12.8%) 5 to 19 year olds had at least one mental disorder,² and the experience of psychological distress among young people is likely even higher. In this context, there's no question that continued investment in research and provision of professionally-mediated mental health interventions are vital. For many children, young people and families, specialist help can be a lifeline. However, and in common with other health conditions, evidence suggests that not everyone will be symptom-free at the end of a mental health treatment.^{3,4} We also know that many young people experiencing mental health difficulties never receive professional help, perhaps due to personal choice, stigma associated with mental ill-health, or resource pressures in services.

Together, these factors build a case for looking beyond the provision of specialist services alone in considering what can support children and young people. Alongside sustained efforts to improve the accessibility of services, we need to understand more about approaches that can be accessed on a wider scale, and that show promise in helping children and young people who aren't able to or don't want to access specialist support.



These considerations underlay a programme of work on self-care, led by the Anna Freud Centre. Our definition of self-care is broad, encompassing any approach that does not require the involvement of a mental health specialist. It might be something a young person does to support themselves, or an approach involving friends, families, schools and communities.

A recent literature review conducted by the Anna Freud Centre as part of this work identified a huge range of potential self-care strategies used to address anxiety and depression but found that few of these had been evaluated in a rigorous way.⁵

Responding to this disconnect, we held an online self-care consultation for young people aged 11-25 who have experienced anxiety or depression, and their parents and carers. This report summarises the findings of that consultation.

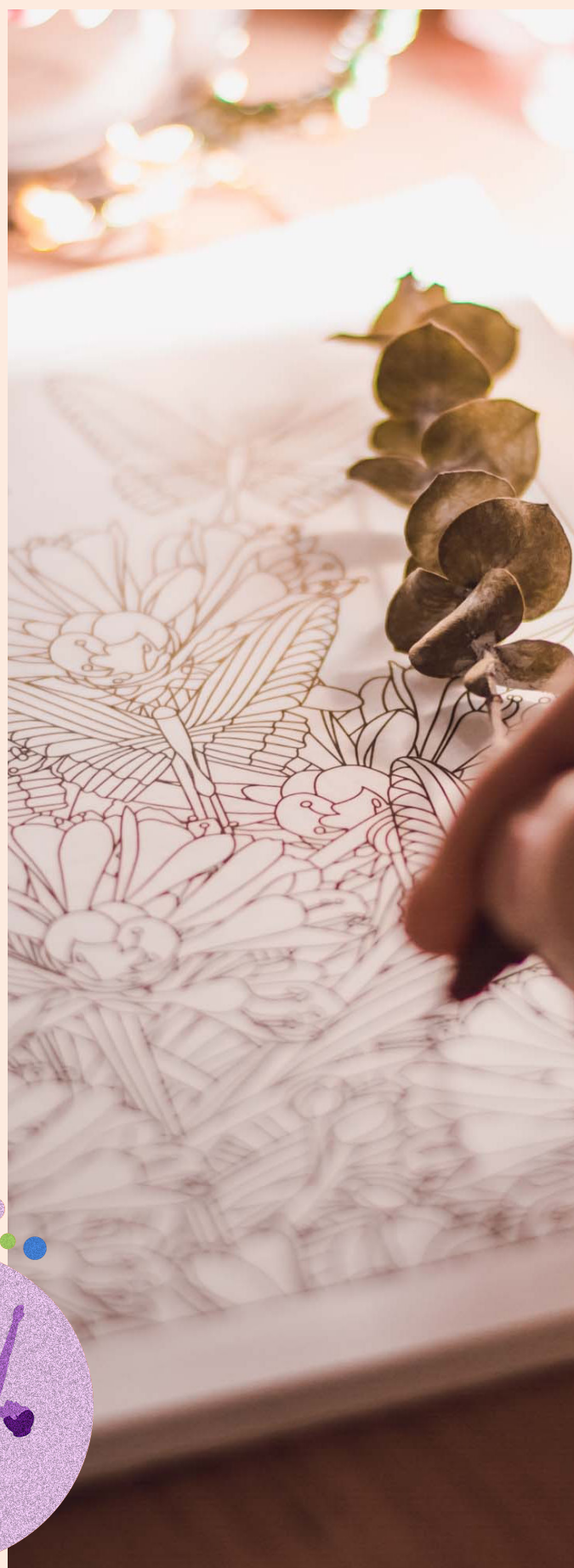
¹ Schaefer, J. D., Caspi, A., Belsky, D. W., Harrington, H., Houts, R., Horwood, L. J., ... & Moffitt, T. E. (2017). Enduring mental health: Prevalence and prediction. *Journal of abnormal psychology*, 126(2), 212.

² NHS Digital (2018). *Mental Health of Children and Young People in England, 2017: Summary of Key Findings*. Government Statistical Service.

³ Lambert MJ. *Prevention of treatment failure: The use of measuring, monitoring, and feedback in clinical practice*. American Psychological Association, 2010.

⁴ Wolpert, M., Jacob, J., Napoleone, E., Whale, A., Calderon, A., & Edbrooke-Childs, J. (2016). *Child- and Parent-reported Outcomes and Experience from Child and Young People's Mental Health Services 2011-2015*. London: CAMHS Press

⁵ Wolpert, M., Dalzell, K., Ullman, R., Garland, L., Cortina, M., Hayes, D., Patalay, P. and Law, D. (2019). Strategies not accompanied by a mental health professional to address anxiety and depression in children and young people: a scoping review of range and a systematic review of effectiveness, *Lancet*



About the consultation

The Anna Freud Centre designed an anonymous online survey for children and young people, to find out what they do to manage when they are struggling with anxiety or depression, aside from getting professional help. Anyone aged 11–25 living in the United Kingdom who self-reported as having experienced anxiety or depression (with or without a diagnosis) could complete the survey. Parents and carers were also invited to share their experiences. The survey was open from October 2018 – January 2019.

We identified 85 approaches that research has suggested young people might use to help themselves when feeling anxious or depressed.

For each of these 85 approaches we asked young people if they had:

- a. used this approach when feeling anxious or depressed, and would use it again;
- b. used this approach when feeling anxious or depressed and would NOT use again;
- c. not used this approach.

We ran a parallel survey for parents and carers of children and young people who have experienced anxiety and depression, which was open between October 2018 – February 2019. For each of the 85 approaches, we asked parents and carers whether:

- a. their child has used the approach when feeling anxious or depressed, and they would recommend it to others;
- b. their child has used the approach when feeling anxious or depressed, and they would NOT recommend it to others;
- c. their child has not used this approach.



The approaches were divided into five categories:

1. Hobbies and activities;
2. Relaxation;
3. Thinking and attitudes;
4. Talking, learning and technology;
5. Healthy living and physical health.

The order in which the categories appeared to participants was randomised. The order in which the individual approaches within these categories appeared was also randomised. This was to ensure all questions received some engagement – due to the length of the survey we anticipated that not all respondents would complete it in full.

There were three open-ended questions at the end of the survey, to capture which self-care approaches respondents would like to see more research on, what is important to respondents when choosing self-care approaches, and why the approaches they do adopt work for them.

The people who chose to respond to this consultation may be different from other groups in a range of ways and are not likely to be representative of all communities of young people with anxiety and depression. More research and consultation is needed to expand our understanding in this area.

Respondents

Children and young people

166 respondents started the survey. 10 were excluded as they had not experienced anxiety or depression, leaving 156 respondents.

- 156 participants, half (51%) have a diagnosis of anxiety or depression, 44% have no diagnosis, and 7% prefer not to say.
- 57% completed the survey in full.
- The majority (52%) were aged 20-25. 30% were aged 15-19, and 8% were 11-14.
- The majority (74%) identified as female, 22% identified as male and 2% as non-binary.
- 70% identified as White British, 11% as Any Other White Background. 4% identify as Asian or Asian British Pakistani and 6% prefer not to say. No other ethnicity made up more than 2% of the respondent pool.
- The majority (83%) were from England, and nearly a quarter (24%) lived in London.

One interesting note in relation to the female gender skew in our sample is that recent prevalence data published by NHS digital suggests that rates of emotional disorder are higher among girls than boys: 7.1% of boys compared to 10.9% of girls aged 11-16 had an emotional disorder, and of those aged 17 – 19, 7.9% boys had an emotional disorder compared to 22.4% girls.

Parents and carers

197 parents or carers started the survey. 20 were excluded as their child had not experienced anxiety or depression, leaving 177 respondents.

- 54% completed the survey in full.
- Half the participants said that one or more of their children had a diagnosis of anxiety or depression from a mental health professional.
- Nearly a quarter said that their child's anxiety or depression began before they turned 11.



Findings

Feedback on the 85 self-care approaches: what would respondents most commonly recommend or use again?

Tables displaying in full responses to closed-ended questions are included in the appendix.

Approaches that appeared in the top ten for children and young people and for parents and carers are highlighted in **bold**.

Figure 1: This chart displays the ten self-care approaches that children and young people most often said they had used to address anxiety and depression, and would use again.

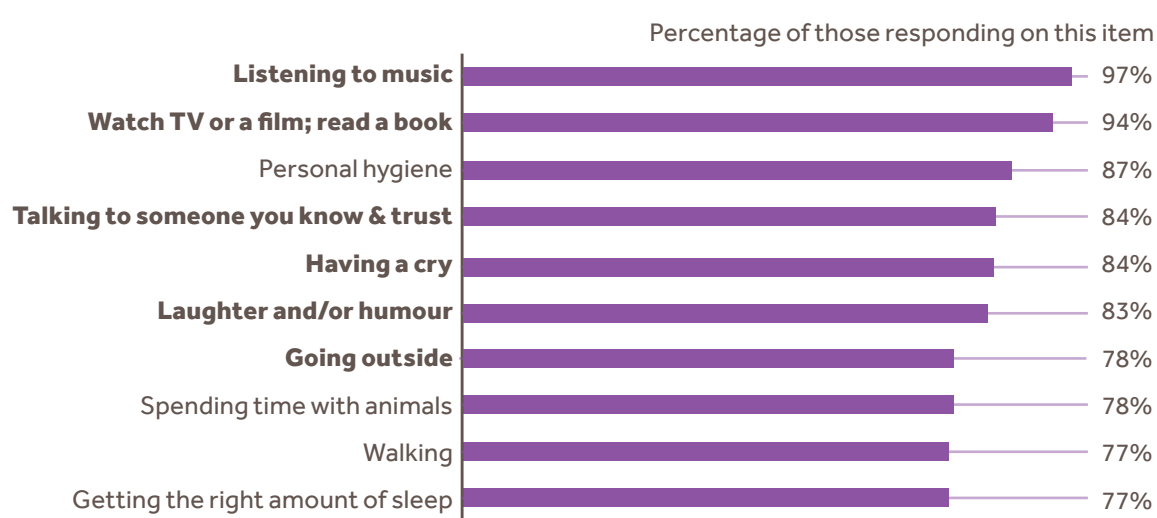
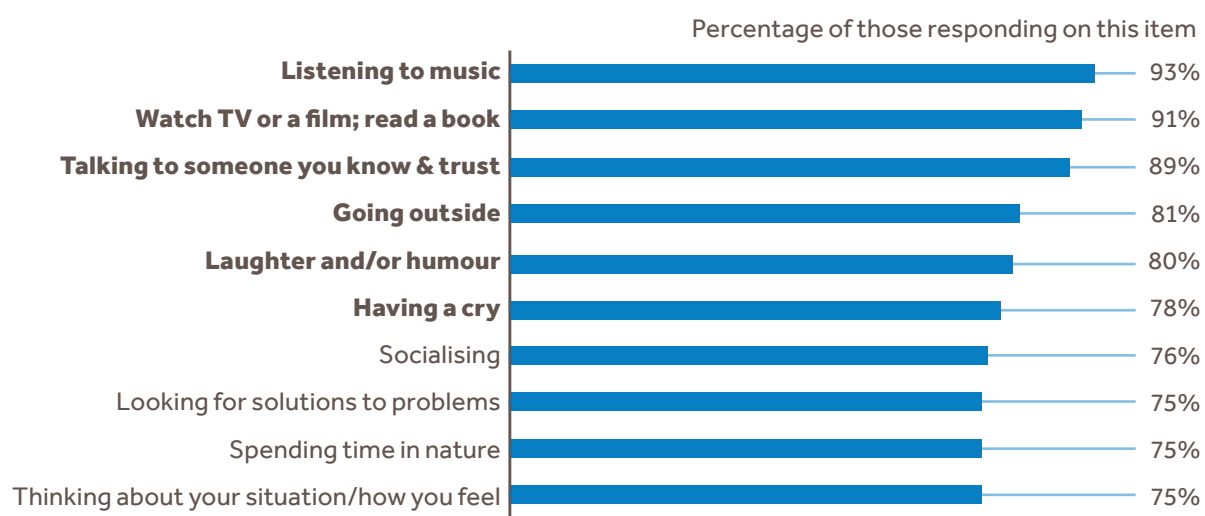


Figure 2: This chart displays the self-care approaches that parents and carers most often said their child had used to address anxiety and depression, and which they would recommend to others.



Feedback on the 85 self-care approaches: what would respondents most commonly **NOT** recommend or use again?

Figure 3: This chart displays the ten self-care approaches that children and young people most often said they had used to address anxiety and depression, but would not use again.

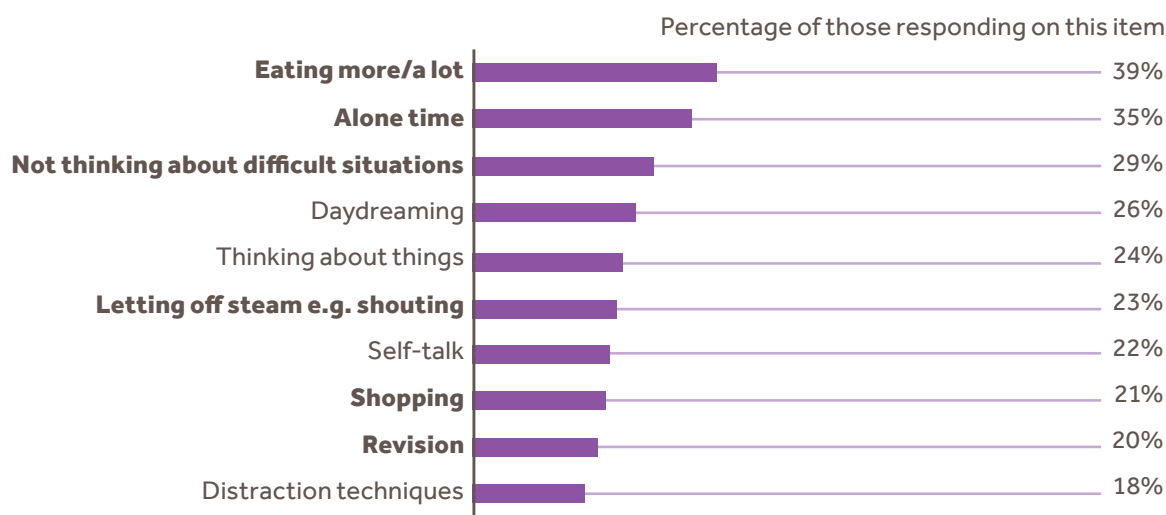
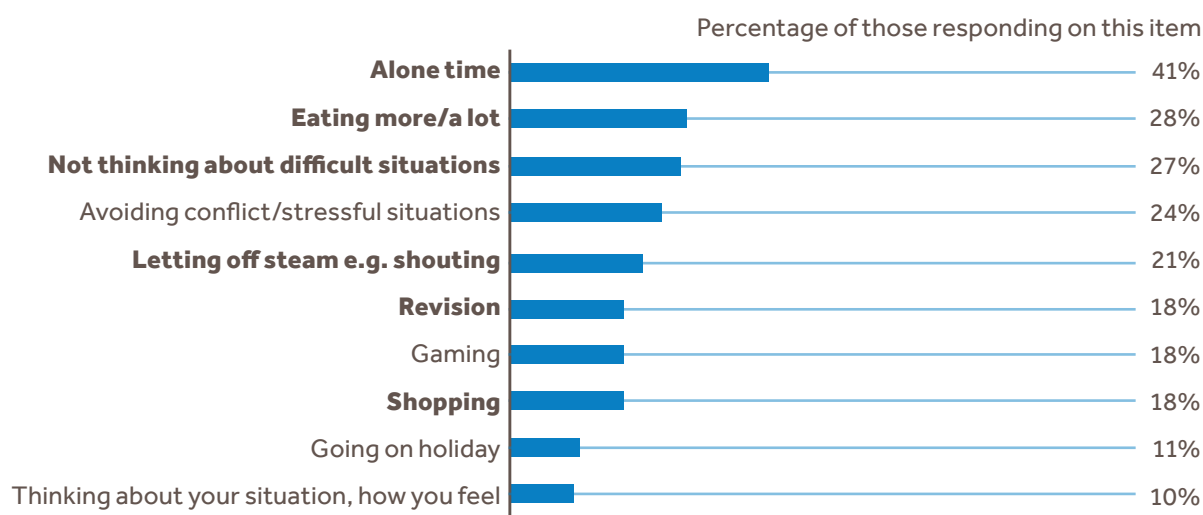


Figure 4: This chart displays the self-care approaches that parents and carers most often said their child had used to address anxiety and depression, but which they would not recommend to others.



Differences in responses by age and gender

We looked at age differences in young people's responses, although it is important to note that we had a smaller number of respondents in the younger age groups. However in looking at the four most commonly used/ would use again approaches we saw that:

- Watching TV or film or reading a book came up across all age groups, as did listening to music;
- For those aged 11-14 drawing or painting, and spending time alone were in the top four;
- Personal hygiene was in the top four for young people age 15 and up;
- For those aged 15-19 laughter or humour were in the top four, where for those aged 20 to 25 this was displaced by talking to someone you know or trust.

We looked at the gender differences in young people's responses. We are not able to highlight the non-binary responses to ensure respondents' anonymity. In looking at the most commonly used/ would use again approaches we saw that:

- Listening to music; watching TV or film or reading a book; and personal hygiene were among the most commonly used approaches for both boys and girls.
- Having a cry was one of girls most commonly chosen approaches; boys more commonly chose laughter or humour or talking to someone you know or trust.



Responses to open ended questions

1. What is important to you when you are choosing a way to help yourself manage difficult feelings of anxiety or low mood? (Total responses: 117 children and young people; 89 parents and carers.)

Responses to this question were wide-ranging. Examples provided have been clustered under overarching themes and we have highlighted whether this theme appeared in young people's responses, parents responses, or both.

■ Themes identified by both children and young people and parents and carers.

■ Themes identified by children and young people only.

Different things are important in different circumstances

"if I am feeling bad I don't have the energy for anything huge! But when I am not feeling bad and I want to keep my mood up I can do something bigger like a very long walk."

"if I am alone, something that will make me laugh, such as a tv series or movies so I will stop feeling sad for a few seconds. And for anxiety, an activity which includes art, such as music, painting or writing always relaxes me."

Having the freedom to choose an approach that's right for me

"What is right for ME and not just what works for other people..."

"That I have the freedom to choose what help I get, how long I access it for and when I leave."

"It's important to her that she is in control - rather than being controlled by an adult."

That the approach works well

"Effectiveness (end result), and how fast it works."

"How sustainable it is. How much does it help in the long run?"

Having the support of others

"That the people around me understand and support me...."

"That we (parent/ carer) are onboard and help him."

That the approach is accessible to me where I am

"Something that is accessible in school time e.g. you can go to the toilets and listen to music but you cannot go for a run."

"That it is free and at a time the fits with my schedule ... something I can get access to quickly and easily in the time that I need it."

That the approach feels manageable and comfortable

"Something that doesn't make me feel overwhelmed, something that makes me feel like I have some control."

"They are within her comfort zone and don't involve her having to share her feelings openly."

"That I will be safe."

How other people might perceive it

"That it doesn't appear noticeable that the activity is a coping strategy."

"She does not want anyone to know she has an anxiety problem so it is important she can access the help without other people knowing."

Not putting stress or burden on others

"Not feeling like I'm bothering someone else."

That it helps in a particular way – see the next section for fuller responses about this.

2. Why do the ways you choose to help yourself work for you? (Total responses: 74 children and young people; 88 parents and carers.)

Again, a diverse range of responses to this question were provided. Examples have been clustered under themes below in the same way as the question above:

■ Themes identified by both children and young people and parents and carers.

■ Themes identified by children and young people only.

■ Themes identified by parents and carers only.

I choose them myself and I know what has helped before

"Knowing what helps and trial and error, some days something will work but other days I need something different e.g. socialising or quiet time."

"Just works for me, got to find what works for you? no one can really tell you how, has to be found."

"They are the ones choosing. It's empowering to find something that helps and use it themselves."

"Largely because she is in control. There are many types of help she rejects so we have reached the point - now she is 19 - where we need to let her find her own way."

Self-care approaches don't always help

"I always end up in this hole of self-pity and disgust. I want to find something that will give me the ability to have faith and confidence in myself. Nothing seems to work though."

"I'm not sure they do work. We tried everything. There is too much emphasis on resilience building while austerity and school testing is damaging our children. A child died by suicide at my child's grammar school but charities ignore the effects of 11+ testing, SATS, etc. You need to help to remove/reduce these stressors, don't just treat the symptomology."

They distract from problems or difficult feelings

"Something that I am interested in that will distract me from negative thoughts or self harm."

"They allow an escape from the mayhem in her mind. She has a job she loves now and it has made an enormous difference to her life but sometimes anxiety creeps back to her. Distraction and relaxation are the preferred strategies."

I feel supported

"When I talk to others with same problems, I don't feel as lonely and feel supported by others that it will get better or that at least I'm not going through stuff alone."

"I get anxious when alone for too long so something that helps me be around other people, even if not interacting with them, helps."

I can be alone

"Because I get anxious around other people it's important for me to have that alone time to calm."

It's a routine

"Because they allow me to be myself and they are routines that I follow on good days as well as bad, but approached differently so they help me more. It helps that they're normal actions for me so I'm not doing something for the sole purpose of helping my mental health."

They help me to regulate emotions or let off steam

"..when I am swimming or cycling, I have to focus on my body movements and any muscle aches in the process as well as regulate my breathing, allowing me no head space to think about my worries and anxieties."

"Meditation/yoga/relaxation/mindfulness or even working out helps me to calm down, breathe and focus on what I'm doing in that moment (think less about my problems)."

"I have no idea. They just help me feel more centred, like I was surrounded by a lot of noise and the volume has been turned down."

They help me understand or express thoughts and feelings

"When I write out my feelings or certain situations on paper I feel as though I have explained my situation to someone (when really I'm just trying to figure the situation better myself), it helps me to understand what I am feeling, what caused that reaction/feeling and helps me to let go a bit of these emotions."

There is no pressure

"It's all done at my own pace so there's less pressure."
 "...I can take my time with them and don't have to meet other people's demands or worry I'm doing it wrong."

Confidence or enjoyment

"Enables them to feel confident about things which helps with their self-worth."

"He is passionate about his hobbies and rewards himself when he does well."

"Because I get a sense of achievement and that lessens the grip of my depression."



3. Which approaches to managing feelings of anxiety and depression, that don't involve getting professional help, do you think we should do more research on?

184 young people and 87 parents and carers responded to this question, and the responses were hugely wide-ranging. Some of the areas that participants felt should be a focus of future research in this area included:

- creative activities such as drama, art, making music;
- various forms of sport and exercise such as dance, walking and running, yoga, skate-boarding;
- social strategies, for example forms of contact with peers, trusted others, community support or physical contact (e.g. hugs);
- exploring the role religion and spirituality;
- spending time with animals;
- spending time alone;
- other leisure activities such as listening to music, watching television, reading;
- being outdoors and in nature;
- mindfulness, meditation and relaxation techniques such as massage or masturbation;
- healthy approaches to sleep, diet, personal hygiene, use of stimulants or screen time;
- self-harm, drug and alcohol use, venting and controlled destructive behaviour (e.g. plate smashing);

- digital approaches, including apps, social media, gaming, virtual reality, online CBT and online chat or forums;
- other fields of therapeutic support such as alternative medicine, light therapy, aromatherapy, homeopathy, crystal healing, colour and nature therapy;
- cognitive approaches, including positive thinking, acceptance, self-love, normalising or breaking down difficult feelings, psychoeducation or self-understanding.

The wealth of responses here is an indication as to the appetite for future exploration in this area. The Anna Freud Centre continues to seek feedback from young people about their experience of using a range of self-care strategies through our website <https://www.annafreud.org/selfcare>. Our aim is for this lived experience to guide the shape of research in this area and to inform this ongoing programme of work.

Discussion and conclusions

Of the self-care approaches that young people most commonly use to address anxiety and depression, and those that parents and carers most commonly recommend, six are the same: listening to music, reading or watching tv, talking to someone you know and trust, going outside, laughter and crying. While personal hygiene, spending time with animals, walking and getting the right amount of sleep appear among the top ten for young people, these are displaced in parent and carer responses by socialising, looking for solutions to problems, spending time in the natural world, and thinking about your situation. There are also shared ideas about why and how particular approaches help, although differing perspectives highlight the importance of involving both children and young people and their parents and carers as this research agenda moves forward.

We saw some variation in the approaches that young people in different age or gender groups would most commonly use again when feeling anxious or depressed. While our consultees were not representative of all young people with anxiety and depression, listening to music and watching TV or films and reading rank highly across the board, providing a potential starting point for more robust or in-depth research into the role of self-care approaches in mental health support.

Less than 30% of young people had tried 23 of the self-care approaches included in the survey. As a result, it is difficult to draw conclusions about young people's experiences of these approaches, although it may suggest that these strategies are less widely known, accessible or appealing.

Young people have highlighted in conversations with the authors that a sub-category of self-care approaches could be identified as 'coping' strategies. These might be short-term or reactive and could include techniques that might be unhelpful over time. We hypothesise that a number of the approaches young people indicated that they would not use again might be understood as 'coping strategies', for instance eating a lot, not thinking about difficult situations, and letting off steam (e.g. shouting). We would be curious to test this hypothesis, and to enquire further into the interplay between 'coping' and other self-care activities. This survey did not ask participants



about their experience of using self-harm or substance use as approaches to coping with anxiety and depression. However, it is important to acknowledge that young people responding to the survey did highlight these approaches as potential areas for future research.

From the open-ended responses provided by both children and young people and parents and carers, the importance of agency when choosing and using self-care approaches is clear. Responses suggest that beyond the self-care activities themselves, the process of 'trial and error', of trying out different approaches and discovering what works, can in itself be important in empowering a young person experiencing mental health difficulties. Responses also suggest that what works varies from person to person or by situation. For instance some value talking to and being around friends and family, where others express a need to have time and space to themselves; and for others the choice of approach might depend on the type and severity of symptoms on a given day.

How accessible, safe and comfortable a self-care approach is emerged as an important factor for many respondents in their choice. Another key theme was the perception of peers: for some it seems it is important to choose an approach that will not alert others to difficulties they are experiencing.

Participants provided a range of feedback as to the ways in which self-care strategies help them. Common themes were relaxation, regulation of emotions, distraction from problems and difficult feelings, and feeling supported and listened to. Respondents also highlighted the value of routines, and of engaging in activities that were unpressured or provided enjoyment or a confidence boost.

Both young people and parents shared that they did not always know which approaches to self-care work, or why, and that sometimes, self-care strategies don't help. While it remains vital that professional help is available and accessible to young people and families who need it, as a research community we must begin to evaluate self-care approaches with the robustness we apply to specialist mental health interventions. The experience-based knowledge of children, young people, parents and carers offers a strong base from which to shape and prioritise a future research agenda in this field. The Anna Freud Centre continues to seek feedback from young people about their experience of using a range of self-care strategies through our [website](#). Our aim is to move towards a fuller and deeper understanding of the widest possible range of support options open to children and young people, both those that involve a mental health professional and those that do not.

Please do be part of our learning community and stay in touch with us by signing up to the Anna Freud Learning Network at www.annafreud.org.

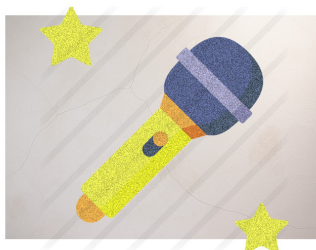


Acknowledgements

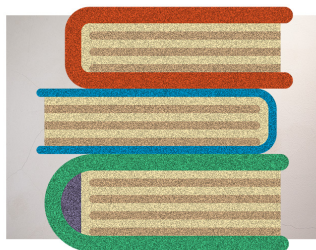
We would like to thank the children, young people and parents and carers who shared their views and experiences as part of our self-care consultation.

6 most commonly chosen approaches to self-care

As identified by children, young people, parents and carers



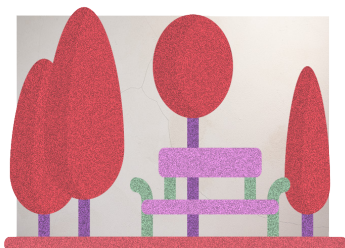
Listening to music



Reading or watching tv



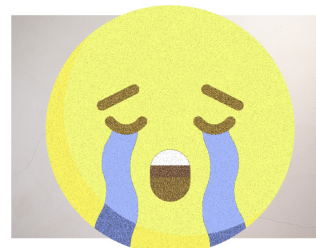
Talking to someone you know and trust



Going outside



Laughter



Crying

Appendix

Appendix A: This table shows the percentage of children and young people who chose each response option for the list of 85 self-care approaches. Approaches which the highest percentage of respondents said they had used and would use again to address anxiety or depression appear at the top.

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Listening to music	97%	1%	2%	95
Home Entertainment - watch TV or a film; read a book	94%	2%	4%	93
Personal hygiene e.g. showering; cleaning teeth	87%	3%	10%	100
Talking to someone you know and trust	84%	9%	6%	96
Having a cry	84%	6%	10%	101
Laughter and/or humour	83%	4%	13%	101
Going outside	78%	3%	19%	96
Spending time with animals/pets	78%	1%	21%	96
Walking	77%	5%	18%	96
Getting the right amount of sleep	77%	6%	17%	100
Spending time outdoors in the natural world (e.g. going to the beach or countryside)	76%	1%	23%	96
Looking for solutions to your problems	74%	12%	14%	100
Organising your day	74%	11%	15%	100
Avoiding conflict and upsetting or stressful situations	72%	12%	16%	101
Challenging negative thoughts and feelings	70%	10%	20%	101
Positive thinking	69%	16%	15%	101
Analysing and understanding negative thoughts and feelings	69%	12%	19%	101
Socialising / going out with friends	68%	14%	18%	95
Thinking about things (think-ing about yourself, your situation, and how you feel)	67%	24%	9%	100
Having a warm bath	67%	8%	25%	96
Eating healthily	66%	6%	28%	100
Drawing or painting	64%	5%	31%	94
Taking care of others e.g. helping others to solve their problems; volunteering	64%	9%	27%	96
Spending time alone	62%	35%	3%	101
Noticing and confronting your triggers and fears	62%	13%	25%	100

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Acceptance (learning to live with a situation)	61%	18%	21%	101
Self-talk (saying things to yourself)	61%	22%	17%	101
Goal-setting - e.g. set realistic targets for each day	59%	12%	29%	101
Muscle relaxation techniques or breathing techniques	58%	8%	33%	96
Psychoeducation (learning about mental illness)	58%	11%	30%	96
Writing things down e.g. keeping a diary, writing down positive thoughts	57%	14%	29%	101
Letting off steam e.g. shout-ing or complaining	57%	23%	20%	96
Sport	55%	11%	35%	95
Shopping	54%	21%	25%	95
Distraction techniques e.g. counting things around you; imagining a place you feel calm	53%	18%	29%	95
Rewarding yourself	50%	10%	41%	101
Going to the cinema	49%	12%	39%	95
Going on holiday	49%	6%	45%	96
Developing a balanced sense of self e.g. recognising your strengths and weaknesses	49%	12%	40%	101
Gaming - on a computer, phone or online	47%	13%	40%	95
Mindfulness	47%	16%	38%	96
Little actions to release tensions e.g. ripping paper; ping-ing an elastic band	46%	16%	39%	96
Switching off screens	44%	13%	44%	101
Daydreaming	43%	26%	31%	96
Meditation	42%	14%	45%	96
Ecotherapy e.g. environmental conservation, spending time with animals outdoors	41%	1%	58%	96
Face-to-face peer support (being with people who have a similar condition)	41%	11%	48%	96
Eating more / a lot; snacking	40%	39%	21%	100
Reducing consumption of stimulants, alcohol and other drugs	40%	6%	54%	100
Not thinking about difficult situations	37%	29%	35%	101
Getting a job	36%	9%	55%	94

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Apps delivering self-help strategies e.g. ChillPanda; GetHappy; Project EVO; MoodHacker; Headspace	35%	16%	49%	96
Creative Writing	35%	15%	50%	94
Yoga	35%	11%	55%	95
Dance	33%	7%	60%	95
Making music	29%	1%	69%	95
Hydrotherapy (use of hot air or steam, saunas, or hot/cold baths)	27%	1%	72%	100
Massage	26%	2%	72%	101
Bibliotherapy (using recommended books to provide guidance)	25%	11%	64%	96
Aromatherapy and fragrance	25%	4%	71%	101
Nutrients (dietary supplements) e.g. multivitamin tablets; probiotics; omega-3	24%	10%	66%	101
Online chat or peer support group	23%	13%	65%	96
Avoiding certain foods e.g. sugar; wheat; dairy	22%	12%	66%	99
Playing - games of make believe	22%	3%	75%	95
Revision	22%	20%	58%	95
Text message support with a volunteer or non-professional	20%	6%	74%	96
Telephone support (talking on the phone with a volunteer or non-professional)	19%	13%	68%	97
Drama	17%	11%	73%	95
Religious beliefs and activity	16%	9%	75%	95
Herbal/plant-based remedies e.g. St John's wort; hops extract	15%	4%	81%	100
Pilates	15%	6%	79%	95
Hope box/happy box - a box containing things that make you feel relaxed, soothed or happy	14%	8%	78%	96
Colour therapy (use of colour and an increased understanding of an individual's responses to different colours)	13%	3%	84%	100
Online, computer or app-based therapies (excluding CBT) that you can use without help from a mental health professional	12%	16%	71%	97
Online, computer or app-based CBT that you can use without help from a mental health professional	11%	12%	76%	97

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Online interventions based on behavioural activation which you can do without help from a mental health professional	10%	11%	78%	97
Light therapy	8%	5%	87%	99
Homeopathy preparations	7%	2%	91%	100
Spiritual/energy healing, e.g. using crystals; spirit release therapy	5%	7%	87%	95
Email support (emailing a volunteer or non-professional)	5%	9%	85%	96
Over-the-counter medications (medications sold without a prescription) e.g. Melatonin; S-Adenosylmethionine (SAMe– a chemical found in the brain)	5%	14%	81%	100
Tai Chi and Qigong (traditional Chinese exercises)	3%	3%	94%	95
Visiting a fortune teller	2%	3%	95%	95
Virtual reality therapy courses you can do without help from a mental health professional	2%	6%	92%	96
Chinese herbal medicine	2%	1%	97%	100

Appendix B: This table shows the percentage of parents and carers who chose each response option for the list of 85 self-care approaches. Approaches which the highest percentage of respondents said their child had used and that they would recommend to others to address anxiety or depression appear at the top.

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Listening to music	93%	2%	5%	120
Home Entertainment - watch TV or a film; read a book	91%	3%	6%	119
Talking to someone you know and trust	89%	2%	9%	113
Going outside	81%	2%	17%	113
Laughter and/or humour	80%	3%	17%	110
Having a cry	78%	6%	15%	110
Socialising / going out with friends	76%	6%	18%	117
Looking for solutions to your problems	75%	5%	20%	110
Spending time outdoors in the natural world (e.g. going to the beach or countryside)	75%	2%	23%	113

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Thinking about things (thinking about yourself, your situation, and how you feel)	75%	10%	15%	110
Eating healthily	74%	2%	25%	110
Analysing and understanding negative thoughts and feelings	74%	4%	23%	110
Getting the right amount of sleep	72%	4%	25%	110
Positive thinking	72%	5%	24%	110
Noticing and confronting your triggers and fears	68%	5%	27%	110
Developing a balanced sense of self e.g. recognising your strengths and weaknesses	68%	2%	31%	111
Personal hygiene e.g. showering; cleaning teeth	66%	1%	33%	110
Organising your day	66%	4%	30%	109
Walking	65%	4%	30%	113
Challenging negative thoughts and feelings	65%	5%	29%	110
Spending time with animals/pets	63%	1%	36%	114
Sport	63%	5%	32%	119
Having a warm bath	60%	6%	34%	113
Writing things down e.g. keeping a diary, writing down positive thoughts	60%	3%	37%	110
Psychoeducation (learning about mental illness)	59%	5%	35%	113
Acceptance (learning to live with a situation)	59%	9%	32%	110
Muscle relaxation techniques or breathing techniques	58%	4%	38%	113
Goal-setting - e.g. set realistic targets for each day	58%	2%	40%	110
Rewarding yourself	57%	2%	41%	110
Distraction techniques e.g. counting things around you; imagining a place you feel calm	54%	4%	42%	112
Self-talk (saying things to yourself)	54%	3%	44%	110
Letting off steam e.g. shouting or complaining	52%	21%	27%	114
Drawing or painting	50%	2%	48%	119
Gaming - on a computer, phone or online	50%	18%	32%	119
Making music	48%	3%	48%	120
Mindfulness	48%	8%	44%	114

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Going on holiday	48%	11%	41%	112
Avoiding conflict and upsetting or stressful situations	47%	24%	29%	111
Spending time alone	47%	41%	13%	111
Switching off screens	45%	5%	49%	110
Taking care of others e.g. helping others to solve their problems; volunteering	44%	2%	54%	113
Going to the cinema	44%	4%	52%	119
Little actions to release tensions e.g. ripping paper; ping-pong; an elastic band	42%	5%	52%	111
Creative Writing	40%	4%	55%	119
Apps delivering self-help strategies e.g. ChillPanda; GetHappy; Project EVO; MoodHacker; Head-space	40%	2%	58%	113
Dance	37%	1%	63%	120
Not thinking about difficult situations	36%	27%	36%	110
Nutrients (dietary supplements) e.g. multivitamin tablets; probiotics; omega-3	35%	4%	61%	110
Meditation	32%	5%	63%	113
Reducing consumption of stimulants, alcohol and other drugs	32%	1%	67%	110
Aromatherapy and fragrance	31%	2%	67%	109
Bibliotherapy (using recommended books to provide guidance)	31%	4%	65%	113
Drama	31%	4%	65%	120
Massage	30%	1%	69%	110
Ecotherapy e.g. environmental conservation, spending time with animals outdoors	29%	2%	69%	111
Getting a job	28%	8%	63%	120
Face-to-face peer support (being with people who have a similar condition)	28%	5%	66%	113
Hope box/happy box - a box containing things that make you feel relaxed, soothed or happy	25%	3%	72%	114
Shopping	24%	18%	58%	120
Daydreaming	24%	10%	66%	112
Playing - games of make believe	23%	5%	72%	119
Eating more / a lot; snacking	22%	28%	50%	110
Yoga	20%	3%	78%	120

Strategy	Used approach and would use again	Used approach and would NOT use again	Have not tried approach	No. of respondents
Telephone support (talking on the phone with a volunteer or non-professional)	19%	3%	78%	113
Online chat or peer support group	19%	4%	77%	113
Avoiding certain foods e.g. sugar; wheat; dairy	19%	6%	75%	109
Online, computer or app-based therapies (excluding CBT) that you can use without help from a mental health professional	19%	3%	79%	113
Revision	15%	18%	66%	119
Online interventions based on behaviour activation which you can do without help from a mental health professional	15%	1%	84%	113
Herbal/plant-based remedies e.g. St John's wort; hops extract	14%	1%	85%	110
Online, computer or app-based CBT that you can use without help from a mental health professional	12%	2%	86%	113
Hydrotherapy (use of hot air or steam, saunas, or hot/cold baths)	12%	0%	88%	108
Homeopathy preparations	10%	5%	85%	110
Pilates	8%	1%	91%	119
Spiritual/energy healing, e.g. using crystals; spirit release therapy	8%	1%	91%	120
Colour therapy (use of colour and an increased understanding of an individual's responses to different colours)	8%	0%	92%	109
Light therapy	8%	3%	89%	109
Email support (emailing a volunteer or non-professional)	8%	3%	89%	113
Text message support with a volunteer or non-professional	8%	1%	91%	113
Religious beliefs and activity	8%	3%	90%	119
Over-the-counter medications (medications sold without a pre-scription) e.g. Melatonin; S-Adenosylmethionine (SAMe – a chemical found in the brain)	7%	4%	89%	109
Visiting a fortune teller	3%	1%	96%	119
Tai Chi and Qigong (traditional Chinese exercises)	3%	0%	97%	119
Chinese herbal medicine	2%	2%	96%	109
Virtual reality therapy courses you can do without help from a mental health professional	1%	2%	97%	113



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