

SAFEMinds.

SCHOOLS AND FAMILIES ENHANCING MINDS



NOTICE

...changes in mood and behaviour that may indicate your child is having difficulties managing emotional distress



INQUIRE

...about your child's circumstances – ask if they are OK



PLAN

...first steps towards getting your child the help and support they need, in partnership with school or outside services

NIP IT IN THE BUDI



NOTICE – TIP SHEET

SAFEMinds is a partnership between:



headspace
National Youth Mental Health Foundation



THINGS TO NOTICE

- Review how your child is functioning day to day.
- Consider if changes are developmentally/age appropriate.
- Monitor how long they have appeared distressed.
- Consider individual factors (i.e. temperament, sociability or disability).
- Appreciate cultural, family and personal experiences that may influence how they manage their emotions.
- Be aware of signs and symptoms of emerging mental health problems.
- Identify whether additional support may be needed for their mental health and wellbeing.

TRIGGERS FOR EMOTIONAL DISTRESS IN CHILDREN AND YOUNG PEOPLE

- Real or perceived loss
- Relationship breakdown
- Abuse (physical, sexual, emotional)
- Feeling overwhelmed or hopeless
- Serious illness/disability
- Family conflict
- Peer relationship problems including bullying
- Academic pressure or issue with school work

CHILD AND ADOLESCENT DEVELOPMENTAL TASKS

EARLY CHILDHOOD

3-5 Years

- Language skills
- Social skills
- Motor skills
- Self-sufficiency
- Emotional recognition

MIDDLE AND LATE CHILDHOOD

5-12 Years

- Transition to school
- New social groups
- Increased independence
- Creativity
- Social conscience

ADOLESCENCE

12-15 Years

- Puberty
- Identity formation
- Importance of peers
- Problem solving/decision making

15-18 Years

- Romantic/sexual relationships
- Preparing for university/work
- Increased responsibility





A ANXIETY: The following table lists examples of changes in mood and behaviour that might indicate your child is experiencing anxiety.

FORMS IT MAY TAKE	EXAMPLES
Worry	Exaggerated thinking or worry, expressed fear of future events or new people
Avoidance	Avoiding social situations, avoiding 'self-expressive' activities such as drama and PE
Attention to threat	May frequently scan their environment for 'danger', easily startled when there are loud noises Irritable or agitated, has difficulty concentrating/paying attention or is easily distracted
Physical arousal	Going to the toilet frequently, blushing, sweating, fidgety behaviour, shaking knees
Physical complaints caused by worry and stress	Physical complaints, frequent trips to the doctors, sick bay or school nurse
Difficulty resting and sleeping	Yawning excessively, heavy eyes
Excessive shyness	Avoids eye contact, 'shuffling' movements
Social withdrawal	Social isolation or being withdrawn
Perfectionism	Excessive use of erasers or whitener on their work May be overly critical of school work, handing in work late due to never being satisfied with school assignments
Appetite changes	Sudden and unexplained weight change, playing with food, taking a lot longer to eat food, avoiding meal times with family

D DEPRESSION: The following table lists examples of changes in mood and behaviour that might indicate your child is experiencing depression.

FORMS IT MAY TAKE	EXAMPLES
Loss of pleasure/Apathy	Claims to be bored Losing interest and pleasure in activities that were once enjoyed Lack of energy and motivation
Emotional changes	Unhappy, seems 'down' most of the time, feelings of worthlessness or hopelessness Blames him or herself excessively Talks about death or hurting him/herself Tearfulness or frequent crying, feeling worried or tense
Slowed movements	Dawdling, dragging self around Seems restless and fidgety
Restlessness/Risk taking	Self harm Not protecting themselves (casual and frequent sexual behaviour, drug and alcohol misuse)
Irritability/Agitation	Fidgeting, can't settle, nervous, jumpy
Sleep problems/Fatigue	Problems going to sleep or staying asleep, waking early, or sleeping a lot Tired all of the time
Social withdrawal	Seems lonely, avoids other people Decreased participation with peers
Negative self image	Negative body image and low self-esteem – particularly relevant for adolescents
Physical signs	Changes to appetite and weight May be accident prone Paying poor attention to personal hygiene and appearance
Negative thinking	Doesn't listen, can't focus on tasks, forgets details Draws wrong conclusions, expects the worst, can't make up mind
Poor school attendance	Missing classes, school refusal

SH SELF HARM: Self harm is a term used to describe a range of behaviours associated with people deliberately harming themselves regardless of their intention. Self harm is a behaviour not an illness. The following table lists a number of considerations for understanding and managing self harm as a parent or carer.

UNDERSTANDING SELF HARM	CONSIDERATIONS
Forms it may take	Cutting, burning or scratching skin Head banging or pulling out hair
Indicators of self harm	Visual marks or scars to communicate distress OR Covering arms and legs, avoiding the removal of clothing due to fear of disclosure
Some self harm is an emergency	Call an ambulance (000) if person has: <ul style="list-style-type: none"> ▪ taken an overdose or consumed poison ▪ become confused, disoriented or unconscious ▪ bleeding that is rapid or pulsing

Remain calm – remember the self harm behaviour is a sign of emotional distress

Adapted from KidsMatter (kidsmatter.edu.au/primary) and headspace (headspace.org.au/what-works)