



NOTICE

...changes in mood and behaviour that may indicate a child or young person is having difficulties managing emotional distress



INQUIRE

...sensitively and competently about the child or young person's circumstances



PLAN

...appropriate first steps and possible referrals within or outside school setting to support the child or young person



NOTICE – TIP SHEET

SAFEMinds is a partnership between:



headspace
National Youth Mental Health Foundation



Education and Training

THINGS TO NOTICE

- Consider how the child or young person functions day to day.
- Decide if changes are developmentally 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 emotional regulation.
- Be aware of signs and symptoms of emerging mental health problems.
- Identify students who may need additional support 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 school based examples of changes in mood and behaviour that might indicate a student is experiencing anxiety.

FORMS IT MAY TAKE	EXAMPLES AT SCHOOL
Worry	Distorted 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	Frequent trips to the sick bay or school nurse
Difficulty resting and sleeping	Yawning excessively, heavy eyes
Excessive shyness	Avoids eye contact, displays 'shuffling' movements
Social withdrawal	Social isolation or being withdrawn
Perfectionism	Excessive use of erasers or whitener 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 excessively with lunch, taking a lot longer to consume lunch

D DEPRESSION: The following table lists school based examples of changes in mood and behaviour that might indicate a student is experiencing depression.

FORMS IT MAY TAKE	EXAMPLES AT SCHOOL
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
Restlessness/Risk taking	Seems restless and fidgety in class Self harm Deteriorated self-care or adolescent promiscuity
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
Cognitive impairment	Doesn't listen, can't focus on tasks, forgets details Draws wrong conclusions, expects the worst Difficulty making decisions
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 within a school.

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 garments or variations of PE uniform 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)