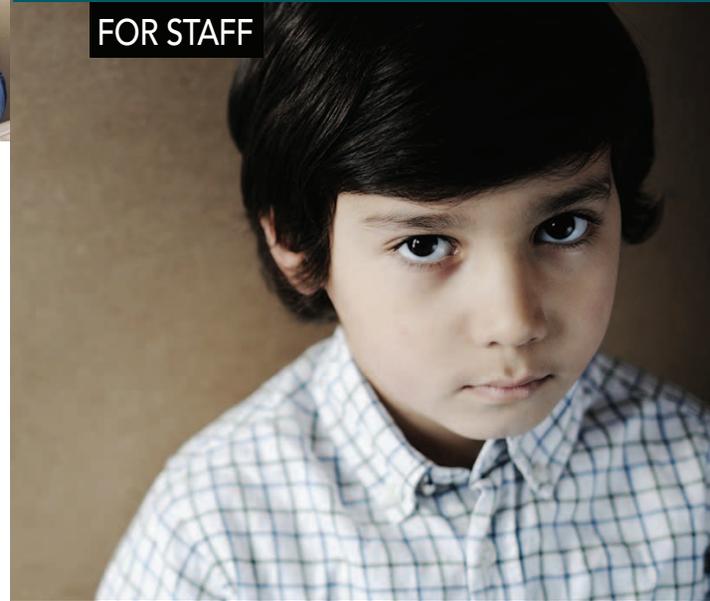




# THE EARLY WARNING SIGNS OF MENTAL HEALTH ISSUES



FOR STAFF

The Anoka-Hennepin School District is committed to maximizing opportunities for early identification of students at risk for mental health issues. Those who educate, supervise, transport, lead, provide support services, and coach students are often in roles where they may notice the early warning signs of mental health issues.

The following list of early warning signs is organized by broad child and adolescent age groups. They are presented to offer a list of warning signs that may warrant follow up. Remember, the signs usually aren't one-time occurrences; they persist over several weeks. If problems persist over an extended period of time and especially if others involved in the child's life are concerned, consultation with your designated building support staff may be helpful.

This list of warning signs is not all inclusive and is not intended for the purposes of diagnosis or as medical advice. It is a reference guide.

## HOW CAN YOU HELP?

If you suspect that a student may be struggling with mental health or chemical health issues, **please consult with your designated building support staff.** This may include one or more of the following: student support staff, school nurse, or building administrator.

For information contact:  
 Anoka-Hennepin Mental Health Consultant  
 Dr. Nita Kumar, 763-506-1161  
 nita.kumar@anoka.k12.mn.us

Or go to:  
[www.anoka.k12.mn.us/mentalhealth](http://www.anoka.k12.mn.us/mentalhealth)



*If requested, this newsletter will be provided in an alternative format for individuals with disabilities or in another language for individuals whose primary language is not English. A minimum of three days notice is needed. Please call the Family Welcome Center at 763-506-7928 to request an alternate format or language.*

April 2014

**PSYCHOLOGISTS** **HELP** **PANIC**  
**NEGATIVE** **PAIN**  
**ANXIETY DISORDERS**  
**MENTAL HEALTH PROFESSIONALS** **STRESS** **DEPRESSION**  
**COUNSELORS** **EMOTIONS**  
**SOCIAL ANXIETY** **SUPPORT** **SOCIAL WORKERS**  
**PANIC ATTACK** **CHEMICAL HEALTH**  
**STUDENT SUPPORT STAFF** **MOOD SWINGS** **SCHOOL NURSE**  
**AGGRESSION** **NIGHTMARES**  
**HYPERACTIVITY** **TEMPER TANTRUM**  
**HEALTH** **MENTAL ILLNESS** **SAD**

# THE EARLY WARNING SIGNS OF MENTAL HEALTH ISSUES



## EARLY CHILDHOOD

- Lethargic or apathetic, cries a lot and is irritable or anxious.
- Repeated nightmares, night terrors, unusual fear of the dark; fear of toileting alone, and other new fears.
- Doesn't seek or resists comforting.
- Has difficulty following instructions; motor skills lag behind others of same age; may rarely speak or carry on conversation; unable to comprehend danger.
- Changes in sleeping, eating or toileting behaviors that last a long time.
- Avoids eye contact; unable to sit and listen; increased social withdrawal; difficulty with non-verbal communication.
- Increased outbursts of anger, repetitive movements, aggression to others, fussiness or tantrums that seem excessive.
- Easily over-stimulated and hard to soothe.
- Sensitivity to clothing, sounds, lights, touch, smells or shoes; limited diet because of texture.

Source: CommUNITY Project. (2014, February). *Early Childhood*. Retrieved from Minnesota Mental Health: <http://mnmentalhealth.org>.

## YOUNGER CHILDREN

- Marked fall in school performance.
- Poor grades in school despite trying very hard.
- Severe worry or anxiety, as shown by regular refusal to go to school, go to sleep or take part in activities that are normal for the child's age.
- Frequent physical complaints.
- Hyperactivity, fidgeting, constant movement beyond regular playing with or without difficulty paying attention.
- Persistent nightmares.
- Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures.
- Frequent, unexplainable temper tantrums.
- Threatens to harm or kill oneself.

Source: American Academy of Child and Adolescent Psychiatry. (2011, March). Facts for Families. *When to seek help for your child*. Washington, DC: AACAP.

## PRE-ADOLESCENTS AND ADOLESCENTS

- Marked decline in school performance.
- Inability to cope with problems and daily activities.
- Marked changes in sleeping and/or eating habits.
- Extreme difficulties in concentrating that get in the way at school or at home.
- Sexual acting out.
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death.
- Severe mood swings.
- Strong worries or anxieties that get in the way of daily life, such as at school or socializing.
- Repeated use of alcohol and/or drugs.
- Intense fear of becoming obese with no relationship to actual body weight; excessive dieting, throwing up or using laxatives to lose weight.
- Persistent nightmares.
- Threats of self-harm or harm to others.
- Self-injury or self-destructive behavior.
- Frequent outbursts of anger, aggression.
- Repeated threats to run away.
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism.
- Strange thoughts, beliefs, feelings, or unusual behaviors.

Source: American Academy of Child and Adolescent Psychiatry. (2011, March). Facts for Families. *When to seek help for your child*. Washington, DC: AACAP.