

Notice the early signs of mental health issues

As an educator, you have a unique perspective and opportunity to observe where the children and young people you care for and teach might sit along the mental health continuum. Not only that, but you're able to support those children and young people who might have difficulty coping with things happening in their life.

Mental health continuum

An individual's mental health and wellbeing is not fixed or static – it can change depending on a complex interplay of social, psychological, biological and cultural elements in a person's life.

Mental health can be thought of as existing on a continuum; with a child or young person flourishing at one end, going OK or feeling unsettled in the middle, and mental health conditions at the other end. The Be You Mental Health Continuum can help you to recognise specific behaviours, and impacts to daily functioning, in children and young people which may indicate the need for further assistance, with

developmentally specific versions for the early years, primary school years, and adolescence.

Mental health changes over time in response to different stresses and experiences. There are many factors, both internal and external, that affect where someone generally sits on the continuum, and also where they sit at any given point in time.

Most children and young people will sit at the flourishing end of the continuum most of the time.

But you're in a position to observe changes in behaviour, emotional responses, expressed thoughts, learning, social relationships and physical symptoms which might indicate that a child or young person may be moving toward the other end of the continuum. When this is the case, the earlier they obtain support, the better the chance they have of overcoming difficulties, and of reducing the risk of more serious mental health issues.

Understand your role

In a learning community, children and young people learn many new skills and develop so rapidly that it's very common for them to demonstrate a range of behaviours or emotions.

Most of the time, your support, along with that of families, is enough to help them work through their feelings and learn to respond to situations in

positive ways. But sometimes they'll need extra support, and you play an important role in helping them access it.

You don't need to be a mental health expert, and you're not responsible for providing mental health diagnoses, assessment or treatment. Your main role is to:

- approach your work in a way that supports positive mental health and wellbeing
- notice early when something's not right, and check in with colleagues, the child or young person or their family
- know your school or early learning service's policies for responding to mental health issues and conditions.

Objective observation

Identifying when a child or young person needs extra support comes down to noticing.

You know the children or young people in your care – you see them day in, day out – so you're in a great place to notice any concerning changes. Sometimes changes might be easily explained (for example, a teary child may be hungry or tired, or strong emotions may be how a young person normally reacts to a challenge) and you know how to support them in these circumstances. But in another child or young person, these reactions might surprise you because it's out of character or there's no apparent reason for the change.

Even then, sometimes these changes aren't cause for concern. Remember, we move along the mental health continuum all the time. It's prolonged, significant or disruptive change that can signal the development of a mental health issue or condition.

Behaviour and emotions can be difficult to interpret. You don't have to interpret what you notice. If you notice and record, you should have accurate information on hand if you need to talk to families, colleagues, or other professionals.

The **BETLS** (behaviour, emotions, thoughts, learning and social relationships tool) observation tool can help you to record:

- **behaviours** (for example, destructive behaviour, repetitive behaviour, withdrawal and perfectionism)

- **emotions** (sadness, irritability, excessive anger and excessive worry)
- **expressed thoughts** (persistent pessimism, excessive worrying and hopelessness)
- **learning** (disinterest, decline in performance, difficulty concentrating)
- **social relationships** (isolation, poor social skills, aggression towards others and social withdrawal)
- **physical issues** (frequent headaches or stomach aches, failure to thrive, tiredness, or changes to or unusual eating habits).

The BETLS tool also asks you to consider how prevalent, frequent and persistent what you observe is; and how much it's impacting on a child or young person's day-to-day experiences.

Generally, the longer the behaviour or emotions have been occurring, the more settings they occur across and the more they're impacting on the child or young person's everyday experiences, the greater the cause for concern. Consider developmental stages – for example, a wide range of behaviours, including increased sleep, emotionally driven decision-making and risk taking could be the result of adolescent development, and are not necessarily signs of mental health issues.

If you're not sure what to do, that's totally fine – and it's OK to say so.

Remember, it's not your role to diagnose, label or treat mental health issues or conditions – all you need to do is notice changes that could be cause for concern, and act appropriately. You can talk to colleagues and/or the child or young person's family to get a sense of what they think about what you've noticed. You aren't alone in choosing the next steps – in fact, the more collaboration and reflection, the better. Don't forget to consider confidentiality, risk, self-care and mandatory reporting. Knowing who to go to for support is key.