

Mental Health Qualifier Checklist

HURTING ANIMALS:

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Many young children are “rough” with pets. Has the child been taught how to treat animals appropriately? Consider the animal’s behavior. Has the animal been aggressive and/or bit the child before? **Check the box if the child is purposefully harming animals despite interventions.**

SELF HARM:

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Some young children bite their own arm when they are frustrated or bang their head rhythmically to regulate. Consider if the child is purposefully hurting themselves such as burning themselves or cutting themselves with objects or their fingernails. **Check the box if they are hurting themselves to the point of leaving a mark and/or injuring themselves.**

EATING NON-FOOD ITEMS:

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Children often enjoy eating play doh and paste or are simply curious about the taste of things. Please consider the “developmental age” of the child, keeping in mind toddlers and children with Autism often explore their world with their mouths. **Check this box if the child chews and swallows rocks, soap, nails, toxic materials etc.**

SMEARING OR EATING FECES:

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Learning self-care can be messy for young children. Sometimes children get poop on their hands and wipe it on walls or curtains to “clean it off” or explore their poop due to curiosity. **Check this box if the child is regularly and deliberately smearing or eating feces and is not part of exploration or trying to clean themselves**

PULLING OUT OWN HAIR:

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Children may pull on their own hair during a momentary frustration or twirl their hair to regulate. **Check this box if the child is pulling out chunks of hair leaving a bald spot, pulling out eyelashes or eyebrows with little to no control over the behavior.**

HEARING VOICES:

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Being imaginative and even having imaginary friends is a normal part of childhood. A child may also “lie” and blame others if they fear punishment. **Check this box if a child talks about hearing voices and can tell you what the voices are saying or commanding. Consider what they may be watching or being exposed to at home (YouTube, video games etc.) Hearing voices is RARE in children ages 0-5 and may indicate a medical condition.**

IRRATIONAL FEARS:

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Young children have many fears, but they are often quite rational to them. For example, it makes sense that a child would have a fearful reaction to police officers if they have seen their parents arrested or a fear of dogs if they have been bitten. **Check this box if the fears seem irrational and have no identifiable explanation. For example: a fear of anything that is yellow.**

RECENT TRAUMA OR LOSS OF A LOVED ONE

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Check this box if in the last 6 months: The child has experienced a traumatic event (car accident, DV, a severe illness/extended hospitalization, loss of home, death in family, abuse etc.) **AND** Is displaying increased behaviors that is atypical for them (intense emotions, isolating, withdrawing from peers, increased physical aggression, inappropriate themes during play, hypervigilance etc.)

CHILDREN WHO TALK ABOUT KILLING THEMSELVES:

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Some children use dramatic speech when they are frustrated or upset (a learned behavior in their environment) for example, saying things like “I wish I was dead” when they are disappointed. **Check this box if a child is talking about wanting to die and may even be talking about the way he would like to kill himself, especially if they are showing other signs of depression or there was no triggering event.**

EXTREME EMOTIONALITY/ MOOD SWINGS:

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All people young and old have emotional responses. All young children have unstable emotions when they are tired, do not get their way, etc. Look for the duration / intensity / frequency. **Check this box if the child has extreme up and down mood swings that do not seem to have an identifiable trigger.**

EXTREME VIOLENCE

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Most young children hit and push sometimes. **Check this box if the child is targeting other children and intentionally inflict bodily harm to others.**

CHILDREN IN THE FOSTER CARE SYSTEM:

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Being placed in foster care is not a qualifier by itself. Consider if the child is **currently in foster care and engaging in challenging behaviors or experiencing trauma responses (hypervigilance, anxiousness, nightmares etc.)** Foster Youth receive a full mental health assessment when they enter care. They also have regular mental health screenings throughout their time in care. **Explore if they have completed a mental health assessment and if they are already connected to therapeutic services before checking this box.**

UNRESOLVED BEHAVIOR ISSUES:

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Maturing into a fully functioning human being is a tough job and there are many “rough” patches which may result in less than desirable behavior. **Check this box if the behavior is unresolved despite implementing the Teacher Family Support Planning Sheet and Pyramid Interventions**

FAMILY HISTORY OF MENTAL ILLNESS:

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Family history of mental illness alone is not a mental health qualifier. Many families have a family history of mental illness. **Check this box if the family members mental health issues are untreated and impact the child’s behavior or functioning at the center.**

EXISTING DIAGNOSIS:

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Alert Disabilities & Mental Health Department if a child has a current mental health diagnosis or is on psychotropic medications. Please note that an Autism diagnosis alone is not a mental health qualifier. Check this box if a child has a co-occurring diagnosis (depression, anxiety, ADHD, oppositional, etc.) and/or score above the cut-off on the ASQSE-2. Do not forget if the child is on any medication, please also alert our Nurse.

