

## Mental Health Qualifier Checklist

### HURTING ANIMALS:

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| <input type="checkbox"/> | Many young children are “rough” with pets. Take parenting into consideration – has this child been taught how to treat animals appropriately? Consider the animal’s behavior as well. Has the animal been aggressive and/or bit the child before? Check the box if the child is purposefully harming animals |
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### SELF HARM:

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| <input type="checkbox"/> | 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. |
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### EATING NON-FOOD ITEMS:

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| <input type="checkbox"/> | A lot of children enjoy eating play doh and paste or are simply curious about the taste of things. Take into consideration the “developmental age” of the child, keeping in mind toddlers and children with Autism often explore their world with their mouths. If they are chewing and swallowing rocks, soap, nails, etc. check this box |
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### SMEARING OR EATING FECES:

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| <input type="checkbox"/> | Learning self-care is a messy business for young children, they sometimes get poop on their hands and wipe it on walls or curtains to “clean it off.” Check this box if the child is deliberately smearing or eating feces as this is out of the norm for typically developing preschoolers (although it might happen with toddlers as part of exploration) |
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### PULLING OUT OWN HAIR:

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| <input type="checkbox"/> | Children may pull on their own hair during a momentary frustration or twirl their hair to regulate. Consider checking this box if the child is pulling out hair on their head, including eyebrow and eyelashes, hiding the behavior, and leaving bald patches on their head. |
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### HEARING VOICES:

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| <input type="checkbox"/> | 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. |
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### IRRATIONAL FEARS:

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| <input type="checkbox"/> | 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. Consider if the fears seem completely irrational and have no identifiable explanation, for example a fear of anything that is yellow. |
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### CHILDREN WHO TALK ABOUT KILLING THEMSELVES:

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| <input type="checkbox"/> | 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. Consider this if 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. |
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### EXTREME EMOTIONALITY/ MOOD SWINGS:

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| <input type="checkbox"/> | 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. Consider this box if the child has extreme up and down mood swings that do not seem to have an identifiable trigger. |
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### EXTREME VIOLENCE

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| <input type="checkbox"/> | Most young children hit and push sometimes. Consider children who target other children and intentionally inflict bodily harm to others. |
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### CHILDREN IN THE FOSTER CARE SYSTEM:

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| <input type="checkbox"/> | Being placed in foster care is not a qualifier by itself. All foster children have experienced trauma. Consider if the child is currently in foster care and acting out with problematic behavior 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. Consider/Explore if they have completed a mental health assessment and if they are already connected to therapeutic services. |
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### UNRESOLVED BEHAVIOR ISSUES:

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| <input type="checkbox"/> | 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. Is the behavior unresolved despite implementing the Teacher Family Support Planning Sheet and Pyramid Interventions? |
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### FAMILY HISTORY OF MENTAL ILLNESS:

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| <input type="checkbox"/> | Family history of mental illness alone is not a mental health qualifier. Many families have a family history of mental illness. Consider this if the mental health issues are untreated or impact the child’s behavior or functioning. |
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### EXISTING DIAGNOSIS:

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| <input type="checkbox"/> | 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, but if a child has a co-occurring diagnosis (depression, anxiety, ADHD, oppositional, etc.) and/or score above the cut-off on the ASQSE-2 then check this box. Do not forget if the child is on any medication, please also alert our Nurse. |
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