MindEd for Families
online advice and support you can trust

Should I be worried ?

Find out about

All children are different:

They have different rates of growth and development and have had different experiences that contribute to this.

Who may notice if there is a change in, or a concern about, a child's behaviour or emotional wellbeing?

1. Home: you know your child well and may notice a change in their behaviour.
2. Nursery and School: sometimes difficulties may only become noticeable at school or when the child is with others of the same age.

Around 20% of children may have either a behavioural or emotional problem at some time whilst growing up.

We will explore some common behavioural problems in different age groups:

1. Children under Five

Early pointers for this group

Cause for concern might be upsetting emotions or disruptive behaviours that:

- Are more severe than in other children
- Last for longer than in other children
- Occur more frequently than in other children
- Put the child or others at risk
- Interfere with the child's physical health or development
- May be overwhelming for a parent to cope with
- Lead the parent to feel that their child's behaviour is not normal

These kinds of difficulty could be the result of physical health problems and so you may wish to consult your GP as a first step. If you are worried, always seek advice.

Worrying behaviours or emotional states in children under five:

- Severe temper tantrums
- Persistent aggressive behaviour
- Persistent sexualised behaviour
- Persistent habit problems e.g. toileting
- Failure to develop routines e.g. sleep and feeding
- Marked anxiety, including separation anxiety
- Significantly withdrawn behaviour

Cause for concern - red flags.

Red flags are things that you may see that mean you need to seek professional help. These may include:

- A very overactive child
- A child at risk of accident due to hyperactivity
- A persistently irritable child
- A persistently unhappy child
- A child who shows little interest in social interaction

Where to go for help

- Talk to your GP or Health Visitor - they will be the first people to contact for help.
- They may refer you to Child and Adolescent Mental Health Service (CAMHS) or the Local Paediatric Service.
- If you are worried always seek advice.

What your GP or Health Visitor may offer

- They will assess your child to rule out a physical health or developmental problem.
- They will assess whether your child needs to be referred on to other services such as CAMHS.
- Your Health Visitor will be able to give you first aid advice to manage some behaviours.
- They may suggest you and your child come along to a group of other parents who have similar problems.
- They may refer you to a parenting course.

EXAMPLE: Julie and her sister Jenny

Julie is 2 and has temper tantrums. These tantrums are much more severe than with her older sister Jenny and seem to last for a whole morning. They now occur on most days of the week and have been going on for several months. During these times, she will scream until she makes herself sick and won't calm down. She has even hit her baby brother during one of them. There doesn't seem to be an obvious trigger to them. This behaviour would deserve further investigation.

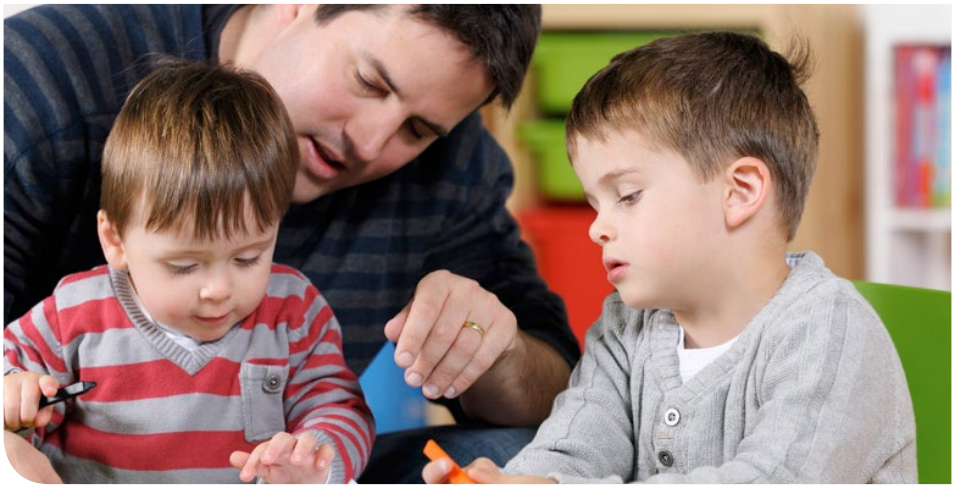
Contrast with the temper tantrums her older sister Jenny had when she was 2. These tended to occur when she was frustrated, bored or couldn't get her own way. They happened only once or twice a week and usually lasted less than 5 minutes. Jenny was easily calmed down. The tantrums settled as soon as she started nursery school. This would be considered normal behaviour.

Some treatments offered by CAMHS for under fives

All approaches stress the importance of the psycho-education and support and linking with other agencies as appropriate. Interventions might be offered by therapists, psychologists, nurses and psychiatrists.

Parent-child work or parenting sessions

A clinician will spend time with the parent and child, observing their interactions together, asking questions about how the parent understands their child and the reasons why the child behaves the way she does and offering interventions for how to improve the child's behaviour and/or the parent-child relationship. This may include behaviour therapy.



Behavioural Therapy

The clinician will gain a clearer understanding what happens before and after the child's unwanted behaviour occurs (a tantrum for example), helping the parent to make changes to the way they respond to the child in order to reduce how often the child shows unwanted behaviour.

Play Therapy

Units might offer time spent by the child with a clinician on her own and engage in therapeutic play-based activities, to help give the child a chance to express her feelings/ emotions in a safe and contained way

One parent's experience

I'm worried about my 3 year-old daughter who has always been a fussy eater but this seems to be getting worse. She will now hardly eat anything without making a fuss except chicken with rice and crisps. We have tried to encourage her to eat other foods but she will just spit them out. She seems

to be growing as expected but we are worried that she is not getting adequate nutrition. This makes meal times very different for the whole family.

We have taken her to our GP who could find nothing physically wrong. They have referred us to our health visitor who has made lots of helpful suggestions. We are trying to make mealtimes fun by making smiley faces out of carrots and hair out of spaghetti. This helps to take the pressure off her by not forcing her to eat. We are encouraging her for any small successes like trying a new food with a star chart.

Another parent's experience

We were really worried about our son who suddenly seemed to lose all of his confidence and stopped wanting to go out with his friends. He used to stay in his room all the time, and even stopped eating with us. He told us that he didn't want to eat our food because it was dirty and kept washing his hands - sometimes as much as ten times a day! By the end he wouldn't let us in to his bedroom and used to have meltdowns if we touched his things.

We went to the GP who made a referral to CAMHS and we are now having support for a condition called OCD (Obsessive Compulsive Disorder). He is learning how to change some of his coping strategies. We are hoping that this will help him to become a little calmer and begin to talk about what his problems are rather than storing them up and getting caught up with obsessing around certain things. The CAMHS team have told us that if these strategies don't settle his symptoms, he can have other treatments including CBT (Cognitive behaviour therapy) and medication if necessary.

2. Primary School Children aged 5 to 12

Let's look in more detail at how things are changing for this age group.

Growing sense of independence

Children aged between 5 to 12 are beginning to build upon their growing sense of independence and influence over their environment and other people around them. They are developing much more understanding of how social groups work and how to cooperate together with other people to work towards shared goals. They are beginning to have more control over their physical and mental abilities and towards the end of this phase their bodies are preparing for becoming an adolescent, with the chemical and hormonal changes that accompany this.

Sleeping habits

Children's sleeping habits begin to change, with parents playing less of a direct role in settling them at night time and often children have the experience of staying away from the family home (school trips, sleepovers etc).

New opportunities

Managing these new opportunities without as close direction from their parents as before is often a challenge in terms of how they choose to organise themselves and the strategies they use to negotiate this with the adults around them.

What might be worrying in this age group?

Worrying behaviours/emotional states that can occur in primary school aged children:

- Persistent aggression which may lead to school exclusion
- Marked anxiety leading to school refusal
- Marked withdrawal or not willing to speak
- Significant over-activity
- Persistent difficulties getting on with other children
- Preferring to play alone
- Persistent tearfulness
- Night time bedwetting when previously dry at night

What can I do?

- Speak to the teachers and see if these problems have been noticed by them
- Speak to your GP

School may refer you to:

- The School's Behaviour Support and/or Special Educational Needs Coordinator
- Educational Psychologist
- CAMHS

EXAMPLE: Adam and Andrew

Adam is 7. He is constantly "on the go" and "hardly ever sits still". At home, his mother has to watch him all the time as he has no sense of danger. This is particularly a problem when they are out as he will run across the road without looking. He cannot stay with one activity and prefers to move from game to game or task to task. His teachers have said that he will have great problems sitting still in lessons and finds it hard to concentrate. He is often in trouble at school for his behaviour, which they have noticed he finds hard to control in quieter activities. He particularly finds it hard to take turns with other children and likes to shout out answers in class. This behaviour would deserve further investigation.

Andrew is also 7. His mother has noticed that he can be overactive at times but she manages this behaviour by letting him play in the garden. He particularly likes playing football and then his levels of energy are very useful for this. When he is interested and occupied, Andrew is able to sit still and listen carefully. He understands road safety and is able to manage to safely cross roads. His teachers have said that he is a keen student whose behaviour is good in class. They have also noticed that he likes to run around at break but can control this when he is playing games with others including football which is his favourite game. This would be considered normal behaviour.

Treatment that may be offered by CAMHS for primary school aged children

A full assessment will be made of the concern and a care plan developed with you and your child. The care plan may include:

- Individual work with your child
- Behaviour therapy or cognitive behavioural therapy
- Family therapy
- Parenting sessions

Family Therapy

The clinician spends time with the wider family group, which might include both parents, all siblings and any other family members who it would be important to include in the work. The child's presenting problem might be understood as occurring as a result of the family's overall functioning as a group – poor communication or high stress for example.

Sometimes if your child has a medical diagnosis such as severe ADHD the Child Psychiatrist may recommend medication alongside other therapies above.

All approaches stress the importance of the psycho-education and support as well as linking with other agencies as appropriate.

Cause for concern - red flags

These are similar to the red flags in the under fives group:

- A very overactive child
- A very anxious child
- A child at risk of accident due to hyperactivity
- A persistently irritable child
- A persistently unhappy child
- A child who shows little interest in social interaction
- A child who is regularly being sent out of class
- A return to night time bedwetting when previously dry
- Self harming behaviours
- Self injurious habits
- Obsessive behaviours

3. Secondary School Children/Adolescents

What worrying behaviours/ emotional states can occur?

It is important to consider the extent, frequency, severity and impact on the individual and others of:

- Mood disturbances
- Irritability
- Lack of energy
- Disturbed sleep
- Withdrawn behaviour or social isolation
- Reduced appetite or unusual eating behaviours
- Reduced school performance and attendance
- Severe aggression or getting into trouble with authority
- Exclusion form school repeatedly or repeated truanting
- Poor concentration and attention
- Distress about hearing or seeing things others cannot hear or see, or abnormal/ usual beliefs others do not share
- Self harm
- Substance misuse

What can I do?

- Speak to your child so that they can discuss with you what is wrong
- Speak to the teachers or seek advice from your GP (younger adolescent)
- Encourage them to seek help from your GP or Pastoral Support at School (older adolescent)

School may refer you to:

- Behaviour Support and Special Educational Needs coordinator
- Educational Psychologist
- CAMHS (to establish if the concerns are having an impact on their mental health)

Your GP may refer you to:

- CAMHS

Cause for concern – red flags.

- Distressing unusual perceptions, hallucinations and abnormal beliefs (not shared by those in a peer, religious or cultural group)
- Social withdrawal
- Severe anxiety
- Persistent loss of appetite or restrictive eating
- Weight loss
- Severe aggression
- Significant self harm or suicidal ideas
- Persistent low mood/unhappiness
- Declining school performance for no obvious reason

EXAMPLE: Philip and Frankie

Philip used to be a happy and sociable young person, but recently he has begun to spend much more time in his room, not wanting to join in with the family meals and displaying angry and aggressive behaviour towards his siblings if they touch his things. He has also begun washing his hands over and over again and seems to sleep a lot of the day but spend much of the night awake in his room by himself. When challenged over this by his parents he becomes very angry and sometimes aggressive. This behaviour would deserve further investigation.

Contrast this with Frankie who has also begun spending a lot of time in his room, and is often sleeping late in the mornings; seemingly less able to wake as early as he used to when getting up for school and complaining of feeling very tired. In spite of this he often chooses to stay up late playing online games with his friends and spending less time with his younger siblings. When challenged over this he gets upset but is prepared to listen to his parents concerns and try to work on reducing how late he stays up in order to make his morning starts a little easier. This would be considered normally behaviour.

Treatments that CAMHS can offer for secondary school aged children.

A full assessment will be made of the concern and a care plan developed. The care plan may include:

- Individual or group work with your child
- Behaviour therapy, cognitive behavioural therapy or interpersonal therapy
- Family therapy

Sometimes if your young person has a medical diagnosis such as severe depression the Child Psychiatrist may recommend medication alongside other therapies above.

All approaches stress the importance of the psycho-education and support as well as linking with other agencies as appropriate.

4. What support is available for parents?

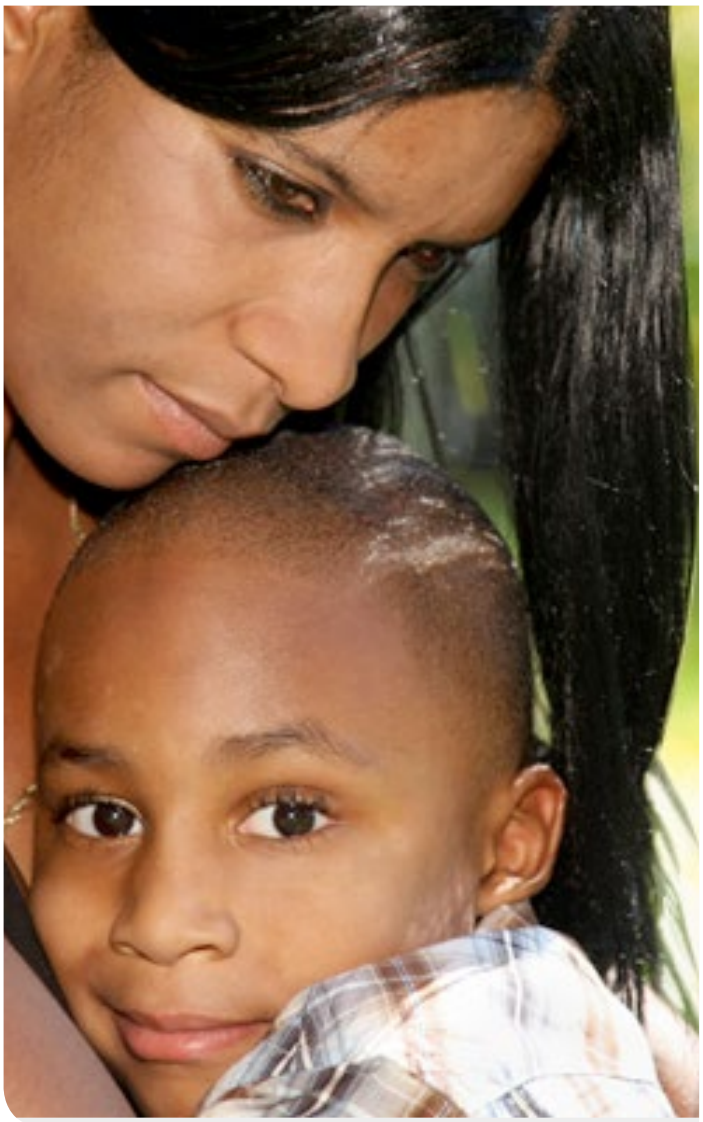
When you are worried about your child's health and emotional wellbeing this can be a very anxious time for you and the whole family.

There is a range of support available with you can discuss with your GP or your child's school.

This support could be delivered by a variety of agencies including CAMHS, Health Visitors, Children's Centres, Voluntary organisations or children's Social Care services. Support may include:

- Individual work, counselling or therapy
- Family support and Family therapy

You will find links in the Where next? section.



What Else?

You can now learn more about your child's behaviour and emotions by looking at the following MindEd sessions:
What Should I Do if I Am Worried?
What To Do In A Crisis?
Common Problems
Child And Teen Development
Medication
Talking To My Child
Parenting In A Digital World
Finding Helpful Information

Online resources

Signs of Depression in Children: http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/children-depressed-signs.aspx
Worried about your Child: http://www.youngminds.org.uk/for_parents/worried_about_your_child
Worried about your Child's Mental Health: http://parentinfo.org/article/what-if-you-re-worried-about-your-child-s-mental-health
Tracey's story: http://www.youngminds.org.uk/for_parents/worried_about_your_child/adhd_children/real_stories/traceys_story
Worried about your teenager: http://www.nhs.uk/Livewell/family-health/Pages/worried-about-your-teenager.aspx
Hearing voices and seeing things: https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Hearing_Voices_and_Seeing_Things_102.aspx
Video - Family and friends of young people: http://headspace.org.au/family/#family-and-friends-of-young-people-video

Further Reading:

- Mental Health and Growing up. Royal College of Psychiatrists factsheets. RCPsych 2012
- The Young Mind ed Bailey S and Shooter M. Bantam Press RCPsych 2009
- The Incredible Years Webster -Stratton,C 2006
- What Every Parent Needs to Know: The Incredible Effects of Love, Nurture and Play on Your Child's Development - Margot Sunderland, 07/06/2007, Dorling Kindersley Publishers Ltd
- Information for Parents and Carers (Family and Friends) pdf available to download.