

2 Signs and Symptoms of Mental Health Issues

As a parent, you may be noticing some signs and symptoms in your child and wonder what they mean. Signs and symptoms of mental health issues can be grouped together into symptom clusters. Symptom clusters can be thought of as different categories of mental health issues.

The following section outlines different symptom clusters, describes typical signs and symptoms, and lists possible diagnoses. This section is not meant to diagnose your child. Many of the signs and symptoms described in the following symptom clusters are also a normal part of child development. However, if the symptom begins to affect your child's daily life in school, with family, or with friends, it may be a sign of a mental health issue. If your child is showing signs or symptoms of a mental health issue, talk to your child's pediatrician. Distinguishing between normal child development and a mental health issue is difficult. Your child's pediatrician can help.

TIP

If your child's behavior concerns you, write down how he or she acts each day—specific signs or symptoms, how often they happen, in what context they happen, when you first noticed them, and any other concerns you have. This will be a big help when you talk to your child's pediatrician or mental health specialist. It is also a good habit to get into for the future. If your child is diagnosed with a mental illness, your records can be very helpful in charting his or her symptoms and response to treatment over time.

Early Child Development Issues

When a young child is suffering from a mental health issue, he or she may not be able to communicate his or her feelings to you in a way that you understand. Luckily, young children are good at showing their parents when they are in a healthy state—they are curious, enchanting, persistent, and confident. When young children are in an unhealthy state, they can be listless, distracted, aggressive, or insecure.

Even though all children go through the same development stages, every child goes through those stages at his or her own pace. Some children develop quickly and others at a slower pace. Sometimes, those children who develop at a slower pace may catch up with other children their age. However, in some cases, there may be a delay in development. A developmental delay occurs when a child does not develop basic skills (for example, walking or talking) by a

certain age. If you feel there is an extreme difference between the social, emotional, or motor skills development of your child and other children of the same age, then it is possible he or she may have a mental health issue.

TIP

Check in with your childcare provider about your child's development. As the provider spends a good amount of time interacting with your child, he or she may be the first to notice if your child is behind other children his or her age in terms of development.

Knowing when to seek help for your child

If you suspect that your child has a mental health issue, it may be hard to know when to seek help. If your child has some of the following symptoms, it may be time to talk to your child's pediatrician about your child's symptoms:

- Extreme anxiety or worry
- Constant hyperactivity
- Appearing distracted when others try to interact with him or her
- Constant nightmares
- Frequent anger, aggression, or disobedience
- Constant temper tantrums that cannot be explained
- Significant changes in eating or sleeping habits
- Significant change in performance at school
- Inability to handle daily stresses or problems
- Constant complaining about physical problems (for example, stomachaches or headaches)
- Acting withdrawn or depressed
- Alcohol or drug abuse
- Self-injurious behaviors



Understanding your child's temperament

The information on the following pages can help you compare your child's development with other children his or her age. It can also help you identify any symptoms that may be a cause for concern.

A mental health issue in a young child means that he or she is unable to experience, regulate, and express emotions appropriately; form close relationships with his or her caregivers; explore and act on his or her environment; and learn.

Possible mental health diagnoses within this symptom cluster include:

- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Feeding Disorders (p72)
- Reactive Attachment Disorder (RAD) (p86)

RESOURCES

Early Childhood Institute at The Providence Center
401-276-4020
www.providencecenter.org

Learn the Signs. Act Early.
(Centers for Disease Control and Prevention Campaign)
www.cdc.gov/ncbddd/autism/actearly

Zero to Three
www.zerotothree.org

Every child is born with a certain temperament. Temperament is a manner of thinking, behaving, or reacting that is characteristic of a certain child. Temperaments are based on a child's biological make up and are the genetic aspects of a child's personality (nature rather than nurture).

There are three types of child temperaments that most children fall in to:

- **THE EASY CHILD** readily adapts to new experiences, generally displays positive moods and emotions, and has normal eating and sleeping patterns.
- **THE DIFFICULT CHILD** tends to be very emotional, irritable, and fussy and cries a lot. The difficult child also tends to have irregular eating and sleeping patterns.
- **THE SLOW-TO-WARM-UP CHILD** has a low activity level and tends to withdraw from new situations and people. The slow-to-warm-up child is slow to adapt to new experiences, but then slowly accepts them after repeated exposure.

Understanding your child's temperament can help you understand your child's behaviors and anticipate his or her reactions to different situations. Temperament is not an excuse for a child's misbehavior, but it does provide direction for how you as a parent can respond to misbehavior. It can help you guide and teach your child in a way that respects the child's individual differences.

In addition, it may be helpful to look at your own temperament. Some "behavioral problems" actually stem from a mismatch between a parent's temperament and a child's. For example, a highly active child may irritate a slow-paced parent.

The American Academy of Pediatrics recommends that all children get a developmental screening.

A developmental screening tells if a child is learning basic skills when he or she should be. During the screening, your child's pediatrician carefully watches as your child plays, talks, moves, and interacts with others. When a developmental problem is recognized early, children can get the help they need to grow, learn, and reach their full potential.

Accomplishments, Difficulties, and Concerns in the Early Years

As a parent, it may be helpful to know what types of accomplishments and difficulties are expected as part of normal child development. This can help you determine when you may need to be concerned about your child's mental health. Although every child is different, the information below explains what can generally be expected for your child from birth to age 5.

Birth to Six Months

Children are working hard to observe and interact with their world. They are learning to comfort themselves, sleep at regular times, let their caregivers know when they need something, and adjust to family routines.

ACCOMPLISHMENTS

By six months, most children:

- Sleep through the night
- Have regular daily schedules
- Roll over
- Sit with help
- Reach for items out of reach
- Babble and coo
- Support themselves on their legs with help
- Look for dropped objects
- Eat cereals and strained foods
- Show strong interest in others, particularly their caregivers

EXPECTED DIFFICULTIES

- Common illnesses, such as colds or fevers that upset sleep schedules
- Crying
- Irregularities in development in different areas
- Sibling jealousy

POSSIBLE CONCERNS

- Medical illnesses
- Infant colic
- Not growing or gaining weight as expected
- Not making any sounds or babbling
- Significant delays in motor development

Six to Twelve Months

Children are exploring their world through movement, while still paying close attention to their caregivers' whereabouts. Children have established sleeping, eating, and play time routines, and have begun to show their personalities.

ACCOMPLISHMENTS

By twelve months, most children:

- Walk holding on to furniture
- Pull to a standing position
- Play simple games (for example, peek-a-boo or patty-cake)
- Wave bye-bye
- Say small words (for example, mamma, dada, juice, or baba)
- Show interest in books
- Scribble with a crayon
- Respond to simple commands or requests
- Can sip from a cup with a lid
- Can pick up small objects easily

EXPECTED DIFFICULTIES

- Minor interruptions in sleep schedules due to common illnesses or teething
- Minor bumps and bruises because of greater activity
- More separation fears, particularly separation from the primary caregivers
- More interested in activity than food
- Fussiness related to food choices
- Messy eating
- Acting out when objects are taken away

POSSIBLE CONCERNS

- Accidents that cause serious injury
- Significant delays in development, such as:
 - » Lack of verbal activity
 - » Inability to sit without help
 - » Inability to support themselves on their legs with help
 - » Extreme disinterest in social interactions
- Lots of feeding problems, resulting in poor growth



Twelve Months to Three Years

Children's language, movement and independence are growing rapidly during this time. They are typically very knowledgeable and demanding of their wants and needs.



ACCOMPLISHMENTS

By 3 years, most children:

- Speak and are understood most of the time
- Can carry on a simple conversation
- Help dress themselves (for example, pull up their own pants or put on their own shirt)
- Feed themselves without help
- Show their preferences for friends and activities
- Can throw a ball and participate in simple games
- Jump, run, and climb on play equipment
- Participate in activities with other children for short periods of time
- Draw simple shapes
- Play by themselves for short periods of time
- Have begun toilet training

EXPECTED DIFFICULTIES

- Interruptions in sleep schedules, due to common illnesses, teething, vacations, etc.
- Tantrums that occur at embarrassing times for parents (for example, when in public or when with in-laws)
- Occasional hyperactivity and distractibility
- Minor aggressive behavior, particularly when the child is frustrated
- Minor disrespect to parents or other adults
- Messy eating
- Picky eating
- Occasional irritability and arguing, particularly when tired or hungry
- Not wanting to use the toilet
- Occasional toileting accidents
- Stuttering

POSSIBLE CONCERNS

- Significant delays in development, such as:
 - » Limited verbal ability
 - » Excessive tantrums involving self-injurious behaviors
 - » Extreme disinterest in social interactions
 - » Excessive activity placing the child at risk for injury

Three to Five Years

Children are moving away from being completely focused on themselves and moving more towards playing with others. As they show their independence and explore their surroundings, they are also dependent and rely on the safety of a “home base.” Their sometimes challenging behavior is a result of exploring boundaries and developing relationships with other children.

ACCOMPLISHMENTS

By 5 years, most children:

- Have begun some form of formal education
- Show interest in academic skills (for example, writing their own name, recognizing letters, or counting)
- Speak fluently
- Have some friends
- Participate in family routines
- Become occupied with imaginary play
- Can run, jump, throw a ball, and climb play equipment easily
- Use words to control their own behaviors and the behaviors of others
- Show concerns about issues related to injury, loss, or death
- Show that they care about others feelings

EXPECTED DIFFICULTIES

- Arguing in an effort to influence parents and others
- Bedtime struggles
- Minor fears
- Times of high energy and activity level
- Not paying attention, particularly during activities that they do not like to do
- Sibling arguments
- Not listening to parents
- Lying from time to time, particularly to get out of trouble
- Occasional crying or angry outbursts associated with frustration or disappointment

POSSIBLE CONCERNS

- Significant delays in development, such as:
 - » Delayed language development
 - » Persistently poor peer relationships
 - » Poor coordination
- Inability to form friendships
- Persistent aggression
- Self-injurious behaviors
- Persistent disobedience and rebelliousness
- Fears that result in the avoidance of age-appropriate activities (for example, school or friendships)

Overactivity and Inattentiveness

Being overactive or inattentive means that a child has a difficult time controlling his or her energy level, paying attention for long periods of time, or following directions.

From time to time, it is normal for children to be overactive or have a hard time paying attention. This is especially true for young children. Parents should expect to see their children exhibit these behaviors at some point during normal child development. However, when symptoms of overactivity and inattentiveness begin to appear on a regular basis, occur in more than one setting, and interfere with a child's schoolwork and interactions with family, friends, and teachers, then it is possible he or she may have a mental health issue.

The following is a list of typical signs and symptoms of overactivity and inattentiveness.

Your child may be overactive if he or she:

- Fidgets or squirms in his or her seat and cannot sit still
- Cannot stay seated for long periods of time
- Runs around, jumps, or climbs on things in situations where it is not appropriate
- Has difficulty playing quietly
- Is in constant motion or acts like he or she is being "driven by a motor"
- Talks too much
- Blurts out answers before questions have been completed
- Has difficulty waiting for his or her turn
- Interrupts others during conversations or games

Your child may be inattentive if he or she:

- Has a hard time paying attention or daydreams a lot
- Does not seem to be listening when you or others are talking
- Is easily distracted from schoolwork or play
- Makes careless mistakes and does not appear to care about details
- Does not follow through with instructions and has a hard time finishing tasks
- Is disorganized with activities and tasks at home or school
- Loses important things easily

- Is forgetful
- Does not want to engage in activities that require long periods of thinking

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Learning Disorders (p75)





Building your child's self-esteem

Children with healthy self-esteem are likely to have better relationships and to do well in school. As a parent, you have an incredible amount of influence over your child's level of self-esteem. The following are some helpful tips to develop positive self-esteem in your child.

- Have realistic expectations of your child. If your child is able to achieve what you expect, then he or she will feel successful.
- Make your child feel special and appreciated. Set aside time each week for you and your child to spend alone together.
- Emphasize your child's strengths. Make a list of your child's strengths and use different opportunities to point out his or her abilities. For example, if your child is a good artist, display his or her artwork.
- Let your child help you with activities, such as cooking, chores, or wrapping presents for others. This is a great opportunity to demonstrate that he or she is helpful and can help others. It is also a nice time to point out his or her strengths!
- Try to focus on the positive behaviors and acknowledge them. Avoid negative comments. Instead, frame feedback in a positive way.
- Try not to compare siblings. Instead, highlight the strengths of each child equally.
- Help your child develop problem-solving skills. As a child becomes better at finding solutions to problems, his or her confidence increases.

Extreme Anger or Irritability

All children show signs of anger or are irritable at different points throughout child development. These behaviors are a part of a child's exploration of how to express his or her emotions to others. However, if these behaviors begin to impact his or her daily interactions with peers and family members, or if the child or other people are getting hurt, then it is possible that an underlying mental health issue is the cause.

The following is a list of typical signs and symptoms of extreme anger or irritability. Your child may be extremely angry or irritable if he or she:

- Often kicks, hits, or bites
- Has explosive tantrums
- Acts aggressive toward other children, adults, or objects
- Gets easily frustrated
- Misunderstands other people's expressions, words or actions. For example, a child may think a parent is angry with him or her when in fact the parent is just being quiet for another reason.
- Begins to use aggressive words frequently
- Is easily irritated by events or people

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Substance Abuse and Dependence (p94)

Extreme Defiance

At some point during development, most children will engage in a rebellious act aimed at their parents. Some level of rebellion is a natural part of child development and is the child's way of expressing his or her opinions. However, when a child is regularly defying the instructions and orders of authority figures (resulting in detentions, suspensions, or legal problems), then he or she may have a mental health issue.

The following is a list of typical signs and symptoms of extreme defiance. Your child may be expressing defiant behavior if he or she:

- Has a disregard and lack of respect for authority figures (for example, parents, teachers, or police)
- Argues excessively with adults
- Does not follow adult rules or laws
- Publicly shows annoyance with other people
- Blames others for his or her own mistakes or behaviors
- Lacks a sense of responsibility
- Is not sorry for his or her actions when he or she should be
- Seeks revenge
- Exhibits an increase in verbal aggression toward others

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Bipolar Disorder (p59)
- Conduct Disorder (p64)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

Extremely defiant behavior is more exaggerated than the behavior of children progressing through normal development and reduces a child's ability to function day to day.



Cyberbullying is bullying that happens online, through email, instant messages, chat rooms, digital photography, streaming media, and websites. Bullies use the Internet to send unpleasant, aggressive, or abusive messages. The Internet is a perfect tool for bullies, because they can remain anonymous, easily provoke others, and target many different people. Cyberbullying can also occur through text messaging on cell phones.

Peer Relations

Some of the most important people in your child's life are his or her friends. Friendships are an important aspect of a child's development and can be very rewarding. These relationships should be encouraged so that your child grows up with a network of peers who support him or her.

However, there are instances where peer relationships can have a negative impact on a child's development. Bullying is one such instance. Unfortunately, bullying is a common occurrence during the school-age years.

WHAT IS BULLYING?

Bullying is a way for one child to intimidate or harass another. Bullying can be physical or verbal. Bullying can also occur through the Internet.

HOW CAN BULLYING AFFECT CHILDREN?

If a child is bullied, it can affect his or her social and emotional development to varying degrees. Sometimes it can affect a child's schoolwork.

WHY DO CHILDREN BULLY OTHER CHILDREN?

Most children who are bullies need to feel a sense of control or domination over others. Bullying can be a way for children to deal with depression, anger, or events happening in school or at home. In some cases these children have been victims of abuse or have been bullied by other children.

WHAT SHOULD YOU DO IF YOU SUSPECT YOUR CHILD IS BEING BULLIED?

The most important thing you can do is to give your child opportunities to talk to you openly and honestly about what is going on. Reassure your child that what is going on is not his or her fault and that telling you about the situation was the right thing to do. Talk to your child about what he or she has already tried, what has worked and what has not, and what he or she thinks should be done.

In addition, you should seek help from your child's school. Most of the time, bullying occurs in school and it is important that the school is aware of the problem. Most Rhode Island schools have a bullying policy. Find out what the policy is at your child's school and what resources are available to help you and your child deal with the problem.

WHAT SHOULD YOU DO IF YOU SUSPECT YOUR CHILD IS BULLYING OTHERS?

It is possible that a child who is bullying others may begin to have social, emotional, legal, or school problems. Seeking help for your child can help uncover the reason for bullying others and help him or her stop the behavior.

RESOURCES

Bullies are a Pain in the Brain (1997)
By Trevor Romain

PACER's National Center for
Bullying Prevention
www.pacerkidsagainstabullying.org

Prevent Child Abuse Rhode Island
401-728-7920
www.preventchildabuse-ri.org

Learning Problems

Many children have trouble learning in school from time to time, particularly when they are learning a new skill. However, if a child is consistently having trouble with an academic subject or subjects at school, he or she may have a mental health issue that is affecting his or her learning.

The following is a list of typical signs and symptoms of a learning problem. Your child may have a learning problem if he or she:

- Has difficulty understanding and following instructions
- Has trouble remembering what other people say to him or her
- Is hyperactive
- Cannot sit still or is easily distracted
- Cannot master reading, spelling, writing, or math skills, resulting in poor grades
- Has difficulty determining right from left
- Has difficulty identifying certain words or often reverses words, letters, or numbers
- Lacks coordination in sports or activities, such as tying a shoe lace or holding a pencil
- Often loses or misplaces items, such as homework or school books
- Does not understand the concept of time, such as yesterday, today, and tomorrow

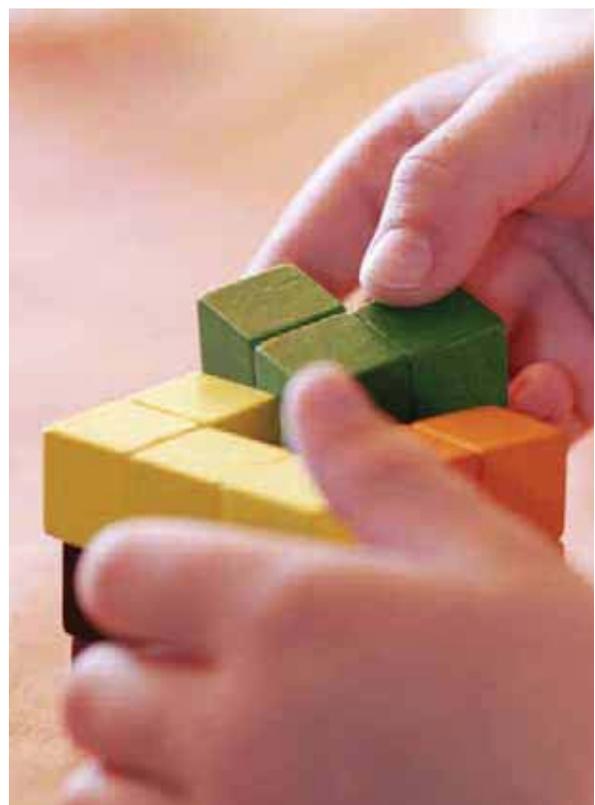
Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Depression (p67)
- Learning Disorders (p75)
- Speech and Language Disorders (p90)

TIP

Get involved at your child's school. The more involved you are, the more likely you will know who to turn to if your child needs help.

A child who has a learning problem usually has a normal range of intelligence, yet no matter the amount of effort, he or she has a hard time in school and falls behind.



Speech and Language Problems

TIP

If you think that your child has a communication problem, don't delay seeking help. Talk to your child's pediatrician and request a referral for a speech-language pathologist.

Children develop speech and language skills at different speeds. Although the stages that children pass through are the same, the exact age when they achieve speech and language milestones can vary quite a bit. If you think your child is not communicating well for his or her age, it may be that your child is just moving at his or her own pace through the developmental stages. However, if you think that your child is significantly behind, then your child may have an underlying mental health issue.

The following is a list of typical signs and symptoms of a speech and language problem. Your child may have a speech and language problem if he or she has trouble:

- Talking clearly enough to be understood outside the family
- Understanding others
- Following directions
- Reading or writing
- Answering questions
- Expressing thoughts and ideas in a clear manner using appropriate vocabulary and grammar
- Using language for engaging in a variety of social interactions with family or friends or in school

Possible mental health diagnoses within this symptom cluster include:

- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Learning Disorders (p75)
- Speech and Language Disorders (p90)



Helping your child develop speech and language skills

HERE ARE A FEW GENERAL TIPS YOU CAN USE AT HOME:

- Spend a lot of time communicating with your child, even during infancy. Talk, sing, and encourage imitation of sounds and gestures.
- Read to your child, starting as early as 6 months. You don't have to finish a whole book, but look for age-appropriate soft or board books or picture books that encourage your child to look while you name the pictures. As your child gets older, let him or her point to recognizable pictures and try to name them. Then move on to nursery rhymes, which have rhythmic appeal. Then move on to predictable books, in which your child can anticipate what happens.
- Use everyday situations to reinforce your child's speech and language skills. In other words, talk your way through the day. For example, name foods at the grocery store, explain what you're doing as you cook a meal or clean a room, point out objects around the house, and point out sounds you hear as you drive. Ask questions and acknowledge your child's responses, even when they're hard to understand.

Drug or Alcohol Use

Children who are using drugs or alcohol on a regular basis may go to great lengths to hide it from their parents.

Some children experiment with drugs or alcohol during adolescence, or even earlier. For some children, this behavior becomes a problem and interferes with their activities and health.

The following is a list of typical signs and symptoms that your child may be using drugs or alcohol. Your child may be using these substances if he or she:

- Is often tired and irritable
- Has red and glazed eyes
- Develops a persistent cough
- Shows a significant change in personality and mood
- Begins to behave irresponsibly
- Develops low self-esteem
- Exercises poor judgment
- Is depressed and has a general lack of interest in activities
- Starts arguments with family members more often
- Breaks parent rules
- Develops an overall negative attitude about school
- Is performing poorly at school and has increased absences
- Begins to have discipline problems at school
- Has friends who are not interested in school
- Begins to have problems with the law

Drug or alcohol use may also be a sign of other mental health issues. Some children use substances as a way to control mental health symptoms—a form of self-medicating without the use of (and sometimes the stigma of) prescription medications. Other children use substances because of a lack of self-esteem or because they do not feel like they fit in or are a part of their community. If you think that your child may have a problem with drugs or alcohol, you may need to think about other mental health issues as well.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

TIP

Some children are at a higher risk for using drugs and alcohol because of a family history of these types of problems. If your child is at a higher risk for using drugs or alcohol, it is important that you talk to him or her about drugs and alcohol. It is also important to talk about drugs and alcohol with your children even if they are not high risk or do not show any signs or symptoms.

Extreme Anxiety or Fear

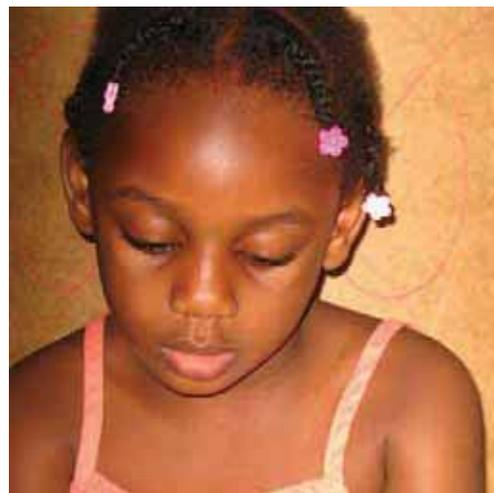
Most children have occasional worries or fears as they grow and develop. As a parent, you have most likely calmed a frightened child after a nightmare or had to dispel worries about monsters hiding under the bed. All of these childhood experiences are normal and common. However, when a child continually shows signs of extreme anxiety or fear, then it is possible that an underlying mental health issue is the cause of the child's symptoms.

The following is a list of typical signs and symptoms of extreme anxiety and fear. Your child may have extreme fear or anxiety if he or she:

- Worries about things before they happen
- Constantly worries about family, school, friends, or activities
- Feels shaky, restless, or tired
- Has shortness of breath, a rapid heart rate, or cold, sweaty hands
- Complains of stomach pain, headache, or dizziness
- Seems irritable and has difficulty concentrating or falling asleep
- Feels very nervous
- Feels as though every situation will end badly
- Speaks of feeling helpless or powerless
- Has trouble sleeping alone and has nighttime fears or nightmares
- Resists going to school
- Argues with others and often stirs up conflict
- Has a fear of embarrassment or making a mistake
- Has low self-esteem and lacks confidence
- Engages in rituals or habits. For example:
 - » Washes hands until the skin is chapped
 - » Spends a lot of time putting things in order and feels distressed if the order is disrupted
 - » Checks doors or locks multiple times
 - » Does things a certain number of times and feels distressed if it is not the right number.
- Starts acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Body Dysmorphic Disorder (BDD) (p62)
- Obsessive Compulsive Disorder (OCD) (p80)
- Post Traumatic Stress Disorder (PTSD) (p84)



Extreme anxiety is when a child is overly tense or uptight. Extreme fear can be a result of this intense anxiety.

Getting your child to sleep

Practically every parent has had a hard time getting his or her child to go to bed, to stay there, and to sleep through the night. For children with mental health issues, sleep problems can be even more common and have a greater impact on their well-being. A regular sleep schedule is essential for successful treatment of mental health issues and for a child's overall health, both mental and physical.



Newborns need at least 16–18 hours of sleep and sleep for up to 3–4 hours at a time. By 4 months, infants need about 14–16 hours of sleep and sleep for at least 6–8 hours during the night. By 12 months, infants need about 12–14 hours of sleep. Toddlers need 12–13 hours of sleep, including one regular daytime nap. By age 4, most children have given up their daytime naps. Between ages 5 and 10, children need about 10–11 hours of sleep at night. As children grow older, they need 8–10 hours of sleep (just like their parents).

COMMON STRUGGLES INCLUDE:

- Establishing a consistent bedtime routine
- Managing a child's tantrums once he or she is in bed
- Dealing with a child who wakes up repeatedly during the night
- Getting a child to sleep through the night in his or her own bed

HERE ARE SOME SUGGESTIONS FOR SUCCESS:

1. Set a regular bedtime and stick to it.
2. Develop a soothing, regular routine to prepare for bedtime, including 30–45 minutes of "quiet time."
3. Turn off the television or remove the television from your child's bedroom.
4. Restrict drinks, especially caffeinated beverages, in the evening. Do not let your child take a bottle or sippy cup to bed.
5. Offer your child a "transitional object" for bedtime. A transitional object is something that lets him or her know it is time for bed, such as a favorite blanket, stuffed animal, or toy.
6. Comfort your child for a minute or so before leaving the room, but remember you want him or her to learn to put himself or herself to sleep.
7. End your child's bedtime routine with your child in bed, although not necessarily asleep.
8. Expect that your child will go to sleep—do not play or have a conversation with your child after you say good night. If your child gets out of bed, calmly return your child to bed and say, "It's time to sleep." If you must return to comfort your child, interact as little as possible.
9. Reward progress!

It is helpful to talk with your child's pediatrician about setting effective sleep routines that work best for your child. If your child has an occupational therapist, talk to him or her for ideas as well.

RESOURCES

Healthy Sleep Habits, Happy Child (1999)
By Marc Weissbluth

Sleep Disorders Clinic at Hasbro Children's Hospital
401-444-1614

Take Charge of Your Child's Sleep: The All-in-One Resource Guide for Solving Sleep Problems in Kids and Teens (2005)
By Judith A. Owens and Jodi A. Mindell

Extreme Sadness and Despair

Most children exhibit changes in their mood as they develop and grow. “Mood swings” are a normal part of childhood. However, if a child displays sadness for weeks at a time, these emotions do not appear to be going away, and they interfere with the child’s ability to function on a daily basis, then it could be a sign of a mental health issue.

The following is a list of typical signs and symptoms of extreme sadness and despair. Your child may be extremely sad or in despair if he or she:

- Cries often or is constantly tearful
- Acts hopeless
- Has a decreased interest in activities, especially activities he or she used to enjoy
- Is often bored and has little energy
- Begins to socially isolate himself or herself and communicates poorly with family and peers
- Shows low self-esteem and guilt
- Becomes extremely sensitive to rejection or failure
- Becomes more irritable, angry, or hostile
- Has a hard time making and keeping friends
- Complains often of headaches and stomachaches
- Is not doing well at school
- Is often absent from school
- Has difficulty concentrating
- Shows a noticeable change in eating or sleeping patterns
- Tries to run away from home
- Has thoughts about, talks about, or attempts suicide or other self-injurious behaviors

Possible mental health diagnoses within this symptom cluster include:

- Bipolar Disorder (p59)
- Depression (p67)



Children who have extreme sadness or despair may not show expected signs of these feelings, such as crying. The signs and symptom list shows the range of ways your child may express extreme sadness and despair.

Problems after a Traumatic Event



Experiencing a traumatic event can have a lasting emotional impact on a child. Monitoring your child's mood and behavior after a trauma is important because witnessing a trauma may lead to the development of different mental health issues.

TIP

Remember, a child does not have to directly experience a traumatic event to have a reaction to it. Children can react and possibly develop mental health issues from witnessing or being threatened by a traumatic event.

It is normal for children to have an emotional or physical response to a traumatic event. Examples of traumatic events include emotional, physical, or sexual abuse, violence, accidents, natural disasters, severe physical injuries, and life-threatening illnesses.

Children's reactions to an event can vary, and some reactions are more severe than others. If a child's reaction to a traumatic event becomes very intense, lasts for a long time, and impacts his or her ability to function, he or she may have a mental health issue.

The following is a list of typical signs and symptoms of a problem after a traumatic event. Your child may have a problem after a traumatic event if he or she:

- Refuses to return to school
- Clings to parents or other family members
- Has persistent fears related to the traumatic event
- Has nightmares, screams during his or her sleep, or wets the bed
- Loses concentration
- Is increasingly irritable
- Is easily startled and jumpy
- Begins to have behavior problems at home and school that are not typical for him or her
- Complains of stomachaches, headaches, or dizziness with no known physical cause
- Withdraws from friends and family
- Is extremely sad and listless
- Is less interested in activities he or she enjoys
- Is preoccupied with the details of the event
- Starts acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Depression (p67)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

Talking with your child after a traumatic event

If your child has experienced or witnessed a traumatic event, it is important for you to talk to your child about what happened and how it makes him or her feel. Encouraging other family members to talk to your child and support him or her through this difficult time is also important. Parents' support and understanding can make a big difference in a child's ability to deal with the event.

TIPS FOR TALKING WITH YOUR CHILD AND DEALING WITH THE EVENT:

- Keep your interactions with your child brief until you've had a chance to collect yourself. Be honest with your child. Let them know that they are safe, but that you need time to gather your thoughts.
- Talk about the facts. However, don't assume that children, especially those under age 8 or 9, will really understand the facts about the traumatic event. They need you to put the facts into perspective.
- Let young children know that they, as well as their family members, are safe. With older children and adolescents, answer their questions about safety in more detail.
- Limit the amount of exposure to media images of the event. Parents can help by watching television with their children.
- Keep up with your family's usual schedule (for example, take your kids to basketball practice as usual).
- Schedule a formal family meeting to discuss the facts and feelings in a calm, orderly fashion.
- Use your family traditions, beliefs, and religious practices, as well as your extended support network, as sources of strength and as ways to find meaning and comfort.
- Follow your child's lead for providing more information or talking about the traumatic event. Your child may need to discuss his or her thoughts on many occasions. Answer his or her questions honestly. Check in with your child and let him or her know you are available to talk.
- Talk to your child's pediatrician if your child shows prolonged signs of stress. Although a certain amount of anxiety is to be expected, prolonged reactions may be a sign that your child needs mental healthcare.

Children pick up on attitudes and feelings of their parents, so parents need to get support. Talk to other adults on an ongoing basis to sort out your own feelings of anxiety and uncertainty.

RESOURCES

GRIEF AND BEREAVEMENT

- Friends Way
401-921-0980
www.friendsway.org
- Home and Hospice Care of Rhode Island
401-727-7070 or 800-338-6555
www.hhcri.net
- Samaritans of Rhode Island
401-272-4044 or 800-365-4044
www.samaritansri.org

VIOLENCE

- Crime Victim Compensation Program at the Office of the Rhode Island General Treasurer
401-222-8590
www.treasury.ri.gov/crimevictim
- Victims Services at the Rhode Island Attorney General's Office
401-274-4400
www.riag.state.ri.us/criminal
- Volunteer Lawyer Program at the Rhode Island Bar Association
401-421-7758 or 800-339-7758
www.ribar.com/public/volunteer.asp

Eating and Body Image Concerns

Children who have an eating or body image issue may hide their behavior and concerns about weight from friends and family.



Eating and body image issues range from unhealthy eating to serious conditions, such as anorexia. Problems with food, fear of being fat, or fear of being perceived as fat may point to a mental health issue that can lead to serious and even deadly medical conditions.

Body image concerns and dieting fads are an increasingly common problem among children, especially girls. Throughout childhood, it is normal for children to be concerned about the way they look, their weight, and the type of food they consume. However, when a child begins to become obsessed with food, his or her shape or weight, and develops physical problems, it is possible that the child may have a mental health issue.

The following is a list of typical signs and symptoms of eating and body image concerns. Your child may have an eating or body image concern if he or she:

- Fears gaining weight or becoming fat
- Is extremely dissatisfied with body shape or size, including feeling fat even if he or she is of normal weight or is underweight
- Has unexplained weight change greater than 10 pounds
- Changes size in clothing
- Has irregular menstrual periods or no longer has periods
- Develops a low sense of self-esteem
- Feels worthless because of his or her weight
- Has a poor appetite
- Is constantly dieting even though he or she is not overweight
- Eats very little and is obviously avoiding fatty foods
- Eats and then vomits to get rid of the food, including binge eating
- Eats and then exercises much more than is typical
- Over-exercises or has an obsessive attitude about physical activity
- Becomes increasingly isolated from friends and family and has difficulty eating foods in front of others
- Prepares food as if carrying out a ritual (for example, he or she may cut food up into tiny pieces)
- Eats irregularly with wide variations in how much
- Has unexplained constipation or diarrhea
- Has fainting episodes or frequent lightheadedness

Possible mental health diagnoses within this symptom cluster include:

- Body Dysmorphic Disorder (BDD) (p62)
- Eating Disorders (p70)

A child with the symptoms listed above could also have a medical problem related to eating. Talk to your child's pediatrician about your child's symptoms.

Self-injurious Behaviors

Self-injurious behaviors occur when a child knowingly and deliberately harms his or her body in order to change the way he or she is feeling. This type of behavior has become increasingly common among children. Self-injurious behaviors can be a sign of an underlying mental health issue, but the physical wounds can also lead to scarring, infections, or other complications. Although all children may hurt themselves accidentally, self-injurious behaviors are not part of normal child development and should be addressed.

The signs and symptoms of self-injurious behavior are different depending on the type of self-injurious behavior. The following is a list of typical signs and symptoms of self-injurious behavior. Your child may be injuring himself or herself if he or she:

- Shows evidence of cutting (shallow cuts on a child's arms, legs, or abdomen)
- Has areas of plucked skin and hair
- Bangs his or her head on walls or other hard surfaces
- Begins to have excessive tattooing or body piercing
- Has visible scratches
- Begins to develop scars
- Has burn marks
- Develops low self-esteem
- Has a history of physical, emotional, or sexual abuse, or neglect

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Depression (p67)
- Obsessive Compulsive Disorder (OCD) (p80)
- Post Traumatic Stress Disorder (PTSD) (p84)

Other mental health issues usually accompany self-injurious behaviors. If you are concerned that your child may be injuring himself or herself, then you may need to consider other mental health issues as well. Also, some children who hurt themselves may lack certain coping and communication skills and may need help developing these skills.

Child abuse

Most child abuse occurs in the home and can come from parents, siblings, other family members, or frequent visitors. Child abuse can also occur in other locations, such as at school, in churches, or in social or other kinds of activities, and from others involved in a child's life.

Child abuse includes:

- Physical abuse, such as physical injury, beatings, burns, or bites
- Emotional abuse, such as constant criticism, insults, or withholding love
- Sexual abuse, such as rape, genital fondling, or incest
- Neglect, such as failure to provide food, clothing, shelter, medical care, safety, or supervision

There are signs for each of the different types of abuse. If your child shows some of these signs of abuse, it does not necessarily mean he or she is being abused. However, if a sign occurs over and over again or in combination with other signs, then it is possible your child is being abused in some way.

TYPICAL SIGNS OF PHYSICAL ABUSE INCLUDE:

- Being nervous around adults
- Being watchful, as if preparing for something bad to happen
- Having difficulty playing
- Acting aggressive toward other children, adults, or objects
- Having difficulty concentrating at school
- Suddenly underachieving or overachieving at school
- Having difficulty trusting others and making friends
- Arriving at school too early or leaving late

TYPICAL SIGNS OF SEXUAL ABUSE INCLUDE:

- Behaving differently when the abuse starts
- Caring less about appearance or overall health
- Talking in a sexual manner or acting sexually at too early of an age
- Becoming secretive and not talking about life at home
- Not making it to the bathroom in time or having accidents
- Being unable to sleep
- Suddenly finding physical contact frightening
- Attempting to run away from home

TYPICAL SIGNS OF EMOTIONAL ABUSE OR NEGLECT INCLUDE:

- Having difficulty using their imagination when playing
- Having a hard time developing close relationships
- Having difficulty learning to talk
- Being overly friendly with strangers
- Underachieving at school
- Having low self-esteem

If you suspect that a child is being abused, call the Rhode Island Department of Children, Youth and Families (DCYF) at 800-RI CHILD (800-742-4453).

Shaken Baby Syndrome is a form of child abuse that can cause serious health consequences in infants, including death. This syndrome happens when a parent or caregiver shakes an infant, causing damage to the central nervous system. For more information on Shaken Baby Syndrome, visit www.dontshake.com.

RESOURCES

ChildSafe Clinic at Hasbro Children's Hospital
401-444-3996
www.lifespan.org/hch/services/childsafec

Prevent Child Abuse Rhode Island
401-728-7920
www.preventchildabuse-ri.org

Rhode Island Children's Advocacy Center at the Day One: Sexual Assault and Trauma Resource Center
401-421-4100 or 800-494-8100
www.dayoneri.org/whatisac.htm



Psychosis

The word “psychosis” is used to describe a situation where a child loses touch with reality. Psychosis is very rare in children. It is normal for children to go through a stage where they cannot tell the difference between what is real and what is pretend. However, after this stage of development, if they continue to see and hear things that do not exist, they may have a mental health issue.

The following is a list of typical signs and symptoms of psychosis. Your child may be experiencing psychosis if he or she has:

- **DELUSIONS:** These are unshakable beliefs that are obviously untrue. For example, a child may strongly believe that there is a plot to harm him or her, that he or she is being spied on through the television or that he or she is being taken over by aliens.
- **THOUGHT DISORDER:** This disorder occurs when a child is not thinking straight, and it is hard to make sense of what he or she is saying. Ideas may be jumbled up but in a way that is more than being muddled or confused.
- **HALLUCINATIONS:** These occur when a child sees or hears something that is not really there. The most common hallucination that children may have is hearing voices. This can be very frightening and can make them believe that they are being watched or picked on. Children who are having these experiences may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you cannot see.

Possible mental health diagnoses within this symptom cluster include:

- Bipolar Disorder (p59)
- Depression (p67)
- Schizophrenia (p88)
- Substance Abuse and Dependence (p94)

A child with the symptoms listed above could also have a medical condition. Talk to your child’s pediatrician about your child’s symptoms.



