



Handout 1: When to worry

The list below indicates signs that a child may be in extreme distress, and a referral to specialized services and/or child protection services may be needed:

- If the child is at risk of **harm to himself/herself and/or others**
- If a child expresses **suicidal thoughts**
- If the child shows **extreme, persistent withdrawal** i.e. no emotional response, and the child's expression seems flat with no negative or positive expressions.
- If the child is persistently **whining/whimpering/uncontrolled crying** over time (different from a grieving, liberating sob).
- If the child is **dissociating** i.e. if the child is detached from surroundings and fails to engage emotionally like the child used to do.
- If the child is experiencing **hallucinations** i.e. the child is hearing voices that are not real (auditory hallucinations) or seeing things/people that are not real (visual hallucinations) in ways that do not seem playful or joking.
- If the child is experiencing **persistent anxiety attacks**
- If the child is showing signs of **mental disability** such as permanent difficulties understanding language and social interaction

Always seek the support from colleagues, line managers or mental health specialists when considering what a reaction might mean.

Do not label reactions as 'symptoms,' or speak in terms of 'diagnoses,' 'conditions,' 'pathologies,' or 'disorders.'

Try to describe the behaviour and thoughts of the child as accurately as you can.



In some cases, it might be relevant to consult a medical doctor to make sure the behavior you are concerned about is not due to medical illnesses such as diabetes or epilepsy.