## The following range of questions have been structured to assist staff when undertaking an EHA in the contact of a child or young person’s emotional health and wellbeing needs

Questions to consider about mental health needs:

Low Mood

|  |  |
| --- | --- |
| Question  | YP Response |
| 1. Do you often feel sad or irritable?
 |  |
| 1. Have you lost enjoyment in activities you used to enjoy?
 |  |
| 1. Has there been any change n your diet or appetite?
 |  |
| 1. Are you experiencing difficulties in sleeping?
 |  |
| 1. Are having difficulties in concentrating, remembering things or making decisions?
 |  |
| 1. Are you unusually over tired?
 |  |
| 1. Do you often feel restless?
 |  |

Questions to consider: Anxious feelings

|  |  |
| --- | --- |
| Do you ever feel any of the following Physical Symptoms? |  |
| Difficulty breathing |  |
| Feeling dizzy or light-headed |  |
| Racing or pounding heart |  |
| A churning stomach |  |
| Chest pain or tightness |  |
| Hot or cold flashes; tingling sensations |  |
| Trembling or shaking |  |
| Sweating |  |
| Difficulty relaxing  |  |
| Or any of the following emotional feelings ???? |
| Feeling of overwhelming anxiety or panic |  |
| Fear of losing control |  |
| Feeling intense need to escape |  |
| Feeling like you’re going to die or pass out |  |
| Feeling “unreal” or detached from yourself  |  |
| Knowing that you’re overreacting, but feeling powerless to control fear |  |

Questions to consider: Social interaction

|  |  |
| --- | --- |
| Do you ever have difficulty in…… |  |
| 1. Getting along with friends?
 |  |
| 1. Getting along with family members?
 |  |
| 1. Attending school?
 |  |
| 1. Keeping out of trouble, fights, arguments?
 |  |
| 1. Being part of groups/ prefer to be alone?
 |  |

Questions to consider: Behaviour

|  |  |
| --- | --- |
| Do you ever have difficulty in…… |  |
| 1. Destroys possessions or property
 |  |
| 1. Stealing from others
 |  |
| 1. Being overactive
 |  |
| 1. Hurts self or others
 |  |
| 1. Threatens to or harms other children and/ or animals
 |  |
| 1. Has experienced / perpetrated sexual abuse/ activity
 |  |

Questions to consider: perception/ thinking

|  |  |
| --- | --- |
| Do you ever …… |  |
| 1. Feeling confused
 |  |
| 1. Daydream
 |  |
| 1. Become distracted easily/ paying attention
 |  |
| 1. Often forget things
 |  |
| 1. Blames others for actions / thoughts
 |  |
| 1. Sees things or people who are not there
 |  |
| 1. Talks about death/ dying/ suicide
 |  |