



# The Mind Hub

By



## Topic: When to Seek Outside Support for Your Child

As parents and educators, we expect children and adolescents to experience ups and downs. Mood swings, friendship struggles, academic stress, and occasional behavioural challenges are all part of development. However, there are times when a student's difficulties go beyond what we would consider "typical", and additional support outside of school may be helpful.

This newsletter aims to help you understand when outside mental health support may be appropriate, what that support can look like, and how to take next steps with confidence. Seeking help is not a sign of failure. It is a proactive step towards strengthening a child's well-being.

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## **Understanding Mental Health Support**

### **What do we mean by "outside support"?**

Outside support refers to services provided beyond what the school offers. This may include:

- Licenced therapists or counsellors
- Psychologists
- Psychiatrists
- Paediatricians providing behavioural consultation
- Social Services
- Diagnostic centres

Outside providers can work collaboratively with families, and with the school sometimes, to support a child's emotional, behavioural, or psychological needs.

## What is “typical” VS “concerning”?

All children experience stress, frustration, sadness, and conflict. The key differences between typical developmental challenges and concerns that may require outside support often include:

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<b>Typical</b>	<b>Concerning</b>
Temporary	Persistent (lasting approx. over 3 months)
Situation-specific	Occurs across multiple settings
Mild to moderate	Intense or escalating
Responsive to adult support	Not improving despite interventions

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When challenges begin to significantly interfere with a student’s functioning, academically, socially, emotionally, or behaviourally, it may be time to consider additional help.

## Signs It May Be Time to Seek Outside Support

1. Persistent Mood Changes
  - a. Ongoing sadness, irritability, or anger
  - b. Loss of interest in activities once enjoyed
  - c. Frequent tearfulness
2. Significant Anxiety
  - a. School refusal
  - b. Excessive worry interfering with daily life
  - c. Physical complaints (stomach-aches, head-aches) without medical cause

3. Behavioural Escalation
  - a. Aggression beyond developmental expectations
  - b. Extreme defiance and sudden behaviour changes
4. Social Withdrawal
  - a. Avoiding friends
  - b. Isolation at school
  - c. Difficulty forming or maintaining relationships
5. Academic Decline
  - a. Sudden drop in performance
  - b. Difficulty concentrating beyond what's typical
  - c. Incomplete work due to emotional distress
6. Talk of Hopelessness or Self-Harm
  - a. Any statements about wanting to disappear, not wanting to live, or self-harm behaviours should be addressed immediately with professional support.

### **Important Clarification**

Seeking outside support does NOT mean:

- A child is “broken”
- Parents have failed
- A student cannot succeed at school
- There will be automatically medication involved

It means adults are recognising that the child deserves additional tools, strategies, and professional care.

## Tips for Parents

1. Trust your instincts: parents and teachers often notice subtle changes before anyone else. If something feels “off”, it is worth exploring.
  2. Start with a conversation: talk to your child in a calm, open-ended way. For example, “I have noticed you seem more stressed lately”, “how have things been feeling for you?”. Avoid jumping straight to solutions.
  3. Consult your paediatrician: the doctor can rule out medical concerns, provide referrals, help guide next steps.
  4. Normalise therapy: present therapy as support, not as punishment.
  5. Collaborate with school: if appropriate, communicate with school staff so that everyone can work together. Consistency across environments supports progress.
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## ❖ FAQs

1. *Q. How do I know if this is just a phase?*
  - A. Many behaviours are phases. The key indicators are duration, intensity, and impact. If concerns last several weeks, occur across multiple settings, or significantly interfere with daily functioning, it may be more than a phase.
2. *Q. Will therapy go on my child’s permanent school record?*
  - A. No. Outside therapy services are confidential medical or mental health records and are not automatically part of school records.
3. *Q. Does seeking support mean my child will need medication?*
  - A. Not necessarily. Therapy does not automatically involve medication. Many children benefit from counselling alone. If medication is ever considered, it is discussed carefully with families and medical providers.
4. *Q. What if my child refuses to go to therapy?*

- A. Resistance is common. You can:
- a. Normalise it
  - b. Emphasise it is a support, not a punishment
  - c. Allow them some choice (e.g., selecting a therapist)

Often, once a child builds rapport with a provider, resistance decreases.

5. *Q. How long does therapy usually last?*

- A. It varies depending on the concern. Some students benefit from short-term, skill-focused therapy (8–12 sessions). Others may benefit from longer support. Treatment plans are individualized.

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## **Final Thoughts**

Every child faces challenges. Struggles are not signs of weakness—they are opportunities for growth when met with the right support.

Seeking outside help is an act of advocacy. It shows children that:

- Their feelings matter.
- Asking for help is healthy.
- Support systems exist beyond immediate family.

When parents, teachers, and outside providers work collaboratively, students are better positioned to thrive academically, socially, and emotionally.

If you have any concerns about your child’s stress levels or would like further resources, don’t hesitate to reach out to the school psychologist.

- The Mind Hub, by Marina Stavrou

