**CHECKLIST OFR ASSESSING THE ONSET OF MENTAL ILLNESS FOR TEENAGERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you …………………….( please tick)** | **Yes** | **Sometimes** | **No** |
| * Notice that your school work have dropped dramatically? |  |  |  |
| * Regularly is absent from school? |  |  |  |
| * Have loss of interest/enjoyment in your favorite activities i.e. going out, meeting friends? |  |  |  |
| * Experience constant mood changes: silent, withdrawn, sad or isolating yourself? |  |  |  |
| * Suffer from low energy levels, poor concentration or boredom? |  |  |  |
| * Frequently have outbursts of anger or rage? |  |  |  |
| * Have loss of interest in personal hygiene, familyor friends relationships? |  |  |  |
| * Suffer from constant lack of sleep, unexplained headaches or stomach cramps? |  |  |  |
| * Find it difficult to control and maintain your anger or aggression? |  |  |  |

(SA Federation for Mental Health: www.safmh.org.za)

If you answered yes on 3 or more of these questions, we recommend that you seek advice or assistance from your school counselor or mental health care provider near you.

**Thanking you for taking time in checking your mental health status.**