



Rugby School

THAILAND

Rugby School  
Thailand

## Well-being and Mental Health Policy

whole school

Person Responsible: Deputy Head, Pastoral (Senior and Prep)  
Date Published: September 2020  
Review Date: Annually

*The health, safety and well-being of young people are of paramount importance to all the adults who work at Rugby School Thailand. Children have the right to protection, regardless of age, gender, race, culture, sexual orientation, or disability. They have a right to be safe in our school. Members of staff in the school have a legal and moral obligation to safeguard and promote the welfare of the pupils, taking all reasonable steps to protect them from harm whether from physical injury, abuse, neglect, emotional harm or from anything that interferes with their general development.*

## **1 Policy Statement**

1.1 Rugby School Thailand promotes the mental and physical health and emotional well-being of all its pupils. Well-being is at the forefront of the School's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented and the School actively encourages sport for all.

1.2 Mental health issues can and should be de-stigmatised by educating pupils, staff and parents. This is done through tutorial sessions and PSHE and through staff INSET and day-to-day interaction within the School community. Positive mental health is also promoted through strong pastoral care, through the Houses and the implementation of effective, positive student leadership.

1.3 This policy aims to:

- Describe the School's approach to well-being and mental health issues
- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert staff to warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who experience mental health issues
- Provide support to pupils who experience mental health issues, their peers and parents/carers

1.4 *This policy can be made available in large print or other accessible formats if required. It applies wherever staff or volunteers are working with pupils even where this is away from the School, for example on an educational visit.*

## **2 Child Protection Responsibilities**

2.1 Rugby School Thailand is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional well-being, and expects all staff, governors and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve emotional well-being.

2.2 *The Board of Governors takes seriously its responsibility to uphold the aims of the School and its duty in promoting an environment in which children can feel secure and safe from harm. A nominated Governor instigates a review of the School's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.*

2.3 The Deputy Head Pastoral is responsible for ensuring that the procedures outlined in this policy are followed on a day-to-day basis.

2.4 The School has appointed a senior member of staff with the necessary status and authority (Deputy Head Pastoral) to be responsible for matters relating to Child Protection and welfare. Parents are welcome to approach the Deputy Head Pastoral if they have any concerns about the welfare of any child in the School, whether these concerns relate to their child or any other. If

preferred, parents may discuss concerns in private with the child's Tutor/Class Teacher, House Dean or Health Centre School Nurses who will notify the Deputy Head Pastoral in accordance with School procedures.

2.5 In addition to the Child Protection measures outlined in the School's Child Protection Policy, the School has a duty of care to protect and promote a child or young person's mental and emotional well-being.

### **3 Background**

3.1 One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach 18, this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (source: [www.youngminds.org.uk](http://www.youngminds.org.uk)).

### **4 Identifiable mental health issues**

4.1 It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and Depression
- Eating Disorders
- Self Harm

4.2 Two important elements enabling the School to identify mental health issues are the effective use of data (i.e. monitoring changes in pupils' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know pupils well and can identify unusual behaviour.

### **5 Sign and symptoms of mental or emotional concerns**

5.1 These are outlined in Appendices 1, 2 and 3

### **6 Procedures**

6.1 The most important role School staff play is to familiarise themselves with the risk factors and warning signs outlined in Appendices 1, 2 and 3. *Figure 1* outlines the procedures that are followed if staff have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling.

*Figure 1 Procedures following a concern*

**Always log everything related to well-being and mental health on MyConcern.**

**ALGEE**  
**Ask, assess, act**

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present

**Listen non-judgementally**

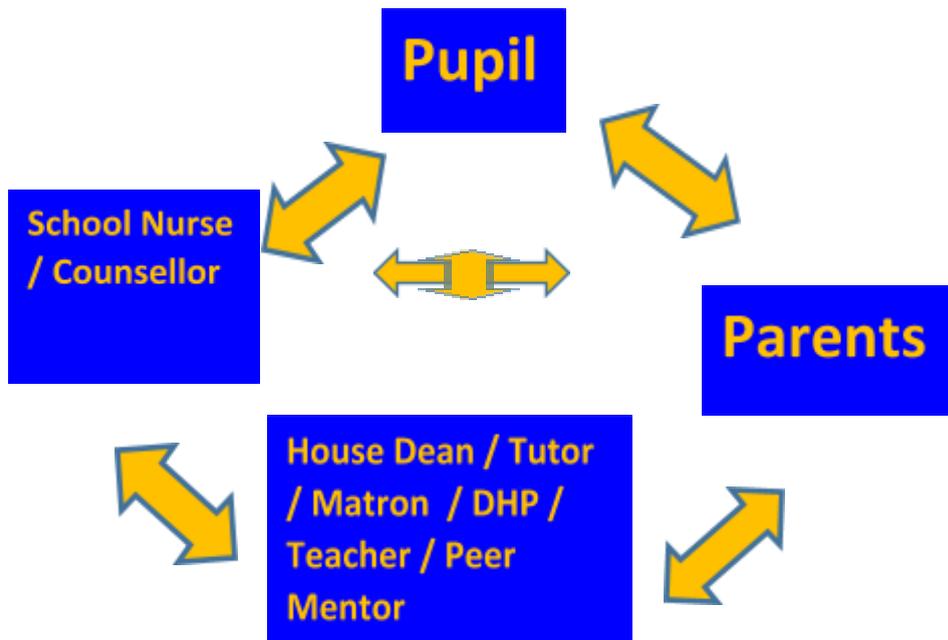
Give them time to talk and gain their confidence to take the issue to someone who could help further

**Give reassurance and information**

Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality – it could be

6.2 The School aims to implement the following support structure:

Figure 2 Well-being support structure



## 7 Individual Care Plans (ICPs)

7.1 Following the initial notification the relevant House Dean/Form Tutor/Class Teacher may initiate the ICP (see Appendix 4). Following consultation between the relevant members of the pastoral team the ICP would be agreed between the pastoral team, the pupil and the pupil's parents, where appropriate. This would be available to the relevant staff in order to provide the appropriate level of support for the pupil. The ICP will be reviewed and updated at regular intervals.

## 8 Confidentiality and information sharing

8.1 Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm or harm to another then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

8.2 Young people with mental health problems typically visit the Health Centre more than their peers, often presenting with a physical concern. This gives the Health Centre team a key role in identifying mental health issues early. If a pupil confides in a member of the School Health Centre Team then they should be encouraged to speak to their teacher, tutor or House Dean. After nursing assessment, any immediate concern for a pupil's mental health would be reported to the Counsellor and an appointment made. Confidentiality will be maintained within the boundaries of safeguarding the student. The School Counsellor will decide what information is appropriate to pass on to parents and the House Dean / Deputy Head Pastoral. The Deputy Head Pastoral may decide to share relevant information with certain colleagues on a need to know basis and in line with up-to-date Rugby School Thailand Guidance on Child Protection.

8.3 Parents must disclose to the School via the relevant Admissions and Registration Documentation, any known mental health problem or any concerns they may have about their son / daughter's mental health or emotional well-being. This includes any changes in family circumstances that may have an impact on the child / young person's well-being.

## **9 Records and reporting**

9.1 ***All records of mental health concerns should be raised and reported on MyConcern.***

Further guidance on procedures for specific mental health concerns is given in Appendices 1, 2 and 3.

## **10 Mental Health First Aid**

10.1 In order to ensure adequate mental health first aid provision a number of key staff will be trained.

10.2 The staff training and pathways available are in Appendix 6

## **11 Specific reference to the Early Years Foundation Stage**

11.1 A pupil's key worker is the most likely adult in school who will be in a place to both notice and support a child's mental health within school. The close links between home and school will be vital and it is through strong communication, observations and dialogue that pupils' will be supported. The link below provides some guidance for staff when dealing with mental health issues with pupils in the Early Years. The well-being task group is also at the heart of monitoring and supporting mental health amongst pupils at the Pre-Prep.

<http://www.mentalhealthpromotion.net/resources/promoting-childrens-mental-health-with-early-years-and-school-settings.pdf>

## **APPENDIX 1**

### **ANXIETY & DEPRESSION**

School staff can play an important role in supporting students, peers and parents of pupils currently suffering from or recovering from anxiety and depression. Anxiety and depression are issues addressed at an age and stage appropriate level in the School's PSHE programme.

#### **Aims**

- To increase understanding and awareness of anxiety disorders & depression
- To alert staff to warning signs and risk factors
- To provide support to pupils currently experiencing or recovering from either of these disorders and provide support to their peers/ parents/carers
- To provide support to staff dealing with pupils experiencing anxiety and /or depression

#### **Anxiety disorders**

Anxiety is a natural, normal feeling we all experience from time to time.

It can vary in severity from mild uneasiness through to a terrifying panic attack.

It can vary in how long it lasts, from a very short time to many years.

Children and young people may feel anxious for a number of reasons- worries about things happening at school or home or because of a traumatic event.

#### **Anxiety disorders include:**

- Generalised anxiety disorder
- Panic disorder and agoraphobia
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder
- Specific phobias

**Symptoms of anxiety** include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable tearful or having difficulty sleeping.

**If they become persistent or exaggerated then specialist help may be required.**

#### **PANIC ATTACKS**

### **How to help a pupil having a panic attack**

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away. Contact the Health Centre.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible. Contact the Health Centre.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Stay with the pupil, keep them safe and reassure them until the attack stops.

### **Depression**

Feeling low or sad is a common feeling and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness.

#### **Risk Factors**

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.

#### **Symptoms**

**Effects on emotion:** sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

**Effects on thinking:** frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

**Effects on behaviour:** crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

**Physical effects:** chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

#### **Staff Roles**

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the relevant House Dean aware of any child causing concern.

Following the report, the House Dean will

- Alert the Health Centre
- Consider initiating an individual care plan (ICP)

Through discussion with the Deputy Head Pastoral/Health Centre/Child Protection Co-ordinator they will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Thailand staff
- Arranging professional assistance e.g. Doctor, Nurse
- Arranging an appointment with the Counsellor
- Arranging a referral to hospital – with parental consent
- Giving advice to parents, teachers and other pupils

Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Pupils need to be reminded that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves, or another, harm then confidentiality must not be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

**Useful Links:**

**Cool2talk-** [www.cool2talk.org](http://www.cool2talk.org) – an interactive website for young people. Its aim is to provide health information & raise awareness of local services.

## APPENDIX 2

### EATING DISORDER POLICY

School staff can play an important role in preventing eating disorders and also in supporting pupils. This document describes the School's approach to eating disorders.

#### Aims

- To increase understanding and awareness of eating disorders
- To provide support to staff dealing with pupils suffering eating disorders
- To alert staff to warning signs and risk factors
- To provide support to pupils currently experiencing or recovering from eating disorders and their peers and parents/carers.

#### Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, sex or cultural background.

People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives for example).

#### Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder:

##### Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with others' demands
- Very high expectations of achievement

##### Family Factors:

- A home environment where food, eating, weight or appearance have a disproportionate significance.
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

### **Social Factors**

- Being bullied, teased or ridiculed due to weight or appearance.
- Pressure to maintain a high level of fitness/low body weight for e.g sport or dancing

### **Warning Signs**

School staff may become aware of warning signs, which indicate a child or young person is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the relevant House Dean, Health Centre Nursing Staff or the Child Protection Staff.

### **Physical Signs**

- Weight Loss
- Dizziness, tiredness, fainting
- Feeling cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore Throats/mouth ulcers
- Tooth Decay

### **Behavioural Signs**

- Restricted Eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothing
- Wearing several layers of clothing
- Excessive chewing of gum/drinking water
- Increasing isolation/loss of friends
- Believes he/she is fat when he/she is not
- Secretive behaviour
- Visits to the toilet immediately after meals

### **Physical Signs**

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

## Staff Roles

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlines above and to and to make the relevant House Dean aware of any child causing concern.

Following the report, the House Dean will

- Alert the Health Centre Staff
- Consider initiating an individual care plan (ICP)

Through discussion with the Deputy Head Pastoral/Health Centre/Child Protection Advisor they will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Thailand staff
- Arranging professional assistance eg Doctor, Nurse
- Arranging an appointment with the Counsellor
- Arranging a referral to hospital – with parental consent
- Giving advice to parents, teachers and other students

Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Pupils need to be reminded that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves, or another, harm then confidentiality must not be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

## Pupils Undergoing Treatment for/recovering from Eating Disorder

The decision about how, or if, to proceed with a pupil's schooling and, where relevant, Boarding placement, while they are suffering from an eating disorder should be made on a case-by-case basis. Input for this decision should come from discussion with the student, their parents, School staff and members of the multi-disciplinary team treating the child or young person.

The reintegration of a young person into School following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase. Regular reviews should take place following reintegration.

## Further Considerations

Any meetings with a pupil, their parent or their peers regarding eating disorders should be recorded appropriately on MyConcern & include:

- Dates and times, an action plan, concerns raised, details of anyone else who has been informed

## Useful Links:

**Blog address;** <http://www.eatingdisordersadvice.co.uk> which is regularly updated with advice and support for parents and teachers of children with eating disorders.



## APPENDIX 3

### SELF-HARM POLICY

Recent research indicates that up to one in ten young people engage in self-harming behaviours. School staff can play an important role in supporting pupils, peers and parents of pupils currently engaging in self-harm.

#### Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to pupils who self-harm and their peers and parents/carers
- To provide support to staff dealing with pupils who self-harm

#### Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

#### Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

##### Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

##### Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

### Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

### Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Deputy Head Pastoral.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. child or young person may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always covering arms even in hot weather
- Unwillingness to participate in certain sports activities e.g. swimming

### Staff Roles in working with pupils who self-harm

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try to maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of School staff is showing a considerable amount of courage and trust.

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlines above and to and to make the relevant House Dean aware of any child causing concern.

Following the report, the House Dean will

- Alert the Health Centre
- Consider initiating an individual care plan (ICP)

Through discussion with the Deputy Head Pastoral/Health Centre/Child Protection Co-ordinator they will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Thailand staff
- Arranging professional assistance e.g. Doctor, Nurse
- Arranging an appointment with a Counsellor
- Arranging a referral to hospital – with parental consent
- Giving advice to parents, teachers and other pupils

Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Pupils need to be reminded that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves, or another, harm then confidentiality must not be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

### **Further Considerations**

Any meetings with a pupil, their parent or their peers regarding eating disorders should be recorded appropriately on MyConcern & include:

- Dates and times, an action plan, concerns raised, details of anyone else who has been informed

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. These issues are directly addressed in the School's PSHE programme.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing further advice on this should consult the Deputy Head Pastoral.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of pupils in the same peer group are harming themselves.

Distraction Techniques for pupils who self-harm

#### **Feelings**

#### **Possible distractions**

Anger and frustration

Express it physically:  
- Exercise in a way that feels helpful rather than harmful  
-Hit cushions  
-Shout  
-Dance  
-Tear something up into hundreds of pieces

Sadness and Fear

-Wrap a blanket around you  
-Spend time with an animal  
-Walk in nature  
    - Let yourself cry or sleep  
-Listen to soothing music  
-Tell someone how you feel  
-Massage your hands  
    -Lie in a comfortable position and breathe in deeply-then breathe out slowly, making your out breath longer than your in breath. Repeat until you feel more relaxed.

Need to control      -Write lists  
                             -Tidy up  
                             -Have a clear out  
                             -Clench then relax all your muscles

Numb and              -Flick elastic bands on wrists  
Disconnected        -Hold ice cubes  
                             -Have a cold shower

**Useful Links:**

SAMH – [www.samh.org.uk](http://www.samh.org.uk) Understanding self-harm for young people and parents, carers.

The Mix – [www.themix.org.uk](http://www.themix.org.uk) Support for people aged 16-25 years.

YoungMinds – [www.youngminds.org.uk](http://www.youngminds.org.uk) Information for parents and young people about mental health and well-being.

## APPENDIX 4

### INDIVIDUAL CARE PLAN To be uploaded to / recorded on MyConcern

Full name of pupil:
Date:
Symptoms:
Counsellor feedback  :
Advice for staff:
Goals:
Parental involvement and review arrangements:

## APPENDIX 5

### Rugby School Thailand's

#### MENTAL HEALTH FIRST AIDERS

**Staff:**

- |                       |                              |
|-----------------------|------------------------------|
| 1. Dave Ennis-Billing | Deputy Head Pastoral, Senior |
| 2. Nina Hartley       | Child Protection Advisor     |
| 3. David Dawson       | Deputy Head Pastoral, Prep   |
| 4. Sarah Shuttleworth | Head of Prep                 |
| 5. Nathalie Winters   | Prep Counsellor              |
| 6. Aimee Robertson    | Senior Counsellor            |

**Health Centre School Nurses:**

- |                 |              |
|-----------------|--------------|
| 1. Khun Kafae   | Lead Nurse   |
| 2. Luckana Rowe | School Nurse |
| 3. Penny Dunn   | School Nurse |

## **APPENDIX 6**

### **STAFF TRAINING AND PATHWAYS**

#### **Staff Training**

##### Start of term INSET

- Well-being and Mental Health Updates
- SHANARRI etc

##### CPD

- Directed group work scenarios
- Counselling approaches etc

##### Sharing good practice

- Ongoing

## APPENDIX 7

### FURTHER READING AND USEFUL LINKS

Anti Bullying Network [www.antibullying.net/](http://www.antibullying.net/)

BEAT [www.b-eat.co.uk](http://www.b-eat.co.uk)

Blog address <http://www.eatingdisordersadvice.co.uk> which is regularly updated with advice and support for parents and teachers of children with eating disorders.

Childnet International [www.childnet-int.org/kia/](http://www.childnet-int.org/kia/)

ChildLine [www.childline.org.uk](http://www.childline.org.uk)

ChildLine For-me App <https://www.childline.org.uk/toolbox/for-me/>

Children 1st [www.children1st.org.uk/](http://www.children1st.org.uk/)

Cool2talk- [www.cool2talk.org](http://www.cool2talk.org) – an interactive website for young people. Its aim is to provide health information & raise awareness of local services.

Moodjuice – [www.moodjuice.scot.nhs.uk](http://www.moodjuice.scot.nhs.uk) - a website that encourages individuals to think about emotional problems & work towards solving them.

NHS 24 [www.nhs24.com/](http://www.nhs24.com/)

SAMH – [www.samh.org.uk](http://www.samh.org.uk) Understanding self-harm for young people and parents, carers.

The Mix – [www.themix.org.uk](http://www.themix.org.uk) Support for people aged 16-25 years.

YoungMinds – [www.youngminds.org.uk](http://www.youngminds.org.uk) Information for parents and young people about mental health and well-being.