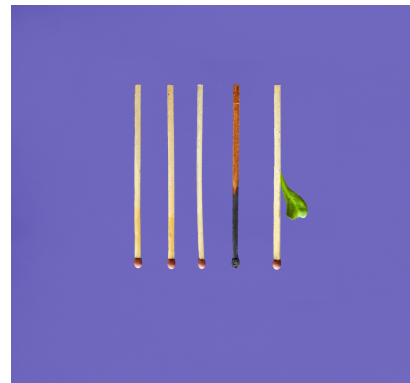


# TEACH WELL TOOLKIT MEMBERSHIP



## STAFF WELLBEING AND MENTAL HEALTH INDIVIDUAL AND SCHOOL ASSESSMENT



Waters Indices of Teacher Wellbeing and Mental Health ©

The Waters Indices can be used free of charge in schools, colleges and universities worldwide by acknowledging the author as Waters, S (2022)

## **What are the Waters Indices of Teacher Wellbeing and Mental Health?**

The Waters Indices of Teacher Wellbeing and Mental Health consist of three self-assessment tools. They can be used separately or combined. The Waters Indices are included in Teach Well Toolkit's 12-month School Membership. Teach Well Toolkit School Membership provides a unique and comprehensive range of strategies and tools to improve staff wellbeing, including the Teach Well Toolkit Programme ('Toolkit Programme'). The Toolkit Programme is a step-by-step guide to building a culture of whole-school staff wellbeing and mental health and supports a lead teacher through implementation. It can also be used by someone who has never led whole-school change. It is underpinned by John Kotter's process of organisational change. You can find out more about Teach Well Toolkit School Membership by visiting [www.teachwelltoolkit.com](http://www.teachwelltoolkit.com)

### **The Waters Indices comprise:**

- **The Waters Index of Teacher Burnout** (Page 6) is a 12-point scale to measure teacher burnout.
- **The Waters Index of Leadership Support for School Staff Wellbeing and Mental Health** (Page 7) is based on Freudenberger's and North's 12 Phases of Burnout (1992).
- **The Waters Matrix: Impact of the Relationship between School and Individual Responsibility for School Staff Wellbeing and Mental Health (V2)** (Page 8). The Waters Matrix enables you to plot the relationship between how your school looks after your wellbeing and mental health and how you look after your own wellbeing and mental health.

The results from one or more of the Waters Indices provide a snapshot in time of your school and its contribution to the mental health of your staff. The Waters Indices can be used free of charge in schools, colleges and universities worldwide by acknowledging the author as Waters, S (2022)

(Teach Well Toolkit Membership schools can download copies of the Waters Indices: [www.teachwelltoolkit.com](http://www.teachwelltoolkit.com))

## What is burnout?

The term 'Burnout' was first used by Freudenberger, a German-born American psychologist, in his work on chronic fatigue. Freudenberger defined burnout as a 'state of mental and physical exhaustion caused by one's professional life'. The term is used frequently today in the context of the workplace but often without an agreed definition.

Burnout is included in the 11<sup>th</sup> revision of the International Classification of Diseases (ICD-11) – a diagnostic tool for medical staff – as an occupational phenomenon. It is not classified as a medical condition. It is described in the chapter, 'Factors influencing health status of contact with health services', which includes reasons why people contact health services with conditions not classed as illnesses or health conditions. Burnout is defined in ICD-11 as:

'...a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one's work, feelings of negativism or cynicism related to one's work, and reduced professional efficacy. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.'

Burnout does not appear in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which sets the standard for the definition and diagnosis of mental ill-health for clinicians and other mental health professionals.

## Should burnout be classified as a mental illness?

There are two opposing views about whether burnout should be classified as a mental illness. One is that burnout is a form of depression and

therefore should not have a separate classification. The other is that burnout should be classified as a mental illness because, without a diagnosis of a mental illness, it is currently not regarded as sufficiently serious to warrant a diagnosis. Sufferers are therefore unable to get the treatment they need. This is particularly true in the United States, where people pay for their medical treatment.

## The 12 phases of burnout

Together with his colleague North, Freudenberger identified 12 phases of burnout, with a very serious phase between levels 10 - 12 where severe depression and suicidal ideations can occur. Urgent medical help should be sought if you or another staff member assesses their level of burnout between 10-12 on **The Waters Index of Teacher Burnout**.

The 12 phases are:

1. Excessive ambition.
2. Pushing yourself to work harder.
3. Neglecting personal care and needs.
4. Displacement of conflict ("Displacement is a psychological defence mechanism in which a person redirects a negative emotion from its original source to a less threatening recipient. A classic example of the defence is displaced aggression. If a person is angry but cannot direct their anger toward the source without consequences, they might 'take out' their anger on a person or thing that poses less of a risk" (<https://www.verywellmind.com/what-is-displacement-in-psychology-4587375>)).
5. Changes in values to validate self-worth (Going against what you believe so that you can fit in with the organisation's values).
6. Denial of problems and shame.
7. Social withdrawal.

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8. Obvious behaviour changes.
9. Confusion of identity.
10. Inner emptiness.
11. Depression.
12. Mental or physical collapse.

### **The connexion between burnout and the school as an organisation**

#### **Burnout as a response to factors in the school as an organisation.**

The history of the identification and treatment of mental illness shows that it has been regarded mainly as an individual response. Post-Traumatic Stress Disorder (PTSD), for example, was only recognised as a mental health condition in response to the experience of war in 1980 when it was included in DSM-3. PTSD is unique in identifying the environment, or a traumatic experience within the environment, as a cause.

The controversy over whether burnout should be classified as a mental illness has similarities to the recognition of PTSD as a mental illness. To recognise burnout as a mental illness in teaching (or any other occupation), there would need to be a recognition that the way the school (or any other workplace) operates is the sole or principal cause. Until the causes of burnout are seen in this way, individual teachers who are suffering from it can be regarded as being unable to cope.

#### **What role do the waters indices play in relation to burnout and the school as an organisation?**

The Waters Indices enable teachers or other staff members to self-assess their risk of burnout or judge to what extent they are suffering from it. They can then compare their score with the assessment of factors in the school organisation which contribute to it. Each of the Waters

**4**

(Teach Well Toolkit Membership schools can download copies of the Waters Indices: [www.teachwelltoolkit.com](http://www.teachwelltoolkit.com))

Indices can be used independently, but we recommend that they are used in combination. The extent to which school-related factors play a part in personal burnout can then be assessed.

## **What is Teach Well Toolkit's view of the causes of burnout in schools?**

Our view of the causes of burnout in schools is informed by a combined total of over 60 years professional expertise and personal experience in both primary and secondary leadership. This includes (Steve Waters): 30 years teaching experience in the secondary sector, including as a middle and senior leader; 6 years as a school improvement consultant in a local authority; Counselling and First Aid for Mental Health qualifications; the response of 1000 teachers to a mental health survey conducted in 2019; Ofqual regulated qualification as a Mental Health First Aid Instructor; and, finally, personal experience of suffering from burnout while teaching.

In summary, our opinion is that:

- Burnout can be an individual response to the demands of teaching which is not linked to the conditions created by the school as an organisation.
- Burnout can be a response to the demands of teaching, which is caused by the conditions created by the school as an organisation.
- Burnout can be both an individual response to the demands of teaching and a response to the conditions created by the school as an organisation.
- School leadership is responsible for caring for its staff by creating a culture of staff well-being and mental health. This is both a moral responsibility and one placed upon it by the Health and Safety Act and the Leadership and Management criteria within the Ofsted Inspection Framework, 2019.
- Where there are a number of teachers suffering from burnout, the priority is to arrange help for them or urge them to seek help, including from their GP. The second step is to examine the organisational factors that might be causing it.

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### The Waters Index of Teacher Burnout V3

(Based on Freudenberger's 12 Stages)

Tick statement that best describes your behaviour and emotions



Stage	My behaviour and emotions	
1	I must prove myself and show my headteacher and leaders that I am a good teacher and can do what I was appointed to do. I like giving myself challenges and achieving them. Perhaps I should aim higher.	
2	I must set myself high standards and can't afford to say 'No' in case people think I'm not committed. I find it difficult to take time off and to have a good work-life balance. I want to get ahead of deadlines and find it difficult to prioritise tasks.	
3	I am not looking after myself properly, but preparation and marking must come first. I know I shouldn't work as late as I do. I wish I could have more time off at weekends. I am making mistakes I didn't use to make.	
4	I feel resentful of my friends who leave work behind when they go home. I feel a bit empty and I am often exhausted. I've noticed I'm getting headaches and aches and pains and sometimes feel sick. I'm worried about school. I am forgetting to do things.	
5	I feel as if I'm on autopilot and emotionally spaced-out. My whole life is taken up by work. I'm neglecting family and friends.	
6	I prefer to be on my own. I often feel angry and I lose my temper with pupils and sometimes staff. I know it's due to workload and setting myself high standards. I've had a few days off recently.	
7	I feel isolated and retreat to my classroom. That one drink I have to relax in the evening has increased to two or three. I sometimes self-medicate to get through the day. I have a hangover sometimes which makes teaching so hard in the morning.	
8	I've changed so much since I first qualified. I used to be outgoing, but I think staff are avoiding me. I've had to go to see my GP and she has put me on anti-depressants. I look stressed and drawn and worn out.	
9	What's the point of teaching if it is destroying me? I keep going but I don't enjoy it like I used to. The medication is helping but I feel tired all day. I can't think beyond the next lesson. I find it difficult to plan and to look ahead.	
10	I feel empty and lost. I am eating too much to comfort myself. I feel that there is no one to help me.	
11	I am so depressed. I am lonely. I can't see any light at the end of the tunnel. Even when I sleep, I get up exhausted. I feel so guilty that I'm doing such a bad job and letting the children down. I don't enjoy anything. I don't know how much longer I can take it. Perhaps I'd be better off out of it.	
12	I can't face going in. I can hardly get out of bed. I'm losing weight. I feel anxious and guilty. I can't face it any more. I am wondering if I have the courage to put an end to my life.	

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**Stages** 1-3: Opportunity to reduce impact via self-help or accepting help from others. 4-6: Need to seek professional help, such as counselling, to prevent further decline of health. 7-9: Urgent professional help a necessity. 10-12: Emergency help needed, especially at Stage 12 where there is a threat to life.

### How do you score your level of burnout?

**Please seek medical help if you are concerned about your physical or mental health.**

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**Doc 3: Waters Index of Leadership Support for School Staff Wellbeing and Mental Health (V6)**  
**Teach Well Toolkit Programme**

To calculate your score, choose which column best describes your school. Avoid focusing on individual statements. Use a 'best fit' picture.

<b>Negative impact: Toxic</b> <b>-2 or -1</b>	<b>Low Support</b> <b>1</b>	<b>Medium Support</b> <b>2</b>	<b>High Support</b> <b>3</b>	<b>Flourishing</b> <b>4</b>
<p><b>No</b> positive action.  <b>No</b> support – solve your own problems.  <b>High</b> accountability – results are everything and failure each member of staff's fault.  <b>Excessive</b> workload.  <b>Lack</b> of empathy with staff.  <b>School</b> and children come first.  <b>Leave</b> home and family at door.  <b>High</b> rates of absence.  <b>High</b> cover costs.  <b>High</b> turnover.  <b>High</b> recruitment costs.  <b>Mental</b> ill-health regarded as weakness.  <b>Bullying</b> of staff is a daily occurrence.  <b>Most</b> staff who leave have mental ill-health and have lost confidence.  <b>There</b> is a culture of fear.  <b>No</b> responsibility taken by leadership that their actions are causing staff mental and physical ill-health.  <b>Happiness</b> is fluffy – it's got nothing to do with results.  <b>'If you can't cope, leave'</b> - staff are dispensable.  <b>Maternity</b>/paternity leave regarded as inconvenience.  <b>Looking</b> after sick relatives, including children, leads to payback: time or salary.  <b>Flexible</b>/part-time working refused.</p>	<p><b>Some</b> positive actions but mainly peripheral or token gestures e.g. exercise class, cakes on Friday  <b>Some</b> support: Listening without offering solutions.  <b>Accountability</b> overrides concern.  <b>Family</b> time acknowledged but little or no work-life balance.  <b>Staff</b> absences of concern.  <b>Turnover</b> of concern.  <b>Cover</b> costs of concern  <b>Recruitment</b> costs of concern.  <b>Mental</b> ill-health often judged as being unable to control class or cope with workload or demands of teaching.  <b>Leadership</b> shows some understanding of staff' mental ill-health but blames government for it.  <b>'We</b> want you to be happy but happiness is your personal responsibility'.  <b>'We</b> appreciate that teaching is stressful. Perhaps you should consider taking some steps to look after yourself better'.</p>	<p><b>Positive</b> actions include some whole-school strategies but lack coherence e.g. limits on use of email, together with peripheral or token gestures.  <b>Support</b> depends on line-manager providing it.  <b>Family</b> time promoted verbally but limited attempt to create a work-life balance.  <b>Turnover</b> erratic and subject to variations.  <b>Cover</b> costs are variable and show some evidence of falling.  <b>Recruitment</b> costs are variable and show some evidence of falling.  <b>Mental</b> health is acknowledged verbally and staff are encouraged to seek support. Provision depends on line manager.  <b>Leadership</b> has a good understanding of its responsibility to support staff with mental ill-health but response lacks systematic strategy.  <b>'We</b> want you to be happy and realise we have a role to play.'  <b>'We</b> appreciate that the pressure in teaching sometimes leads to mental ill-health. Come and see us and we will support you'.</p>	<p><b>School</b> is on a journey to take positive action with evidence of whole-school strategies in place, together with a staff wellbeing policy.  <b>Staff</b> wellbeing policy includes advice on what staff should do if they have mental ill-health and how line managers should respond.  <b>Work-life</b> balance is actively promoted.  <b>Turnover</b> is low.  <b>Cover</b> costs are low.  <b>Recruitment</b> costs are low.  <b>Mental</b> health is discussed both informally and formally in Inset/Staff meetings.  <b>Leadership</b> has a very good understanding of its responsibility to support staff with mental ill- health. Its response is improving and self-improvement is in place in this respect.  <b>'We</b> want you to be happy and are open to suggestions about how we can improve our support and response if you are mentally unwell'.  <b>'We</b> are determined to reduce pressure on staff. You know how we will support you if you have mental ill-health'.</p>	<p><b>Whole-school</b> approach to support mental health.  <b>All</b> strategies and policies examined to strip back any actions which do not contribute to teaching and learning.  <b>Family</b> comes first. School covers staff when family emergency.  <b>School</b> examines its own actions when member of staff has mental ill-health.  <b>School</b> has staff wellbeing &amp; mental health policy, reviewed yearly.  <b>'Talking School'</b> where staff encouraged to talk about problems without judgement. Low absence rate.  <b>Low</b> cover costs.  <b>Low</b> turnover – staff don't want to leave: they love their school.  <b>Mental</b> health regarded as important as physical health.  <b>Leadership</b> transparent about their own stresses and difficulties.  <b>'We're</b> all in this together. Come and talk. We're listening and will act. We value you as a person and as a member of our school. You are a precious resource'.  <b>Happiness</b> is fundamental to good teaching and learning.</p>

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**How do you score your school's support for your wellbeing and mental health?**

**Please seek medical help if you are concerned about your physical or mental health.**

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**(Mapped against 'Waters Index of Leadership Support for School Staff Wellbeing and Mental Health')**

	High support for wellbeing and mental health of staff	Low/no support for wellbeing and mental health of staff
Staff take care of their own wellbeing and mental health	<p><b>Good</b> school community wellbeing and mental health.  <b>Good</b> individual wellbeing and mental health.  <b>Staff</b> support one another.  <b>High</b> retention.  <b>Low</b> cover needs for teachers absent through stress.  <b>Supportive</b> culture: staff support one another, including support for headteacher and SLT.  <b>Staff</b> able to model resilience and self-care to pupils.  <b>Teaching</b> and learning are strong  <b>Low</b> monitoring – staff trusted to do their jobs.</p> <p><b>Score = 3/4 Flourishing</b></p>	<p><b>Poor</b> community wellbeing and mental health.  <b>Staff</b> struggle to maintain wellbeing and mental health.  <b>Staff</b> support one another to overcome lack of school support.  <b>Retention</b> under pressure – some teachers can't cope and leave school and/or the profession.  <b>Cover</b> under pressure –increases during school year.  <b>Staff</b> struggle to model resilience and self-care to pupils.  <b>Teaching</b> and Learning is variable and dependent on teachers' energy levels and state of mind.  <b>Monitoring</b> and micromanagement are high.</p> <p><b>Score = 1 Low</b></p>
Staff don't take care of their own wellbeing and mental health	<p><b>Good</b> community support for wellbeing and mental health.  <b>Poor</b> individual wellbeing and mental health – teachers don't take advantage of support available.  <b>Staff</b> hide their lack of wellbeing and mental health.  <b>Retention</b> is good but presenteeism (coming to work when ill) is high.  <b>Cover</b> is under pressure and increases during school year.  <b>Staff</b> model self-sacrifice to pupils but unable to effectively model resilience and self-care.  <b>Teaching</b> and learning is variable and dependent on staff's energy levels and state of mind</p> <p><b>Score = 2 Medium</b></p>	<p><b>Poor</b> school community wellbeing and mental health.  <b>Poor</b> individual wellbeing and mental health.  <b>Staff</b> often work in isolation.  <b>Low</b> retention.  <b>High</b> cover needs for teachers absent through stress, increasing during the year.  <b>Staff</b> unable to model resilience and self-care to pupils.  <b>High</b> presenteeism.  <b>Teaching</b> and learning is weak. Excessive, negative monitoring increases poor mental health.</p> <p><b>Score = -2 or -1 (Toxic)</b></p>

*Note: This is a 'best-fit' model. Statements are not intended to be evaluated separately*

**Where would you place yourself on the matrix of self-care and whole-school care for your wellbeing and mental health?**

**Please seek medical help if you are concerned about your physical or mental health.**

(Teach Well Toolkit Membership schools can download copies of the Waters Indices: [www.teachwelltoolkit.com](http://www.teachwelltoolkit.com))

## About Us



## Teach Well Toolkit

We are co-founders of Teach Well Toolkit, a unique staff wellbeing and mental health membership service for schools. Suneta is a former primary headteacher, and Steve is a former secondary school Assistant Principal. Both Suneta and Steve have mental health qualifications, including as Ofqual regulated First Aid for Mental Health Instructors. Teach Well Toolkit is also a DfE approved provider of fully-funded Senior Mental Health Lead (SMHL) training in schools until 2025.

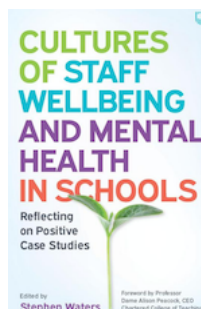
Teach Well Toolkit school membership includes our Teach Well Toolkit Programme ('Toolkit Programme'). This unique step-by-step process tackles staff burnout and enables you to build a culture of staff wellbeing and mental health. The Toolkit Programme:

- Creates a supportive community where everyone, irrespective of role, can ask another staff member for help.
- Is underpinned by Maslach's work on burnout and draws on John Kotter's process of organisational change,
- Reduces staff absence through mental health.

(Teach Well Toolkit Membership schools can download copies of the Waters Indices: [www.teachwelltoolkit.com](http://www.teachwelltoolkit.com))

- Improves staff morale.
- Draws on best practice of staff mental health in schools.

Steve's book, Waters, S (Ed) (2021) "Cultures of Staff Wellbeing and Mental Health in Schools" Open University Press/McGraw-Hill contains 32 case-study chapters written by schools of how they created a culture of staff wellbeing and mental health. It is available on Amazon at <https://tinyurl.com/y8rnez4c>



If you would like to know more about how we can help you in your school, go to [www.teachwelltoolkit.com](http://www.teachwelltoolkit.com) or contact us at [admin@teachwelltoolkit.com](mailto:admin@teachwelltoolkit.com)

## Sources of support outside the school

It is vital that, if you are concerned about your score on the Waters Index of Teacher Burnout, you seek support and medical advice. This is especially important if you score between 10-12. Trying to work through burnout or ignoring its symptoms and impact can increase the risk of physical and mental harm. Your GP is the first source of help as they can sign you off school if they judge that continuing to go to work would be physically and/or mentally harmful. You can show your GP your burnout score, if it would be helpful.

**A key source of help is the charity Education Support, exclusively for teachers, which has a free 24/7 helpline staffed by qualified counsellors. Phone 08000 562 561**



## Other sources of support

*The contact details of these sources of support were accurate when this document was published. Please search for the organisation's details if you are unable to connect with them by phone. There are also other organisations that might be able to help which are not listed here.*

**Alcoholics Anonymous:** Phone: 0800 917 7650 [24 hour helpline]. Website: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

**Alzheimer's Society:** Provides information on dementia, including fact sheets and help lines. Phone: 0333 150 3456 [Monday to Friday 09:00am to 5:00pm, and 10:00am to 4:00pm on weekends]. Website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

**Anxiety UK:** Charity providing support if you have been diagnosed with an anxiety condition. Phone: 03444 775 774 [Monday to Friday, 09:30am to 10:00pm; Saturday & Sunday, 10:00am to 8:00pm]. Website: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

**Beat:** Eating disorders. Phone 0808 801 0677 [adults] or 0808 801 0711 [for under 18s]. Website: [www.be-8.co.uk](http://www.be-8.co.uk)

**Bipolar UK:** a charity helping people living with Bipolar Disorder. Website: [www.bipolaruk.org.uk](http://www.bipolaruk.org.uk)

**CALM** is the campaign against living miserably for men aged 15 to 35. Phone: 0800 58 58 58 [Daily, 5:00pm to midnight]. Website: [www.thecomzone.net](http://www.thecomzone.net)

**CRUSE:** Bereavement care. Phone: 0808 808 1677 [Monday to Friday, 9:00am to 5:00pm]. Website: [www.cruse.org.uk](http://www.cruse.org.uk)

**Family Lives:** Advice on all aspects of parenting, including dealing with bullying. Phone: 0808 800 2222 [Monday to Friday, 9:00am to 9:00pm and Saturday & Sunday, 10:00am to 3:00pm]. Website: [www.familylives.org.uk](http://www.familylives.org.uk)

**Mankind:** For male victims of domestic abuse. Weekdays 10.00am to 4.00pm. Phone: 01823 334244. Website: [www.mankind.org.uk](http://www.mankind.org.uk)

**Mencap:** Charity working with people with a learning disability, their families and carers. Phone: 0808 808 1111 [Monday to Friday, 9:00am to 5:00pm]. Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**Men's Health Forum:** 24h stress support for men by text, chat and email. Website: [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)

**Mental Health Foundation** provides information and support for anyone with mental health problems or learning disabilities. Website: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

**Mind** promotes the views and needs of people with mental health problems. Phone: 0300 123 3393 [Monday to Friday, 09:00am to 6:00 pm]. Website: [www.mind.org.uk](http://www.mind.org.uk)

**Narcotics Anonymous:** Drug charity. Phone 0300 999 1212 [Daily, 10:00am to midnight]. Website: [www.ukna.org](http://www.ukna.org)

**National Gambling:** Addiction, drugs, alcohol, gambling. Phone: 0808 8020 133 [Daily, 08.00am to midnight]. Website: [www.begambleaware.org](http://www.begambleaware.org)

**NSPCC:** Children's charity dedicated to ending child abuse and child cruelty. Phone: 0800 1111 for ChildLine for children [24-hour helpline], 0808 800 5000 for adults concerned about a child [24-hour helpline]. Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)

**No Panic:** Voluntary charity offering support for sufferers of panic attacks and Obsessive-Compulsive Disorder [OCD]. Offers a course to help overcome your phobia or OCD. Phone: 0844 967 4848 [Daily, 10.00am to 10:00pm]. Calls cost 5P per minute, plus your phone provider's access charge. Website: [www.nopanic.org.uk](http://www.nopanic.org.uk)

**OCD UK:** Charity run for people with OCD. Includes facts, news and treatments. Phone: 0333 212 7890 [Monday to Friday, 09:30am to 5:00pm].

**Rape Crisis:** To find your local services, phone: oh 808 8029999 [daily, 12:00pm to 2:30pm and 7:00pm to 9:30pm]. Website: [www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

**National Domestic Abuse** helpline (For women and children). Phone: 0808 2000 247 [24-hour helpline]. Website: [www.nationaldahelpline.org.uk](http://www.nationaldahelpline.org.uk) Refuge advice on dealing with domestic violence: [www.refuge.org.uk](http://www.refuge.org.uk)

**Relate:** The UK's largest provider of relationship support. Website: [www.relate.org.uk](http://www.relate.org.uk)

**Rethink:** Support and advice for people living with mental illness. Phone 0300 5000 927 [Monday to Friday, 09:30am to 4:00pm]. Website: [www.rethink.org](http://www.rethink.org)

**Samaritans:** Confidential support for people experiencing feelings of distress or despair. Phone: 116 123 [Free 24-hour helpline]. Website: [www.samaritans.org.uk](http://www.samaritans.org.uk)

**SANE:** Emotional support, information and guidance for people affected by mental illness, their families and carers. SANEline: 0300 304 7000 [Daily, 4:30pm to 10:30pm]. Textcare: Comfort and care via text message, sent when the person needs it most: [www.sane.org/textcare](http://www.sane.org/textcare) Peer support forum: Website: [www.sane.org.uk/supportforum](http://www.sane.org.uk/supportforum) Website: [www.sane.org.uk/support](http://www.sane.org.uk/support)

**Victim Support:** For anyone who has been a victim of crime. Phone: 0808 168 9111 [24-hour helpline]. Website: [www.victimsupport.org](http://www.victimsupport.org)

**Young Minds:** information on child and adolescent mental health. Services for parents and professionals. Phone: Parents' helpline: 0808 802 5544 [Monday to Friday, 09:30am to 4:00pm]. Website: [www.youngminds.org.uk](http://www.youngminds.org.uk) Abuse (Child, sexual, domestic violence).







[www.teachwelltoolkit.com](http://www.teachwelltoolkit.com)

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