



Lyceum Alpinum Zuoz
SWISS INTERNATIONAL BOARDING SCHOOL

Mental Health and Wellbeing Policy

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Responsibility: Wellbeing Lead



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1. Rationale

In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for the many students affected both directly and indirectly by mental ill health.

2. Statement

At the Lyceum Alpinum Zuoz, henceforth referred to as the 'School', we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement.

3. Policy Aims

This policy aims to:

- promote positive mental health in all staff and students;
- increase understanding and awareness of common mental health issues;
- alert staff to early warning signs of mental ill health;
- provide support to staff working with young people with mental health issues;
- provide support to students suffering mental ill health and their peers and parents/carers.

4. Responsibilities

Mental health and wellbeing is the responsibility of everyone working with pupils at the School. Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the wellbeing team in Student Support in the first instance.

Wellbeing Team:

- Mrs. Gillian Holland, Head of Boarding and Pastoral Care
- Mrs. Dalia Sorrentino, School Counsellor

Safeguarding Lead and Deputy:

- Gillian Holland, Head of Boarding and Pastoral Care
- Duncan Holland, Head of Grosshaus

Safeguarding Officers:

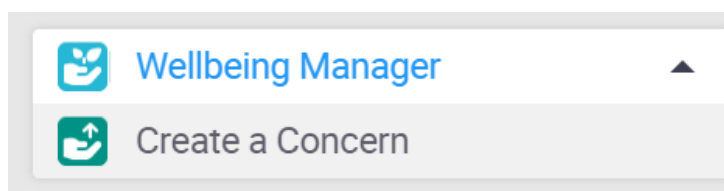
- Ciara Corrigan, Boarding House Parent (Spencer House and Chesa Urezza) and Science Teacher.
- Daniel Jeffries, Head of Kleinhaus and Sports Teacher
- Tiziana Gees, Geography Teacher

If there is a fear that the student is in danger of immediate harm, safeguarding procedures should be followed with an immediate referral to the designated Safeguarding lead/CPOs, or Head of School (see Safeguarding and Child Protection Policy). This should be followed up with a written account of your concerns on the Wellbeing Manager (see Appendix 3 for step-by-step instructions).

If the student presents a medical emergency, the normal procedures for medical emergencies should be followed, including alerting the Health Centre and contacting the emergency services if necessary.

5. Reporting Concerns

If a member of staff or pupil has a concern for a pupil's wellbeing, the member of staff should put the disclosed information/the concerns in writing as soon as possible. This could take the form of a handwritten note, a 'confidential' email, a concern on iSAMS (Wellbeing Manager/create a concern) – cf. screenshot below and Appendix 3 for more details.



All records should include:

- date;
- the name of the member of staff to whom the disclosure was made;
- recorded facts from the conversation;
- agreed next steps.

This information should be shared with the Wellbeing Team and Safeguarding Lead who will store the record in accordance with the School's data protection policy, and offer support and advice about next steps.

5.1 Warning Signs

School staff may become aware of warning signs that indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns to Student Support and log their concern via the Wellbeing Manager, as described above.

Possible warning signs include:

- evident changes in behaviour;
- physical signs of harm that are repeated or appear non-accidental;



- changes in eating/sleeping habits;
- increased isolation from friends or family, becoming socially withdrawn;
- changes in activity and mood;
- reduced concentration;
- lowering of academic achievement;
- talking, joking or researching about self-harm or suicide;
- abusing drugs or alcohol;
- expressing feelings of failure, uselessness or loss of hope;
- changes in clothing, e.g., long sleeves in warm weather;
- secretive behaviour;
- skipping PE or getting changed secretly;
- an increase in lateness to or absence from school;
- repeated physical pain or nausea with no evident cause;
- spending more time at the bathroom;
- discontinued hobbies or interests;
- failure to take care of personal appearance;
- seemingly overly-cheerful after a bout of depression.

5.2 Team Around the Child (TAC) Meetings

When there is a child or young person with a suspected/diagnosed mental health condition it is important that the case is brought forward in the next scheduled TAC meetings in order to discuss the case and put in place measures to support the individual's needs. The concern should be immediately logged on the Wellbeing manager prior to the meeting so that the Wellbeing Lead and Safeguarding Lead are aware of the concern prior to the meeting. In cases brought forward, it is important to discuss:

- who is involved in the plan;
- reason for the plan, including details of a pupil's condition, special requirements precautions, medication and any side effects;
- summary of the child's needs against the wellbeing indicators;
- desired outcomes;
- resources;
- timescales for action and change;
- what needs to be done and by whom - who to contact in an emergency;
- any contingency arrangements, if necessary;
- reviewing the plan on a weekly basis.

5.3 Managing Disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff. All staff therefore need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix 1.

5.4 Confidentiality

Confidentiality in conversations creates a safe space for students to speak about sensitive subjects with the knowledge that what is discussed will not be misused or repeated. There are certain limitations to confidentiality and circumstances in which the adult (teacher, counsellor) needs to break confidentiality, either because of a legal obligation or policy requirement. The limitations include:

- **Risk of harm to self:** If student is expressing suicidal thoughts or intent;
- **Risk of harm to others:** If students is expressing that someone in their lives is in danger or is expressing the intent or hurting someone else;
- **Risk of harm/neglect:** If student is expressing that someone is hurting or neglecting them;

The above limits to confidentiality should be explained to students during conversations.

6. Awareness, Knowledge and Prevention

The skills, knowledge, awareness, and understanding needed by our students and staff to keep themselves and others physically and mentally healthy and safe should be made abundantly clear to all students and staff at the School. Wellbeing awareness is incorporated in to the PHSE curriculum, assemblies, training, and posters and leaflets distributed around the school. The programme of study from the PSHE association and the UNICEF Strategic Plan provide the framework for the content to be covered. The lessons provided will be age appropriate to help students understand personal safety needs and rights and to identify, reduce and manage risks.

Below are some examples of how the school intends to improve the Mental Health and Wellbeing provision at the school:

Awareness

- Use of weekly anonymous surveys to students so the school are aware of the mental health of students and identify patterns or certain groups to target.



- Use of weekly anonymous surveys to gain feedback and improve the wellbeing provision.
- “Its ok to not be ok” – Staff talk to students about mental health and wellbeing more actively and openly, and promote the message of “Its ok to not be ok” amongst their classes and within boarding.
- Posters and appropriate signposting to encourage students to disclose mental health and wellbeing concerns, and ask for help should they need it.
- Staff actively praise and promote instances of care and consideration between students, and challenge negative and poor behaviour between peers as soon as it is witnessed.
- Putting in place a system of management practice and controls, which enables students to enjoy a healthy work-life balance, whilst recognising the impact of personal choice and lifestyle.
- Staff to encourage mindfulness and other coping strategies to empower students to regulate their moods and be more resilient.

Knowledge

- Ensuring the curriculum within PHSE appropriately educates students on mental health and wellbeing, and helps to creating a ‘culture of care’ around the school.
- Staff have appropriate training to be able to handle safeguarding and wellbeing matters confidently and efficiently, and are aware of external agencies they can access for students needing support (See Appendix 5).
- Workshops on dealing with stress and anxiety at key times of year (e.g. exam season).
- Ensuring students are aware of local services they can access (through school if they wish) to talk about issues/topics of concerns. Staff to help students with referrals when needed.
- Students are all aware of where and who to go and see when they are struggling with their mental health/wellbeing. There is information displayed around school so students can be sure without having to ask.
- Staff and students are aware of what safeguarding is and how to report or who to approach when they have concerns regarding another student or need advice.

Prevention

- Weekly mental health and wellbeing meetings with members of Management, HOH, Medical, and Safeguarding Team to discuss vulnerable students and ensure measures are in place to support vulnerable students.
- Offering a healthy and diverse range of sporting offers to students, and promoting the importance of exercise in maintaining a healthy lifestyle.
- Provide training to students in order to give them the tools they need to manage their total wellbeing and mental health.
- Educating students on the importance of getting balance in their lifestyle (work/life balance, exercise, mindfulness, etc...) through assemblies, PHSE, house meetings.
- Ensuring the promotion and maintenance of the highest degree of physical, mental and social wellbeing.



- Liaising with local organisations and provisions to support additional needs students may have.
- Making sure working environments are healthy, safe, secure and suitable.
- All staff are advocates of mental health and wellbeing, and actively promote it in the school community. In turn, students feel safe, listened to, and respected.
- Ensuring that when a concern around a student's wellbeing is raised that the wellbeing team/Student Support Services respond.

Appendix 1: Talking to Students When They Make Mental Health Disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you

should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.



Appendix 2: List of Common Mental Health Conditions

1. Depression

What is depression?

Depression is a common mental disorder and illness that not only affects high school students, but children, adults and the elderly alike. Depression causes overwhelming feelings of hopelessness, sadness, and in severe instances, thoughts or actions related to self-harm and suicide. Depression can be brought on by stress, interference with home life and other relationships in a teen's life.

Signs of depression:

- Avoiding family and friends
- Withdrawing from everyday activities
- Increase in sleep
- Inability to focus
- Feeling sad or empty, excessively guilty, worthless, hopeless
- Aches and pains
- Overeating and weight gain or lack of appetite
- Poor memory, concentration and decision-making
- Insomnia or lack of sleep
- Fatigue and lack of energy
- Anger and irritability
- No pleasure in activities



2. Anxiety

What is anxiety?

Anxiety is another common mental illness that can become overbearing depending on the severity of the disorder and the person's surroundings. Anxiety causes individuals to avoid situations and people, especially when being around them triggers sweating, nausea and panic-attacks. Teens struggling with anxiety may ultimately begin slacking in class, avoiding friends and even skipping school altogether. Anxiety can make it increasingly challenging to feel safe, even in a classroom environment.

Signs of anxiety:

- Restlessness
- Irrational fears
- Fatigue
- Insomnia
- Lack of concentration
- Panic attacks
- Paranoia
- Sickness



3. Stress

What is stress?

Stress is our response to anything that threatens our physical, emotional, or financial health or survival. A stressor is an event or series of events that harm or threaten people and cause them to respond. When we suffer from too much stress for too long, it is called distress. Persistent, extended periods of negative stress can precede other issues that impact mental wellness. It is often difficult for people to distinguish between depression and stress. It leads to gradual exhaustion up to severe physical and mental illness. Constant stress can also influence social behaviour. A possible stress reaction is the avoidance of interpersonal contact or even social withdrawal.

Signs of constant stress:

Emotional

- Moodiness, irritability
- Anger
- Feeling overwhelmed, lacking control
- Difficulty relaxing, restless
- Loneliness, avoidance
- Feeling worthless, hopeless
- Low self-esteem
- Anxiety, panic

Cognitive

- Forgetfulness
- Racing thoughts, lack of focus
- Constant worrying
- Poor judgment
- Pessimistic

Physical

- Lethargy, body fatigue, lack of energy
- Headaches
- Gastrointestinal issues (upset stomach, diarrhoea, constipation, nausea)
- Aches and pains, tightness in muscles
- Chest pain, rapid heartbeat, short breathing
- Frequent colds or infections
- Loss of interest in activities
- Nervousness, anxiety
- Dry mouth, difficulty swallowing
- Clenched jaw, grinding teeth

Behaviour

- Sleeping too much or too little
- Eating too much or too little
- Procrastination



- Increased use of alcohol, drugs, or cigarettes
- Nervous behaviours (nail biting, fidgeting, pacing)



4. Insomnia

What is insomnia?

Insomnia is the inability to sleep, despite the desire and opportunity to do so. Insomnia can be agonizing; lying awake in bed means you aren't getting rest and you aren't getting anything done. The combination can lead to anxiety about how much sleep you are missing, which can lead to more insomnia. It can be pretty clear when you aren't able to get to sleep, but difficulty falling asleep isn't the only sign of insomnia.

Signs of insomnia:

- Short sleep
- Unable to remain asleep
- Depression
- Anxiety



5. Low Self-Esteem

What is low self-esteem?

Low self-esteem means not thinking much of yourself as a person, or not holding yourself in high regard. If you have low self-esteem you might not feel confident or capable, may feel anxious, and may criticize yourself harshly. Psychologists think that underneath feelings of low self-esteem are the negative beliefs and opinions we hold about ourselves. Some people know that their negative judgement of themselves is too harsh, other people hold onto these beliefs so strongly that they can feel like facts.

Signs of low self-esteem:

- Sensitivity to criticism and thinking critically on one's self
- Feelings or sense of social withdrawal
- Feeling irritation or sense of hostility
- Too much focus on personal problems and thoughts
- Physical symptoms and feelings (fatigue, insomnia, and headaches)
- Negative thoughts and feelings about the self
- Feelings of worthlessness and defeat
- Having a fear of failure or experiencing shame after failing

6. Obsessive Compulsive Disorder (OCD)

What is OCD?

Obsessive-Compulsive Disorder is a common mental health condition that typically starts in early adulthood, and is commonly known as OCD. OCD consists of obsessions (intense, uncontrollable, reoccurring thoughts, images, and fears) and compulsions (repetitive activities) that people do to relieve the obsessive thoughts.

Signs of OCD:

Signs of obsessions

- Fear of causing or failing to prevent harm
Worrying that they or someone else may get harmed or they have already been harmed.
- Intrusive thoughts, images and impulses
People here may experience unwanted forbidden or taboo thoughts related to aggression, sexual or religious subjects. For example, thoughts that they might be a dangerous person, thoughts against their religion, or intrusive sexual thoughts related to children and family members.
- Fear of contamination
As some people may fear contamination through germs and dirt, they may avoid situations such as touching objects or shaking hands.
- Fears of worries related to order and symmetry
A compulsion to ensure everything feels 'just right'. People may find themselves working on cleaning assiduously to make sure everything is spotless.

Signs of compulsion

- Rituals
Rituals are a set pattern of behaviours with a clear starting and end point. Examples of rituals include touching things in a particular order or at a certain time and arranging things in a certain way. If these rituals get interrupted, they may feel the need to start again.
- Checking
People with OCD may have a compulsion to keep checking things such as locks, security systems, or ovens. Checking their body for contamination or making sure that intrusive thoughts did not happen. The constant need for checking can disrupt everyday tasks such as attending appointments and can impact their relationships.
- Correcting thoughts
Correcting thoughts may consist of replacing intrusive thoughts with another image, repeating phrases in their head, repeatedly counting to a particular number.
- Reassurance
People with OCD may have the constant need to ask others to reassure them that everything is alright.



7. Alcohol, Drug or Tobacco Misuse

What is low alcohol, drug or tobacco misuse?

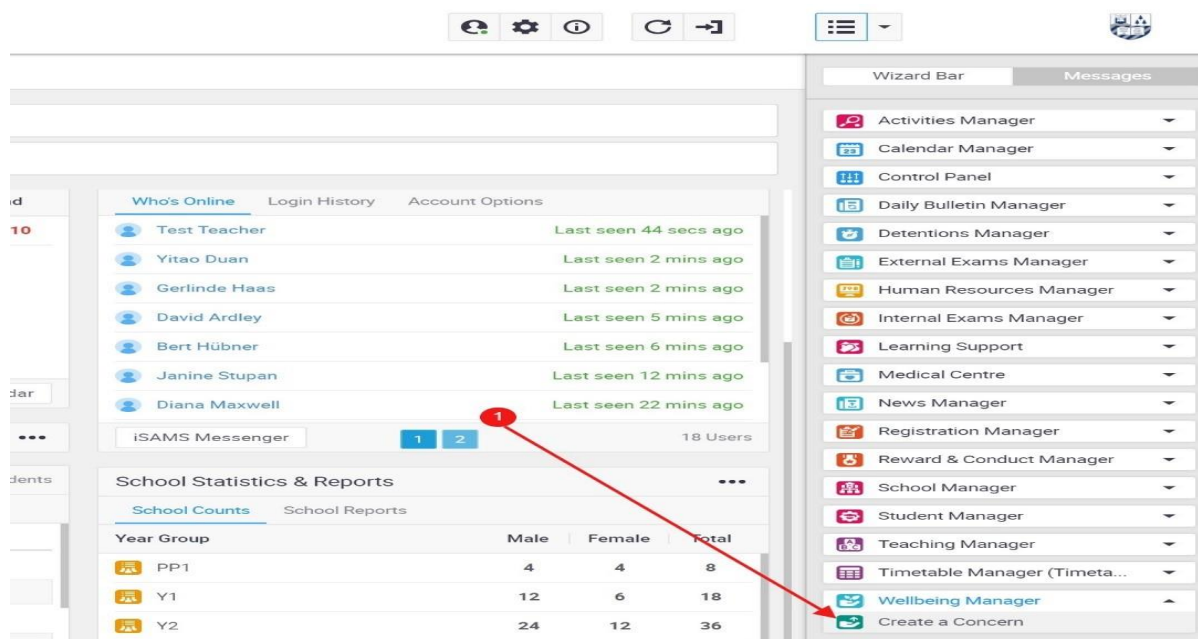
Use and abuse of drugs and alcohol by teens is very common and can have serious consequences. Repeated and regular recreational use can lead to other problems like anxiety and depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression, or a lack of positive social skills. Teen use of tobacco and alcohol should not be minimized because they can be 'gateway drugs' for other drugs (marijuana, cocaine, hallucinogens, inhalants, and heroin). The combination of teenagers' curiosity, risk taking behaviour, and social pressure make it very difficult to say no. This leads most teenagers to the questions: 'Will it hurt to try one?' A teenager with a family history of alcohol or drug abuse and a lack of pro-social skills can move rapidly from experimentation to patterns of serious abuse or dependency.

Signs of low alcohol, drug or tobacco misuse:

- A drop in school performance
- A change in groups of friends
- Delinquent behaviour
- Deterioration in family relationships

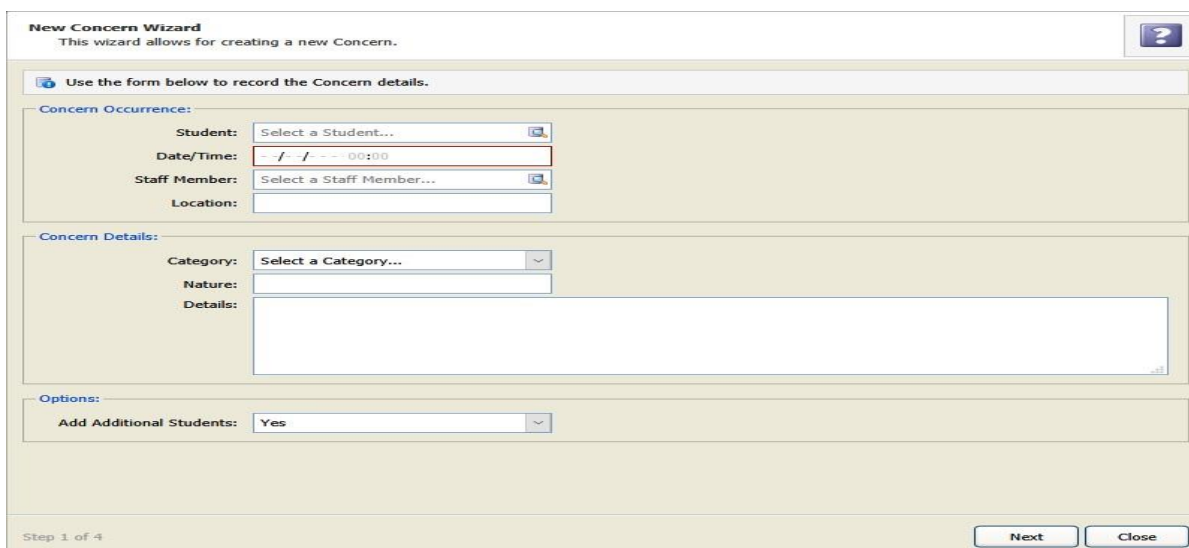
Appendix 3: How to Raise a Concern Within iSAMS

1. Log in to iSAMS and locate the Wizard bar located on the right-hand side of the screen. Click on **'Create a Concern'**.
2. You will see a pop up which you will need to complete with as much information as possible. You can also add additional students if more than one student is involved. Click **'Next'** once all the information is entered.



Once the information is complete you will see the below confirmation box, just click on **'Finish'** to close this box. Now the Wellbeing and Safeguarding Leads are notified by email and will contact you to discuss further. Please follow up with a phone call or email.

Please note:



New Concern Wizard
This wizard allows for creating a new Concern.

Use the form below to record the Concern details.

Concern Occurrence:

Student:

Date/Time:

Staff Member:

Location:

Concern Details:

Category:

Nature:

Details:

Options:

Add Additional Students:

Step 1 of 4

This information is private and confidential, only the Wellbeing Lead, Safeguarding Lead and CPOs have access to this data.



Appendix 4: Wellbeing Training at the School

Who?	When? - Frequency	Content	Notes
New Academic & Boarding staff	During August Internal Training (before start of school academic year) or upon appointment if staff arrive later in the academic year.	<ul style="list-style-type: none"> - Wellbeing Policy - Categories of mental health - Dealing with concerns - Dealing with disclosures - Procedures to follow 	Training by Wellbeing Lead.
Academic & Boarding staff	1st Semester – Internal Training – once a year or upon subsequent major changes.	<ul style="list-style-type: none"> - Update on Wellbeing Policy - Case studies 	Training by Wellbeing Lead – either in German or in English.
School & House Captains (Students)	Before October holiday.	<ul style="list-style-type: none"> - Categories of mental health - Dealing with concerns - Dealing with disclosures - Procedures to follow 	Training by Wellbeing Lead.
Wellbeing Team	Every two years or upon subsequent major changes. The Wellbeing Lead is required to liaise with the relevant external agencies in order to develop a productive and informative working relationship.	Organised by agency.	Training from external recognised agency.



Appendix 5: External Specialist Agencies

1. Mental Health

➤ **Child and adolescent psychiatry Graubünden in Samedan KJP:**

Cho d'Punt 11, 7503 Samedan

Pupils: 17 or younger

Phone: +41 81 850 03 71

Email: info@kjp-gr.ch

Languages: German, Italian, English

Psychologists:

Francesca Pasini (Mo, Tue, Do),

Winfried Egeler (Mo, Tue, Mi),

Stephanie Heidelberger (Scuol),

Elisabeth Schmidt

If doctor/psychiatrist needed:

KJP Psychiatrist Chur

Cooperation with Hospital Samedan/Pediatrics

➤ **Psychiatric service Graubünden in St.Moritz PDGR:**

Plazza Paracelsus 2, 7500 St. Moritz

Pupils/staff: 18 or older

Phone: +41 58 225 10 10

Email: apd.st.moritz@pdgr.ch

Crisis intervention (24/7): +41 58 225 20 00

Languages: German, Italian, English

Collaboration with Hospital Samedan

➤ **Psychiatrist Dr. med. Nadia Frey:**

Via Chavallera 6, 7500 St.Moritz

Monday to Wednesday, Saturday, Sunday

Phone: +41 79 525 65 90

Email: praxis.nadiafrey@hin.ch

Languages: German, English

➤ **Psychiatrist Dr. med. Thomas Buder:**

Via Rosatsch 7, 7500 St.Moritz

Phone: +41 81 833 41 41

Email: info@psychiater-engadin.ch

Languages: German, Italian, English

➤ **Dr. phil. Monika Kast**

(learning, school and parental counselling; Advice on crisis situations)

Seestrasse 67, 8002 Zurich



Phone: +41 76 335 72 79

Email: monika.kast-perry@psychologie.ch

Languages: German, English

3. Useful websites

- **Pro Juventute** (German, French, Italian)
www.147.ch
Phone: 147
- **Mental health** (German, French, Italian)
<https://www.wie-gehts-dir.ch/de/>
- **Childline** (English)
www.childline.org.uk
- **Sacrifice Aid Switzerland** (German, French, Italian, English)
<https://www.opferhilfe-schweiz.ch/de/>
- **Sexual orientation** (German)
www.eduqueer.ch