



# Alderman Cogan's

CHURCH OF ENGLAND  
PRIMARY ACADEMY

## Mental Health & Wellbeing Policy

Alderman Cogan's is a Voluntary Aided Church of England Primary Academy offering a comprehensive Christian primary education to families in East Hull.

The School is a caring community built on Christian values and beliefs, which permeate all aspects of school life. The curriculum, including the National Curriculum, is presented within a Christian worldview. Such a world view gives perspective and meaning to all learning at Alderman Cogan's.

We seek to foster the God given talents and gifts amongst children, staff and governors for the service of each other, the school, the wider community and the Glory of God.

"Even as a Christian, you'll have good days and you'll have bad days but you'll never have a day without God." (Brittany Moses, **mental health author and content creator** advocating the integration of faith, culture, and wellness.)

"When it feels like you're empty and hurting alone, know God is present in this space with you. And as you draw near to Him, He will draw near to you. He sees what no one sees, He hears what isn't said but is cried out by the heart and He will restore you."

Unknown

This is the context in which this policy is written.

This policy was written in September 2022 and will be reviewed in September 2025.

This policy has been written to explain our approach to managing the mental health and wellbeing of children and staff in our school and supporting their emotional needs and development. All members of our staff team have a shared responsibility to manage the mental health and wellbeing of all children in our school.

## **Mental Health and Wellbeing Policy Alderman Cogan's Church of England Primary Academy**

### **Policy Statement**

*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)*

In our school our Christian vision shapes all we do through the teachings of Jesus and our strong Christian values we foster trust, mutual respect and a clear sense of community. At Alderman Cogan's Church of England Primary Academy, we are committed to supporting the emotional health and wellbeing of our whole school community (children, staff, parents and carers.) We recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health in order to flourish. At our school, we know that everyone experiences life challenges that can make us vulnerable and at times, we may need additional emotional support. Children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. We take the view that positive mental health is everybody's responsibility and that we all have a role to play.

In addition we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

### **Scope**

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues

- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

We pursue these aims using both whole school approaches and specialised, targeted approaches aimed at vulnerable pupils and staff.

#### **We promote a mentally healthy environment through:**

- Promoting our school's Christian values and encouraging a sense of belonging
- Providing opportunities to reflect through Time to be Still, reflective prayer corners, RP check ins (mood registers), collective worship, circle time and celebration worships,
- Providing high quality personal, social, health and economic education (PSHE) throughout the curriculum. Teaching approaches to mindfulness
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others Mental health weeks to heighten awareness and develop pupils' thinking and reflection skills
- Access to appropriate support that meets individual needs
- Developing staff knowledge and expertise of emotional wellbeing and mental health through continuing professional development and training
- Access to a dedicated Emotional Literacy Support Assistant (ELSA) working across the school
- Support for pupils going through recent difficulties including bereavement and family upheaval
- Specialised, targeted approaches aimed at pupils with more complex or long term difficulties.

#### **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

**Rachel Malster-Hinett** - Designated Child Protection / Safeguarding Officer

**Rachel Malster-Hinett** - Strategic Lead for Mental Health and Emotional Wellbeing Lead

**Deborah Barnard / Kelly Dixon** - Lead First Aider

**Denise Ketley** - Pastoral Lead

**Rachel Malster-Hinett** - CPD Lead

**Victoria Blackmore** - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Team or the head teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Rachel Malster-Hinett, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix 1 Page 9 CAMHS Hull & East Riding.

### **Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

### **Teaching about Mental Health and Wellbeing**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix 2.

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

### **Warning Signs**

School staff may become aware of warning signs which indicate a pupil 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 with Rachel Malster-Hinett, our Mental Health and Emotional Wellbeing Lead.

Possible warning signs include:

- 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
- 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. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

### **Managing disclosures**

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix **3 Managing Disclosures page 13**.

All disclosures should be recorded on CPOMS and held on the pupil's confidential file. This record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, Rachel Malster-Hinett who will provide, record and offer support and advice about next steps. See Appendix 2 for guidance about making a referral to CAMHS.

## **Confidentiality**

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Rachel Malster-Hinett, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. However, if a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead Rachel Malster-Hinett must be informed immediately.

## **Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents**

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

### **Supporting Peers**

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

### **Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.<sup>1</sup>

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Rachel Malster-Hinett our CPD lead who can also highlight sources of relevant training and support for individuals as needed.

### **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in September 2025.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Rachel Malster-Hinett our mental health lead via phone [01482 376203](tel:01482376203) or email [r.malster-hinett@ebor.academy](mailto:r.malster-hinett@ebor.academy)

This policy will always be immediately updated to reflect personnel changes.

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<sup>1</sup> [www.minded.org.uk](http://www.minded.org.uk) [accessed 02/02/18].



## Appendix 1

CAMHS Hull & East Riding.

<https://camhs.humber.nhs.uk/professionals/> <https://camhs.humber.nhs.uk/parents-carers/>

### Contact Point Referral Form (Hull & East Yorkshire)

Please complete all sections and then email to: [hnf-tr.contactpointreferrals@nhs.net](mailto:hnf-tr.contactpointreferrals@nhs.net)

If any section is left blank then the referral form **will be returned to you**.

#### Referral priority definitions and response times

*Urgent - Within 24 hours:* Active and or significant risk of harm to self or others but with no immediate intent or presenting with possible psychosis.

*Routine - Within 4 weeks:* Where there is no risk identified

***(Please note that Contact Point operates Monday to Friday 9-5pm excluding bank holidays. Urgent referrals received out of these hours will be responded to on the next working day)***

Section 1: Referrer details	
Priority of referral (see above definitions):	Urgent/Routine
Date of referral:	
Referrers name:	
Organisation:	
Address:	
Telephone number;	
Email address:	
Section 2: Parent/Carer details	
Parent/Carer name:	
Relationship to Child:	
Address:	
Telephone number:	
Email address:	
Does the parent/carers of the young person consent to this referral being made?	Yes/No
Does the young person consent to the referral being made?	Yes/No
Does the parent/carers of the young person consent to information sharing with other agencies?	Yes/No
Section 3: Child's details	
Name of child:	
Telephone Number <b>For over 16's Only</b>	
Date of birth:	
NHS number (if known):	
Gender:	
Ethnicity:	
Address (if different to Parent/Carers):	

School name:	
Has the child been known by any other names:	Yes (please specify)/No
Looked After Child:	Yes (please specify who has parental responsibility)/No
Disability or additional needs:	Yes (please specify)/No
Interpreter needed:	Yes (please specify language)/No
<b>Section 4: GP details</b>	
GP Practice Name:	
<b>Section 5: Reason for referral</b>	
What is the reason for the referral and/or the current difficulty for the young person?	
How long has this difficulty been around for?	
Is the difficulty present:	1) Just at home 2) Just at school 3) At home and at school
Does anything make the difficulty better?	
Does anything make the difficulty worse?	
Is the young person receiving any support for this at the moment or have they in the past (please specify)?	
Is the young person currently prescribed any medication for their current difficulties?	
<b>Section 6: Risk to self or others</b>	
<b>Historic or current self-harm</b>	Yes (please see below)/No
Please include additional information on the following: <ul style="list-style-type: none"> <li>How often is the young person self-harming/were they self-harming?</li> <li>What is/was the young person using to self-harm?</li> <li>How frequently are/were they self-harming?</li> </ul>	
<b>Historic or current thoughts of suicide</b>	Yes (please see below)/No
Please include additional information on the following: <ul style="list-style-type: none"> <li>How frequently is/was the young person having these thoughts?</li> <li>Does the young person have a plan to end their life?</li> <li>Does the young person have intent to act on these thoughts?</li> </ul>	
<b>Previous suicide attempts</b>	Yes (please see below)/No
Please include information on the following: <ul style="list-style-type: none"> <li>Details of any previous suicide attempts and when they occurred</li> </ul>	
<b>Any other risks</b>	Yes (please see below)/No
Please include information on any other risks ( <i>please note it is the responsibility of the referrer to make a safeguarding referral if needed</i> ):	

## Appendix 2: Mental Health and Support services for parents in school and locally.

### In school support:

**Early Help** means providing support as soon as a problem emerges, at any point in a child's life, beginning with our children in Nursery. We endeavour to create a school ethos that promotes trust between all adults and children so that all children know who they are able to talk to if they have any concerns or worries. All our Early Help is offered in partnership with parents and carers.

### School Nurse Team:

We work closely with the School Nurse and the team based in Hull. Families can book an appointment to discuss their children's physical and mental health needs. Sometimes school will make a referral to the school nurse team, with the consent of the family involved. Our School also has a Health offer to weigh and measure all children in Reception and Year 6 as part of the IPHNS. – (Integrated Specialist Public Health Nursing Service) Parents/carers receive written feedback and offered weight management advice and support if required. The School Nursing Team also comes into school as part of the SRE/ PHSCE curriculum. Additionally, all children in Reception are offered hearing screening within school and a referral to Audiology clinic for further assessment if appropriate.

### CAMHS:

We work closely with this professional body which is a service that sits within Hull's City Council services. CAMHS (Child and Adolescent Mental Health Services). They work directly with young people experiencing or at risk of experiencing mental health difficulties. The service offers consultation, advice, support and training which can be specifically tailored to suit the professional seeking the service.

We offer support in referring young children to this service. Parents can themselves refer directly: [CAMHS – Hull](#).

### Educational Psychologist:

Although we do not have a School Educational Psychologist, Mrs Cummings does consult termly with Mrs K. Richardson-Frankton to offer recommendations and support work for individual children, to assess difficulties children may be having.

### Links with our community Social Workers and other support agencies including the Educational Health services:

In addition to the above professionals, we also work closely with Targeted Family Support Workers, looking at programmes that can be run in school to support pupils to safeguard themselves, including programmes and resources linked with the NSPCC.

### Local Support – Hull:

#### Children's services for emotional health and wellbeing

- [How are you feeling?](#)

*How are you feeling* is a mental health and wellbeing site that has been co-designed with young people from Hull and the CCG. The aim of the site is to help children, young people and their families to understand emotional and mental health issues, to promote self-help tips and techniques, and to help to make the 'system' easier to navigate within local services.

- **Hull Contact Point** – Is a single point of access, staffed by clinicians, which can be used by professionals working in health, social care, voluntary agencies or education as well as families and carers. Young people aged 16 and over can also refer themselves. The contact point is available from 8am until 6pm, Monday to Friday via 01482 303688.

This telephone service triages referrals for children and young people presenting with any of the following:- Mental Health and Emotional Wellbeing, Attention Deficit Hyperactive Disorder (ADHD), Learning Disability, Autistic Spectrum Disorder (ASD), long term conditions requiring psychological input and emotional wellbeing. Following telephone triage the team co-ordinate the provision of interventions offered both by the Specialist Mental Health teams and a range of other providers.

- **Specialist Mental Health Team** – Specialist assessment and treatment for children and young people up to 18 years of age who are experiencing significant emotional or mental health difficulties. Services and interventions are available in a variety of community settings across Hull. A key worker is allocated to remain with each family throughout their time with CAMHS. This operates from 8am until 6pm, Monday to Friday. Core CAMHS is accessed via a referral through Contact Point (as above).
- **Intensive Intervention Team** – Hull is one of the few areas in the country to have an intensive intervention team introduced with the aim of keeping young people at home or in their usual place of care and avoiding out of area hospital admissions whenever possible.
- **CAMHS Crisis Response Team** – This service operates 24 hours and day, 7 days a week and is for young people (under 18) who are experiencing emotional distress and are struggling to cope. The team responds to a young person's immediate care needs by offering specialist short-term help in the community. The team will stay involved until there is a resolution of the immediate crisis (usually within 72 hours). CAMHS crisis response team 01482 335600

### **Appendix 3: Talking to students when they make Mental Health Disclosures**

**All disclosures will be recorded on CPOMS in accordance with the school's safeguarding and child protection policy and procedure.**

#### **Guidance and support for Mental Health Disclosures:**

The advice below shares ideas to help you in initial conversations with students when they disclose mental health concerns. As mentioned above this advice should be considered alongside relevant school policies on safeguarding and child protection and discussed with Rachel Malster-Hinett - Strategic Lead for Mental Health and Emotional Wellbeing Lead.

#### **Focus on listening:**

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:**

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.

#### **Don't pretend to understand:**

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 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:**

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. 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:**

Never leave this kind of conversation without agreeing on the 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:**

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:**

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.

## Appendix 3 - Managing Disclosures