THE DIOCESAN SCHOOL
FOR GIRLS

WELLNESS POLICY

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Policy Applicability	All the Girls of the DSG
Policy Owner	Head of Wellness

Implementation Checklist	Responsibility	Date
Website	L Hobson	March 2013
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GUIDELINES AND PROTOCOL

1 INTRODUCTION AND DECLARATION of POLICY

Adolescence can be a difficult period in a girl's life. She can emerge from an untroubled childhood only to face an overwhelming flood of concerns in adolescence that can derail her development into a healthy, happy, productive woman with positive self-esteem. Many girls have the strength and resilience to cope with their difficulties in ways that are positive and constructive. However, as is the case in many girls' schools, some of our girls feel overwhelmed; they can become depressed and in some instances even resort to self-destructive behaviour as they try to make sense of their worlds.

'Adolescence is a time when development and culture put enormous stress on girls. So many things are happening at once that it's hard to label and sort experiences into neat little boxes. And there are many casualties' (*Reviving Ophelia*, Mary Pipher, 1994: 150). Problems are not always located in the individual but stem from the context of the home, school and the extended world of relationships, culture and media.

We at the DSG believe that there will be casualties in an increasingly stressful, demanding, boundary-less world where insecurities are great and the need to be accepted is paramount. That we need to care for these wounded girls is part of our mandate to the girls of the DSG and their parents. However, it is also part of our mandate to recognise when problems are beyond our ability and expertise. We are obligated to consider the needs of all the girls in our community and cannot allow their well-being to be undermined.

At the DSG we are able, in most instances, to be proactive in identifying girls who may be finding life difficult. Our aim is to facilitate an environment in which each girl feels safe, happy and able to interact with her peers in a way that ensures mutual well-being. We believe that if we are able to do this, we are fulfilling our mandate to the parents who have entrusted their daughters to our care. Therefore, when a girl manifests signs of any form of behaviour that is potentially harmful to her and/or others (such as depression, eating disorders, etc.) we are obliged to judiciously evaluate:

- where the girl should be physically as she finds ways to recover
- the impact of her behaviour on her friends and the wider group/school
- the capacity of the staff at the DSG to deal with, what may be, serious problems
- the responsibility of the staff and girls of the DSG.

It is in the interests of the staff, the parents and, most importantly, the girls, that there is a clear understanding of the process that will be followed in the case of a girl who needs help.

2 OBJECTIVES OF THIS POLICY

This protocol outlines how the staff of the DSG will respond to problems that have been identified and how such problems will be managed. Whilst the protocol specifically mentions instances of depression, eating disorders, self-harming behaviour, threats of suicide and suicide attempts, it will be used for any form of behaviour that is potentially harmful to both the girl and/or other girls. An explanation of some of the problems and their possible causes can be found in Appendices A and B.

3 DEFINITIONS

The School	The Diocesan School for Girls, Worcester Street, Grahamstown.
DSG	The Diocesan School for Girls, Worcester Street, Grahamstown
The Head	The Headmistress of the Diocesan School for Girls or her delegated representative
San Sister	The person employed by the school to care for the physical health of the pupils.
Counsellor	The clinical psychologist who is employed by the school

4 PROCEDURE FOR MANAGING AND SUPPORTING GIRLS IN DISTRESS

DSG is primarily a boarding school and the girls live in tight-knit communities where friendship is very highly valued. Girls will often go to great lengths to help distressed friends by supporting them and taking responsibility for them. Consequently, the behaviour of one girl can have a profound impact on the whole group. It is our responsibility to be aware of this as we consider the best way to help a girl who is manifesting signs of depression, self-harming behaviour and/or an eating disorder.

As soon as a report is made to any member of staff, (for example, a teacher, a Housemother, the Chaplain or the School Counsellor), the following action will be taken:

4.1 The matter will be brought to the immediate attention of the San Sisters and the Headmistress. The San Sisters will record of all such reports.

4.2 The girl will be seen by the San Sister and/or the school Counsellor. An assessment will be made and a decision taken about what therapeutic intervention is required and whether the parents of the girl need to be contacted.

4.3 If the parents need to be contacted this will be done verbally and confirmed in writing.

4.4 In cases where it is not necessary to contact the parents, the girl will be placed under the care of the school Counsellor and/or the Chaplain and the San Sister for observation and further monitoring until such time as this is no longer deemed to be necessary OR a decision will be made to introduce further therapeutic intervention.

4.5 In cases where external intervention is advised/deemed necessary (e.g. further counselling, psychotherapy, etc.), the parents will be advised immediately. In an

emergency, a girl will be referred to and be seen by a recommended therapist and her parents so advised. This is non-negotiable. In cases such as these and where the girl remains in boarding (see 3.7) the interventions/psychotherapy will need to be in Grahamstown so as to make therapy accessible and regular.

4.6 Should there be no apparent alleviation of the problem with out-patient therapy or the girl's condition worsens, intensive in-patient therapy may be recommended. In these cases, the girl will only be re-admitted to school on the recommendation of the relevant therapist that she is able to be in a boarding environment.

4.7 The DSG reserves the right to exclude a girl from boarding if, in the Head's judgement, this would benefit the girl herself and the school body as a whole.

4.8 A girl who attempts or threatens to commit suicide, whether the attempt is acted upon or not, will be excluded from the boarding school immediately (see 5.2 below).

4.9 When a girl has been excluded from the school (as in 3.7 or 3.8 above) DSG reserves the right to impose certain conditions for her return to the school whether as a day girl or a boarder.

5 THE DSG'S UNDERTAKING

5.1 Work in conjunction with other health professionals to manage any of these conditions, provided such management is feasible, given our expertise and capacity.

5.2 Offer day-to-day healthcare by managing medication.

5.3 Arrange transport for girls who need to be admitted to hospital or a clinic when necessary.

5.4 Arrange appointments with psychologists and psychiatrists and transport to these.

5.5 Ensure, to the best of its ability, that a girl attends meals.

5.6 Assist girls who have witnessed a distressing incident as a result of depression, self-harming or eating disturbances, to manage their own stress.

6 RESPONSIBILITIES THAT FALL OUTSIDE DSG'S SCOPE

6.1 The DSG does not have the facilities or the expertise to treat severe depression, self-harming behaviour or eating disorders and therefore cannot accept responsibility for individual cases. Parents retain ultimate responsibility for the health and well-being of their daughters.

6.2 The DSG is not able to offer any form of psychiatric nursing or extended periods of 'suicide watch'. If a girl manifests behaviour which constitutes possible suicide, she will immediately be seen by a medical doctor. Her parents will be contacted and be required to remove their daughter from the school. She will be admitted to the local hospital until such time that her parents can fetch her.

6.3 Peers and friends cannot be expected or allowed to take responsibility for or supervise the behaviour of any individual.

6.4 The DSG cannot be responsible for monitoring the food intake of a girl with an eating disorder. If a girl is deemed by the school, or by a psychologist, dietician or medical practitioner to be at risk of an eating disorder, the school reserves the right to weigh her for any period of time.

7 GOVERNANCE

Good governance requires that all records pertaining to a girl's wellbeing are kept up to date and stored in a safe place. Confidentiality is of utmost importance. This is the responsibility of the Head of Wellness.

8 REVIEW

This policy will generally be reviewed every five years by the Head of Wellness, the Head of the school, the Deputy Head(Pupil Affairs) and the San Sisters. If need be, the policy may be reviewed more frequently.

APPENDIX A: SOME EXAMPLES OF HARMFUL BEHAVIOUR

DEPRESSION:
There is a growing body of evidence to support the existence of mood disturbances in children and adolescents. These disturbances vary in intensity and we need to distinguish between *low mood* or *feeling down*, (which are normal and transitory), and *clinical depression*.

Much of what follows comes from: *The adolescent and young adult self-harming treatment manual: A collaborative, strengths-based, brief therapy approach* by Matthew D Selekman (2009)

SELF-HARMING BEHAVIOUR:
Self-harming is a ***deliberate*** injurious act, designed to inflict pain on the person's own body. Some methods of self-harming are:

- cutting, gouging and carving on the skin
- piercing with needles and pins to draw blood
- burning with lighter fluid, matches, cigarettes, rubbing the skin with another object to produce burning
- ingesting substances in excess of the prescribed dosage or ingesting non-ingestible substances or objects.

EATING-DISTRESSED BEHAVIOUR (EATING DISORDERS)
The most widely known eating disorders are bulimia and anorexia, which often become obvious as weight loss is noticed. However, binge eating, similar to bulimia but without purging, is also considered to be an eating disturbance.

SUICIDE ATTEMPTS
Girls may threaten to commit suicide, or make an attempt to do so. Behaviours such as over-dosing on prescribed medicine, ingesting substances not usually ingested, cutting wrists, using or threatening to use cords to strangle or hang themselves, are regarded as attempts at suicide.

APPENDIX B: POSSIBLE CAUSES OF HARMFUL BEHAVIOUR:

DEPRESSION:
'Teenagers face a host of pressures, from the changes of puberty to questions about who they are and where they fit in. It isn't always easy to differentiate between depression and normal teenage moodiness. To make things even more complicated, teens with depression do not necessarily appear sad, nor do they always withdraw from others' (www.helpguide.org/mental/depression).
Some young people complain about the pressures placed on them that bring high levels of stress such as excessive amounts of homework and overloaded schedules, and excessive parental pressure for them to succeed academically or in sport. There are reports of the stress and anxiety accompanied with getting into a top university.

Young people live with stressors such as:

- a change in financial circumstances or living arrangements;
- family upsets such as divorce or separation
- expectations placed on them to achieve
- parent– child conflict
- delayed gratification
- turmoil in friendships.

Many girls manage to cope with the stress in their lives with nothing more serious than feelings of misery and/or irritability. They can be unpredictable in their reactions but, generally, lead productive, fulfilled lives. Others are able to deal with these stressors with the help of counselling or extra rest, finding areas over which they can take control, communicating feelings and needs more effectively to those who need to know, or anything else that might lift them out of their problem-saturated lives. Others may find psychotherapy useful, and some may also require medication along with therapy to assist with their healing.

There are instances where the problem of depression is such that our San staff cannot manage the necessary treatment. And, in some cases the girl's peers are adversely affected by the depression as it brings anxiety and fear into the group while they try to care for their friend.

SELF- HARMING:
Research shows that the majority of people who self-harm are adolescent girls and females are four times more likely to self-harm than males.
Self-harming is an attempt to self-soothe and is often associated with depression, low self-esteem, incompetence in problem solving, anger, hostility and hopelessness. Some who self-harm also struggle with bulimia or anorexia.

As with depression, there are many reasons for self-harming. The most common, as reported by adolescents, are:

- to be less stressed out
- to relieve pain
- to have control
- to feel something
- to calm yourself
- it's a popular thing to do
- to escape from problems.

Myths about self-harming behaviour:

- *People who self-harm are seeking attention*

Yes and no. Some people who self-harm try to hide it by harming parts of the body that are not always visible to others such as the inner thighs, between the toes, on the stomach, and inside the arms. They often hide the injuries with clothing and do not disclose this to anyone.

- *Self-harming does not hurt*

Although the initial sensation may numb or blunt pain due to the intensity of the emotion, self-harming does hurt. Each person has a different pain threshold, but the pain might be amplified by the time they receive treatment. Also wounds not treated may become infected.

- *The seriousness of the problem can be measured by the severity of the injury*

This is not the case. Someone who makes light or small, infrequent injuries may be feeling as emotionally stressed as another who cuts deeply and frequently. All self-harming behaviour needs to be taken seriously.

 Self-harming is not connected to suicide

The majority of adolescents who self-harm will not have suicidal ideation or may think of suicide only infrequently. However, researchers cannot state categorically that those who self-harm do not move towards suicide.

Generally, those who self-harm do so in private. However, a social phenomenon known as *progressive conformity* may encourage others to mimic or follow this behaviour, especially if the person who is self-harming is popular or admired.

EATING DISORDERS:
The difficulties adolescents may have with eating, weight control, and body-image issues are very sensitive and the subject needs to be approached in a delicate and respectful manner. The physiological changes that adolescent girls experience during puberty can be emotionally overwhelming. They have to cope with menstruation, possible weight gain, sexual development, libidinal changes, and acne. Many may lack the emotional skills to cope with harassment and rejection at this stage of their development.

Discussions about eating-distressed issues need to take into consideration the ways society beautifies thinness. The culture of thinness and dieting has contributed to the ways women and girls see themselves as they measure themselves against the bodies of super-models and movies stars. Women are often judged by how good they look, many are socialised to ‘be pretty’, ‘polite’ and not to assert themselves.

Many eating disorders spring from dieting but mixed messages are sent out: girls are praised and admired when they lose weight, but when they lose too much weight they are criticised and diagnosed as having a disorder. Bulimia, binge eating and anorexia are often adopted as ways of self-soothing; controlling a life that is felt to be out of control. Anorexia and bulimia are often accompanied by excessive exercise.

Bulimia and anorexia may also be responses to:

- family or other intimate relationship difficulties
- feelings of low self-esteem and self-worth
- all forms of abuse
- the desire to achieve, either self-imposed or imposed by others
- the need for control in a life that seems out of control
- feelings of loss and grief.

The effects of these disturbances on the person who has them are obvious: loss of weight, low energy, pretending to eat so as not to be 'found out', and physical illnesses associated with malnutrition.

Eating disturbances can have a marked effect on the peer group. Friends try to force the person to eat; they try to keep her under constant surveillance; they fear their friend might die; they feel responsible for the friend's health. Many do not feel comfortable reporting eating disturbances for fear their friend may find out and the relationship be jeopardised. Those who are not eating or who are vomiting after eating often recruit others into their pattern of behaviour by constantly paying attention to what everyone is eating.

When a girl is finding life overwhelming, she will need care and support from the school, her family, friends and professionals. At the DSG, we take these concerns seriously and do our best to find the most suitable solution to each case. We will do what is possible to address the underlying problems of those who are displaying symptoms of distress, but we also recognise that the rest of the school body must be protected from witnessing behaviour that may create further distress.