

Camper Mental Health

Prevention and Intervention

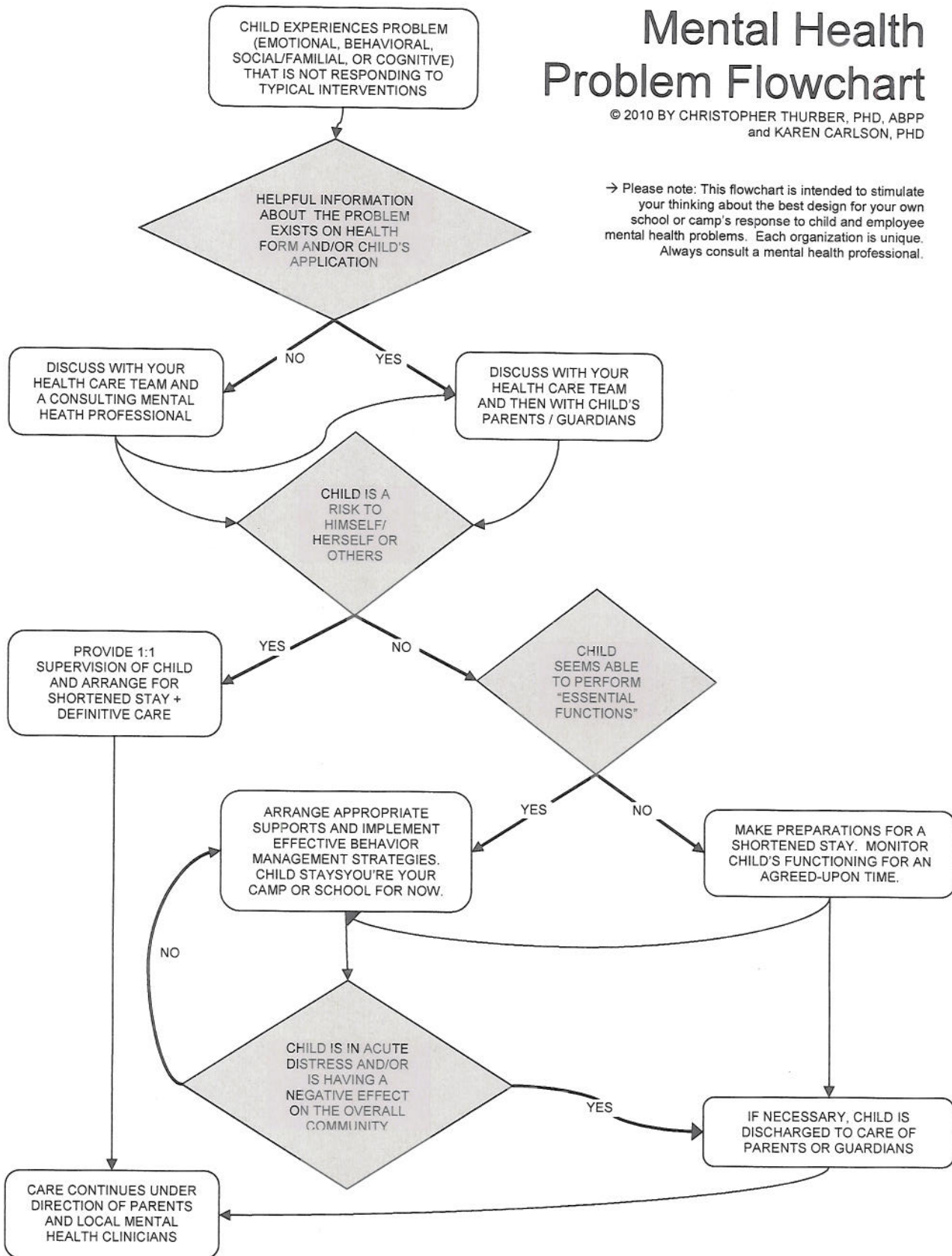
Conceptualize camper mental health from two perspectives: Prevention and Intervention

- Prevention: Everything you do prior to opening day that prevents mental health problems from occurring.
 - Example: **Homesickness Prevention**
 - Homesickness is the single most common camper mental health concern. Some 95% percent of boys and girls spending time at camp (and therefore away from home) report some homesick feelings. Homesickness can ruin a child's camp stay, soak up staff time, sour the dynamic in the group, and diminish return rates. The good news is that homesickness is largely preventable.
 - ACA has developed a homesickness prevention DVD that lowers the intensity of first-year campers' homesickness by 50%, on average. Visit the ACA bookstore and search for *The Secret Ingredients of Summer Camp Success*.
 - Most camps supplement ACA's homesickness prevention DVD with additional prevention materials of their own, primarily focused on orienting new campers and their families. Providing answers to anxiety-provoking questions before opening day markedly improves young people's adjustment to the separation from home.
 - Example: **Communication with Families**
 - All children have specific emotional needs, but camps sometimes neglect to query children and their parents about these needs. Unmet emotional needs in the camp can cause emotional distress, peer problems, and severe behavior problems. The good news is that if you ask questions in the right way, families will usually share key psychological information with you.
 - Linda Erceg has designed a detailed health history form that asks about children's mental health. Identifying needs before opening day puts your staff in the best possible position to meet those needs. Contact: erceg@campnurse.org
 - Information you gain prior to opening day may also help you screen for children whose mental health needs exceed the resources you can offer at your camp. In that case, the ethical thing to do is to assist that family in finding a camp that is better matched for their child's interests, abilities, development level, and mental health needs.
- Intervention: Everything you do after opening day that helps support good child and adolescent mental health in the camp setting.
 - Example: **Staff Training**
 - Whether your camp is intentionally designed to serve campers with significant mental health needs or not, your staff must be well trained. The type of training you provide depends on your camp's stated mission and the population of youth you serve.
 - Online tools, such as ExpertOnlineTraining.com and ACA's e-Institute, provide pre-arrival training in topics such as treating homesickness, active listening, working with children with attention deficits, managing difficult behaviors, and collaborative problem solving. Advanced training in mental health and behavior puts your staff in the best possible position to support young people's mental health needs while at camp.
 - Beware of operating beyond your "scope of practice." In other words, know the limits of your training, your staff's expertise, and the skills of your health center staff. Consult with an outside mental health professional whenever the needs of a particular child exceed the resources you can provide in your camp setting.

Mental Health Problem Flowchart

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→ Please note: This flowchart is intended to stimulate your thinking about the best design for your own school or camp's response to child and employee mental health problems. Each organization is unique. Always consult a mental health professional.



Research into Practice

Research from ACA's *Healthy Camp Study* pointed toward several promising practices that improve camper's physical health. Several of these findings have implications for camper mental health.

1. Screening on health history forms prevents a young person from coming to camp who might not be prepared or well-matched for the camping triad: community living, away from home in a natural setting, with a recreational premise. As noted above, acquiring a thorough mental health history from all campers also helps prepare staff to meet particular campers' needs.
2. Manage psychotropic medications carefully and exactly as prescribed at camp. Health care providers at camp should immediately consult the prescriber and the camper's parents if they suspect that the climate, schedule, diet, or activity level calls for a dosage adjustment. Note: The American Academy of Pediatrics has made a clear statement that "medication holidays" are should be avoided at camp. If a medication is helpful in one domain, such as school or home, it is also likely to be helpful at camp.
3. Partner with parents. These are the adults on the planet who know their child better than anyone. They are biased, to be sure, but they can be tremendously helpful. Begin by providing free resources that coach parents on the best ways to prepare and support their child: <http://SummerCampHandbook.com>
4. Learning from peers, at conferences, and from professional associations is an ongoing process. New treatments and new ways of handling different mental health problems will emerge constantly. Keep abreast of new best practices.
5. The unique triad of camping—community living, away from home in a natural setting, with a recreational premise—can also be anxiety-provoking, physically stressful, and socially stressful to young people. Keep in mind that this novel experience intentionally introduces some psychological risks. Train your staff early, often, thoroughly, and specifically to the cohort of youth you serve.
6. Supervision is a powerful prevention tool. Good supervision helps small problems from growing into larger problems. Both unstructured and structured activities should be actively supervised.
7. Day camps and resident camps are tightly knit communities. Just as children's physical illnesses are contagious, so are their moods and attitudes, at least in part. Train your staff to cultivate growth mindsets, positive attitudes, prosocial behaviors, and optimism.
8. Fatigue is a contributing factor to physical injury and illness. It can also be both a cause and a consequence of certain mental health problems. Be sure that your campers and staff are all getting adequate and restorative sleep.
9. Poor diet is a contributing factor to poor physical health. It can also be both a cause and a consequence of certain mental health problems. Be sure that your campers and staff are all getting adequate and nutritious food.
10. ACA and ExpertOnlineTraining.com and the Association of Camp Nurses are examples of content providers that offer a wide range of educational resources for youth development professionals. Preventing and treating mental health problems in the camp setting requires ongoing education.
11. Before the season starts, form a close, consultative relationship with a local mental health professional who would be available to talk with you on the phone and visit your camp during the season should the need arise. If you have a mental health professional on your staff, that's wonderful. If not, be sure you have at least one person who is on retainer or on-call for your camp, should the need arise.

Recognizing Signs of Distress: Tips for Staff

Childhood and adolescence can be times of great upheaval. In addition to dealing with the normal physical and developmental changes that occur at this time, campers (both day and resident) deal with the stress of living away from home, participating in a challenging program, and making and keeping new friends.

Part of the challenge that adult leaders face is to figure out when to intervene and when to give young people space for sorting out issues on their own. This can be a tough call, and no one has all the answers.

Never worry about a camper on your own. If you have a sense, however vague, that something is seriously amiss, remember to consult a colleague, a supervisor, or the camp director.

Campers often fail to recognize their own signs of distress. Their behavior, not their self-report, may be the best indicator of their well being.

Signs of distress in and around camp:

- More than the average amount of lateness or lethargy
- Deterioration in the quality or enthusiasm of a camper's play (in sports, arts, free-time)
- Distressing themes in their talking or writing, such as hopelessness or homesickness
- Strange or unusual behavior, including significant mood changes
- Poor concentration during times most children have no trouble paying attention
- Falling asleep during activities
- Unusually disheveled appearance
- Inappropriate affect, such as laughing or crying at unexpected times
- Withdrawal from the group discussion or from group activities

Signs of distress in the community (group, tent, cabin):

- Isolation from peers or change in peer group
- Not wanting to participate in group activities, including meals and games
- Exaggerated behavior traits such as agitation, angry outbursts, or physical or verbal aggression
- Inability to settle down during rest periods or (at resident camps) after lights out
- Expressions of concern from other campers or staff
- Noticeable weight change, either loss or gain
- "Clingy" behavior around adults or peers
- Loss of interest or pleasure in things the camper used to enjoy
- Expressions of worthlessness, helplessness, or hopelessness
- Being bullied or ridiculed by other campers

Other risk factors:

- Significant changes in the camper's family life
- Death of a loved one (friend, family member, relative, pet)
- Recent separation or divorce of parents
- Recent move (before or during camp, or pending)
- Illness of a friend or family member
- Recent break-up of a close relationship (boyfriend, girlfriend, best friend)
- Drug or alcohol use (if known or disclosed)
- Engaging in rule-breaking or high-risk behaviors (at camp or at home)

Warnings signs that require immediate intervention:

- Threatening or communicating thoughts of suicide, death, dying, or the afterlife
- Discovery that a camper is giving away personal belongings
- Any rumor that a camper has taken a medicine not prescribed to him or her or any dosage that is not the recommended dose. (Even an overdose of Tylenol, for example, can cause fatalities.)
- Any self-destructive behavior (e.g., cutting [self-injurious behavior], induced vomiting [purging])

If you are concerned that a camper may be in immediate danger, do not leave that camper alone. Bring them directly over to the camp Health Center and a staff member will contact the camp director. When questions arise about a camper's safety, it is standard practice to notify that young person's parents. Often, parents can be good sources of information and advice regarding their child's emotional crisis.

- For specific advice on deciding how to handle mental health crises, see "Mental Health Problem Flowchart," a separate handout developed with Dr. Karen Carlson.

Helpful conversations

Whenever you are concerned about a camper, have a face-to-face conversation with him or her. Relate your concern based on things that you have observed. Allow enough time for silence so that the camper can absorb what you are saying and have a chance to respond. Provide empathy and understanding. If you are concerned about suicide, don't be afraid to broach the topic. Talking about suicide does not increase its likelihood. In fact, it often helps. Ask, "Do things ever get so bad that you think about hurting yourself or killing yourself?"

Never promise a young person that you can ensure absolute confidentiality. You can, however, reassure them that you need only involve those in a position to ensure their safety. Say, "I can keep what you tell me confidential—just between you and me—unless I'm concerned about your safety. If I become concerned about your safety, I'll have to expand the circle of confidentiality to involve a few other people in order to help keep you safe."

There are certain instances when it is imperative to seek help for a camper. If you continue to have serious concerns about a camper, follow your intuition and **seek consultation**.

- Relate your concerns to the **camper** if appropriate. Listen to them and respond in an empathic, non-judgmental way. Gather facts and provide empathy. Before further consultation, it's good to know the full story, directly from the camper himself/herself.
- Consult with your immediate **supervisor** to see whether others have indicated concern, how you might handle things in the most supportive way, and whether you have missed anything in your assessment.
- Consult with the health care providers in your camp's **health center**. Many medical professionals have also received mental health training or know a licensed mental health professional with whom they can consult about your concern.
- Your supervisor or someone in the health center can decide whether and how to involve **parents**.

Additional Tips:

- Remind campers of the importance of adequate sleep, nutrition, and exercise for maintaining mood balance. Usually, this comes naturally at camp when staff model a balanced life.
- Be specific and prescriptive in your recommendations to campers about how best to cope with stressors such as homesickness, losing a game, and struggling to achieve competence in an activity.
- Try to spend one minute one-on-one with each of your campers each day. You'll do this in a public space, in view of others, and in a way that puts each camper at ease. Your goal is to check in and see how things are going.
- All people like some feelings of autonomy and control. Offer the young people at your camp meaningful choices and allow them to partner with staff in designing and implementing programs.
- All people like feelings of mastery. Provide early and frequent opportunities for achievement in different program areas.
- All people like to feel connected. A secure connection to peers and to you will help anchor any camper's mental health. Do everything you can to nurture healthy social connections at camp.

Notes: