

# Camp Mental Health First Aid

## Tips for Addressing Mental Health Issues in Campers and Counselors

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Society has a greater appreciation for mental health and emotional issues, and a greater acceptance of the impact of these issues on today's youth and young adults. According to recent studies by the National Institute of Mental Health, an estimated 49.5% of adolescents have some form of mental disorder and an estimated 22.2% have severe impairment. In addition, young adults have the highest prevalence of serious mental illness. Older campers and counselors clearly fall within this age range. At the same time, increasing data indicates that children are developing signs of emotional distress at younger ages than previously detected. Due to the physical and emotional closeness experienced in a camp setting, behavioral and psychological concerns of some campers and counselors may become evident over the course of a summer. As a result, greater awareness and education in terms of treatment in camp settings has become necessary. The guidelines below can help identify and manage campers or staff who present with such challenges.

### PREPARING FOR CAMP MENTAL HEALTH

#### Gain prior knowledge of campers' and counselors' mental health

- ▶ Ask clear and concise questions on camp medical forms that may provide information about mental health status (although this information is often not shared or forthcoming)
- ▶ Contact treatment professionals once releases are signed and obtain information about behavioral symptoms and their management
- ▶ Encourage parents not to give their children a "drug holiday" and to remain on medications throughout the summer. Changes in environment are generally not the time to change medication
- ▶ Establish open communication with parents and provide a judgment-free zone

#### Develop effective training

- ▶ Staff orientation should include basic information about mental health



- ▶ Provide staff with "need-to-know" information about campers' or counselors' mental health

#### Develop protocol

- ▶ Request that staff report observations and share emotional or behavioral changes or concerns
- ▶ Create an anonymous system as a reporting option
- ▶ Designated personnel who should be informed of any concerns
- ▶ Respond in an empathic and supportive manner and avoid judgment or diagnosis
- ▶ Never leave a suicidal person alone

*(continued)*



# STOP, LOOK & LISTEN

## STOP: RECOGNIZE SIGNS OF DISTRESS

- ▶ Determine what is normal development vs. problematic behavior
- ▶ Factors that influence this are the severity and duration of symptoms

## LOOK & LISTEN: IDENTIFY THE FOLLOWING POSSIBLE CONCERNS

### Changes in Eating Behaviors

- ▶ Restricting food
- ▶ Binging and/or vomiting
- ▶ Significant weight loss or gain

### Demonstrations of Self-Harm Behaviors

- ▶ Cutting or burning
- ▶ Picking at skin or excessive hair pulling leading to bald spots
- ▶ Head banging

### Changes in Thought and Behavior Patterns

- ▶ Obsessive or ritualistic behaviors – especially about cleanliness, shutting off lights, handwashing
- ▶ Frequent mood changes – increased irritability and anger, mania or labile moods
- ▶ Racing thoughts or pressured speech
- ▶ Seeing or hearing things others cannot
- ▶ Overly suspicious or fearful behavior
- ▶ Personality changes that are bizarre or out of character

### Substance Abuse, including but not limited to...

- ▶ Alcohol, Marijuana, Pills, Cocaine, Heroin, Edibles
- ▶ Signs of abuse include: dilated pupils, slurring of words, rapid speech, off-balance gait, sudden aggressiveness, change in mood

### Inability to Focus

- ▶ Difficulty concentrating
- ▶ Inability to participate appropriately in activities
- ▶ Difficulty sleeping

### Physical or Verbal Aggression

- ▶ Destruction of physical property
- ▶ Bullying

### Stealing

- ▶ From camp facilities or other campers or counselors

### Inappropriate Sexual Behavior or Sexual Preoccupation

- ▶ Inappropriate touching or sexual activity
- ▶ Sexually provocative statements, inappropriate sexual conversations especially between campers and counselors
- ▶ Obsessive thoughts about sex

### Homesickness vs. Depression

#### Homesickness

- ▶ Crying for prolonged periods for no obvious reason
- ▶ Physical complaints – headaches, stomach aches
- ▶ Wanting to be alone
- ▶ Refusing to participate in activities because they don't feel well

#### Depression

- ▶ Sadness, hopelessness
- ▶ Tearfulness or frequent crying
- ▶ Loss of interest in previously enjoyed activities
- ▶ Changing in eating and sleeping habits
- ▶ Lack of enthusiasm and motivation
- ▶ Fatigue/lack of energy
- ▶ Thoughts of suicide, including:
  - Talking directly about killing self
  - Unusually preoccupied with death and dying
  - Giving away prized possessions
  - Saying things like “the world would be better without me”
  - Sudden change from extreme depression to calmness or happiness

#### Resources

- American Academy of Child and Adolescent Psychiatry – <http://www.aacap.org/>
- MentalHealth.gov – <https://mentalhealth.gov/>
- Substance Abuse and Mental Health Services Administration – <http://beta.samhsa.gov/community-conversations>
- National Suicide Prevention Hotline: 1-800-273-8255