Mental Health Issues At Camp, A Growing Challenge

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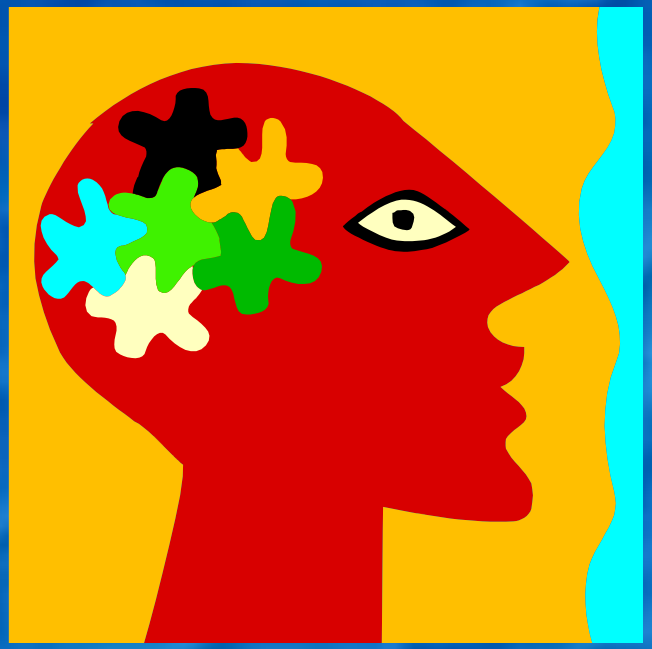
GOALS

- Discuss and evaluate mental health issues at camp
- Children's mental health at camp, what is our role?
- Discuss legal pitfalls that may occur
- Discuss moral and ethical dilemmas
- Case studies
- Q & A



Summer Camp 2008

- Every year approximately 10 million children in the USA attend camp, supported by 1.2 million staff members.
  (American Camp Association).
  In Canada there are more than one quarter of a million children who attend camp.
- Campers include both well children and children with special needs including those with emotional and behavioural issues

Definition of Mental Health

- Health Canada, 2006, defines mental health as the capacity of the individual , the group, and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.

Why go to camp?

- The goals of camping include:
  - improving skills
  -increasing independence
  -making friends
  -experiencing a new environment
  -exposure to positive role models
- Summer camps have a lasting effect on self esteem

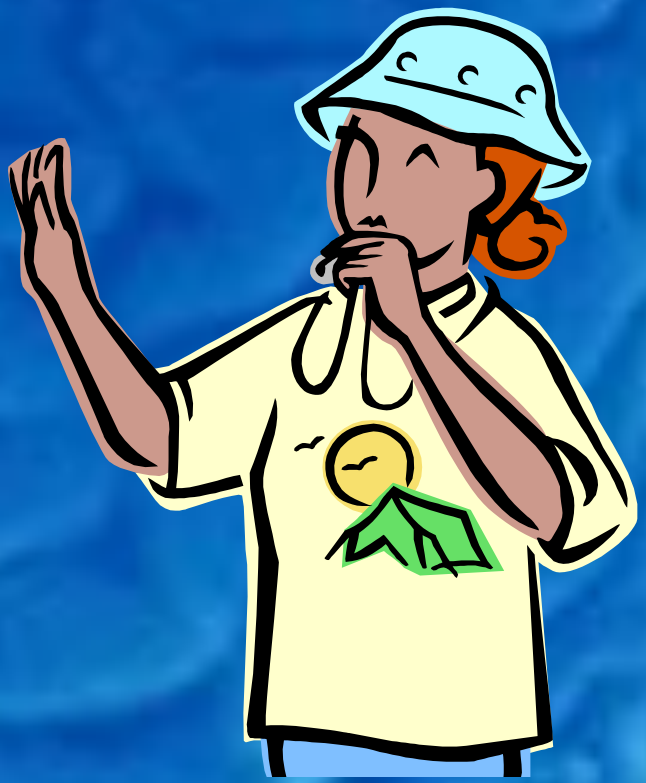
  Thurber,CA

  Malinowski, JD:

  The Summer Camp Handbook

Camp Skill Sets

- Understanding child development
- Recognizing signs of distress
- Gaining prior knowledge
- Developing effective staff training
- Developing behaviour management plans
- Communicating essential functions to camp staff, prospective parents and campers



A.D.H.D.

- The American Academy of Paediatrics recognizes that A.D.H.D. is difficult to diagnose because development is rapid and many children display symptoms as part of their typical development in their early years.
- Due to a reduced sense of cause and effect they may put themselves in danger. *Supervise closely!*
- O*ffer plenty of praise.* Let the child know what pleases you. Boisterous activity could mask vicarious self esteem. Celebrate the child's skills and their personal qualities
- If the child has a problem concentrating, plan a management strategy. Perhaps the child could have an ongoing project- something fast paced or personally appealing- that he could turn to when he struggles to concentrate.
- The best way to integrate an A.D.H.D. child is to treat his/her needs as part of the needs of the group. If one child requires regular variation, then this can be built into the group's schedule.
- Campers with A.D.H.D. who have medications prescribed throughout the school year MUST NOT take a summer holiday from them. They need to continue to take them at the prescribed times!

Depression

- As many as 1 in 10 children between the ages of 6-12 years experience persistent feelings of sadness (the hallmark of depression) as per the American Psychiatric Association, 2005.

  Treatment: involves psychotherapy either alone or in combination with medication.

  Medications: need to be closely monitored.
  Important: any camper with a hx of being treated with psychotropic drugs should be on the same medication and same dose x 3 months prior to camp.

Depression continued

Strategies:

- ✓ acknowledging feelings is critical to emotional development
- ✓ Allow the child time to express their needs and wants- then relay back to them what they said and ask the child if you have accurately identified how they feel
- ✓ Verbalize emotional expression with the child (for e.g.: ”Your face looks happy, are you enjoying this activity? Your body looks frustrated do you need help?”)

Teen Suicide

- Adolescence can be a turbulent time.
- Teenagers deal with a vast array of new experiences during this transitional period, such as new relationships, decisions about the future, and physical changes that are taking place in their bodies.
- A considerable number of teens are dealing with depression, an illness with significant long-term consequences, including an increased risk of suicide.
- Other teenagers are simply overwhelmed by the uncertainties of adolescence and feel they have nowhere to turn.
- Their search for answers may lead them to begin self-medicating their pain (abusing drugs or alcohol).

CASE STUDY: 1

Suicide Prevention

- Teens aren't helped by lectures or by hearing all of the reasons they have to live.
- They need to be reassured that they have someone that they can turn to (family, friends, health care worker, counsellor, etc.) to discuss their feelings or problems.
- It is important to listen and reassure the individual that depression and suicidal tendencies are very treatable. Help is available.
- Treatment may include medications, talk therapy or a combination of the two.

Anxiety Disorders

- As stated by the American Psychiatric Association, 2005, 1 in 10 children/adolescents may have an anxiety disorder with more girls than boys affected.
- Anxiety disorders include generalized anxiety, phobias, panic disorders, obsessive compulsive disorder and post traumatic stress disorder.
- Risk factors include: shyness in unfamiliar situations, stress, and when there is a feeling that one's safety or well being is in danger.
- **Treatment:** usually a combination of individual psychotherapy, family therapy, medications, behavioural treatments.

Eating Disorders

Anorexia Nervosa – it is diagnosed when a person weighs at least 15% than their normal healthy weight expected for their height

- They often exercise obsessively
- They sometimes force themselves to vomit or use laxatives to lose weight
- They decrease their food intake or refuse to eat

Bulimia Nervosa

- Binge eating, dieting, vigorous exercise.
- They can be underweight, normal weight, overweight or obese.
- They feel out of control during binges.
- After a binge they may have stomach pains, fear of weight gain which leads to purging with vomiting or the use of laxatives.
- They usually are able to hide their binges.

CASE STUDY: 2

A camper with a mental illness diagnosis and how can we help them at camp!

- **IMPORTANT:** Read their file prior to camp and if there are any questions clarify them with the family.
- Take special care to make sure they are not being isolated or bullied while at camp.
- Invite them to participate in activities. They may not see that they are welcome to do so, and may need encouragement.
- If they need personal time, provide it. Make arrangements for the child, where they can go and what they can do to be alone. This means that they can withdraw safely, while still being supervised. Give them the space they need - when they need it - but ensure they are involved with the group the rest of the time.
- They are unique in their needs. Observe what it is your camper finds difficulty with, and discuss solutions with them.
- If you have older campers, enlist the help of your more sensitive kids, they will recognize their bunk mate is struggling. A little extra effort and understanding is rewarded with an enduring friendship.
- These kids struggle to communicate their feelings and may just shut down. Be creative, and see if they will write down how they feel.

Continue To Help By:

- Be honest and forthright about unacceptable behaviours, but maintain sensitivity.

- If a camper refuses to take their prescribed medications:

✓ Reinforce the benefits.

✓ Talk honestly about the side effects with the older campers, and support them in dealing with them (weight loss efforts, good nutrition, etc.).

✓ Determine why they are refusing: is it attention? Is it a way to get a feeling of control in their life? Is it avoidance of side effects? Is it because they are a reminder of a deficit? A feeling of abnormality? Is it a denial of illness?

- Honour the child's privacy by not announcing that they come to the health centre to take their medications. Be discreet.

You Can Also:

- Check in regularly with the camper to assess how they are doing.
- Work with the parents and the therapist to understand how the disorder is manifested for this camper.
- Identify a place where the camper can go to regain self control, if needed, and allow them to use it.
- Arrange for a private signal that the camper can use when he/she needs to leave the activity
- Work with the camper to avert social problems the camper is being bullied and follow up as needed.

REASONS FOR OPTIMISM

- There are medications that help.
- Research on early onset is being conducted with the hope of more answers.
- There are internet resources to help families and children.
- Advocates and agencies are becoming more aware of the needs (e.g., legislative action, insurance coverage, etc.).

COMMUNICATION

- Communication with the family and the camper's mental health team (physician, therapist, etc.) is critical.
- It is important for camp health care personnel to know the possible side effects of medications the camper is taking, as well as how the disease is manifested in that camper (make sure all staff is on the same page).
- Communicate with the staff the information that is pertinent to allow them to help keep the campers safe (on a need to know only basis).

Review of our Role at Camp?

Because of the myriad of issues associated with any child's mental health, we must prepare our staff to work with them in several ways:

- ✓ Be wary of how labels can affect how we interpret a camper's behaviour.
- ✓ Encourage staff to put their personal opinions about the validity of the child's diagnosis aside.
- ✓ Inform staff that mental health problems do exist, and is not a matter of belief or opinion. It is a matter of science,
- ✓ Remind your staff that we can't possibly know if the camper was tested and diagnosed properly, we can only observe and communicate our concerns.
- ✓ Remind your staff that regardless of the camper's diagnosis, camp tends to be a unique environment and it is difficult to predict how any given camper will behave, even if their disorder is being successfully managed.
- ✓ Train staff to make observations keeping an open mind. They can provide critical information about the child's development.

Tough Decisions

- To what length should camps go to handle mental health problems?
- When the interventions that fall within your level of expertise have continually failed and community safety is at risk, it is probably time to end the relationship and refer the family on to other resources.

Q & A

Resources

- National Institute of Mental Health at www.nimh.nih.gov
- Children and Adults with Attention-Deficit/Hyperactivity Disorder at www.chadd.org
- Anxiety Disorder Association of America at www.adaa.org
- iFred-the International Foundation for Research and Education on Depression at www.ifred.org
- Autism Society of America at www.autism-society.org
- Obsessive-Compulsive Foundation at www.ocdonline.com
- A Family Guide to Keeping Youth Mentally Healthy and Drug Free at www.samhsa.gov/centers/clearinghouse/clearinghouses.html
- National Eating Disorders Association at www.nationaleatingdisorders.com
- Canadian Paediatric Society, Advocacy Resource Centre, Mental Health of Children and Adolescents at www.cps.ca/english/Advocacy/MentalHealth.htm

Resources Continued

Bernstein, Barton E., JD, LMSW and Hartsell, Thomas L., JD: The Portable Lawyer for Mental Health Professional, An A-Z Guide to Protecting Your Clients, Your Practice, and Yourself. Texas :John Wiley and Sons Inc; 200o

Centauri Summer Camp: Camp Nurse Manual, 2006.

Let's Talk Facts about Common Childhood Disorders, American Psychiatric Association, retrieved from www.HealthyMinds.org , February 19, 2009.

Thurber,CA Malinowski, JD: The Summer Camp Handbook. Los Angeles: Perspective Publishing; 2000.