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Addressing MESH Needs of Children through Camp

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Abstract: Mental, emotional, and social needs exist on a spectrum and within every person's reality. Addressing mental, emotional, and social health (MESH) needs at camp is an important, yet often overlooked, responsibility of the camp health team. Establishing baseline data and monitoring camper behaviors and responses to camp can be quite enlightening. In recent years, camping-related literature has revealed the positive impact camp can have on MESH needs. Using this information to strategically plan camp activities and nursing interventions will assure that a greater percentage of camper and staff MESH needs are appropriately addressed. The purpose of the learning activity is to enable learners to evaluate for MESH needs of campers and demonstrate the benefits of traditional camp environments on such needs.

Upon completion of this article, the reader will be able to:

1. Define MESH needs.
2. Describe therapeutic benefits of camp environments on MESH.
3. Apply knowledge of the interaction between MESH needs of campers and therapeutic benefits of nature to develop purposeful camp activities.

Every human being exhibits mental, emotional, and social health (MESH) needs. Mental, emotional, and social health needs require two major assessment components, signs and symptoms the individual exhibits. According to Nussbaum (2013), signs are subjective statements from the person regarding MESH needs and symptoms are objective observations of the practitioner regarding a person's MESH needs. The responsibility of the nurse is to, "... understand the relationship between the signs you observe, the symptoms you elicit, and their effect on the person you meet" (Nussbaum, 2013, 4). Mental, emotional, and social needs exist on a spectrum and within every person's reality.

MESH Needs

Several things may impact the MESH needs of an individual. Table 1 outlines categories of MESH that might be assessed in campers and staff either before arrival at camp (through screening health documents) or upon arrival at camp. Campers and staff members who have chronic illnesses are at greater risk of having heightened MESH needs (Simons, Gilleland, McDanel, Blount, & Campbell, 2008). The stress of chronic illnesses and disabilities, even if not psychiatric in nature, significantly impacts one's ability to manage mental and emotional stressors. Pain is a particularly strong influence on MESH needs of individuals. Thompson,

Zemen, Fanurik, and Sirotkin-Roses (1992) estimated that the risk of increased MESH needs for chronically ill children is 1.3 to 3 times greater than for healthy children. Anxiety and depression symptoms have been regularly linked to chronic illnesses in pediatric literature for decades (Holmes, Respass, Greer, & Frenz, 1998; Pine et al., 1994; Silver, Westbrook, & Stein, 1998).

During adolescence, “maturational changes, shifting societal expectations, and conflicting role demands” create significant challenges for MESH in this population (Maldonado, Huang, Chen, Kasen, Cohen, & Chen, 2013, 287). Many teen campers are in the process of exploring their place in the world and may exhibit signs that may be confused for depression. The astute assessment of the camp nurse is necessary to distinguish between an emerging mental illness and difficulties experienced during the normal maturational processes. During adolescence, campers rely heavily on peer feedback related to their mental and emotional function and well-being (Meltzer & Rourke, 2005).

Being aware of normal developmental processes will assist the camp health team in identifying and addressing MESH needs in the camp population. MESH needs occur on a spectrum. Every individual at camp (owner, director, counselor, health team, camper, staff member) has MESH needs somewhere on a spectrum from the need for love and belonging to the need for professional mental health assistance. The camp nurse is situated to provide valuable feedback to teens about normal maturational processes, doubts and feelings, while simultaneously evaluating potential issues that may indicate the need for a mental health referral. Being aware of normal developmental processes will assist the camp health team in identifying and addressing MESH needs in the camp population.

Therapeutic Benefits of Camp

Several authors have addressed the therapeutic benefits of camp on MESH needs. Simons, Gilleland, McDanel, Blount, and Campbell (2008) noted that parents have identified camp as an important environment to help their children learn to cope with new experiences and learn social skills. Impacts may range from helping special needs/chronically ill campers “feel as normal as possible” to allowing children and teens to address MESH needs and meet developmental tasks. Several studies have noted decreases in anxiety and loneliness symptoms of chronically ill children or their siblings while in the camp setting (Ehrenreich-May & Bilek, 2011; Hamma, Ronen, & Felgin, 2000). Self-reported anxiety of chronically ill summer campers “showed an overall significant decrease over the course of camp” (Briery & Rabian, 1999, p. 188). Meltzer and Rourke (2005) noted this decrease in anxiety may be related to adolescents with chronic illnesses feeling more similar to peers dealing with similar issues than they do to a mixed peer groups in their home situation. Experiencing a new environment with a group of individuals who struggle with similar issues can be normalizing and empowering.

In addition to helping to normalize the condition of chronically ill children, camp provides an opportunity to establish MESH prevention programming. One inner-city camp provides psychosocial competency skills as a regular part of camper activities. These skill sessions, provided to all campers, assisted at-risk youth who were experiencing multiple life stressors, learn to manage that stress in healthy ways. The skills taught resulted in increased “hopeful thinking” in the youth. Instruction and experiential activities provide psychosocial training, cognitive reappraisal of situations, prevention of emotional avoidance through emotion identification, and modification of initial behavioral tendencies (Ehrenreich-May & Bilek, 2011). Psychosocial training teaches youth about normal thoughts and feelings and helps them learn appropriate coping mechanisms for difficult emotions. Cognitive reappraisal assists youth in looking at their personal situation from a more positive lens. Emotional identification educates children about the differences among feelings, helps them label their own feelings, and validates the existence of each feeling as legitimate and acceptable. These processes help at-risk youth see their situation in a more positive light while enabling them to take control of their reaction to many different situations. If such a program can work with at-risk youth, certainly providing psychosocial skills training to all youth at camp can only enhance the coping skills necessary to survive childhood and adolescence in the current environment.

For instance, in a regular camp setting, there are often opportunities to embrace teachable moments. The camp nurse is leading a camp session on wellness. During the session the nurse provides multiple case scenarios for campers to ponder. In each scenario, the nurse asks campers to identify the feelings elicited by the scenario and leads a discussion about feelings; how similar situations can elicit different feelings for each camper; and various healthy coping mechanisms for managing a variety of feelings.

All youth, whether chronically ill, at-risk, or healthy; experience intense emotions related to everyday living. The camp setting provides a wonderful opportunity to teach positive mental and emotional skills that will benefit them throughout their lifetime. For example, when fishing line gets stuck on a log, campers are assisted in decision making about options to address the problem instead of just getting mad or when someone accidentally spills their drink at lunch, the table is encouraged to help clean up rather than making fun of the child. The benefits of interacting with others in an outdoor setting while learning valuable life lessons is paramount to healthy coping in a world filled with crime, stress, and pressure.

Many traditional camp settings are located in natural environments, often isolated from much of the “hustle and bustle” of everyday stress. In his book, *The Nature Principle*, Louv discussed the therapeutic benefits of nature and camp. One study he noted looked at two groups of walkers. Each group walked the same distance but in different environments; one group walked in a wooded area while the other walked in a local shopping mall. The results of the study were

stunning. Upwards of 80% of the nature walkers felt less depressed, less angry, less fatigued, and less tense than the mall walkers. The only difference was the environment in which the exercise occurred. Louv went on to note the results of exposure to nature are almost immediate. “Even exposure to dirt may boost mood, along with the immune system” (2011, pg.60). Louv, in his national bestseller *Last Child in the Woods*, reported studies that indicated exposure to nature may reduce symptoms of attention deficit disorder in children, can improve their cognitive ability, and reduce stress. Though not all camps are set in a natural setting, many are and provide the unique benefits Louv addresses. Louv’s ideas stimulate curiosity about how nurses can utilize natural camp environments to enhance camp programming.

Program Development to Address MESH Needs of Campers

Applying Louv’s Nature Principle to camp programming can further impact the benefits of the camp experience for children. The Nature Principle is based on “seven overlapping precepts: a) The more high-tech our lives become, the more nature we need to achieve natural balance; b) The mind/body/nature connection, also called Vitamin N (for nature), will enhance physical and mental health; c) Utilizing both technology *and* nature experience will increase our intelligence, creative thinking, and productivity, giving birth to the hybrid mind; d) Human/nature social capital will enrich and redefine community to include all living things; e) In the new purposeful place, natural history will be as important as human history to regional and personal identity; f) Through biophilic design, our homes, workplaces, neighborhoods, and towns will not only conserve watts, but also produce human energy; g) In relationship with nature, the high-performance human will conserve and create natural habitat – and new economic potential – where we live, learn, work, and play” (Louv, 2011, p.5).

The nature precepts, available in many camp settings, can impact the MESH needs of campers by providing a relaxed environment conducive to the thoughtful reflection necessary for MESH improvement. Allowing campers and staff time to reflect on their lives, problems, and situations in relation to the bigger universe is often therapeutic. Seeing one’s problems in relation to “the bigger picture” and in contrast to those of peers often allows one to gain valuable and needed perspective necessary to improve outlook on life and humanity.

The key to using the nature principle of camp to impact MESH needs of campers is developing age appropriate activities that impact the mental, emotional, and social health needs of both children and staff. Table 2 outlines characteristics to consider when developing programming with positive MESH impacts. Table 3 provides some age appropriate programming guidelines to positively impact MESH needs while children are at camp. For instance, preteens coming to camp are often dealing with new thoughts and feelings as they enter a stage of developing personal identity. Developing an identity while navigating constantly changing thoughts and feelings, fluctuations in self-esteem, and a desire for belonging make the world of a

“normal” pre-teen. Camp provides an environment of independence. For example, allowing pre-teen or teen campers opportunities to mentor younger campers and help with activities supports development of confidence and self-efficacy. Setting up camp to allow free-time decision making, flexible scheduling/activity choices, and available space and time for privacy and reflection allow teens to practice being independent while having the safety net of the camp nurse and other staff. For example, instead of having every camper slotted into specified camp schedules, perhaps there is an opportunity to offer multiple nature-related activities and allowing the camper to choose the one that matches their personal interests.

Camp represents a sheltered environment where children and adolescents are able to spread their wings, make decisions, and encounter natural consequences for behaviors. Nurses have the opportunity to guide young campers through difficult psychosocial times (either of normal maturation or psychological alterations). Assisting campers to reflect on daily activities and major accomplishments, process decisions, and negotiate interpersonal situations provides a way for them to manage the barrage of feelings and situations that will continue to be experienced outside the camp setting.

Conclusion

Assisting children and adolescents to manage everyday stressors in healthy ways will have a positive effect on how they integrate into society and manage everyday life. The keys to maximizing the positive effects of camp on MESH needs are to focus on age and developmentally-appropriate strategies and activities. Helping children and adolescents learn positive coping mechanisms will lead to healthy adult populations and be better equipped to manage in an ever-changing society.

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Table 1: Impacts on MESH Needs of Campers and Staff

- Lifestyle
 - How a person lives
 - Significant relationships-marital status
 - Available support system
 - Occupation
 - Religion
- Normal Coping Patterns
 - What coping mechanisms does the person use when under stress?
- Personality Style
 - Tendency toward dependence, hostility, dramatic, critical, upbeat, etc.
- History of Psychiatric Disorder
 - Is the person currently taking psychiatric medication? For what diagnosis/ reason?
- Recent Life Changes or Stressors
 - Traumatic events in past year?
 - Major changes in last year?
 - Moved, changed schools, got married or divorced, parents got married or divorced, death of close family member, job change, birth of child or sibling
- Spirituality
 - What role does spirituality or religion play in the person's life?
 - HOPE Assessment
 - H: What are your sources of hope, strength, or comfort?
 - O: What role does organized religion play in your life?
 - P: What personal spirituality practices do you engage in?
 - E: How does your spirituality impact your medical care or end of life decisions?
- Mental Status
 - Assess cognitive and behavioral spheres

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Table 2: Understanding Age Group Characteristics

Young Children
 (ages 7-9) **Older Children**
 (ages 10-12) **Younger Youth**
 (ages 12-14) **Older Youth**
 (ages 15-18)

- Learn best by doing
- Short attention span
- Think in concrete terms
- Seek out heroes
- Want to master skills, but still need to be cherished for who they are and not what they can do
- Are usually very active but unable to manage their own rest
- Have a silly sense of humor
- Beginning to define themselves outside their family of origin Very active but need help slowing down for rest time
- Have a deep need for fairness; developing a keen sense of right and wrong
- Thrive within same gender friendships
- Girls begin maturing physically much earlier than boys
- Need same gender role models
- Beginning to learn fundamentals of abstract thinking
- In the midst of a great deal of change physically, emotionally, and socially
- Girls tend to be more mature emotionally and socially than boys
- Need to be accepted and feel a sense of belonging
- May experiment with drugs, alcohol, sex and cigarettes or be thinking about it
- Focus on the “now” and have very little ability to look to the future.
- Need very clear boundaries that allow for a sense of freedom while allowing them to develop responsibility skills
- Developing abstract thinking skills
- Very idealistic Seeking to form identity separate from family of origin
- Can use abstract thinking skills
- Almost fully developed physically but are still quite self-conscious about appearance
- Very concerned about weight
- Need lots of sleep and rest but are able to plan it without external reminders
- Many may have experimented with drugs, alcohol, sex, and smoking...need to be able to discuss their choices in a nonjudgmental environment
- Under tremendous pressure to succeed
- Want to belong

Table 3: Age Appropriate Programming Guidelines	
Children (ages 7-12)	Youth (ages 13-18)
<ul style="list-style-type: none"> • Support families and children hesitant about camp. <ul style="list-style-type: none"> ○ Provide day camp options ○ Provide shorter camp options ○ Provide Parent/Child camp options • Share information with parents about psychosocial and emotional benefits of emerging independence on the child’s emotional health. • Focus camp activities in a way to raise the self-esteem of all campers involved. Utilize games and activities where everyone can feel positive about the experience and use fewer activities with defined “winners and losers”. • Help children name and experience ALL emotions. 	<ul style="list-style-type: none"> • Do not age out campers. Allow them to stay in programming based on developmental level and regardless of chronological age. • Focus camp activities in a way to raise the self-esteem of all campers involved. • Teach youth to see situations from multiple perspectives. This helps develop flexible thinking skills that minimizes cognitive distortions. • Help youth name and experience ALL emotions. While emotional avoidance works in the short-term, it can lead to a lifetime fear of certain emotions and distress when one is confronted with an emotionally charged discussion or situation.
<p><i>Be sure to incorporate age appropriate strategies in all programming and not just with children who appear to have MESH issues.</i></p> <p><i>Often times, emerging MESH issues can be hidden from the casual observer.</i></p>	

Post Test:

1. MESH needs are defined as:
 - a. Mental, external, and socially disturbing.
 - b. Miserable, emotional, and sexual health.
 - c. Mental, emotional, and social health.
 - d. Miserable, external, and sexual health.

2. MESH needs exist:
 - a. In 80% of campers.
 - b. In all campers and 75% of camp staff.
 - c. In 100% of people across a spectrum.
 - d. In 100% of campers and staff who have a mental health diagnosis.

3. The most common mental health disorder is:
 - a. Anxiety
 - b. Depression
 - c. Obsessive compulsive disorder
 - d. Schizophrenia

4. The lifetime prevalence of anxiety and depression occurs:
 - a. More in females than in males.
 - b. More in males than in females.
 - c. Equally in both genders.

5. Which of the following is not a significant impact on MESH needs?
 - a. Family living situation
 - b. Level of education

- c. Lifestyle
 - d. Religion
6. Which of the following impacts on MESH needs can be affected by a camp experience? (Identify all that apply)
- a. Coping mechanisms
 - b. Living situation
 - c. Major life changes
 - d. Support system
7. The estimated risk of increased MESH needs for chronically ill children is ___ times greater than for healthy children.
- a. 1.3-1.5
 - b. 1.3-3.0
 - c. 2.3-4.0
 - d. 2.0-6.0
8. Which of the following provide a critical impact on the MESH needs of adolescents?
- a. conflicting role demands
 - b. maturational changes
 - c. shifting societal expectations
 - d. all of the above
9. ACA Health and Wellness Standards provide:
- a. a framework for developmentally appropriate camp interventions.
 - b. a framework of behavior modification techniques.
 - c. a list of MESH-specific needs to be addressed at camp.
 - d. a list of MESH-specific interventions appropriate for the camp setting.

10. Exposure to nature has:

- a. Ability to boost mood and decrease anxiety.
- b. Little to no impact on MESH needs.
- c. Difficult to apply principles in the camp setting.
- d. Positive effects on social standing and cognitive abilities.

Answer Key

- 1. C
- 2. C
- 3. A
- 4. A
- 5. B
- 6. A & D
- 7. B
- 8. D
- 9. A
- 10. A

Evaluation

After completing this activity, I am able to:

1. Define MESH needs.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

2. Describe therapeutic benefits of camp environments.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

3. Apply knowledge of MESH needs and therapeutic benefits of nature to the development of purposeful camp activities.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

4. Teaching of this content through this continuing education article was effective.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

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