

I FEEL LIKE I'M WATCHING  
A THOUSAND TVS AT ONCE.

WHY CAN'T I FEEL  
ANYTHING?

I KNOW THEY'RE  
LAUGHING AT ME.



by Tracey C. Gaslin

# TREATING WHAT YOU CAN'T

MEETING MENTAL, EMOTIONAL AND SOCIAL HEALTH (MESH) NEEDS AT CAMP



**O**n a warm, sunny afternoon at camp, several children show up in the health center.

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Sarah has a small cut on her finger from arts and crafts. Her wound is cleaned and dressed, and she continues with her activities. Sam has a runny nose from his many allergies and is given an antihistamine. Josh twisted his ankle in a basketball game and complains of slight pain when he walks. Wrapped in an ace bandage and ice, he is ready to go. Amy is crying and solemn and is asked to wait for assistance. ►

SEE

# PARTNER WITH THE CAMPER. NEVER PRESUME ANYTHING ABOUT AN INDIVIDUAL BASED ON A DIAGNOSIS ALONE.

It is easy to treat the known, visible and obvious. However, when a camper presents emotional symptoms, our task in discerning the cause becomes more challenging. While a physical cut is manageable, the emotional camper requires us to use more advanced skills in addressing the concern. Is this camper homesick? Does she have depression? Did another camper offend or demean her? Is the camper seeking attention? An important part of our ministry is to respond to each situation with truth and kindness.

Camp professionals are eager to support campers with mental, emotional, or social health concerns (MESH). Dealing with MESH can be complex, but this article will provide an overview to help Christian camp leaders and health care providers address MESH needs by collecting information before camp arrival, recognizing common MESH conditions and medications and having a plan to respond to MESH emergencies should they occur.

## Collecting Insightful Information

Camps might want to consider what MESH information they are collecting before campers arrive. Proactive data collection helps to establish a plan of

care for campers with MESH challenges. The camper application or health assessment might include questions such as:

1. Has the camper experienced any recent family alterations (such as divorce, separation, death)?
2. Has your child spent time away from home for an extended period?
3. Does the camper have a diagnosed mental, emotional or social health disorder?
4. Is the camper taking any mood-altering medications?
5. Is the camper currently under the care of a mental health professional?
6. Are there things we (director or health staff) should know to set up your child for success in the camp setting?

Asking a few questions directed at potential MESH concerns allows the camp to open conversations with parents regarding how best to care for their children in the camp setting. With parent or guardian assistance, a plan can be established to help children with sensory issues, attention or focus challenges, anxiety or depression. Parents know their children best and can provide insight regarding interventions that may work to diffuse or diminish emotional events. It's also important to

ask parents who to contact, including a doctor or medical provider, and what steps should be taken if a potential incident arises.

## Common Challenges

All camps deal with a variety of MESH challenges. Let's discuss a few of the more common experiences and opportunities for ministering to individuals in need.

### Homesickness

All camps deal with homesickness. The example of Amy in the introduction of this article is typical. When asked about homesickness, children may not be able to describe their feelings of sadness or connect them to home. Amy was crying. Her counselors were unsure how to resolve the issue, so they brought her for a consultation with health services. Our genuine effort is to help the camper feel better by taking steps back toward a state of health and happiness. There are a couple of helpful steps to do so in addressing homesickness:

- ▶ **Be proactive prior to camp arrival.** Gather information from parents that helps staff know if the child has been away from home for a period of time. Understanding nighttime rituals at home and allowing campers to bring comfort items, such as a stuffed animal or blanket, may also

help alleviate some of the emotion.

- ▶ **Provide time for a child to level the emotion.** When a camper is upset, allow her time to move through the emotion. Constant questioning, even in deciphering the cause, may only make the situation more challenging. Lead the child to a safe location away from the group. Give her time, and then encourage her to re-engage with peers.

### ADD/ADHD

James arrives at camp with medications, and Mom reports that he had some challenges in school last year. Mom hopes camp will be a good experience for James and that he will learn to play better with others while here. Further discussion reveals that James takes Strattera and Focalin, ADHD medications, and has challenges staying on task and following direction. How do we meet the needs of this young man? Consider the following:

- ▶ **Understand medication schedule.** Many ADD/ADHD medications have unique schedules. Try to administer the medication on time at camp to prevent sleep interruptions or loss of appetite. See “Common ADD/ADHD Medications.”
- ▶ **Learn what works at home.** Talk to Mom about techniques used at school or home that help James with focus and taking directions. Keep activities short in duration. Provide instructions with no more than three or four steps, and encourage campers to try new opportunities. Reinforce with praise.


### Depression

Amber is an adolescent who has lived with depression for a few years. Mom tells you that Amber is stable on her medication and wants her to attend

**EXTRA INFO**

## COMMON ADD/ADHD MEDICATIONS

Class	Medication	Dosing	Side Effects
Amphetamine Stimulants	Adderall	4–6 hours	Include some loss of appetite, weight loss, sleep problems, irritability, tics
	Dexadrine	4–6 hours	
	Vyvanse	10–12 hours	
Methylphenidate Stimulants	Focalin	4–6 hours	Include some loss of appetite, weight loss, sleep problems, irritability, tics
	Ritalin	3–4 hours	
	Metadate	6–10 hours	
	Concerta	10–12 hours	
Nonstimulants	Strattera	24 hours	Include sleep problems, anxiety, fatigue, upset stomach, dizziness, dry mouth
	Intuniv	24 hours	Include sleepiness, headache, abdominal pain, fatigue



For more information: [www.webmd.com/add-adhd/guide/adhd-medication-chart](http://www.webmd.com/add-adhd/guide/adhd-medication-chart)

camp with her friends. You have not spoken with Amber. In an effort to create a positive camp experience, consider the following:

- ▶ **Partner with the camper.** Never presume anything about an individual based on a diagnosis alone. Arrange an opportunity to talk with Amber and discuss her ideas about camp, her feelings about attending

and her expected outcomes from the experience.

- ▶ **Manage medication.** Discuss with parents the medications she currently takes for depression. The most common class of antidepressant medications are Selective Serotonin Reuptake Inhibitors (SSRIs, see “Anxiety and Depression Medications,” page 28). Psychologist ▶

# MOST CRISES OCCUR WHEN AN INDIVIDUAL EXPRESSES A DESIRE TO HURT HIMSELF OR ANOTHER PERSON.

Chris Thurber suggests that changes in climate, schedule, diet and activity could impact the effectiveness of normal doses of these medications.

- **Develop healthy social connections.** Social connections can help anchor a camper's mental health. Thurber

recommends developing opportunities for campers to make meaningful independent choices, partnering with staff in creative activities or enhancing their personal experience by sharing accomplishments with others.

## Preventing and Preparing for Crises

As we work with children through the camp experience, we hope to proactively prevent negative issues from occurring. However, even in the best of circumstances, situations can arise, and we need to be prepared to respond to MESH emergencies in the event they occur. When planning, it's also important to consider the possibility of and protocols for a staff member's MESH crisis.

Most crises occur when an individual expresses a desire to hurt himself or another person. This intent may be expressed verbally, by physical assault, through medication overdose or many other venues. It is important that we recognize these emergencies and take the necessary steps to prevent harm or even death. There are situations where it is imperative that we seek assistance for campers. Consider including these elements in a MESH rescue plan:

- **Prepare a consultation list.** Have a list of support services readily available for access. The list may include medical health professionals, psychologists, psychiatrists, mental health services, a crisis hotline, the local hospital and other available resources. Connect with the individuals on your resource list prior to needing their service, and establish a

### EXTRA INFO

## ANXIETY AND DEPRESSION MEDICATIONS

Class	Medication (Brand Names)	Side Effects
Selective Serotonin Reuptake Inhibitors (SSRIs)	Citalopram (Celexa)	Include nausea, agitation, dizziness, drowsiness, insomnia, weight gain/loss, headache, dry mouth, vomiting, diarrhea, suicidal thoughts or behavior
	Escitalopram (Lexapro, Cipralex)	
	Paroxetine (Paxil, Seroxat)	
	Fluoxetine (Prozac)	
	Fluvoxamine (Luvox)	
	Sertraline (Zoloft, Lustral)	



For more information: [www.mayoclinic.org/diseases-conditions/depression/in-depth/ssris/art-20044825](http://www.mayoclinic.org/diseases-conditions/depression/in-depth/ssris/art-20044825)

rapport that will promote engagement and help in time of need.

► **Connect with the camper in need.**

Listen and respond in a nonjudgmental way. Know the camper's story as you seek help from a pre-established list of resources and medical providers. Providing empathy and support can help soften the camper's feelings.

► **Consult with appropriate camp staff.**

Meet with leadership, health care staff, and others who play an integral role in addressing the MESH crisis. Contact parents. Share information. Develop a plan of action, and consider strong vigilance in protecting the privacy of the camper's health information. Remind everyone that maintaining protected health information (PHI) is a critical role for everyone involved in caring for campers. For more on PHI, see [www.hipaa.com/hipaa-protected-](http://www.hipaa.com/hipaa-protected-)

## EXTRA INFO

# GO DEEPER

"Addressing MESH Needs of Children Through Camp," by Jeana Wilcox, CompassPoint, June 2014, [www.acn.org/store/acn.php](http://www.acn.org/store/acn.php)

"Medication Management for Day and Resident Camps," [www.acn.org/edcenter/acn\\_practice\\_guidelines\\_for\\_camp\\_nurses\\_in\\_the\\_us.php](http://www.acn.org/edcenter/acn_practice_guidelines_for_camp_nurses_in_the_us.php)

"Mental Health Problem Flowchart" and "Camper Mental Health" by Dr. Christopher Thurber, [www.campspirit.com/purchase-handouts](http://www.campspirit.com/purchase-handouts)

health-information-what-does-phi-include.

Mental, emotional and social health issues will be ever-present as we minister to individuals in our care. Addressing these needs helps to foster an environment of safety, love and respect—and contributes to the spiritual health, growth and ongoing life-change that campers can experience even after they leave camp property. ●



Tracey C. Gaslin, Ph.D., CRNI, CPNP, FNP-BC, is executive director of the Association of Camp Nurses.

A professor and dual-certified nurse practitioner in pediatrics and adults, she specializes in camp nursing, pediatrics and children with bleeding disorders. Dr. Gaslin previously served as medical director at The Center for Courageous Kids, where she worked with children with chronic disease, disability and life-threatening illness. Email her at [gaslin@campnurse.org](mailto:gaslin@campnurse.org).

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