**Mental, Emotional, and Social Health (MESH) Planning Template for Councils**

**General Information**

Mental, Emotional, and Social Health (MESH) includes a wide range of issues, including our emotional health, our ability to form and maintain relationships, and traditional mental health disorders. Challenges with a participant’s mental, emotional, or social health can occur anywhere and at any time. Scout activities, including long-term camps, can place stress on Scouts, camp staff, and adult leaders. These stressors have the potential to cause a crisis. Because of the wide variety of Scout activities, the response to this crisis may need to be different depending on the location, support available, and ability to respond. Other factors such as staffing, training, adult leader assistance, and mental health experience also need to be considered. Having a plan to address these events is critical to safely assisting those impacted by the crisis.

While many MESH crises can be resolved with simple interventions, sometimes they can be much more serious. Threats of or attempts at suicide are a true mental health crisis, and you should be prepared to respond. Your plan should include strategies for managing the more common as well as the most serious events.

The information provided here is meant to be a tool for you to use to begin developing an overall plan to have in place before a MESH crisis arises in your camp or at your Scouting event. The questions and strategies listed here are not comprehensive and will need to be modified for your specific area and needs. Some signs, symptoms, and behaviors may be similar and/or overlap. Include your council health supervisor, your council enterprise risk management committee, camp leadership, and others as necessary in developing this plan. Discuss prevention, first aid, resources available, specific issues your area may encounter, and training. Consider having backup plans as well.

Again, this template is only a tool to assist you as you develop a plan to respond to serious, acute MESH concerns if they arise in your council camp(s) or events. It is not meant to be a MESH training program to distinguish diagnosis, or care for mental health issues.

**Developing Your Plan**

1. Assess your needs.

* 1. Identify the camp population. Are there specific risks or patterns in your community that need to be considered? How common have MESH crises been in previous years? How old are your participants? The Centers for Disease Control and Prevention (CDC) has studied adverse childhood experiences that could lead to health issues, including mental health concerns. You are encouraged to review this information to become more familiar with these types of experiences. More information can be found [here](https://www.cdc.gov/aces/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html).
	2. Scout activities frequently include young adults, parents, and older adults in addition to youth. Be sure to plan for all these participants as well.
1. Identify mental health resources and consider how you could use them to form a mental health response team. Do this for both a true crisis and for behavioral issues. Potential resources include:
	1. Local EMS/hospital response.
	2. Mental health volunteers. Could they provide in-camp training, support, or response?
	3. Local/state mental health department. Is there a mental health crisis response team? Do they have professionals who may help train, respond, or advise? Is there a hotline or phone consultation service in your location?
	4. Local mental health professionals. Are they able to volunteer to:
		1. Be available during your camp?
		2. Review your plan?
		3. Help train your staff?
		4. Respond in an emergency?
2. Strategies
	1. Encourage ***accurate*** completion of Annual Health & Medical Record (AHMR) for all participants. An accurately completed AHMR can be used to help identify any MESH issues as well as prescribed medications for the treatment. If attending a camp, be sure to identify this upon camp check-in. Consider having a conversation with unit leaders about MESH issues that may not have been reported on the AHMR. If AHMRs are received before camp begins, review the information and discuss with parents/guardians/council health supervisor and others as needed. Maintain confidentiality.
	2. Develop prevention strategies with your council health supervisor, enterprise risk management group, and local mental health professionals. For example, simple changes to a swim check may reduce stress and anxiety.
	3. When providing camp literature to parents/guardians, include information necessary for their child to have a successful camp experience. This would include completing the AHMR fully and accurately. Be sure to encourage parents/guardians to contact the camp leadership well before camp begins to discuss any mental health concerns.
	4. If a youth is prescribed medications for mental health issues, discuss the medication plan with parents and unit adult leaders. Do so before camp begins, if possible. Ideally, these conversations would include adult unit leadership, the Camp Health Officer, and camp leadership as needed.
	5. Discourage making changes to mental health medications immediately before or for the camp or activity (e.g., avoid a “medication vacation”). This should be communicated in pre-camp materials.
	6. Discuss the situation with the adult parent/guardian. Ask:
		1. Will a parent/guardian be attending the event with the youth? If not, is the adult unit leadership for the youth aware of the issue and do they know what to do in the event of a mental health crisis?
		2. Have there been any changes, including medications, since the AHMR was completed?
		3. Has this person had a mental health crisis? When did it occur? What occurred? What helped? Did anything seem to make it worse? What steps are helpful when this person starts having problems?
		4. Who should be contacted if there is a mental health crisis at a camp/Scouting event? (Check for correct contact information.)
		5. Who is knowledgeable about your child’s mental health management?
3. Develop the plan. Issues to consider:
4. Throughout this document, we have included information and steps to consider adding to your plan. Your council and general location may have unique circumstances to keep in mind. Science is ever-changing, so your plan will need to be reviewed and revised periodically.
5. Remember to modify your plan for different venues or camp properties. One size does not fit all.
6. Document the plan in the health lodge manual or other suitable location. Make sure that the plan is easily accessible to staff members for review. Include the camp response plan as part of your camp staff orientation; this can be done as part of the camp staff MESH training unit.

**Responding to a MESH Issue**

When responding to a MESH issue, the following guidelines suggest how to proceed:

* Ensure your own safety and the safety of others before approaching.
* Communicate in a calm manner. Do not be judgmental. Do not promise to keep it a secret.
* Use age/development-appropriate language.
* Do not force a conversation.
* Use active listening. Respond to cues from the individual. This may include repeating or slowing down the conversation, especially if they become confused or agitated. Speak calmly and quietly.
* Have someone contact the individual’s adult leadership. They may be able to assist.
* Have someone check the individual’s AHMR. Check their history and medication. If they have listed medication(s) for behavior/emotional issues, ask them if they have taken the medication(s).
* Notify the camp director and/or professional adviser immediately. The camp director/professional adviser will notify the Scout executive, as soon as is reasonable, while providing for the safety of the person.
* If a person shows extreme reactions that don’t improve or seem to worsen—and especially if they express a desire or intent to harm themselves or others—you should immediately implement your MESH plan and contact mental health professionals, Suicide & Crisis Lifeline, or others as you have predetermined that may need to intervene if someone cannot be calmed down, has irrational fears, uses poor judgment, etc. If necessary, call 911 or your local emergency number.

Determine those to be notified and include that in your plan. Frequently, it is the Scout executive (or designee, maybe camp director) who will contact the person’s parent/guardian or spouse, unless there is reason to believe the person is being abused. In that case, contact law enforcement or the Department of Health and Human Services. This may vary based on your state/locale.

**Suicide Threats/Attempts**

As with other mental health crises, develop a plan that is specific to your area. At a *minimum,* a plan should include the following elements:

* **Take every threat seriously.** A suicide threat or attempt is a true medical emergency.
* **Ensure the safety of responders and others. If a person becomes agitated and/or exhibits or verbalizes threatening behaviors toward themselves or others, call 911 or your local emergency number.**
* **Do not leave the person alone unless you feel unsafe being alone with this person.** Escort them to the health lodge with another person if they are willing to go and it is safe to do so. Removing the person from a group will provide privacy, limit risk to others, and can help de-escalate any conflicts. They should be supervised until additional help arrives.
* **Get additional help immediately.** This is critical if you had to leave the person alone.It is also important to get others involved. Depending on the situation, this help may include calling the adult leader for their unit, camp director, professional adviser, health officer, the camp crisis team, the Suicide & Crisis Lifeline (call or text 988), or 911.
* **Provide support.** Listen if they wish to talk. Do not act judgmentally. Do not promise to keep it a secret. Having individuals trained to use de-escalating techniques can be helpful. Use techniques from mental health training courses*,* if trained.
* **Document.** When able, be sure to notate your interactions with the individual to capture details of the encounter. It is best to do this soon after the crisis has been responded to.
* Have someone check the individual’s AHMR. Check their history and medication. Review what has been recorded in the camp BSA First Aid Log and/or the Routine Drug Administration Record. If they have listed medication(s) for behavior/emotional issues, ask them if they have taken the medication(s).
* The camp director/professional adviser will notify the Scout executive as soon as is reasonable, while providing for the safety of the person communicating the threat or behavior.
* Scout executive (or designee, such as the camp director) will contact the person’s parent/guardian or spouse, unless there is reason to believe the person is being abused. Contact law enforcement or the Department of Health and Human Services in that case. This may vary based on your state/locale. Determine who needs to be notified and include that in your plan.

**Staff/Bystander Support**

After a mental health incident, supporting those who were involved and/or who witnessed the crisis should be a part of your overall plan. Your camp staff and participants may need help dealing with the aftereffects of the crisis. Perhaps a volunteer mental health professional could help. The goal is to be supportive and empathetic during this process. This process will differ for each individual and will need someone who can remain sympathetic. Depending on the event, support may need to extend to both camp staff and participants beyond the camping season. Don’t forget to include the unit leadership and the other members of the unit or group.

**Training**

After developing your plan, you will need to train both permanent and seasonal camp staff, and perhaps other council professional staff. This training will help you build a crisis response team. We have developed a [MESH Training Course for Council Camp Staff](https://filestore.scouting.org/filestore/HealthSafety/zip/MESH-Camp-Staff-Training.zip) that helps camp staff be prepared. You may also want to consider having staff trained in Mental Health First Aid or other mental health training courses depending upon your needs and resources. Recognize that this can be a difficult subject for some staff members. To make this easier for staff, consider using skits, videos, scenarios, and other creative methods to share your plan.

Practice your plan before camp begins with all staff members—not just the crisis response team. This will be useful so that, in the event a staff member is not at camp during a crisis, you will have other trained staff to help. Evaluate any issues and adjust your plan as needed. Reevaluate your plan at least annually before camping season or other events. Check your contact information to make sure it is current.

**Incident Reporting**

Complete an incident report in a timely manner. This task is usually done by the Scout executive or their designee. Incident reporting information may be found here: <https://www.scouting.org/health-and-safety/incident-report/>.

**Resources**

**988 Suicide & Crisis Lifeline.**

Counselors answer this lifeline 24/7/365. This lifeline is intended to help individuals who are facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to. Conversations are free and confidential.

* Call or text: 988
* Chat: <https://988lifeline.org/>

Be aware that 988 has been designated as the new three-digit dialing code that will route callers to trained volunteers or professionals through the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline). It is now active across the United States*.*

**Veterans Crisis Line**: Dial 988, then either press 1 or text 838255.

The Veterans Crisis Line serves veterans, service members, National Guard and Reserve members, and those who support them. <https://www.veteranscrisisline.net/>

**Substance Abuse and Mental Health Services Administration** (SAMHSA).

A wealth of information is available at <https://www.samhsa.gov/>

**MentalHealth.gov**.

Part of SAMHSA, this link provides information on mental health, suicide prevention, a Disaster Distress Helpline, information for veterans, and coping with Covid-19. <https://www.mentalhealth.gov/>

**CDC Adverse Childhood Experiences** (ACEs).

This resource describes ACEs—what they are, how frequently they occur, and the effects they have on youth as well as adults who experienced ACEs. [**https://www.cdc.gov/violenceprevention/aces/**](https://www.cdc.gov/violenceprevention/aces/)

**Mental Health Commission of Canada.**

This link provides a downloadable, easy-to-understand, brief document on how to talk to children about suicide. [**https://mentalhealthcommission.ca/wp-content/uploads/2021/05/talking\_to\_children\_about\_a\_suicide\_eng.pdf**](https://mentalhealthcommission.ca/wp-content/uploads/2021/05/talking_to_children_about_a_suicide_eng.pdf)

**CDC How Right Now.**

This link provides tips, resources, and suggestions on how to improve your own mental, emotional and social health. [**https://www.cdc.gov/howrightnow/**](https://www.cdc.gov/howrightnow/)

**Mental Health First Aid.**

Fee-based mental health first-aid training that is provided under the auspices of the National Council for Mental Wellbeing and the Missouri Department of Mental Health. Training can be in-person or virtual. [**https://www.mentalhealthfirstaid.org/**](https://www.mentalhealthfirstaid.org/)

**Scouting-Specific Resources**

**MESH Training Course for Council Camp Staff.**

This resource provides the slide deck and facilitator guide for preparing camp staff for MESH issues, either by campers or peer staff. https://filestore.scouting.org/filestore/HealthSafety/zip/MESH-Camp-Staff-Training.zip

**BSA Safety Moments.**

Several Scouting America Safety Moments address common MESH issues encountered in Scouting. All the Safety Moments can be found at <https://www.scouting.org/health-and-safety/safety-moments/>

* Attention Deficit Hyperactivity Disorder (ADHD)
* Depression
* Homesickness
* Psychological First Aid
* Resilience
* Youth Suicide Prevention

**BSA Incident Reporting.**

When a mental health incident occurs, or if there is a near miss, this incident should be reported to the national Scouting America office.<https://www.scouting.org/health-and-safety/incident-report/>

**Medication Use in Scouting.**

This document provides guidance on safe medication use in Scouting. <https://filestore.scouting.org/filestore/healthsafety/pdf/safe_use_of_medication_in_scouting.pdf>

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