

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

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## 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, which can potentially cause a crisis. Because of the wide variety of Scout activities, the response may need to be different depending on the location, available support, and ability to respond. This includes staffing, training, adult leader assistance, mental health experience, and more. Having a plan to address these events is critical to safely assisting those impacted by the crisis.

Increases in MESH concerns have been noted after the pandemic. Many are associated with the isolation and lack of socialization that occurred. It's also been reported that youth are severely impacted by the use or abuse of social media.

While many MESH crises can be resolved with simple interventions, sometimes they can be much more serious. Threats 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 and the most serious events.

This information 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. 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, available resources, specific issues your area may encounter, and training. Consider having backup plans as well.

### We will address two issues:

- 1. Mental, Emotional, and Social Health (MESH) issues**
- 2. Suicide threats or attempts**

Some signs, symptoms, and behaviors may be similar and overlap. Some will be unique to suicide threats/attempts. Note that while these behaviors, etc., have been observed in mental health crises, this document does not provide an exhaustive list.

## Developing Your Plan

1. Assess your needs.
  - a. Identify 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 CDC has studied adverse childhood experiences that could lead to health issues, including mental health concerns. More information can be found at <https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>
  - b. Scout activities frequently include young adults, parents, and older adults in addition to youth. Be sure to plan for these participants as well.

2. 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 behavioral issues.
  - a. Local EMS/hospital response.
  - b. Mental health volunteers. Could they provide in-camp training, support, or response?
  - c. Local/state mental health department. Is there a mental health crisis response team? Do they have professionals who might help train, respond, or advise? Is there a hotline or phone consultation service in your location?
  - d. Local mental health professionals. Are they able to volunteer to:
    - i. Be available during your camp?
    - ii. Review your plan?
    - iii. Help train your staff?
    - iv. Respond in an emergency?
3. Strategies
  - a. Encourage **accurate** completion of the Annual Health and Medical Record (AHMR) for all participants — this can be used to identify any mental health issues as well as prescribed medications for the treatment of these issues. Be sure to identify this upon camp check-in. Consider a conversation with the unit leaders to identify known issues or issues not reported on the AHMR. If the AHMR is received before camp begins, review the information and discuss it with parents, guardians, the Council Health Supervisor, and others as needed. Be sure to maintain confidentiality.
  - b. 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 might reduce stress and anxiety.
  - c. Make sure parents have all necessary information before camp so their child can have a successful camp experience. This would include completing the AHMR fully and accurately. Encourage parents/guardians to contact camp leadership well before camp begins to discuss any mental health concerns.
  - d. If a youth is prescribed medications for mental health issues, discuss the medication plan with parents and unit adult leaders before camp begins if possible. Ideally, this would include adult unit leadership, the Camp Health Officer, and camp leadership as needed.
  - e. Discourage making changes to mental health medications immediately before or for the camp or activity. This should be communicated in pre-camp materials.
  - f. Discuss the situation with the adult parent/guardian. Ask:
    - i. 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? Do the leaders know what to do in the event of a mental health crisis?
    - ii. Have there been any changes, including medication, since the AHMR was completed?
    - iii. Has this person had a mental health crisis? What occurred? What helped? Did anything seem to make it worse? What steps are helpful when this person starts having problems?
    - iv. Who should be contacted if there is a mental health crisis at a camp/Scouting event? (Check for correct contact information.)
    - v. Who is knowledgeable about your child's mental health management?

#### 4. Develop the plan.

Throughout this document, we have included information and steps to consider adding to your plan. Your council and area will have unique circumstances to keep in mind. Science is ever-changing, and your plan will need review and revisions.

Remember to modify your plan for different venues or camp properties. One size does not fit all.

Document the plan in the Health Lodge manual or other suitable location. Make sure it is easily accessible to staff members for review. Include the plan as part of your camp staff orientation.

### **Suicide Threats/Attempts**

Develop a plan that is specific to your area.

A plan should include (at a minimum) the following elements:

- **Take every threat seriously.**
- **Ensure the safety of responders and others.** If a person becomes agitated, or exhibits or verbalizes threatening behaviors toward themselves or others, call 911 or your local emergency number.
- **Do not leave the person alone unless it is safe.** Escort them to the health lodge with another person if they are willing. Removing the person from a group will provide privacy, limit risk to others, and help de-escalate any conflicts. They should be supervised until additional help arrives.
- **Get additional help.** Depending on the situation, this could be calling the adult leader for their unit, the camp director, a professional adviser, a health officer, a suicide hotline, 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. If trained, use techniques from mental health training courses.
- 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. Review what has been recorded in the Camp BSA First Aid Log and/or Routine Drug Administration Record. If the person has medication listed for behavior/emotional issues, ask them if they have taken them.
- 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, maybe the Camp Director) will contact the person's parent/guardian or spouse unless there is reason to believe the person is being abused. In the case of suspected abuse, contact law enforcement or the Department of Health and Human Services. This may be different in your state/locale. Determine who needs to be notified and include that in your plan.

### **MESH Issues**

What to do:

- 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- and 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 the person has medication listed for behavior/emotional issues, ask them if they have taken them.
- 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 — especially if they express a desire or intent to harm themselves or others — you should immediately contact mental health professionals. They may need to intervene if the person cannot be calmed down, has irrational fears, uses poor judgment, etc. If this is not appropriate, 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 the case of suspected abuse, contact law enforcement or the Department of Health and Human Services. This may be different in your state/locale.

### **Staff/Bystander Support**

After an incident, supporting those 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 after-effects of the crisis. Perhaps a volunteer mental health professional could help. The goal is to be supportive and sympathetic during this process. This will be a different process for each individual and will require someone who can remain sympathetic. Depending on the event, support may need to extend to both camp staff and participants past the camping session. Don't forget to address 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 possibly other council professional staff. You might determine that it is necessary to build a crisis response team. You might want to consider having some staff trained in Mental Health First Aid or other mental health training courses and use these individuals as the core of a crisis response team.

Consider using skits, videos, scenarios, and other creative methods to share your plan with staff. This can be a difficult subject for some.

Before camp begins, practice your plan with all staff members, not just the crisis response team. 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 Report**

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

## Resources

**988 Suicide & Crisis Lifeline:** Call or text 988 or chat at [988lifeline.org/](https://988lifeline.org/)

- Call or text: 988
- Chat: 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 press 1, or text 838255. [www.veteranscrisisline.net/](https://www.veteranscrisisline.net/)

**Substance Abuse and Mental Health Services Administration (SAMHSA):** [www.samhsa.gov/](https://www.samhsa.gov/)

**MentalHealth.gov:** Department of Health and Human Services. Information on Suicide Prevention, Disaster Distress Helpline, Veterans, and Coping with COVID-19. [www.mentalhealth.gov/](https://www.mentalhealth.gov/)

**BSA Safety Moments** can be found at [www.scouting.org/health-and-safety/safety-moments/](https://www.scouting.org/health-and-safety/safety-moments/)

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

**Crisis Text Line** (Trained volunteer support for individuals having any type of crisis): [www.crisistextline.org/text-us/](https://www.crisistextline.org/text-us/)

**CDC Adverse Childhood Experiences (ACEs):** [www.cdc.gov/violenceprevention/aces/](https://www.cdc.gov/violenceprevention/aces/)

**Mental Health Commission of Canada, "How to Talk to Youth about Suicide:"**  
[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 – Finding What Helps:** [www.cdc.gov/howrightnow/](https://www.cdc.gov/howrightnow/)

**BSA Incident Reporting:** [www.scouting.org/health-and-safety/incident-report/](https://www.scouting.org/health-and-safety/incident-report/)

**Medication Use in Scouting:** [filestore.scouting.org/filestore/healthsafety/pdf/safe\\_use\\_of\\_medication\\_in\\_scouting.pdf](https://filestore.scouting.org/filestore/healthsafety/pdf/safe_use_of_medication_in_scouting.pdf)

**Mental Health First Aid:** [www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/)