4. Staffer Not Mentally Fit for Camp

A camp director called the Hotline because she learned a staff person had taken more than the prescribed amount of their antidepressant the night before and was having a bit of an episode that a peer helped them through. Though the meds cleared the staff member's system, they were physically OK, and had a previously arranged virtual appointment with their psychiatrist the next day, the director learned that the staff person didn't want to tell the doctor about taking too many pills. The doctor didn't think that the staffer was mentally fit to work at camp, but this hadn't been disclosed to camp prior to beginning of the season. The director also learned that the staffer had no support system at home were they to leave camp. Finally, the staff person suffered from bipolar disorder and had been hospitalized twice before for suicidal ideations.

What can we learn from this case?

Policies and Risk Management	Staff Training	Key Takeaway
 What does the camp healthcare professional think you should do related to this situation? What is your camp's policy requiring clearance or written release from a staff's psychiatrist to remain at camp that indicates the doctor knows of any medication mishap and the individual's suitability to perform their job? Does your camp have access to a mental health professional that is familiar with camp life? 	 How are staff trained related to recognizing the health and safety – physical, mental, and emotional needs – of all campers and fellow staff members? Does your camp teach staff anything about dealing with stress and/or psychological first aid prior to ca nnnnnhmp beginning? Does your camp emphasize self-care techniques with staff to help them cope with the stressors of working at camp and recognize when they need a break? 	 Before camp starts, secure mental health professionals as resources in the event issues arise. Staff must be able to take care of themselves before they try to take care of others. Be sure staff know when and how to take a break for their own mental health.
 How will this situation affect other staff? Will staff anxiety over and worry for their fellow staff member impact their actions/ activities with campers? What alternate resources could your camp direct the staff member toward, if the doctor does not authorize the individual 	• Do you work to deliberately create a healthy culture (mentally, emotionally, and socially) at camp?	
to continue at camp?		
• How will you keep the staff person safe if they remain at camp?		

Resources

- Pre-camp MESH Checklist: <u>ACAcamps.org/download/pre-camp-mesh-checklist</u>
- MESH Resource Guide from the Alliance for Camp Health: <u>allianceforcamphealth.org/product/mesh-document</u>
- MESH Pocket Guide from the Alliance for Camp Health: <u>allianceforcamphealth.org/product/mesh-pocket-guide</u>
- "When Staff Mesh Impacts Camp," by Linda Ebner Erceg, RN, MS, PHN; Camping Magazine: <u>ACAcamps.org/arti-</u> <u>cle/camping-magazine/when-staff-mesh-impacts-camp</u>
- Ebner Erceg, Linda. 2019. "Your MESH Professional: Making Decisions for Success," by Linda Ebner Erceg, RN, MS, PHN; Camping Magazine: <u>ACAcamps.org/article/camping-magazine/your-mesh-professional-making-deci-</u> <u>sions-success</u>
- "Planning for Mental, Emotional, and Social Health (MESH) This Summer," by Megan Owens: <u>ACAcamps.org/blog/</u> <u>planning-mental-emotional-social-health-mesh-summer</u>

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