

Mental Health Safety & Promotion at Camp

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Where we're going together

1. Promoting safety in the camp context:
 - a. Suicidal ideation
 - b. Self-harm
 - c. Panic attacks
2. Prevention strategies

Responding to a mental health crisis

1. CONNECT
2. CONTAIN
3. CONTACT
4. COMMUNITY

Responding to a mental health crisis

1. CONNECT

- a. As with any health related emergency, begin by assessing
- b. Connection to the patient increases your ability to obtain information
- c. May or may not involve additional people (such as counsellor or friend)

2. CONTAIN

3. CONTACT

4. COMMUNITY

Responding to a mental health crisis

1. CONNECT
2. CONTAIN
 - a. The nature of a mental health emergency requires that you contain risks in the external environment, wherever possible
3. CONTACT
4. COMMUNITY

Responding to a mental health crisis

1. CONNECT

2. CONTAIN

3. CONTACT

- a. For many of the crises we are discussing, best practice is to connect the patient to more intensive care in the community
- b. This is particularly relevant for the camp context, where resources are time limited and not necessarily appropriate to the risk

4. COMMUNITY

Responding to a mental health crisis

1. CONNECT
2. CONTAIN
3. CONTACT
4. COMMUNITY
 - a. Once an emergency has been contained, consider how it may have impacted other members of the camp community (such as the cabin group or staff)
 - b. Best practice is to provide appropriate information to manage questions and rumours
 - c. If a patient will return to the camp environment, a plan for support may be necessary

Suicidal ideation - background

- Suicide is the 2nd leading cause of death for young people in Canada (10th leading cause for all of Canada)
- Things to look for:
 - Feelings of hopelessness and/or helplessness
 - Withdrawal from friends and activities
 - Talking a lot about suicide and/or death
 - Feeling trapped, or like a burden to others
 - Sudden changes (usually reduction) in eating, sleeping, and energy levels

Suicidal ideation - background

- Increased risk factors (things that make your spidey senses tingle):
 - History of past suicide attempts
 - Family history of suicidal behaviours
 - A serious physical or mental illness
 - Social isolation or lack of social supports
 - Problems with drug or alcohol use
 - Major life changes or transitions
 - Member of a minority group
 - Access to the means to complete suicide
 - Impulsivity

Suicidal ideation - response

- CONNECT
 - Ask clear and direct questions, with your first priority to confirm if the patient is having thoughts of suicide
 - If suicidal ideation is confirmed, identify risk factors
 - If they indicate that they have a plan, confirm their planned method as well as timing
 - If possible, use this time to also identify what would keep them motivated to live in the present moment

Suicidal ideation - response

- CONNECT

- “Are you thinking about suicide?”
- “Do you have a plan?” if yes, “what is your plan? How? When?”
- “How often do you think about this?”
- “Have you thought about it before?”
- “Have you tried to end your life before?”
- “Do you know anyone who has?”
- “Have you been drinking or using any other substances?”
- “What will keep you going today? What can we focus on right now?”

Suicidal ideation - response

- CONTAIN
 - If there is any indication of thoughts of suicide, even if no plan, contain all possible means (meds, knives, razors, rope, fire)
 - There are a number of risks in the camp context that cannot be completely contained (such as ropes courses, cliffs, lakes, pools). As such, it is recommended that you maintain 100% supervision
 - If the patient does not have a specific plan, supervision *may* look different, with regular check ins to re-assess

Suicidal ideation - response

- CONTAIN
 - Create a safety plan with the patient, and review with relevant staff and supports. This plan should include:
 - A list of thing(s) worth living for
 - Regular check ins with a trusted person at camp
 - A plan for a safe space to go if feeling overwhelmed
 - Alternative coping strategies (such as listening to music, exercise, breathing exercises)

Suicidal ideation - response

- CONTACT

- No matter the level of risk, contact additional services to ensure that an appropriate safety plan is in place. Crisis response lines are excellent resources, and can help with assessment if necessary.
- Speak with family to ensure continuity of care and safety. Family members may have additional information regarding coping strategies and safety plans
- If a patient has a clear plan, steps should be taken to move them where they can be kept safe, ideally the hospital in their home community

Suicidal ideation - response

- CONTACT

- If a patient does not have a plan, it is recommended to consult with the family or mental health professional to determine the camp's capacity to ensure safety
- If you are at a Day Camp, ensure that the camper or staff has appropriate safety and supervision in place when returning home at the end of the day

Suicidal ideation - response

- COMMUNITY
 - Does anyone else at camp know about the person's thoughts of suicide?
 - Particularly if they have to leave to remain safe, how will this be explained to those impacted? Keep in mind that this person may return within the session, or even next year
 - If remaining on site, who needs to be involved in containing any possible risks?

Suicidal ideation - response

- COMMUNITY

- When sharing information, protect the privacy and confidentiality of the patient as much as possible.
 - “Ruth needed additional support that we weren’t able to provide here at camp.”
 - “We know that it is hard when you care about someone and you don’t have all the information, we are asking that you trust us and respect Ruth’s privacy right now. If you have any questions, or need to talk, please see your counsellor/supervisor/director.”

Suicidal ideation - response

- COMMUNITY
 - When sharing information, protect the privacy and confidentiality of the patient as much as possible.
 - “Please be careful of how you talk about this with each other, as we don’t want any rumours to start.”
 - “Let’s make a card/write a letter to Ruth to let her know that we miss her and hope she’s doing ok.”

Self harm - background

- Self harm is typically understood to be a maladaptive coping strategy
- Self harm is usually used as a:
 - Distraction from a feeling of numbness
 - Release of overwhelming emotions
 - Attempt to gain control in the sense of chaos

Self harm - background

- Common methods of self-harm include cutting, scratching, burning, and engaging in higher risk behaviours (such as indiscriminate sex)
- Self-injury to the body is not limited to the wrists or forearms. May also be thighs, ribs, inside biceps
- For younger children, self-harming behaviours are typically hitting themselves or hitting their heads against something repeatedly

Self harm - response

- CONNECT
 - Treat the physical injury
 - Develop a better understanding of the emotional element:
 - “How does this behaviour help you?”
 - “Where were you when you did this?”
 - “Have you done this before?”
 - “How have you gotten help for it in the past?”

Self harm - response

- CONTAIN
 - Remove any objects, such as razors, knives, scissors, ignition sources
 - Depending on the behaviour and severity, consider increased supervision or accountability (which may be a check in with you)
 - If self harming is associated with a particular environment, establish a safety plan for leaving that environment when feeling the need to self harm

Self harm - response

- CONTAIN
 - Provide alternatives:
 - Elastic band around the wrist
 - Holding an ice cube (face in the cold lake?)
 - Exercise
 - Breathing activities
 - Punch a pillow
 - Hold an object in your hand
 - Journal
 - Listen to music
 - Write affirmations/reminders on your arm

Self harm - response

- CONTACT
 - Ideally, the patient gives you consent to contact their family at home, who may have additional insight or suggestions
 - Recommend to patient and/or family to engage in further community support when they return home, to strengthen their capacity to cope
 - If attempts to contain the behaviour at camp are unsuccessful, consider sending home, as this suggests that the camp environment is too overwhelming

Self harm - response

- COMMUNITY
 - Work with the patient to maintain privacy, as this will reduce their overall stress
 - Did anyone see the patient self-harming? Education and further debriefing may be necessary.

Self harm - response

- COMMUNITY
 - Identify friends or staff who can support the patient, either through accountability or normalization (eg. everyone wears wrist bands, the whole cabin writes affirmations on their arms, etc.)
 - Very few staff need to be aware of this behaviour to ensure safety, use discretion

Panic attacks - background

- A panic attack can be thought of as a “false alarm”, where the body’s alarm system goes off in the absence of danger
- Described as an “episode of paralyzing fear”
- When a person experiences a panic attack for the first time, it is often frightening, and often includes a fear of harm or dying. A panic attack does not cause harm, it is a natural physiological response (with bad timing...)
- A panic attack typically lasts 2-10 minutes

Panic attacks - background

- What to expect:
 - Racing or pounding heart
 - Sweating
 - Shaking or trembling
 - Shortness of breath or feelings of being smothered
 - Feeling of choking
 - Chest pain or discomfort
 - Chills or hot flashes
 - Nausea or upset stomach
 - Dizziness or lightheadedness
 - Numbness or tingling

Panic attacks - response

- CONNECT
 - During a panic attack:
 - Reinforce that the patient is safe and validate their experience
 - Remind them that the panic attack will end
 - Help them to connect to their breath, which will help engage the parasympathetic system (get them a drink of water)
 - “Wait out the storm” with them

Panic attacks - background

- CONTAIN
 - Following a panic attack:
 - Assess for any physiological factors that may have contributed
 - Identify any potential triggers that can be predicted in the future. If possible, contain or prepare for these situations
 - Practice breathing or muscle relaxation skills when not in a panicked state, to increase likelihood of using in the future
 - Use the experience as evidence that now they know they can “survive” a panic attack

Panic attacks - background

- CONTACT
 - Contact family members who may have more information regarding what leads to panic attacks, or how the patient has experienced success in the past
 - Support the patient in learning more about what causes panic attacks, through brochures, crisis lines, online resources. This can validate and normalize their experience
 - As with self harm, encourage them to seek out further counselling support in their home community

Panic attacks - background

- COMMUNITY
 - Establish a small group of people who are able to coach the patient through the experience of a panic attack
 - Ensure that there is a plan for a variety of activities and camp locations for the person to leave safely, if they happen to feel a panic attack coming on
 - It can be helpful to have a few staff members aware of the challenge, so that the person can just signal them, rather than have to explain or ask to leave in a time of panic

Prevention - promoting positive mental health

- Promoting positive mental health does not mean reducing or eliminating challenges. In fact, the value of camp is that it provides a safe environment in which to face challenges (both for campers and staff).
- Rather, mental health promotion can be considered the development of strategies to use in the face of challenges.
- For staff, this means placing an emphasis on their role in their own well-being.

Prevention - promoting positive mental health

- First, encourage staff to build a strong foundation through self care:
 - Appropriate sleep
 - Appropriate diet
 - Regular exercise
 - Opportunities to get a break from camp responsibilities
 - Time spent outdoors
 - Identify things that “fill their bucket” and prioritize time doing this when off

Prevention - promoting positive mental health

- Second, educate regarding resources available to staff when struggling:
 - Teach mindfulness techniques, such as breathing and grounding, to use in the face of anxiety
 - Crisis line and Kids Help Phone (texting) for counselling support
 - Walk In Counselling Clinics in nearby communities
 - Refer to websites such as bigwhitewall.com; anxietycanada.com; kidshelpphone.ca; youthline.ca (LGBT help line) for support
 - Use apps on their phone to practice mindfulness, visualizations, meditation, etc. (mindshift, headspace, calm, etc)
 - Build camp connections with local CMHA

Prevention - promoting positive mental health

- Third, build this into the camp culture
 - What does time off look like?
 - What is being modelled by senior staff and directors?
 - What is being rewarded at camp?
 - Is there physical space available for staff to unwind and get some downtime?
Is this space designed to promote self-care?
 - What kinds of “staff treats” are used throughout the season and what do these communicate?
 - In your health centre- can you post signs that remind staff to care for themselves? Can there be staff challenges and incentives based on self care?
 - The possibilities are endless, but require thinking differently

For further development

- Online suicide modules for health care providers:
 - <https://www.mentalhealthcommission.ca/English/healthcaremodules>
- Mental Health First Aid
- SafeTALK or ASIST training:
 - www.livingworks.net

Even more resources

www.suicideprevention.ca

www.cmha.ca

www.mentalhealthcommission.ca

www.suicideinfo.ca

www.anxietycanada.ca

Thank you!

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