



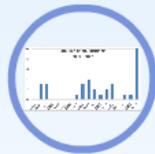
# How to train your staff to address a mental health concern



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## *How we got here*

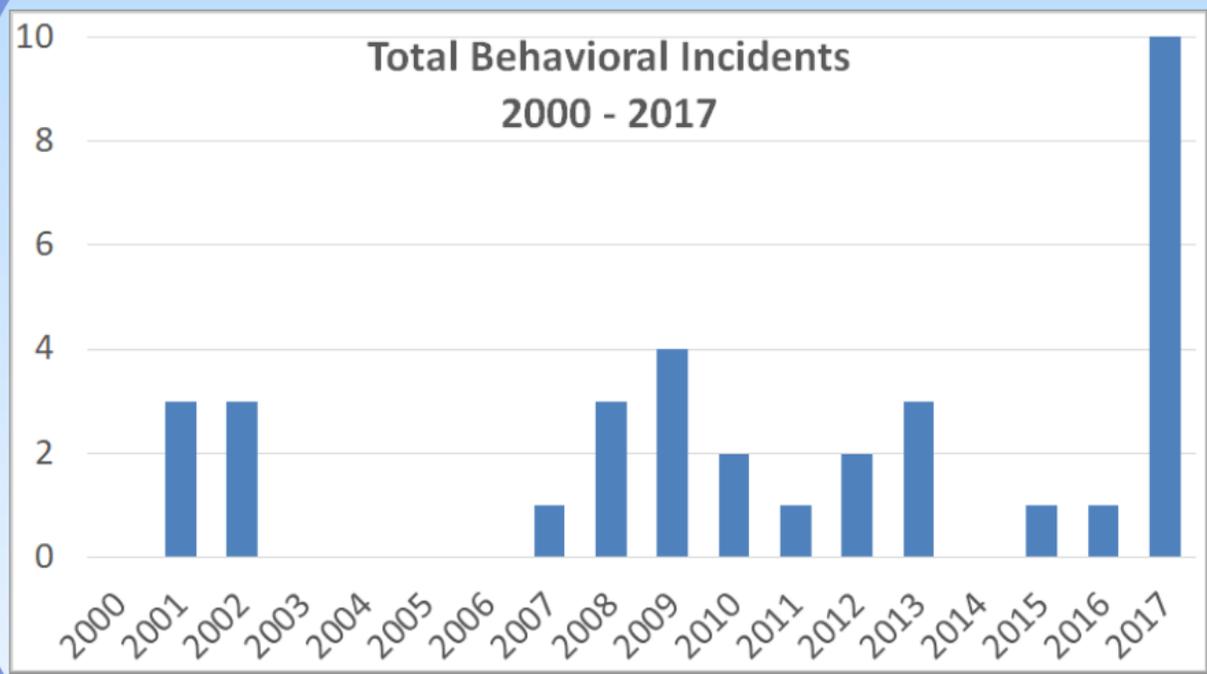
- Tool-based, translatable/adaptable resource
- What this training is NOT
- Why this is important
- Develop a list of "triggers" in your program
  - These will be revisited throughout the the training



### *USA Stats*

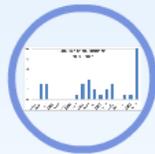
- 50% of the population will have a diagnosable disorder at some point in their lifetime
- 75% if people with a mental illness will express it for the first time during adolescent years (ages 14-24)

All stats come from the National Alliance on Mental Illness (NAMI): [www.nami.org](http://www.nami.org)



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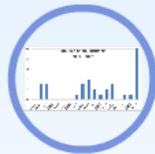
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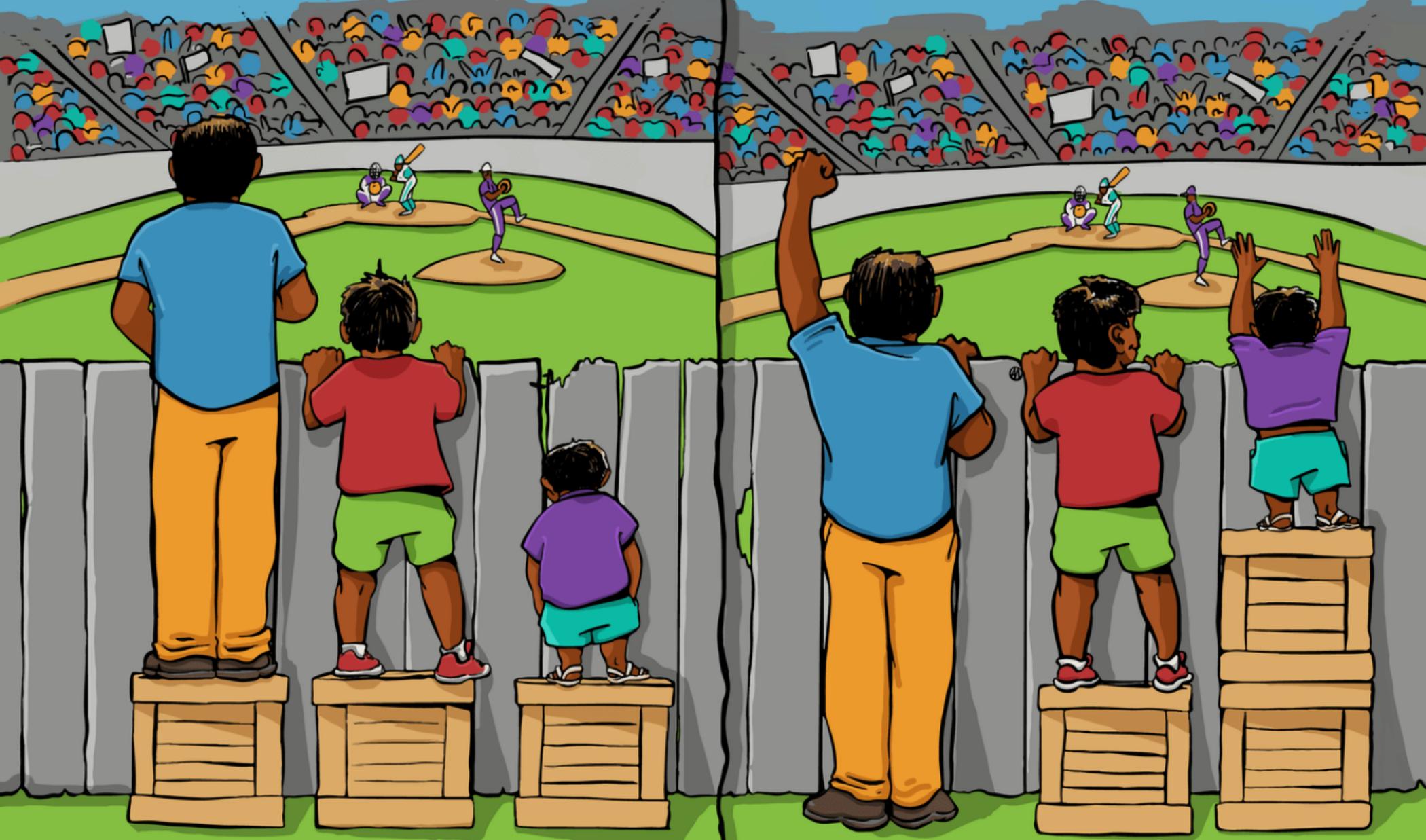
## *Action Steps*

- 1) Incorporate a session during your staff training focused on addressing mental health concerns in adolescents
- 2) Develop behavior indicators your staff can reference to help them determine if a participant should stay in the field or if they need additional support
- 3) Identify areas of your program that can be changed or updated to support more kids, especially those ones who are already struggling when they come to your program!

# *Universal Accommodations*

- How to be supportive for the the widest range of people possible
- How to avoid making someone who's already different more different
- Equity vs. Equality graphic
- How to incorporate universal accommodations into your program, make a list!





**EQUALITY**

**EQUITY**



## *Examples of Universal Accommodations*

- Adaptability
- Resiliency
- Healthy practices
- Self-efficacy/self esteem
- Internal locus of control
- Spirituality
- Show you care
- Support systems
- Consistency and routines
- Well defined expectations
- Monitoring activities
- Community
- Routines
- Feeling close to at least one adult

# *Behavior*

## *Expected vs Unexpected*

- Remember, emotional stresses  $\neq$  mental illness
- Drawing adolescence
- How to ID red flags and when your "leader radar" should go up
- Degree and frequency
- Turn "expected" behaviors into "unexpected" behaviors

### *Examples*

#### *Degree and Frequency*

- Not eating a meal
- Being 'moody' on trail
- Withdrawal from the group
- Anxiety towards a new task/activity
- Inquiring about Alcohol/Drugs
- Reluctance to wake up
- Trouble trusting counselor
- Expressing verbal frustration during a long portage/task
- Talks about pets back home
- Frequent appearance changes i.e. dying hair

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# *Active Listening*

- Adolescent Brain 101: how to have conversations with brains
- "What happened to you?" instead of "What is wrong with you?"
- Helpful and appropriate phrases and techniques
- Scenarios





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Phrases/Techniques to Use	Phrases/Techniques to Avoid
<ul style="list-style-type: none"><li>• Empathetic listening – letting someone be sad</li><li>• How are you feeling?</li><li>• How long have you felt that way?</li><li>• That must be really hard</li><li>• Thank you for sharing that</li><li>• “I” statements</li><li>• Concrete observations</li><li>• Validate</li><li>• Genuine</li><li>• Reassure and give hope</li><li>• Help them I.D. emotions</li><li>• Silence is OK</li><li>• Relaxed, open, alongside, calm/low voice (inviting body language)</li><li>• Tools that work for them?</li><li>• Patience</li><li>• “What happened?”</li><li>• On ramps to conversation</li></ul>	<ul style="list-style-type: none"><li>• “Buck up”</li><li>• “Cheer up”</li><li>• “At least...”</li><li>• Make them own a feeling they’re not ready to own...</li><li>• “What’s wrong with you?”</li><li>• Expressing negative judgements</li><li>• Comparisons to your own experiences</li><li>• “Why did you do that?”</li></ul>

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## *Time for More Support*

- Create "baselines" for your program
- Every program's will be different

### *Baselines*

Ask yourself the following questions. If you answer "yes" to any of them, call Camp or seek additional resources.

- a) Is the situation causing a camper to not eat or sleep?
- b) Are there signs of self-harm?
- c) Is the behavior *disruptive or destructive*?
  - If a behavior is disruptive, work with the camper to set expectations and continue to coach them and provide feedback. If the behavior is destructive to self or others, seek additional help or call Camp.
- d) Is the behavior or mental health concern beyond your ability to manage in the field?
- e) Do the negative impacts of the behavioral health concern on the trip outweigh the benefit to the camper being in the field?
- f) Has the camper expressed suicidal ideations, thoughts, or behaviors?
- g) Is a significant risk present?
- h) Is anyone at significant risk?

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