



**Middle Tennessee Council**  
**Mental, Emotional, and Social Health (MESH)**  
**Response Guide**

Established November 2025

## The Purpose

This guide contains information needed in the event the Mental, Emotional, and Social Health (MESH) Response team should need to take action while in camp. The policies and procedures in this guide should be closely and carefully followed to ensure the health and safety of every individual in camp.

This guide was adopted from the Mental, Emotional, and Social Health (MESH) Planning Template for Councils (document 680-064, 2023 version).

This guide should be studied before a situation arises so that you are familiar with the policies, procedures, and actions to be taken. If you have any questions, please refer to the Camp Director or Program Director for clarification.

The first thing to remember in any situation or incident is to *remain calm* and *use common sense*. This helps to keep others calm and prevent future injury or illness. It is also important to only state facts concerning the incident.

In order to maintain the confidence and privacy of those involved, please keep your comments and statements about any incident to a minimum. **Because no one staff member will have all the correct facts, no staff member should make statements or comments to any media or news person. All media should be referred to the Camp Director *without exception*. The Camp Director will be in contact with the Council Scout Executive. The media will be given information as soon as all the facts have been gathered and confirmed. If the media should contact you, refer them to the Scout Executive. Give them the Scout Executive's phone number and take their phone number so that the Scout Executive can call them back. Do not just give them the answer, "no comment".**

We never plan on an incident to occur, but should one happen, following these policies and guidelines will help the incident resolve quickly and without future incident.

## This Guide Covers:

- Mental, Emotional, and Social Health (MESH) Information
- MESH Issues
- Suicide Threats or Attempts
- Staff Training
- Parent/Adult Leader Awareness
- Camper Exercises
- Reporting
- Resources
- Scout At-Risk Parent Questionnaire

## General Information on Mental, Emotional, and Social Health (MESH)

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.

This plan includes strategies for managing the more common and the most serious events. This information is meant to be a tool to use before and when a MESH crisis arises in camp. When developing this document, we included the Council Health and Safety Committee, Council Risk Management Committee, camp administration, and others when needed. This guide is in place for prevention and response. If all else fails, call 911 for assistance.

## MESH Issues

### What to do:

- Ensure your own safety and the safety of others before approaching. Find a safe open place to talk with the person visible to others, but out of ear shot.
- 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. These conversations can include asking questions to turn their thinking around (ex: tell me about your favorite person). Research shows that chemicals in your brain can be changed through this and put you in a better state of mind.
- Have someone contact the individual's adult leadership. They may be able to assist. Did the person have an MTC MESH form filled out?
- Have the Health Officer check the individual's Annual Health and Medical Record. (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 the Program Director immediately. The Camp Director will notify the Scout Executive (if necessary) as soon as it 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.
- The Scout Executive (or designee, maybe 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.

After an incident, supporting those involved and/or who witnessed the crisis is important. Campers may need help dealing with the after-effects of the crisis. Perhaps a volunteer mental health professional(s) and the health officer 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 campers past the camping session. Also, address these issues with the unit leadership and the other members of the unit as needed.

## Suicide Threat/Attempts

### **What to do:**

- 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.
- Contact Camp Director immediately. The Camp Director will contact the Camp Health Officer immediately.
- 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, the suicide hotline (988), or 911.
- Provide support. Listen if they wish to talk. Do not act judgmentally. Do not promise to keep it a secret. Have individuals trained to use de-escalation techniques intervene. If trained, use techniques from mental health training courses.
- Have someone contact the individual's adult leadership. They may be able to assist. Did the person have an MTC MESH form filled out?
- Have the Health Officer 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 will notify the Scout Executive as soon as is reasonable while providing for the safety of the person communicating the threat or behavior. For suicide, it is ALWAYS necessary.
- The 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.

## Staff Training

### Staff Trained to respond & Phone Numbers:

Camp Director	
Camp Health Officer	
Assistant Camp Director	
Camp Program Director	
Camp Commissioner	
Weely Camp Officer (Active Shooter Armed Officer)	
Camp Physician	

After an incident, supporting staff involved and/or who witnessed the crisis is important. Staff may need help dealing with the after-effects of the crisis. Our 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, we may need to extend support to staff past the camping session.

## Parent/Adult Leader Awareness

- 1) Make sure parents have all necessary information before camp so their child can have a successful camp experience. This would include completing the Annual Health and Medical Record (AHMR) fully and accurately. Encourage parents/guardians to contact camp leadership well before camp begins to discuss any mental health concerns.
- 2) 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. This includes adult unit leadership, the Camp Health Officer, and camp leadership as needed.
- 3) Discourage making changes to mental health medications immediately before or for the camp or activity. This should be communicated in pre-camp materials.
- 4) Discuss the situation with the adult parent/guardian. Ask:
  - a) 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?
  - b) Have there been any changes, including medication, since the AHMR was completed?
  - c) 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?
  - d) Who should be contacted if there is a mental health crisis at a camp/Scouting event? (Check for correct contact information.)
  - e) Who is knowledgeable about your child's mental health management?

Unit Leaders should have parents of Scouts at-risk of mental health concerns fill out the MTC MESH form to give more information to Unit & Camp Leaders. (See Appendix A)

## Camper Exercises

Morning Breathing Exercises give scouts an opportunity to focus on them and their day. It gives them a resource to use throughout the day when stressful situations arise.

Lunchtime Safety Moments will give scouts resources to use throughout their week to help with situations that arise.

## Reporting

The Scout Executive, or their designee, will complete an incident report in a timely manner.

Incident reporting information can be found at [www.mtcscouting.org/healthandsafety](http://www.mtcscouting.org/healthandsafety).

## Resources

### Local EMS/hospital response: **Call 911**

### Tennessee Crisis Services & Suicide Prevention:

- Call 855-CRISIS (855-274-7471)
- Text “TN” to 741741

**TN Voices:** 800-670-9882; [tnvoices.org](http://tnvoices.org)

A statewide and national source of referral, support, and advocacy for families and the systems that serve them.

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

- Call or text: 988
- Chat: [988lifeline.org](http://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](http://www.veteranscrisisline.net)

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

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

- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Missing Home
- 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](http://www.crisistextline.org/text-us)

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

**Mental Health Commission of Canada**, “Life Promotion Toolkit for Youth and People who Support Youth” ([mentalhealthcommission.ca/wp-content/uploads/2025/02/Saskatchewan-Life-Promotion-Toolkit-FINAL-Feb19.pdf](https://mentalhealthcommission.ca/wp-content/uploads/2025/02/Saskatchewan-Life-Promotion-Toolkit-FINAL-Feb19.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/)

**The Community Resiliency Model For Everyone:** [www.traumaresourceinstitute.com/crm](https://www.traumaresourceinstitute.com/crm)

**iChill App:** [www.ichillapp.com](https://www.ichillapp.com)

## Appendix A

### MTC MESH Form

\*Please Share this with your Unit Leader\*

Scout's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Week Attending Camp: \_\_\_\_\_

1. Is the youth prescribed medication(s) for mental health issues? YES / NO

Has the prescribed medications been changed within the past 30 days? YES / NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Will a parent/guardian be attending the event with the youth? YES / NO

If not, is the adult unit leadership for the youth aware of the issue? YES / NO

3. Do the leaders know what to do in the event of a mental health crisis? YES / NO

If not, please take the time to go over this information in case a mental health crisis occurs.

4. Have there been any changes, including medication, since the AHMR was completed? YES / NO

5. Has this person had a mental health crisis? YES / NO

If yes, What occurred? \_\_\_\_\_

What helped? \_\_\_\_\_

Did anything seem to make it worse? \_\_\_\_\_

What steps are helpful when this person starts having problems?

\_\_\_\_\_

6. Who should be contacted if there is a mental health crisis at a camp/Scouting event?

(correct information should be listed on the AHMR)

\_\_\_\_\_

7. Who is knowledgeable about your child's mental health management?

\_\_\_\_\_