



בריאות הנפש

Mental Health Care at Ramah Camps Summer 2021

דוקטור דניאל אולסן

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Introduction

In August, the New York *Times* speculated that the most critical problem facing summer camps in 2021 was “a noticeable increase in the number of mental health struggles among campers and counselors.”¹ The Jewish camping world also raised the alarm about MESSH² issues at camps. Jeremy Fingerman, CEO of Foundation for Jewish Camp, wrote in *eJewishPhilanthropy* that “summer camps had to navigate through enormous MESSH challenges facing their communities this summer.”³

For Ramah camps, the summer of 2021 was challenging for many reasons related to the ongoing impact of the COVID-19 pandemic. Many directors shared that it was their most difficult summer yet. When describing their summers, they listed camper and staff mental health needs among the reasons why the summer was so hard.

This report seeks to understand what the mental health needs of campers and staff were, what mental health care practices were effective, and what interventions would be helpful in better equipping camps to support mental health in future summers. Data came from close to 20 interviews with camp directors, assistant directors, and directors of camper care at all 10 Ramah overnight camps and 2 of the 4 Ramah day camps. A detailed survey was also sent out to rashei edah (unit heads) and yoatzim (adult advisors). Responses came in from 42 rashei edah (35% response rate) and 17 yoatzim (25% response rate). The percentages of campers and staff experiencing various mental health issues should be understood as rough estimates, based on the self-reported perceptions of rashei edah.

This report uses a broad definition of mental health. It includes issues commonly placed under the mental health umbrella such as anxiety, depression, disordered eating, and self-harm, as well as issues like bullying, emotional regulation, challenges with executive functioning, and needing repeated and direct instruction to do basic camp activities. Camper care professionals supported campers working through all of these issues, often simultaneously.

The body of the report separates camper and staff mental health issues for easy reference. Still, this study finds that camper and staff mental health are intimately connected. For example, when a madrich (counselor) lacks confidence in supporting a camper mental health issue, that madrich’s own mental health may suffer. An anxious and stressed madrich may in turn influence the wellbeing of other chanichim in their tzrif, creating a negative mental health feedback loop.

Giving madrichim better tools for supporting camper mental health will help their own mental health. And one of the best tools for supporting camper mental health is a confident and calm madrich. So a positive mental health feedback loop is possible as well. In order to best advise camps on how to prepare for summer 2022 and beyond, this report identifies practices and interventions to support *both* camper and staff mental health.

¹ Satow, J. “Are the kids all right? Ask the camp directors” Accessed: <https://www.nytimes.com/2021/08/12/nyregion/coronavirus-summer-camp-mental-health.html>

² Mental, Emotional, Social, and Spiritual Health

³ Fingerman, J. “Beginning another year with COVID in Jewish education” Accessed: <https://ejewishphilanthropy.com/beginning-another-year-with-covid-in-jewish-education/>

What Camper Mental Health Issues Arose This Summer?

Anxiety was the most common mental health issue observed in campers this summer by rashei edah, yoatzim, and directors. An estimated 14% of campers overall experienced anxiety to the extent that it required intervention from a rosh edah or yoetz. Anxiety was concentrated most strongly in middle-school aged edot (entering 6th-8th grade). Anxiety manifested in a few different ways at camp: as homesickness, social anxiety, discomfort being in crowded or loud spaces, concern about pandemic uncertainties, and (though rarer) panic attacks. Some directors reported higher levels of anxiety among campers compared to previous summers, especially during the first few weeks of camp.

A smaller number of campers (about 5%) experienced signs of depression. For some, these symptoms did not severely affect their ability to be in camp, though an estimated 3% of campers discussed self-harm, 2% experienced disordered eating, 1% committed self harm (including cutting) and 1% had suicidal ideation. These more severe symptoms of depression were more prevalent in the middle and high school aged edot, and campers who experienced them were often sent home. Some directors reported no significant difference in the number of campers experiencing these severe mental health issues compared to previous summers, while others saw an increase, especially for the middle school aged edot. Supporting these more severe mental health issues took up a lot of time and emotional energy from madrichim (counselors), rashei edah, yoatzim, and directors all summer long.

A number of rashei edah, yoatzim, and directors talked about the intersection between mental health and gender identity. They observed that campers exploring their gender identities were more likely than the camper population overall to experience anxiety and/or depression at camp. Likewise, campers on or suspected to be on the autism spectrum were also thought to have greater incidence of anxiety and depression, whether or not they were in a separate Tikvah edah. Some yoatzim observed that campers who disclosed experiences of sexual trauma were also more likely to struggle with their mental health at camp. Many rashei edah and yoatzim reported feeling unprepared in supporting campers who were dealing with these three issues, whether or not they also struggled with mental health.

Other common issues seen in campers that are not traditionally understood as mental health issues, but that took up considerable time and attention from madrichim, rashei edah, and yoatzim were: campers needing repeated and direct instruction to do basic camp activities, challenges with executive functioning and emotional regulation, and bullying. As anticipated, Tikvah campers experienced many of these issues at higher rates than other campers.

See Table 1 (next page) for estimates of how many campers at different ages experienced different mental health challenges at camp in 2021:

Table 1: Mental Health Issues Seen in Campers, by Age

Mental Health Issue	Elementary School	Middle School	High School	Tikvah	All Campers
Needing repeated and direct instruction to do basic camp activities	18%	15%	10%	82%	17%
Anxiety	10%	16%	10%	43%	14%
Homesickness	21%	18%	3%	5%	14%
Challenges with executive functioning (dressing appropriately, doing laundry, showering, brushing teeth, getting to activities on time)	9%	8%	4%	73%	10%
Difficulty with emotional regulation	11%	7%	4%	55%	9%
Bullying or being bullied	7%	12%	4%	0%	8%
Difficulty with anger management	7%	5%	2%	41%	6%
Depression	2%	6%	6%	5%	5%
Discussion of self-harm (including cutting)	0%	5%	2%	2%	3%
Disordered eating	1%	3%	3%	0%	2%
Self-harm (including cutting)	0%	1%	1%	0%	1%
Suicidal ideation	0%	1%	1%	0%	1%

The table above shows some patterns by age of campers (bullying was concentrated more in middle school than other ages), but directors and yoatzim also reported patterns along lines of gender. Disordered eating and cutting were more common among female campers. They also reported seeing significant mental health issues cluster in certain tzrifim, which made the job of those madrichim exceptionally challenging, magnified even more by the relative inexperience of madrichim this summer.

What Training Helped Rashei Edah and Yoatzim Feel Prepared to Support Mental Health at Camp?

Rashei edah were asked to rate specific training opportunities based on how well prepared they made them feel to support camper and staff mental health. Table 2 (next page) lists those opportunities from highest to lowest rated. The low rating for ongoing hadracha (3.74) suggests a need to revisit the content of those sessions, if their goal is to help rashei edah feel better prepared to support camper and staff mental health.

Table 2: Average Rating of Mental Health Training Opportunities

Mental Health Training at Camp	Rating on 0-10 scale	Proportion of Survey Respondents who Participated
Informal conversations with camp administration and camper care team throughout the summer	7.55	100%
Sessions with the camper care team on specific camper mental health needs prior to camper arrival	6.35	95%
Youth mental health first aid training provided through camp	5.77	67%
Staff week sessions on general camper mental health	5.41	90%
Rosh edah at-camp training (pre-camper arrival) on staff mental health	4.94	81%
Ongoing formal hadracha (professional development) about mental health throughout the summer	3.74	74%

Pre-summer preparation for yoatzim was more uneven. About half of the yoatzim who responded to the survey indicated that they received no training at all from the camp they worked at prior to the summer. Some felt confident because of other professional experiences they had in social work or school settings, but others felt unprepared. Yoatzim who did participate in formal pre-summer preparation learned about camper issues to the extent possible and discussed general strategies for how to support camper and staff mental health during the summer.

Rashei edah and yoatzim requested additional training for themselves and for other staff in the specific mental health issues that are likely to arise in campers, especially anxiety, suicidal ideation, and disordered eating. Generous support from Ramah's partners made it possible to offer Youth Mental Health First Aid training free of charge to any staff member who wanted to participate. Approximately 80 staff members took up the offer.

This training helped staff feel better prepared to address depression and suicidal ideation among campers. But anxiety was the most common mental health issue observed in campers, and this training module did not help rashei edah feel prepared to address camper anxiety and panic attacks. Finding a supplement to Youth Mental Health First Aid training that covers anxiety could increase levels of preparedness. A yoetz⁴ shared, "Having professional techniques to deal with anxiety, sensory issues, etc would have been helpful to pass along to the staff."

They also wanted to learn more about the specific protocols to follow for more severe mental health issues, like cutting, disordered eating, and self-harm. A rosh edah for rising 8th graders suggested, "When campers self-harm, I think having simple steps of who to contact and where the camper should go without causing a scene would be helpful."

⁴ The term "yoetz" is used in a gender neutral way throughout the report.

They desired more accurate information about campers' mental health needs before the summer began. One yoetz explained, "I don't need additional training. I need information about the kids and it needs to be accurate and complete to the best degree possible."

On average, rashei edah learned about the mental health needs of 35% of their campers before the summer started. An estimated quarter of those 35% of campers had more significant mental health needs than anticipated. Additionally, an average of 8% of campers had mental health needs that were completely unknown before the summer began. That means that about 1 out of 6 total campers had greater mental health needs than anticipated at the start of the summer.

This lack of information speaks to some of the difficulties of the intake process for campers. Parents may be unwilling to share information about their child's needs; they may not know about their child's needs; their child's needs may have changed from when they filled out the intake form to when the child arrived at camp; or the camp setting elicited new issues or behaviors for campers.

Which Mental Health Care Practices for Campers Were and Were Not Effective?

Camps provided mental health care to campers on two levels: preventative and reactive. Preventative mental health care meant creating an environment that promoted overall wellness. Reactive mental health care meant giving specific attention to a camper once an issue had already arisen. Table 3 shows promising preventative and reactive interventions, as well as those that did not work as well, as reported by rashei edah, yoatzim, and directors.

(Table 3 appears on next page.)

Table 3: Effective and Less Effective Mental Health Care Practices for Campers

Practice	Effective	Less Effective
<p>Preventative Mental Health Care Practices</p>	<p>Learning about specific camper mental health issues before the summer begins and sharing that information with madrichim</p> <p>Destigmatizing mental health. Examples: camper run mental health va'ad, teaching wellness practices to campers, publicizing availability of yoatzim and sensory spaces</p> <p>Thorough supervision of campers, especially during unstructured times</p> <p>Accounting for camper mental health needs in the overall schedule and one-time programs. Examples: rest time, earplugs for loud activities, personal printed schedules</p> <p>Telehealth appointments with home clinicians (though accommodating the increased number of campers who took these calls was a logistical challenge)</p> <p>Medications</p> <p>LGBTQ+ weekly affinity group</p> <p>A strong <i>team</i> of yoatzim in camp, and a cohort of directors of camper care in the off-season</p>	<p>Staff oversharing with campers about their own mental health experiences</p> <p>Hiring yoatzim without specific knowledge of or experience with common camper mental health issues (anxiety, depression, self-harm, disordered eating)</p> <p>Ongoing hadracha for general skills in supporting camper mental health (this summer—could be better)</p> <p>Too much unstructured time for campers</p>
<p>Reactive Mental Health Care Practices</p>	<p>Letting a camper take a break, perhaps in a sensory room or air-conditioned space</p> <p>Calming activities like deep breathing, journaling, or meditation</p> <p>One-on-one talks between madrichim and rashei edah or yoatzim about strategies for supporting campers</p> <p>One-on-one talks between campers and madrichim, rashei edah, and/or yoatzim</p> <p>Talking through camper mental health issues in staff meetings</p> <p>Creating a behavior plan for a camper</p> <p>Establishing and following clear protocols for severe mental health issues (esp. self-harm)</p> <p>Speaking with an on-call psychologist</p> <p>Calling parents</p> <p>Sending a camper with severe mental health challenges home</p>	<p>Being too quick to let a camper skip an activity or program</p> <p>Involving the rosh edah or yoetz at the first sign of trouble for mild to moderate camper mental health issues</p> <p>Having an unprepared madrich try to implement a behavior plan</p> <p>Spending too much time in full edah staff meetings talking about individual camper issues</p> <p>Overly harsh tone, threats, and time-pressure from madrichim</p>

Another critical mental health care practice for campers is having staff members whose own mental health needs are being supported. The next section of the report describes staff mental health issues at camp as well as effective and less effective practices for supporting them.

What Staff Mental Health Issues Arose This Summer?

- “The staff needed more help than the campers.” –Rosh edah for entering 11th graders
- “I think the general emotional state and maturity level of the staff required a lot of reminders to make sure they were doing their job and we didn't really find a good way to address and support that.” –Rosh edah for entering 3rd and 4th graders
- “I guess that’s how much my mental health is worth.” –Madrich, upon receiving a bonus at the end of the summer for their work, as reported by a camp director

These quotes illustrate a general impression among rashei edah, yoatzim, and directors that staff mental health issues were, in some ways, even more difficult to support than camper mental health issues this summer.

Table 4 lists rough estimates of the percentage of staff dealing with various mental health issues at camp, as reported by rashei edah. Notably, a higher estimated proportion of staff experienced anxiety this summer than campers. Some yoatzim reported supporting staff who self-harmed while at camp. While the numbers of staff who experienced these more severe issues were small, supporting those madrichim took up considerable time and energy from rashei edah, yoatzim, and directors this summer.

Table 4: Mental Health Issues Seen in Staff Members

Staff Mental Health Issue	Estimated percentage of staff experiencing the issue
Anxiety	25%
Needing repeated and direct instruction to do their jobs	19%
Depression	9%
Difficulty with emotional regulation	8%
Homesickness	6%
Difficulty with anger management	4%
Challenges with executive functioning	3%
Bullying or being bullied	2%
Disordered eating	1%
Discussion of self-harm (including cutting)	1%

Directors, yoatzim, and rashei edah accounted for the hard summer for staff mental health in a few different ways:

First, the lack of a 2020 season meant that a much larger proportion of the workforce was brand new to being a madrich. There were fewer senior madrichim in camp who had hands-on experience that they could model for younger madrichim. So when campers had difficult moments, including difficult mental health moments, staff were more likely to feel stressed, anxious, and unprepared. Some madrichim lost their tempers with campers, or were quick to call in a rosh edah or yoetz to support a situation that in previous summers may have been handled directly by madrichim.

Second, some camps had smaller staffs than in previous summers, which put a greater share of responsibility on the staff who were there. It could be difficult for staff to feel like they could take time off throughout the day. This was especially challenging at the beginning of the summer, during podding periods. At some camps, there were also fewer adult staff than usual. These older members of the community typically bring a level of stability to a camp and can provide mental health care directly (as yoatzim) and indirectly (as drivers, as role models, etc.).

Third, days off were typically in camp at some of the camps. While the majority of staff had never experienced an out-of-camp day off (as most were new), they still felt like they could not get away from work when, even during their off-time, they ran into campers and fellow madrichim.

Fourth, there were ongoing uncertainties related to the pandemic all summer long, even after the end of the podding period. Schedules changed at the last minute, some tzrifim went into quarantine, and masks returned at some of the camps.

Fifth, mishlachah came to camp soon after experiencing the trauma of May's war with Gaza, as well as much less strict COVID restrictions in Israel.

Sixth, some directors and yoatzim speculated that this rising generation of staff members lack grit and resilience compared to previous generations of madrichim.

Which Mental Health Care Practices for Staff Were and Were Not Effective?

Camps have fewer tools available to support staff mental health than camper mental health.

For example, while camps can ask parents to disclose mental health information about campers prior to the summer (even if they do not always share accurately), they have to be more careful when seeking this information from staff applicants. Camps may not discriminate on the basis of a mental health condition, but lack of information about staff needs prior to the summer can make it difficult for camp administration to support a staff member's professional and personal success at camp.

Also, while more camps invested in personnel to support staff wellness, either by running staff activities or by providing informal counseling services to staff, there were limitations in what these personnel could provide. The yoetz assigned to staff may also have been assigned to an edah or two of campers, and the campers took priority. It was sometimes difficult to identify staff activities that madrichim would actually want to participate in during their time off. Some camps were able to hire a dedicated staff yoetz with support from the NRC and/or an FJC Yedid Nefesh grant, and having a person in that role helped staff feel supported.

Other strategies for supporting staff mental health also seemed to help. Those included:

- Destigmatizing staff mental health care by speaking about what support is available
- Scheduling time off for staff in advance
- Giving staff space and time to have telehealth appointments with home clinicians
- One-on-one talks with a rosh edah or dedicated staff yoetz
- Frequent special treats throughout the summer (good coffee, nice snacks, etc.)
- Some camps did well with dedicated staff program directors
- For staff experiencing more severe mental health issues, helping them realize that camp may not be the best place for them at the moment, and mutually agreeing that they should be somewhere else for the remainder of the summer

One practice not included on this list that might help, but did not happen so frequently this past summer, is self-care for rashei edah, yoatzim, and other senior leadership. Many yoatzim and rashei edah shared that they could have used more mental health support for themselves this past summer than they received.

Likewise, in interviews, some senior staff also expressed that their own mental health was difficult to manage in the lead up to the summer and during the summer itself. It took so much energy from directors and assistant directors just to open camp during the pandemic, but there was no rest for the weary. The unrelenting pace of a summer with COVID protocols, supply chain issues, an inexperienced staff, and the mental health issues described in this report made it extremely challenging for senior leadership to care for their personal wellness.

The following quotes illustrate how self-care was not always a priority for rashei edah and yoatzim:

- “The beginning of the summer was extremely challenging – I felt unhappy and unsuccessful...We would have benefitted from more rosh edah fun and hadracha sessions earlier in the summer.” –Rosh edah for rising 9th graders
- “I had a strong team working with me, that allowed me to take a moment as needed. But I did not get adequate sleep at camp and there was too much to take care of and manage on a daily basis.” –Yoetz
- “Very few people asked me how I was or checked in on me after a tough day or a tough week.” –Yoetz

- “I don’t think our senior staff models self-care or caring for their supervisees particularly well. Our senior staff is great at building self-esteem and empowering the hanhallah, but I did feel like it was hard to ask for a break sometimes (or find the time).” –Rosh edah
- “I think the yoatzim needed a yoetz, too. Luckily my husband was at camp and he was my mental health provider, but I definitely needed someone to vent to and to take care of my mental health.” –Yoetz
- “My mental health needs were definitely more on the back burner in order to care for my staff, but I felt very strong in my relationship with my yoetzet and used them to care for my mental health needs” –Rosh edah for rising 7th graders

What Interventions Will Better Support Camper and Staff Mental Health in the Future?

In order to carry out the effective mental health care practices described earlier in this report, a number of interventions should be considered to be made at the camps before future summers. These include:

- Prioritizing these characteristics in yoatzim: (1) familiarity with the camping environment and its specific pressures and challenges; (2) knowledge of and experience with common mental health issues that affect youth and teens (anxiety, depression, disordered eating, self-harm); and (3) an ability to teach 18-20 year old madrichim basic mental health care skills and practices. It would be ideal to hire yoatzim already proficient in all three of these areas, but realistically there would need to be some supplemental training that perhaps National Ramah could support.
- Some camps may need professionals with specific expertise in other areas as well, especially inclusion of kids with disabilities in typical tzrifim. Hiring parents or classroom teachers without specific knowledge of inclusion or of these mental health issues as yoatzim makes supporting campers and staff members difficult. As one rosh edah explained, “What would have been more helpful is to have had additional *qualified* mental health professionals to support us when things got out of hand.”
- Hiring a yoetz focused primarily on staff mental health needs.
- Having an on-call psychologist available throughout the summer to consult on more severe mental health issues.
- Revising intake forms will probably not dramatically decrease the percentage of campers with unanticipated mental health needs, but nevertheless, the directors of camper care should share what questions they ask parents and when.

- Investing in hard infrastructure to better support overall wellness at camp. These investments include: more adult and family housing so yoatzim (including those with young children) can work at camp, increased child care, more spaces for telehealth appointments, stronger internet connections, sensory rooms, air-conditioning, and increasing programmatic offerings to match more campers' interests.
- Expanding opportunities for the Camper Care Directors Cohort to meet and share what they discuss with the Directors Cohort.
- Creating shared language around what kinds of mental health care are and are not available at Ramah camps and what our approach to inclusion of campers with mental health issues is.
- Having more clarity of what the camps in different states/provinces can ask of staff in their applications.
- Regular data collection and aggregation of the prevalence of various mental health issues among campers and staff, to better track trends over time
- Revisiting the question of how therapeutic a Ramah camp should be.
- Discussing how to balance creating an environment of care for staff, while at the same time holding them accountable to the difficult jobs they are being paid to do.