

# MENTAL ILLNESS:

## adventure travel pre-trip preparation

For the use of medical practitioners only (Dr Jim Duff, 30/03/2006)

These notes are to aid the assessment and preparation of a patient with mental illness, who is intending to undertake an adventure holiday in a wilderness setting. It will help to:

- Assess their suitability for wilderness/adventure travel
- Reduce the possibility of a serious mental breakdown in a remote area or dangerous situation
- Reduce the risk to their companions from a serious mental health breakdown

This advice assumes the person is otherwise well physically, and has no coexisting chronic conditions such as asthma, diabetes or cardiovascular disease (if they do, each condition needs individual assessment). You should warn them that there are some risks when travelling with mental illness, but by following your advice the risks can be minimized.

If you have any doubts about their suitability for a particular trip, a psychiatrist's advice should be sought.

### PRE-DEPARTURE ASSESSMENT AND PREPARATION

The best indication of how your patient will respond to wilderness/adventure travel is their past history in similar situations. The proposed itinerary and activities should be reviewed in the light of this and the following information.

#### 1) General considerations

- Serious mental and emotional episodes can be very difficult to deal with in a remote setting
- Adventure travel is not a way for people to 'sort themselves out'
- A past record of remote travel is a positive indication as long as your patient's problems have not increased since then

#### 2) Specific problems

- Depression is not a contraindication if it is well treated and the patient is stable and symptom-free
- Psychotic illness (especially bipolar disorder), anxiety states, paranoid tendencies and schizophrenia are absolute contraindications even if currently stable, as a relapse in a remote area can be very difficult for even experienced doctors to handle
- Addiction to alcohol or recreational drugs can be a problem and often undiagnosed
- Anorexic travellers can be distressing for other participants and the patient's physical stamina and mental stability are questionable. It is an absolute contra-indication
- Bulimia is a relative contraindication
- "PUTA" (Psychologically Unfit To Travel Anywhere): this 'condition' is hard to predict before departure. It is brought on by being in a strange country far from home and the usual 'props' of life. It may manifest itself on holiday in any number of ways including mild depression, anxiety, social withdrawal, insomnia or somatization disorder. The patient often feels immediately better on being told to go home!

### **3) Review medications**

- Antimalarials (especially mefloquine) can trigger psychotic episodes especially in people with pre-existing disorders
- Benzodiazepines and other hypnotics that depress respiration can trigger high altitude illness
- Anti-depressants are usually ok if the patient is well established on treatment
- Anti-psychotic medications have numerous adverse effects and patients on them would not normally be on an adventure trip

### **4) May they go?**

If you have any doubts about your patient's stability, talk to the travel company (with consent) to get an idea of what the trip entails. Will there be a doctor on the trip? Consult with their psychiatrist. Talk the situation through with your patient. Perhaps suggest a less challenging alternative?

Apply the '**tent test**': ask yourself, "Would I be happy to be in a tent/room/vehicle for two weeks with this person"?

The traveller must be warned **NOT TO STOP** their medication as this can result in withdrawal problems (especially stopping abruptly) or reappearance of the original complaint.

### **5) Pre-departure check list**

Written medical history with current medication, plus phone numbers of their doctor(s).