

**British Global and Travel
Health Association**

Travelwise
Journal of the BGTHA

Volume 6
Spring 2020

Editor in Chief: Iain B. McIntosh
Journal Editor: Becky Swadling

Addressing Mental Health in the Travel Clinic: An Overview

Dr Daniel Grace MBBS BSc (Hons) MRCGP (2017) Dip EWM. Portfolio GP, event and expedition doctor
<http://dx.doi.org/10.21864/jbgtha.2020.147>

Introduction

Dr Brock Chisholm, the first Director-General of the World Health Organisation (WHO), was a psychiatrist. He famously stated that “without mental health there can be no true physical health¹,” and believed that the well-being of humanity was dependent on the world’s emotional health. Since stepping down from this position in 1953, mental health problems have become endemic and now affect 676 million people worldwide. In the UK, 1 in 4 people will experience a mental health problem each year and at any given time 1 in 6 working-age adults will have symptoms associated with mental ill-health.

Mental health conditions are generally characterised by a combination of abnormal thoughts, behaviours, emotions and relationship difficulties. They include addictions, such as alcohol or drug misuse, anxiety, bipolar conditions, depression, eating disorders like anorexia nervosa and bulimia, obsessive compulsive disorders, paranoia, personality disorders, phobias, psychosis and schizophrenia.

Mental illness is responsible for 72 million lost working days annually and costs the economy between £34.9 and £100 billion each year. It is the largest cause of disease burden in the UK, and is amongst the leading causes of ill health in travellers. In 2015-16 the Foreign and Commonwealth Office (FCO) assisted with 562 overseas cases involving mental health issues, a 6% increase compared to the previous year, and mental ill health is a common reason for medical repatriation¹¹. It is therefore important for travel health professionals to be able to give appropriate advice to travellers with mental health problems.

Why do people Travel?

It is prudent to consider this question momentarily and its relevance to mental health. Hans Christian Anderson once said “to travel is to live” and travel can impart new vigour to the mind¹⁴. Many people go travelling to “find themselves,” and if you type “why should I travel?” into Google, the first non-sponsored web page, at the time of writing, states that travel can help you “learn who you are, move forward, prove that dreams do come true, give you cool stories and a sense of accomplishment.” For 25% of the population, who suffer with a mental health problem, these statements may seem appealing, and it is important for clinicians to appreciate this and ensure that mental health is integrated into all pre-departure travel consultations. This article will examine some of the issues surrounding mental health that are particularly pertinent to travel health and also signpost the reader to some useful resources.



Figure 1: A “Travel Aware” Flyer to Promote Mental Health Awareness to Travellers

Screening for Mental Health Problems

The majority of travel health professionals will use a standardised travel risk assessment form and a useful example of this can be found on the Travel Health Pro website. This includes the question “Have you ever experienced any mental health issues, even mild anxiety or depression^{16,2}” This is a useful screening question on paper however some patients may not wish to disclose this. Up to 28% of patients with mental health problems will wait over a year before they even tell a close family member about their condition, and many individuals fear the repercussions of disclosure. Within a working environment people will often not disclose a mental health problem due to a fear of stigma and discrimination, whereas in the travel clinic they may see disclosure as a threat to their proposed trip.

Figure 7: Reasons given for not disclosing a mental health problem in the last five years (multiple selections possible) (634 respondents)

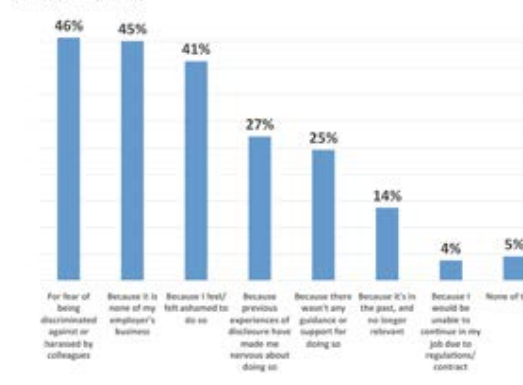


Figure 2: Potential Reasons for Non-disclosure in the Workplace Can Also be Relevant in the Travel Clinic Setting¹⁷

There are several ways in which this can be addressed within the consultation. It is important to create a relaxed and open dialogue and address the patient’s ideas, concerns and expectations. It may be useful to outline the purpose of the pre-departure consultation and explain that it is intended to prepare them and optimise their safety rather than impose any barriers. Listening and communicating in a non-judgemental manner can be beneficial and promoting holistic, integrated care with mental health considered alongside physical health is key.

It is important to emphasise to patients that they must declare any current or past mental health conditions when applying for travel insurance as otherwise they risk voiding any cover that they take out. They should read the full details of any policy, including the exemptions, and ensure costs of treatment abroad and medical evacuation for mental health conditions are covered. The MIND website has a list of insurers who cover pre-existing mental health conditions and this can be a helpful resource for patients.

Risk Assessment and Red flags

An individual’s mental and physical health before and during a trip will influence how they will cope abroad. Therefore, it is important for travel clinicians to be able to broadly assess risk and recognise potential “red flag” presentations. The majority of travel health professionals would not be expected to make a clinical management plan regarding a patient’s mental health, unless they had additional specialist training, however they should know where to direct patients if they are experiencing a mental health crisis.

SADPERSONS, shown in Figure 3, is a widely used acronym and scoring system that can be used by non-psychiatry-trained clinicians to assess an individual’s suicide risk. Patients with a score of 5 or less can be safely referred for an outpatient psychiatric evaluation, whilst patients with a score of 6 or more require emergent psychiatric consultation and

possible hospital admission. Within the UK, this would usually be arranged via the GP, NHS 111, A&E or the local mental health crisis team.

Letter	Meaning	Number of Points Assigned
S	Sex: male	1
A	Age: < 19 or > 45 years	1
D	Depression or hopelessness	2
P	Previous attempts or psychiatric care	1
E	Excessive alcohol or drug use	1
R	Rational thinking loss	2
S	Separated/divorced/widowed	1
O	Organized or serious attempt	2
N	No social supports	1
S	Stated future intent	2

As well as being able to assess suicidal risk, it is important for clinicians to be aware of other potential “red flags” that might prevent an individual from being fit to travel. As a minimum, the points in Figure 4 would warrant further discussion with the patient’s psychiatrist.



The impact of travel upon mental health

Mental health issues may occur in travellers with no pre-existing history as well as those with a current or previous history of mental illness¹¹. Stress levels can be intensified during travel due to a lack of familiar support systems, disrupted daily routines, language barriers, culture shock and unexpected situations²².

These factors can impact upon an individual’s self-care routine and may also result in individuals forgetting to take medication regularly¹¹. Taking appropriate steps prior to departure to minimise the impact of these changes can make the difference between a trip being an enhancing or a destabilising life event²⁰.

Prompting a patient to consider how they manage and react to daily stressors may help them appreciate whether they are ready to undertake their proposed travel venture. Asking about their adaptability and discussing personal relationships and employment can give a valuable insight into how they may manage when taken out of their comfort zone. If a patient cannot go to work due to panic attacks, it would be sensible to discuss how they might feel in a crowded airport, for example. At this point it is also important to check a patient's smoking history, whether they drink alcohol or use recreational drugs, as this may influence the advice that you give. It is sensible to advise travellers that seeking prohibited substances abroad, which in some countries will also include alcohol, can lead to criminal charges, fines and imprisonment²⁰.

Travellers should be advised to adequately research their proposed destination beyond what travel agents and brochures describe and ensure that their anticipated journeys are well thought out with contingency plans for coping with potential delays¹¹. Figure 5 highlights potential coping mechanisms that may be useful for patients to use whilst travelling²⁶. Patients should be advised to consider how they will get help if their mental health deteriorates abroad and should keep details of friends, family or carers with them at all times²⁷.



Figure 5: Coping mechanisms when travelling

Local Resources

Patients should be signposted to the FCO country guides so that they can check the provision of mental health services and research local attitudes towards mental health in their planned destinations. Access to appropriate healthcare may vary considerably compared to a patient's home country and culturally compatible clinicians may be rare or non-existent. The IAMAT website has a directory of trusted English-speaking doctors worldwide, and this may be a helpful resource for patients.

Cultural attitudes towards mental health are likely to determine the type of psychiatric care a patient may receive: this may include forced admission without consent, arrest and imprisonment, poor facilities, questionable treatment, a lack of appropriate medication and difficulty finding English speaking mental healthcare professionals²⁸. Data from 2014 indicates that 23% of countries worldwide have no stand-alone mental health policies whilst 37% have no stand-alone mental health legislation.

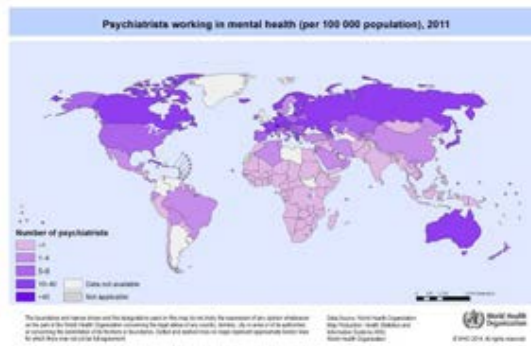


Figure 6: The Distribution of Psychiatrists Worldwide (2011)

Medication

Patients taking regular medication should carry a letter from their doctor, that gives a brief summary of their mental health diagnosis²⁷, along with their latest repeat prescription, which should state the name and doses of all medications¹¹. Medication should be carried in the hand luggage, with an extra supply in the hold luggage in case it is lost or stolen in transit²⁰. Some UK prescription medications, such as psychotropics and benzodiazepines, may be illegal in the country that a patient is visiting. Advising them to contact the relevant embassy or look at the International Narcotics Control Board website prior to travel, is sensible in order to avoid any problems at customs.

For patients taking lithium, or other mood stabilising drugs that require monitoring, locating in-country laboratory facilities capable of measuring therapeutic levels can be challenging. Patients taking such medications should ensure that drug levels are within their therapeutic window and that their renal function is stable prior to departure. Travellers should not assume stability of levels however, particularly in environments with high ambient temperatures, where increased perspiration can lead to lithium toxicity, even on a consistent dose³⁴. Advising patients to stay well hydrated and informing them of the signs of lithium toxicity is therefore vital.

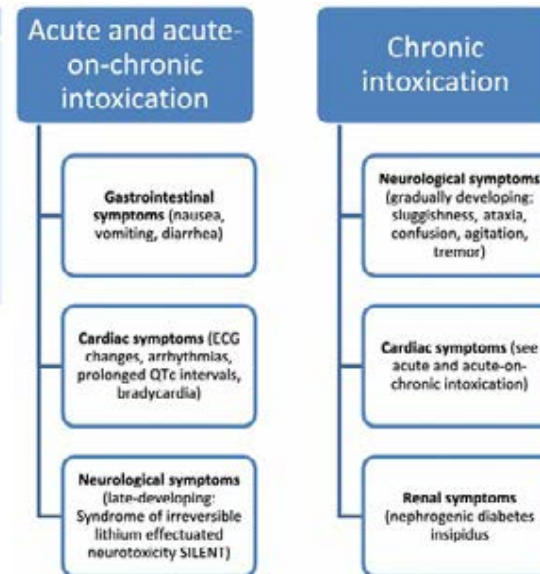


Figure 7: Clinical Symptoms and Signs of Lithium Toxicity

Certain travel-specific medications should be avoided in people with active or previous mental health problems. The anti-malarial drug mefloquine (Lariam®) is contraindicated in patients with a current or previous history of depression, generalised anxiety disorder, psychosis, schizophrenia, attempted suicide, suicidal thoughts, or any other psychiatric disorder. It has also been associated with rare but serious adverse reactions in patients with no known mental health conditions, including insomnia, abnormal dreams, depression, anxiety, agitation, restlessness, mood changes, panic attacks, forgetfulness, confusion, hallucinations, aggression and paranoia. These symptoms may continue long after mefloquine has been stopped³⁷. The risk of developing adverse psychiatric side-effects is higher in first-degree relatives of patients with mental health conditions³⁶, and this is important to consider when discussing malaria chemoprophylaxis, even in individuals with no known mental health problems.

In August 2019, mefloquine was implicated in the death of Alana Cutland, a Cambridge student who was usually fit and well, who fell from a light aircraft in Madagascar after developing paranoia and becoming disorientated. There have also been well documented government enquiries into the historical use of mefloquine within the British Military, particularly regarding the way in which soldiers were risk-assessed for psychiatric co-morbidities. A resulting parliamentary report entitled "An acceptable risk? The use of Lariam for military personnel," concluded that Mefloquine should be designated a 'drug of last resort' and only used after a face-to-face risk assessment in patients who are unable to tolerate any of the available alternatives³⁹. If considering an alternative antimalarial medication, it is important to check for any potential drug interactions in the BNF, however ideally a discussion should be had with a traveller's psychiatrist²⁰. Lastly it is useful to note that no mental health conditions represent a contraindication

to vaccination²⁰.

Figure 8: Useful Resources for Travel Health Professionals



Figure 8 illustrates some of the resources mentioned in this article. Mental health is a complex topic and this review has merely scraped the surface. As Michelle Obama said in 2015 "when it comes to mental health conditions, we often treat them differently from other diseases like cancer, diabetes or asthma, and that makes no sense...whether an illness affects your heart, your leg or your brain, it's still an illness, and there should be no distinction". Through discussing mental health in pre-departure travel consultations, we can help reduce the stigma associated with mental health and also aim to improve the outcomes.

www.thewildernessmedic.com

References:

1. WHO | No physical health without mental health: lessons unlearned? [Internet]. WHO [cited 2019 Nov 11]. Available from: <https://www.who.int/bulletin/volumes/91/12-115063/en/>
2. WHO | Dr Brock Chisholm, Director-General [Internet]. WHO [cited 2019 Nov 11]. Available from: <http://www.who.int/dg/chisholm/chisholm/en/>
3. World Health Organisation. Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals [Internet]. 2015. Available from: apps.who.int
4. How common are mental health problems? | Mind, the mental health charity - help for mental health problems [Internet]. [cited 2019 Nov 11]. Available from: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#one>
5. McManus S, Bebbington P, Jenkins R, Brugha T. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014 [Internet]. Leeds; 2016. Available from: content.digital.nhs.uk
6. World Health Organisation. Mental Health. 2018. [Accessed 13 November 2019]
7. World Health Organisation. 06 Mental, behavioural or neurodevelopmental disorders. International Classification of Disease, Eleventh Revision (ICD-11). 18 June 2018. [Accessed 13 November 2019]

8. Centre for Mental Health. Mental health at work: The business costs ten years on [Internet]. 2017 [cited 2017 Oct 16]. Available from: centreformentalhealth.org.uk
9. Stevenson D, Farmer P. Thriving at work: The Independent Review of Mental Health and Employers [Internet]. 2017 [cited 2017 Nov 22]. Available from: gov.uk
10. Royal College of Psychiatrists. No health without public mental health: the case for action. Position Statement PS4/2010 [Internet]. 2010. Available from: rcpsych.ac.uk
11. Team HTH. Mental Health and Travel - Fit for Travel [Internet]. [cited 2019 Nov 12]. Available from: <https://www.fitfortravel.nhs.uk/advice/general-travel-health-advice/mental-health-and-travel>
12. Helping British Nationals Abroad 2015/16 - Travel Aware [Internet] [cited 2019 Nov 17] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/580501/161223_FCO_HBNA_Report__Double_Pages_.pdf
13. Mind How You Go—Travel Aware [Internet] [cited 2019 Nov 17] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826904/2016_Mental_Health_-_Checklist_-_Travel_Aware_Branded_-_Print_Crops_and_Bleed.pdf
14. Karsten M. 75 Best Travel Quotes For Travel Inspiration [Internet]. Expert Vagabond. [cited 2019 Nov 11]. Available from: <https://expertvagabond.com/best-travel-quotes/>
15. 17 Reasons Why Around the World Travel Is Good For You [Internet]. AirTorks. [cited 2019 Nov 11]. Available from: <https://www.airtorks.com/ready/17-reasons-why-travel-is-good-for-you/>
16. Travel Risk Assessment Form – Travel Health Pro [Internet] [cited 2019 Nov 17] Available from: https://travelhealthpro.org.uk/media_lib/mlib-uploads/full/example-risk-assessment-risk-management-checklist-2018.pdf
17. Added Value: Mental Health as a Workplace Asset 2016 – Mental Health Foundation [Internet] [cited 2019 Nov 17] Available from: <https://www.mentalhealth.org.uk/sites/default/files/added-value-mental-health-as-a-workplace-asset.pdf>
18. Jorm AF, Ross AM. Guidelines for the public on how to provide mental health first aid: narrative review. *BJPsych Open*. 2018 Oct 22;4(6):427–40.
19. Rough E, British Medical Association. Recognising the importance of physical health in mental health and intellectual disability: achieving parity of outcomes. 2014.
20. NaTHNaC - Travel and mental health [Internet]. TravelHealth-Pro. [cited 2019 Nov 12]. Available from: <https://travelhealth-pro.org.uk/factsheet/85/travel-and-mental-health>
21. Specialist insurers for pre-existing conditions | Mind, the mental health charity - help for mental health problems [Internet]. [cited 2019 Nov 12]. Available from: <https://www.mind.org.uk/information-support/guides-to-support-and-services/insurance-cover-and-mental-health/specialist-insurers-for-pre-existing-conditions/#.Xcr4SDL7RdC>
22. Travel and mental health [Internet]. GOV.UK. [cited 2019 Nov 12]. Available from: <https://www.gov.uk/guidance/foreign-travel-advice-for-people-with-mental-health-issues>
23. Ronquillo L, Minassian A, Vilke GM, Wilson MP. Literature-based Recommendations for Suicide Assessment in the Emergency Department: A Review. *The Journal of Emergency Medicine*. 2012 Nov;43(5):836–42.
24. Hockberger RS, Rothstein RJ. Assessment of suicide potential by nonpsychiatrists using the SAD PERSONS score. *J Emerg Med* 1988;6:99–107.
25. Johnson C, editor. Oxford handbook of expedition and wilderness medicine. 2nd edition. Oxford: Oxford University Press; 2015
26. IAMAT eLibrary [Internet]. (cited 2019 Nov 13). Available from: <https://www.iamat.org/elibrary/view/id/1384>
27. Foreign travel advice - GOV.UK [Internet]. (cited 2019 Nov 13). Available from: <https://www.gov.uk/foreign-travel-advice>
28. Travel and Mental Health – Foreign and Commonwealth Office [Internet] (Cited 2019 Nov 17) Available from: <https://www.gov.uk/guidance/foreign-travel-advice-for-people-with-mental-health-issues>
29. WHO | World Health Organisation [Internet]. WHO. (cited 2019 Nov 13). Available from: https://www.who.int/ith/other_health_risks/psychological_health/en/
30. IAMAT | Medical Directory [Internet]. (cited 2019 Nov 13). Available from: <https://www.iamat.org/medical-directory>
31. World Health Organization, editor. Mental health atlas 2014. Geneva, Switzerland: World Health Organisation; 2015. 67 p.
32. WHO | Psychiatrists and nurses (per 100 000 population) [Internet]. WHO. (cited 2019 Nov 17). Available from: http://www.who.int/gho/mental_health/human_resources/psychiatrists_nurses/en/
33. INCB - Country Regulations for Travellers [Internet]. (cited 2019 Nov 13). Available from: <http://www.incb.org/incb/en/travellers/country-regulations.html>
34. Mental Health - Chapter 3 - 2020 Yellow Book | Travelers' Health | CDC [Internet]. (cited 2019 Nov 13). Available from: <https://wwwnc.cdc.gov/travel/yellowbook/2020/noninfectious-health-risks/mental-health>
35. Haussmann R, Bauer M, Bonin S von, Grof P, Lewitzka U. Treatment of lithium intoxication: facing the need for evidence. *Int J Bipolar Disord*. 2015 Dec;3(1):1–5.
36. Guidelines for malaria prevention in travellers from the UK 2019. 2019;153.
37. Mace KE, Arguin PM, Tan KR. Malaria Surveillance — United States, 2015. *MMWR Surveill Summ*. 2018 May 4;67(7):1–28.
38. Student, 19, who 'jumped from plane' may have become paranoid from anti-malaria [Internet]. Metro. 2019 [cited 2019 Nov 13]. Available from: <https://metro.co.uk/2019/08/03/student-19-jumped-plane-may-become-paranoid-anti-malaria-tablets-10510593/>
39. House of Commons Defence Committee: An acceptable Risk? The use of Larium for military Personnel [Internet] (cited 2019 Nov 17) Available from: <https://publications.parliament.uk/pa/cm201516/cmselect/cmdfence/567/567.pdf>
40. Remarks by The First lady at 'Change Direction' Mental Health Event [Internet]. whitehouse.gov. 2015 [cited 2019 Nov 17]. Available from: <https://obamawhitehouse.archives.gov/the-press-office/2015/03/04/remarks-first-lady-change-direction-mental-health-event>