EDITORIAL

Summer can be hard on kids with mental health problems

Khrista Boylan

As a mental health clinician, I would hope that kids experience better mental health over the summer months. There is some research to suggest that this is the case in terms of medication response, and its probably true for the general population. However, for our “orchid” patients who best thrive in particular environments with predictable expectations, they seem to wilt without the structure of school. (Of course kids who don’t attend during the year are a separate group). This past week alone, every youth I have assessed in urgent care is there simply because they failed to adapt to the new kind of loneliness that ensues with summer. And more time to ruminate and argue with their parents.

Summer and the relative absence of daily routine pose other mental health risks for kids. Camps that engage youth in interesting activities or focus on social relationship development are not easy to find or are expensive for families. Further, most kids don’t have the kind of lives they see on YouTube. Particularly teens too young for employment find themselves bored and unfulfilled. They are too old for camp, and too old to tolerate being dragged around by their parents. What are they to do?

Most of them spend an inordinate amount of time in front of a screen. Or the antithesis, wandering aimlessly searching for something equally engaging to do. I recall doing nothing but biking around or wandering through the woods as there was nothing on TV during the day. These are among the best memories of my childhood.

These are the times when I lament about the lost time that being off for 11 weeks creates for our vulnerable youth. I certainly ascribe to the principle that youth need a break, but how much of a break? Compared to other countries, Canada may have an iatrogenic problem as many countries have breaks much shorter (3 weeks) than ours. In the absence of quitting my job to start a camp for youth with mental health concerns, I have sought out practice advice for parents and indeed I will push it starting in April (https://childmind.org/article/strategies-for-a-successful-summer-break/).

And now, to the current issue of the Journal. This issue is full of good clinical science. We have two articles about mechanisms of psychopathology, and three others on treatment and service use outcomes. I summarize them to save you precious time in the Canadian sunshine. The mechanism papers show that both self oriented perfectionism and rejection sensitivity predict eating disorder symptoms – the former in patients with eating disorders and the latter in patients with borderline personality disorder symptoms. These domains of personality are important treatment targets irrespective of the type of eating disorder and suggest that personality assessment may be important in treating young people’s eating pathology. The service use papers are validating of clinical practice in my opinion. Two papers describe patients presenting to emergency rooms. Martins focussed on patients with ADHD (versus those who did not have this diagnosis) and found that they were more likely to be male, less likely to be admitted and not more likely to have suicidal behaviours as presenting complaints. Rosic and colleagues found that female sex, mid adolescent age (14-16), past crisis assessment or inpatient admission and diagnosis of mood – as opposed to anxiety – disorder predicted repeat visits to the emergency room. This population of patients is remarkably heterogeneous and probably factors such as gender and primary presenting problem deserve more focus in terms of the role they play in predicting mental health care utilization.

I wish everyone a meaningful summer and look forward to seeing you in September at the CACAP Annual Meeting in Quebec City.

Khrista Boylan, Editor