

Advancing Rights and Sports Participation

Coalition Introduces Bill of Rights

coalition for children's mental health facilitated by the American Academy of Child and Adolescent Psychiatry (AACAP) has created a Bill of Rights for Children with Mental Health Disorders and their Families, which was introduced on April 15, 2008. CHADD is a member of this coalition, which also includes the Autism Society of America (ASA), the Child and Adolescent Bipolar Foundation (CABF), the Federation of Families for Children's Mental Health (FFCMH), Mental Health America (MHA), and the National Alliance on Mental Illness (NAMI).

"The rights that are enumerated in this document will serve as an important guidepost for millions of doctors, families, and hopefully even health plans and insurance companies," said E. Clarke Ross, DPA. "As CHADD's CEO and the father of a seventeen-year-old son with attention deficit/hyperactivity disorder, I want every parent to know about the need for good mental health services and interventions. It's knowledge that will help us all navigate the sometimes rough terrain of raising a child who lives with a disorder."

"This Bill of Rights represents the standard of what families living with mental illnesses should expect from treatment," said AACAP President Robert Hendren, DO. "Children do better when they receive consistent, tailored treatment. Few children receive any treatment and fewer still receive the sustained, quality care that they require."

The Bill of Rights was created because of the inconsistency of accessible mental healthcare services throughout the country. For more information on this Bill of Rights, call CHADD's National Resource Center at 1-800-233-4050.

Bill of Rights for Children with Mental Health Disorders and their Families

- **1.** Treatment must be family-driven and child-focused. Families and youth (when appropriate) must have a primary decision-making role in their treatment.
- **2.** Children should receive care in home and community-based settings as close to home as possible.
- **3.** Mental health services are an integral part of a child's overall healthcare. Insurance companies must not discriminate against children with mental illnesses by imposing financial burdens and barriers to treatment, such as differential deductibles, co-pays, annual or lifetime caps, or arbitrary limits on access to medically necessary inpatient and/or outpatient services.
- **4.** Children should receive care from highly-qualified professionals who

- are acting in the best interest of the child and family, with appropriate informed consent.
- **5.** Parents and children are entitled to as much information as possible about the risks and benefits of all treatment options, including anticipated outcomes.
- **6.** Children receiving medications for mental disorders should be monitored appropriately to optimize the benefit and reduce any risks or potential side effects which may be associated with such treatments.
- 7. Children and their families should have access to a comprehensive continuum of care, based on their needs, including a full range of psychosocial, behavioral, pharmacological, and educational services, regardless of the cost.

- **8.** Children should receive treatment within a coordinated system of care where all agencies (e.g., health, mental health, child welfare, juvenile justice, and schools, etc.) delivering services work together to support recovery and optimize treatment outcome.
- Children and families are entitled to an increased investment in high-quality research on the origin, diagnosis, and treatment of childhood disorders.
- **10.** Children and families need and deserve access to mental health professionals with appropriate training and experience. Primary care professionals providing mental health services must have access to consultation and referral resources from qualified mental health professionals.



Promoting Sports Participation by E. Clarke Ross, DPA

s a kid I played organized sports, so part of the excitement of being a new father was anticipating watching my son play sports and even coaching him. I pledged that I would not be one of those overbearing dads who forced sports onto his son, or who structured training programs that resembled Marine Corps boot camp. I wanted to

introduce my son to the positives of sports.

Andrew's developmental delays and awkwardness were evident from an early age. His special needs and interests required modifications in my expectations, but I wanted to introduce him to sports with his peers when they were being introduced to sports.

We first tried soccer—it didn't work. We tried skiing lessons for several years, but stopped after Andrew asked us, "Why do you put me through this?" Andrew tried karate, but didn't like it. We tried baseball, which Andrew liked. When it turned to kid pitch, he asked to stop playing, although he still liked the design and flow of the game. We tried basketball and he liked it—but then, Andrew is on the tall side.

What made Andrew's participation in all these sports possible was our community's policy and practice: Every kid up to the age of 14 who wants to play, plays—and plays equally. Most of the coaches (but not all), most of the parents (but not all), and many of the kids (but not all) support this policy and encourage the kids who are not quite as skilled. Andrew was blessed with several good basketball coaches and I was able to serve as the assistant coach. It was a positive and enjoyable experience for both of us.

Baseball was a challenge for Andrew as a player, but he has developed into a knowledgeable and interested fan. We bond by attending baseball games together and keeping informed about the game. Andrew is a whiz at baseball statistics and team rosters. At games, fans who overhear the observations he makes to me often will ask Andrew questions about players. Robert Brooks, PhD, has emphasized at CHADD conferences over the years the need for each of us to have and use our "islands of competence." Andrew feels confident at the ballpark. There is a familiarity about being at the ballpark, no matter the team or stadium—and he gets reinforcement from

strangers about his knowledge.

Sport is a vehicle for building relationships and promoting good health. It may be an appropriate vehicle for some. CHADD advocates that anyone properly diagnosed with and treated for AD/HD is assured participation in their sport of choice.

During the past several months, CHADD has received letters of frustration from parents whose children were excluded from organized sports programs because they were taking medication for the treatment of AD/HD.

CHADD Statement on AD/HD and Sports Participation

- **1.** AD/HD is a real disorder that affects all areas of individuals' lives, including participation in organized athletic competition.
- 2. Sports officials at all levels of athletics should take this into consideration as they make decisions affecting the lives of athletes who participate in their programs or leagues.
- **3.** While it is true that the decisions made in professional and other high-level athletic circles affect only a small number of individuals, they nonetheless send a symbolic message to millions of people across the country and around the world about the importance of treating AD/HD and other disorders.
- **4.** We expect mental health issues to be treated with the same sensitivity, respect and thoughtfulness as would be given to other important health concerns, such as diabetes, heart disease, or seizures.
- **5.** The diagnosis of AD/HD must always be made according to evidence-based professional practice guidelines. The treatment of AD/HD must emphasize the science-based approach and frequently involves a combination of interventions. Children and adults who are properly diagnosed with AD/HD should not have to choose between taking their appropriately prescribed medication and participating in the sport of their choice.
- **6.** CHADD calls upon all local, national, and international athletic organizations to ensure that the appropriate use of properly prescribed medication for the treatment of AD/HD is permissible under the organization's medical guidelines and rules for eligibility.
- **7.** Every effort should be made to ensure that all people with AD/HD receive proper treatment. Efforts should also be made to eliminate the misuse of stimulant medication, including misuse by those who have not received an AD/HD diagnosis from a qualified healthcare professional. These are not mutually exclusive goals; but when pursued together, they will enhance the ability of individuals with AD/HD to lead the productive, fulfilling lives they deserve.

A former U.S. Olympic athlete contacted us regarding his dismissal for use of stimulant medications. These requests and the recognition of the value of participating in sports encouraged the CHADD board of directors to adopt a statement of issues, considerations, and philosophy when thinking about children under medical treatment and their participation in organized sports programs. •