



EDUCATION
ABROAD

Addressing Mental Health Issues Affecting Education Abroad Participants

Edited by Barbara Lindeman

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Released 2016.

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About the Authors

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Introduction

By Jeffrey P. Prince, PhD, director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

The goal of this publication, first released in 2006 and revised in 2016, is to provide education abroad professionals (located both within and outside the United States) with tools to identify and help education abroad participants with mental health challenges.

As a first step, it may be helpful to examine the broader context of the incidence and severity of mental health problems among U.S. college and university students. Entering college has traditionally signaled a major life transition for students, one that comes with a variety of developmental challenges: changing relationships with parents, negotiating intimate relationships, examining values, clarifying identities, and sorting out long-term career decisions. Data from a number of sources document that increasing numbers of students on college campuses are also dealing with serious mental health concerns such as clinical depression, bipolar disorder, and anxiety disorders. Major depression and bipolar disorder, for example, typically make their first appearance during the late adolescent years, severely impacting the development, school performance, and interpersonal relationships of large numbers of students. Early detection and intervention can reduce the seriousness of these conditions and their disruptions to healthy development.

What the Data Show:

- A recent poll revealed that 94 percent of colleges and universities reported an increase in severe psychological problems among their students (Gallagher and Taylor 2014).
- Of the students with documented disabilities who choose to study abroad, 28 percent disclose having a psychological disability. This rate is four times more frequent (28 percent versus 6 percent) than those who disclose having a physical disability (Institute of International Education 2015).
- On average, 25.2 percent of students seeking services were taking psychotropic medications (The Association for University and College Counseling Center Directors Annual Survey 2014).
- Psychiatric hospitalization rates—a treatment of last resort, typically—have increased significantly over the past 10 years. It is not uncommon today for larger university counseling services to arrange psychiatric hospitalizations for students on a routine basis—weekly and sometimes daily (Gallagher and Taylor 2014).
- Annual surveys of university mental health professionals (Gallagher 1992; Gallagher and Taylor 2014) reveal that rates of students presenting with problems of depression, anxiety, suicidal ideation, and sexual assault have doubled, tripled, and, in some instances, quadrupled over the past 20 years.
- Anorexia and bulimia are pervasive among college women.
- Surveys have indicated that at some time during their college years, up to 40 percent of female students and increasing numbers of male students struggle with the concerns outlined below: (Grayson and Meilman 1999).
 - Self-mutilation (deliberate self-injury such as cutting one's arm with a knife or burning cigarettes into the skin). Recent surveys of campus counseling center directors reveal that approximately 12 percent of students list self-mutilation as their presenting concern. (Association for University and College Counseling Center Directors 2014).
 - Depression. Nationwide studies of college students reveal that approximately 35 percent of both undergraduate and graduate students

reported feeling so depressed within the past 12 months that it was difficult to function. Nine percent had seriously considered suicide within the past year (American College Health Association 2015).

- Suicide. This is the second leading cause of death among traditional-age college students (ages 18–24). Even more alarming is the rate of students attempting suicide—12 times the rate of completed suicides (Centers for Disease Control and Prevention 2014).

Increasing levels of emotional distress among U.S. college and university students have also taken a toll on U.S. campus infrastructures. In the United States, faculty members, advisers, and college administrators are increasingly facing complex, volatile, and high-risk situations that require greater degrees of skill in assessing, managing, and referring students to appropriate care (Douce and Keeling 2014).

This compelling data obscure a larger problem and challenge for education abroad professionals: many students dealing with psychological concerns do not seek out help from mental health professionals or from campus advisers. Large numbers of students admit to depression, for example, but the majority of these students seek help from friends, family, or others rather than from a mental health professional, faculty member, or adviser (Eisenberg, Golberstein, and Gollust 2007). Data from annual surveys of U.S. directors of counseling centers amplify this point: they indicate that most students who die by suicide had never contacted a college or university counseling service (Gallagher and Taylor 2014). With increasingly competitive pressures within academic environments, many students view asking for psychological assistance as a sign of weakness that runs counter to their self-image or to the image they want others to see.

The stigma associated with psychotherapy and mental health services, even today, continues to be strong. This is particularly true among students from ethnic and religious backgrounds where personal problems are expected to be handled within the family or the community. Some students are wary of seeking assistance given the common perception that mental health diagnoses historically have been used to discriminate against individuals from particular groups.

It is critical that education abroad professionals, faculty members, families, and friends learn how to spot problems early on. Our goal must be to sensitively offer support that connects the student to professional help before a problem reaches a crisis state or seriously derails the student's development, and academic and career plans.

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Chapter 2

Emotional and Psychological Challenges to Students in New Cross-Cultural Settings

By Jeffrey P. Prince, PhD, director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

CULTURE SHOCK

Most U.S. colleges and universities provide comprehensive predeparture orientations to prepare students for the process of cross-cultural adjustment, yet many students are unprepared for the intense feelings that may accompany studying in a different culture. They may be surprised at the impact that this experience can have on their emotional well-being, including mood, stress level, behavior patterns, or identity development. In addition, the process of adjusting to a new culture can exacerbate preexisting concerns or developmental challenges that the student may have been managing quite well at home.

Most students expect to adapt easily to the new culture—and they do need to adjust rapidly if they are to effectively meet the academic demands placed upon them. However, the many cultural differences that seem exciting to them at first can also be distressing and may lead to feelings of misunderstanding, loneliness, and culture shock.

Culture shock is a normal developmental phase of adjustment to a new cultural environment. It is not a psychological disorder. Culture shock occurs when one's values and worldview “clash” with the values and viewpoints of the new cultural environment. Reactions to culture shock can mimic more severe psychological problems, such as clinical depression and anxiety. Typical reactions to culture shock include feeling helpless, out of control, vulnerable, fearful, anxious, and confused. Sadness may set in with periods of crying or sleeplessness.

Most students who experience culture shock function reasonably well under the stress and are able to keep up with the responsibilities of their education abroad programs and everyday life. Any situation entailing a high level of stress, however, can cause unusually strong emotional reactions and can interfere with effective functioning either at that time or later. Such reactions are normal responses to abnormal situations and are to be expected under the circumstances. They are usually transitory—lasting a couple of weeks—and do not indicate mental illness or an inability to cope. On the occasions when the experience of culture shock stirs up deeper emotional issues, such as suicidal thoughts, these reactions should not be ignored—a student needs to immediately seek help.

Checklist for Education Abroad Professionals: Culture Shock

ORIENTATION

Conduct orientations to educate students about the process of cross-cultural adjustment—including the phenomenon of reentry culture shock—both before their departure for the education abroad program and after they arrive at their program destinations. Partner with campus mental health professionals to provide suggestions for students to manage cultural adjustment in a healthy manner and to determine when to ask for help. If faculty or staff members from your institution will be accompanying students on an education abroad program, also work with campus

mental health professionals to develop materials and training to educate these leaders about the process of cross-cultural adjustment. In addition, work collaboratively to provide them with tools to assist students in making healthy transitions and train them to recognize and take appropriate action when a student is in distress.

Address the topic of student preconceptions and encourage realistic expectations. Invite peers, such as study abroad alumni, who can validate the reality of culture shock. Encourage education abroad returnees to share not only the positive aspects of their experiences abroad but also the difficulties of adjusting to a new culture.

Expectations and adaptation can also be influenced by culture and family heritage. For example, heritage-seeking students who have a high level of identification with the host culture may be disappointed to find that people in the host country view them primarily as “Americans.”

CONNECT STUDENTS TO OTHERS

Encourage students to talk about their feelings with others, keep a journal, and connect with others who have experienced culture shock. Roommates, friends, faculty members, staff, family, and religious/spiritual advisers can all be sources of support. Students need a safe place to talk about what is happening. Arranging informal weekly discussion groups among students can be a particularly helpful intervention.

A note of caution is warranted here: while groups of U.S. students experiencing culture shock can provide support for each other, it is also possible that they may feed on each other’s negativity. This can prolong a particular stage of culture shock if students are not provided with additional information about the host culture and/or positive viewpoints. Education abroad professionals can work

with overseas colleagues and/or U.S. faculty or staff members accompanying students abroad to determine how best to help students find a balance between providing support for each other and encouraging them to form friendships with host country residents who can explain the reasons behind some of the behaviors that students find troubling and help students make a healthy adjustment abroad. Working through culture shock and adapting to a new culture can be a valuable growth experience—one that strengthens identity and intercultural competence.

HELP STUDENTS ANTICIPATE RETURNING HOME

Re-experiencing culture shock upon returning home from living abroad—often referred to as “reverse culture shock”—is a common occurrence. Students can plan for this before departing for their programs abroad by gaining awareness of this normal part of cultural adjustment and learning strategies to successfully prepare for this transition. While abroad, students can continue preparation by keeping a journal of daily or weekly experiences and changing perspectives. The student can reference this record after arriving home to help integrate this life-changing experience (both its highs and lows) into the emotional challenges of readjusting to a changed life back home. Addressing reentry shock during a special on-site orientation before students return to the United States is a good way to help students make an easier transition back to the United States and their home campuses.

Managing Healthy Transitions

Change can come with the possibility of both opportunity and loss. Typically, students focus on the opportunities, while failing/forgetting to acknowledge the effects of the losses associated with participating in an education abroad program. For instance, moving to a different

country for an academic term can mean the loss of a support network, a routine, and a familiar environment. A student's secure sense of identity can also be lost. During such times of transition, it is important for students to acknowledge to themselves and others the impact of these potential senses of loss. Similar transitional challenges can occur when the student is ending the study abroad experience and getting ready to return home.

Checklist for Education Abroad Professionals: Managing Healthy Transitions

ENCOURAGE STUDENTS TO SAY "GOODBYE"

Students usually find that by taking a more active role in acknowledging and managing the transition, they begin to feel more effective and in control. Taking the time to personally say goodbye to friends and family and to share thoughts and feelings with them before leaving for their programs abroad (and again before returning home) can be important. It allows a student to step back and reflect on the upcoming transition and to anticipate the loss of close and familiar relationships and supports. These efforts can help to reduce later feelings of disorientation and disappointment, and increase feelings of predictability and control.

ENCOURAGE STUDENTS TO PLAN A FAREWELL EVENT

In addition to predeparture orientations, encourage students to engage in some sort of personal ritual event before leaving—a party, a dinner, a speech, or a sharing of written comments. This encourages a sense of closure and can help the student to acknowledge positive feelings as well as the losses that accompany the transition.

RELATIONSHIPS

Long-Distance Relationships

When partners are separated internationally, strong emotional reactions are not unusual. Maintaining healthy long-distance relationships requires special efforts. Open and honest communication about each partner's expectations, wants, and needs becomes particularly important. Ideally, students need to begin these difficult discussions before the separation occurs. Students often avoid these conversations due to fears of conflicting expectations. Students' needs and wants may continue to evolve after one partner has left for the education abroad program. Partners may find that time apart can allow for greater focus on their studies in creative and positive ways.

Checklist for Education Abroad Professionals: Long-Distance Relationships

HELP STUDENTS EXPRESS THEIR FEELINGS

Encourage students to talk about the combination of feelings that might be present (freedom, disappointment, and abandonment, for example) with you or other supportive individuals. Suggest that the student write down feelings in a journal or letter that won't be sent to the partner.

CONNECT STUDENTS TO A SUPPORT STRUCTURE

Encourage periodic communications with the partner and with supportive friends back home. Help students understand the importance of maintaining a balance of keeping in contact with people back home while making new friends and learning as much as possible about the host culture(s). Reinforcing efforts to make new friends will help students avoid becoming isolated.

✓ LINK STUDENTS TO LOCAL ACTIVITIES

Encourage students to get involved in local activities, sporting events, and organizations that are meaningful to the student.

✓ NEW RELATIONSHIPS

Discussions about relationships should be held before a student's departure for his or her education abroad program and addressed again after arrival in the host country. Information and advice from host country peers may be better received than advice from an education abroad professional.

Forming new relationships can be an exciting aspect of living in a new country. It is also a time when students can be especially vulnerable, both emotionally and physically.

Making Friends

Most students who study abroad plan to form friendships with new people, including host country residents. This process involves taking positive risks beyond those involved in making new friends at home. For example, students may fear appearing foolish when speaking a foreign language. Students may also encounter people who have preconceived negative views of the United States and those who reside in the United States. Making friends in the host country can help students avoid feelings of isolation and frustration, serve to lessen the effects of culture shock, and aid in a healthy adjustment to the host culture.

Checklist for Education Abroad Professionals: Making Friends**✓ ASSIST STUDENTS IN DEVELOPING STRATEGIES FOR MAKING FRIENDS ABROAD**

Have students think about what they will do outside of the classroom to meet new people. Suggest that students become involved in activities that they enjoy at home, such as sports or music. Involvement in familiar

activities also can assist in overcoming fears about speaking the language of the host country. Discuss strategies for continuing friendships made abroad after returning to the United States.

✓ HELP STUDENTS DEVELOP STRATEGIES FOR DEALING WITH ANTI-AMERICAN SENTIMENT:

Engage students in thinking about the United States and its role in the host country and in the world, and how this may affect the way students are perceived as Americans abroad. Encourage students to learn about U.S. policies and politics, as well as those of the host country (even if the students do not think of themselves as "political"). Focusing on current and historical events with the greatest potential to impact residents in the host country, and considering the U.S. government's position on these issues, can help students anticipate questions and areas of potential conflict.

Dating and Sexual Norms

Living in a different culture will require learning the different rules and norms (and laws) of the host country; dating and sexual norms may differ greatly across cultures. Behaviors that may be commonplace in the United States may be taboo or even illegal in other countries. These differences may present challenges to a student's value system, health, and safety. Some students may not be fully prepared for the experiences they encounter in their host country in this regard. They may even find that they are naive targets for individuals looking to take advantage of new arrivals. It is important for students to plan ahead by considering the sexual behaviors with which they are comfortable and what limits they want to set. Good preparation can mean prevention against possible trauma.

Checklist for Education Abroad

Professionals: Dating and Sexual Norms

ENCOURAGE INFORMATION GATHERING

Encourage students to learn about the common dating practices and sexual norms of their host country through readings, orientation meetings, and program alumni. Encourage students who identify as queer, lesbian, gay, bisexual, transgender, or fluid—as well as students who are questioning their sexual orientation—to identify supportive organizations at their host institution and/or in its surrounding community before they leave home to reduce their sense of isolation while abroad.

CLARIFY BOUNDARIES

Suggest that students think ahead about whether they intend to abstain from sex or be sexually active while abroad, and to consider how they might handle pressures from others to engage in activities counter to their plans. For example, how might the student anticipate reacting to someone interested in being sexual with them? How might they feel about falling in love with someone living in a different country? Some students find it difficult to be assertive and draw clear boundaries when they encounter an unforeseen dilemma. Discussing and clarifying limits ahead of time can help the student communicate limits more clearly in the moment.

HELP STUDENTS PLAN AHEAD

Recommend that students identify ahead of time resources available in their host city for assistance with contraception, safe sex supplies, and sexually transmitted diseases. Encourage students to learn in advance what support is available from the host university, study center abroad, or organization for dealing with crises such as sexual harassment, sexual assault, and unplanned pregnancy. Knowledge of available resources can reduce

the stigma that sometimes prevents students from seeking professional help in a timely manner. The NAFSA publication *Sexual Health Abroad: A Guide to Healthy Practices* is a student guide that provides comprehensive information and resources.

Abuse of Alcohol and Other Drugs

Many students are drawn to experimentation with alcohol when they are away from home, particularly when they are in a foreign country and are of legal drinking age for the first time. For most students, use of alcohol is minimal or moderate, and does not cause them or others significant concern. For some students who abuse alcohol, it is not their frequency of use that is the problem, but rather the physical and legal risks that result from their behavior caused by drinking or using substances (e.g., risk of alcohol poisoning, risk of being a victim of a crime, driving while intoxicated). A certain percentage of students begin an education abroad program with existing alcohol or drug abuse problems. In regard to the use of illegal drugs, education abroad offices should clearly outline country laws for participants, especially those that impose severe penalties for illegal drug use that may result in the student's arrest or incarceration. Note that certain countries impose the death penalty for drug trafficking. The U.S. Department of State Consular Information sheets provide information on host country laws that differ from those of the United States.

A widely agreed-upon definition of alcohol or drug abuse is when a person's use interferes with his or her physical, social, or economic functioning. Helping students with alcohol and other drug use problems therefore includes a wide range of responses and depends on the behavior that is problematic as well as the laws of the host country. Assistance may involve providing education, connecting students with local support resources, or it may entail emergency medical care or sexual assault counseling. Based on the severity of penal-

ties for the use of illegal drugs in several countries and home campus policies, the majority of U.S. universities have policies in place that state that a student will be dismissed from the education abroad program if the student uses drugs that are illegal in the host country.

Typical signs indicating that a student might have an alcohol or substance abuse problem include the following:

- Drinking or using another drug to relieve stress or other problems;
- Drinking or using drugs in the morning or at a regular time every day;
- Alcohol or another drug seems to be the center of all student's activities;
- Drinking or using drugs at times when it is important to stay sober (e.g., during classes);
- Missing classes or meals because of drinking or using drugs;
- Having to leave a gathering or organized activity because of excessive drinking or being obviously high;
- Experiencing frequent blackouts and not remembering part of what occurred;
- Purchasing drinks or drugs with money needed for other necessities, such as food; and
- Having trouble with the law related to drinking or using another drug.

Checklist for Education Abroad Professionals: Abuse of Alcohol and Other Drugs

☑ PREDEPARTURE ADVISING AND BEHAVIORAL CONTRACTS

If a student planning to study abroad has a documented history of alcohol or drug abuse, it is important to address this in advising prior to the student's departure for study abroad.

If the student is currently receiving treatment for alcohol or illegal drug abuse, discuss with the student how he or she plans to continue treatment abroad and work in partnership with

overseas colleagues to identify support structures in the host country. Often, students who have had a history of mild substance abuse are able to study abroad successfully under the auspices of a "behavioral contract" that specifies the exact behavior that the student must avoid abroad (e.g., abuse of alcohol and/or other drugs) and specific consequences if the student violates the contract (e.g., dismissal from the study abroad program and returning home at the student's expense).

☑ GIVE STUDENTS HONEST FEEDBACK

If the student manifests an alcohol or drug abuse problem while abroad, confront the student in a nonjudgmental way about your feelings concerning his or her drinking or other drug use, and the specific ways you see it linked to negative outcomes. Show concern and be supportive, and encourage the student to complete an alcohol or drug assessment with a professional.

☑ OUTLINE CONSEQUENCES

If the student abroad minimizes or denies that he or she has a drinking or drug problem, let the student know that he or she has a choice to discontinue use or face the consequences of his or her actions. Be clear about the specific consequences—including dismissal from the study abroad program—if the student's problematic behaviors continue.

☑ GATHER REFERRAL INFORMATION

Find out what alcohol and drug abuse treatment professionals are available in the area before you send students to an education abroad location. If a student shows signs of trouble, provide him or her with their names and contact information and follow up with that student. Students in early stages of abuse are especially likely to benefit from work with a counselor who is knowledgeable in this domain.

GRIEF AND COPING WITH LOSS

Students may first encounter the death of a loved one—a parent, family member, or friend—during their college years. Students can also endure significant losses due to a wide range of life-changing circumstances such as parental separations or divorce, personal rejections, and physical injuries. Being far from home during such events poses additional challenges and further complicates the grieving process.

When coping with loss, we typically rely on a support system made up of a network of family and friends. This network may be thousands of miles away for a student who is participating in an education abroad program. Some students who lose a loved one while abroad will choose to return home and not complete their program.

Education abroad professionals can facilitate this process in practical ways, from helping the student ship belongings home to helping to obtain academic credit for studies the student has already completed. Other students who experience the loss of a loved one will decide to finish their education abroad program. These students are the focus of this section.

Although coping with the loss of a loved one is typically a slow and painful process, each person experiences grief differently, depending upon personality, circumstances, history, and support structure. There is no correct way to grieve. Numbness, shock, disbelief, sadness, guilt, and anger are all common reactions. They can occur sequentially or all at once. Grieving is a natural and necessary process that all of us experience at various points in our lives. Over time, most people return to their previous level of functioning.

Problems can occur, however, when an individual denies the impact of the loss or endures the grief alone, without the support of others. Acknowledging the loss can sometimes be the most important

(although the most difficult) task of mourning. On the positive side, loss also presents an opportunity for psychological growth, the development of new coping skills, and a reengagement in the world in new and exciting ways.

Symptoms of normal grief reactions are similar to the feelings, beliefs, behaviors, and physiological reactions of depression. One rule of thumb: if these symptoms persist for more than two months, refer the student to a mental health provider. It is not rare for students to have thoughts of suicide when a person close to them dies, particularly if that person's death was a result of suicide. If suicidal ideation is evident, the most important thing to do is to keep the student safe. Follow the suggestions related to suicidal ideation described later in this publication.

Checklist for Education Abroad Professionals: Grief and Coping with Loss

- ACKNOWLEDGE THE LOSS**
Offer your support.
- ENCOURAGE THE STUDENT TO EXPERIENCE AND DEAL WITH THE GRIEF**
This can be done by talking with someone the student is close to; connecting to religious communities; engaging in journal writing, art work, and music; or working with a trained counselor.
- ALLOW TIME**
Grieving often takes more time than most people first realize. The loss is never completely resolved, particularly when it involves someone significant. Help the student recognize that grieving is a long process, but that with time, the intensity of the pain will lessen and recurring periods of pain will become shorter and less frequent. Also, remind the student not to expect to resume

full academic productivity right away; offer an extension on coursework deadlines and reassurance that getting extensions is not using death as “an excuse.”

☑ **DISCOURAGE ISOLATION**

Encourage the student to connect with friends and to take frequent breaks from the pain through social activities, sports, or cultural events.

☑ **MAKE A REFERRAL WHEN SYMPTOMS ARE SEVERE**

Refer students to a mental health provider when symptoms last for more than two

months or when symptoms are extreme, such as the development of a pattern of substance abuse, persistent loss of appetite, thoughts of suicide, or prolonged impairment in ability to manage academic demands.

☑ **YOU CANNOT FIX IT**

Remember that you do not have to know how to say or do the “right thing.” You cannot eliminate the student’s distress, nor should you. Your presence and caring, alone, will be helpful.

Chapter 3

Common Mental Health Concerns: What Are They and How Can Professionals Help?

By Jeffrey P. Prince, PhD, director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

The stress of adjusting to an unfamiliar culture, a different academic environment, and a new system of support services can give rise to a wide array of unexpected and overwhelming reactions. This chapter reviews a range of common mental health concerns that arise for U.S. college and university students, particularly those participating in education abroad programs. We also offer practical tips that education abroad professionals, counseling staff, parents, and friends might use to help students with each of these concerns.

DEPRESSION

As stated previously, the new challenges and experiences that accompany education abroad often lead to symptoms that are typical of depression: sadness, lack of energy, irritability, loneliness, and changes in eating and sleeping patterns. These feelings are normal and occur for short periods of time as students adjust to the stresses of studying abroad. But when “the blues” continue for a prolonged period of time—several weeks, for example—and begin to seriously interfere with a student’s ability to study or interact with others, the student may be dealing with clinical depression.

While clinical depression is common among college-age students, it frequently goes unrecognized. It affects a student’s mood, thoughts, behavior, and health. At its worst, it leads to suicidal actions. Clinical depression does not go away just because a student wills it to. Nevertheless, many students believe it is a sign of personal weakness that they cannot manage to overcome clinical depression by themselves, simply by “pulling themselves together.” As

a result, they may be hesitant to seek out help on their own or to admit to the feelings with which they are struggling. Fortunately, clinical depression is highly treatable, and most students begin to feel better in just a few weeks after seeking help.

Clinical depression surfaces in a variety of forms, though the three most common are major depression, dysthymia, and bipolar illness. Each individual experiences depression differently. The symptoms, severity, and duration can vary greatly.

Keep in mind that symptoms of depression sometimes are the result of a physical disorder, such as a thyroid problem. A physical exam is needed to rule out this possibility. The symptoms of depression among college students frequently are related to problems with alcohol and other drugs. Sometimes a student turns to alcohol and drugs as a way to cope with the depression, and other times depression is the physiological result of alcohol and drug use.

Major Depression

This form of depression includes a combination of symptoms that interfere with the ability to work, sleep, eat, or enjoy pleasurable activities. Symptoms can include any cluster of the following:

- Sadness, empty feelings;
- Feelings of hopelessness and worthlessness;
- Fatigue, decreased energy;
- Loss of interest in usual activities;
- Change in appetite and weight (either loss or gain);
- Sleep pattern change (either oversleeping or insomnia);

- Difficulty concentrating;
- Irritability, anxious feelings;
- Excessive crying; and
- Thoughts of suicide.

Dysthymia

This form of depression is less intense than major depression. It generally involves the same symptoms as those listed above. Typically, individuals with dysthymia describe most of their days as feeling “down in the dumps” or sad. The symptoms also tend to be long-term and last from one to two years or longer. Students may have a history of adapting to these symptoms for years, failing to recognize that they were ever dealing with depression.

The symptoms may become a routine part of the student’s day-to-day experience. He or she may become used to seeing him- or herself as self-critical, incapable, or having few interests. This form of depression prevents students from functioning at their full ability and from feeling well. Studies suggest that this type of chronic depression might best be treated with a combination of medication and psychotherapy (Evans et al. 2005).

Bipolar Disorder

Also known as manic-depressive illness, this form of depression includes mood swings or cycles of depression alternating with cycles of elation or increased activity known as mania. Sometimes the mood cycles are dramatic and rapid; more typically, they occur gradually (over several weeks). When in the depressed cycle, a student might display any of the symptoms of major depression.

The manic phase of the cycle is quite different. It typically includes periods of increased energy and activity, insomnia, grandiose notions of ability or fame, and impulsive and reckless behavior, including sexual promiscuity. When individuals enter a manic phase, for example, they might stay awake for several days, speak very quickly and excessively, feel elated, go on excessive shopping sprees, and

have sex with multiple partners indiscriminately. They also may believe they have special powers or abilities that others do not appreciate.

Students entering manic phases might engage in behaviors that later cause embarrassment and/or consequent serious harm to themselves. When a student appears to be in a manic episode, it is important to intervene quickly to get the student professional help. Medication can control manic symptoms and help prevent recurrence of both manic and depressive episodes.

Checklist for Education Abroad Professionals: Depression

- ☑ **CONNECT STUDENTS TO A MENTAL HEALTH PROFESSIONAL**
The best thing you can do for a depressed student, whatever the form of depression, is help the student find treatment and encourage the student to stay in treatment.
- ☑ **OFFER EMOTIONAL SUPPORT**
You can play a vital role in helping the student by offering your understanding, patience, and encouragement. This shows the student that you care and helps reduce the student’s isolation. Do not take on the sole responsibility for helping. Gently insist that professional help is also needed.
- ☑ **ENCOURAGE ACTIVITY**
Engage the student in conversations and social activities; encourage exercise and physical activity.
- ☑ **TAKE SUICIDAL IDEATION SERIOUSLY**
If a student discusses or alludes to thoughts of suicide, take it seriously. (See the detailed discussion on suicide later in this publication.) Ask the student directly, “Are you thinking about killing yourself?” This can be a hard question to ask because it may seem far too

personal. However, the stakes are high enough to warrant this level of seeming intrusiveness. People who are coping with depression often have thoughts of suicide. Even if they have no intent of harming themselves, they can feel a great sense of relief when someone is willing to listen to them discuss these thoughts. Most importantly, if the student admits to considering suicide, keep the student safe by immediately reporting this to others so that arrangements can be made for a mental health provider or police to intervene.

✓ **FOLLOW UP**

Check back with the student from time to time to see how things are progressing. Offer to be available to listen, and encourage the student to practice skills he or she is learning in treatment.

✓ **CARE FOR YOURSELF**

Education abroad professionals in the United States or abroad and/or faculty or staff members leading an education abroad program should not take on the role of mental health professionals. Their primary role is to direct the student to a professional who can assist the student and to provide support within the limits of their roles. Even in cases in which a student is receiving professional care, helping a person who is depressed can be emotionally difficult for anyone. Make sure you have someone to talk with about how you are feeling. Consult others for help with resources and any questions you might have. And remember your own limits—offer support, but suggest other options when support is not enough. Do not become more involved than your time and skills permit.

MANAGING ANXIETY

Anxiety is a normal reaction to life; it is our body's way of responding to physical or intellectual

stresses and challenges. In fact, low to moderate levels of anxiety are healthy and can help mobilize us toward better performance. However, like too much of any good thing, anxiety can build up to a level that interferes with our ability to function well or even to cope with daily demands. For example, students with anxiety may experience their minds consistently going blank during exams or oral presentations. The goal in treating anxiety, therefore, is not to eliminate it, but to bring it down to a manageable level.

Anxiety can range from mild, vague, unsettled feelings to severe, debilitating states. Some individuals are more vulnerable to anxiety than others; most individuals can learn to manage it well. Anxiety is considered a medical problem when it becomes persistent and overwhelming to the point that it interferes with an individual's day-to-day functioning. Common symptoms of anxiety include unrealistic fears and worries, physical complaints (such as upset stomach or rapid heart rate), and the avoidance of those situations that are associated with an anxious experience. The causes of anxiety are unclear. Anxiety most likely is due to a combination of factors, including genetics, brain chemistry, personality, and life events.

With the right treatment, most students can expect to experience fewer episodes of severe anxiety within a few weeks or sooner. Some students can manage anxiety disorders themselves, particularly with the assistance of self-help tools. Others benefit from psychotherapy, medication, or a combination of both. Individuals respond differently to different treatments depending on the type of anxiety and their personal circumstances. Students may need to try different treatment options to discover what works best.

Research has indicated that cognitive behavioral therapy (CBT) is effective for several types of anxiety disorders. A major goal of cognitive behavioral therapy is to reduce unrealistic thinking patterns

and behaviors to help individuals better manage anxiety. Another common treatment for anxiety is medication. A wide range of medications have been developed specifically for controlling different types of anxiety disorders. Side effects of these medications vary considerably, as do the names and classes of these medications. A student may need to be persistent and try different ones, under supervision of a psychologist, to see which works best.

TYPES OF ANXIETY DISORDERS

Generalized Anxiety Disorder (GAD)

This type of anxiety is chronic, difficult to control, and at a higher level than what people generally experience from day to day. An individual's day is filled with exaggerated worry and tension even though there is no particular trigger to provoke it. It includes excessive worry about a variety of life circumstances such as schoolwork, appearance, the future, health, money, or family. Disaster often is anticipated even though the source of the worry is hard to pinpoint. Worries usually are accompanied by physical symptoms such as restlessness, fatigue, reduced concentration, and difficulty falling asleep. GAD often occurs along with major depression.

Social Phobia

This type of anxiety is characterized by an extreme worry over ridicule, humiliation, or embarrassment in social situations. There are two types of social phobia: one in which the fears are restricted to particular performance situations (such as giving a speech in class), and the other in which fears apply to the majority of social settings.

Social phobia can interfere severely with school performance and social relationships. It is not unusual for students with social phobia to worry for weeks in advance of an oral presentation or social event. Physical symptoms often accompany the anxious feelings, and include

blushing, sweating, trembling, racing heart, and difficulty talking.

Specific Phobias

These phobias include an intense or unreasonable fear or anxiety linked to a specific activity, situation, animal, or object that in reality poses little or no actual danger. Typical specific phobias include fears of closed-in places, heights, or dogs. Just thinking about confronting the feared object can bring on extreme anxious feelings even though the individual understands how irrational the fear is.

Panic Disorder

Individuals with panic disorder experience sudden episodes of intense anxiety and fear, often without any apparent reason or provocation. They cannot predict when an attack will occur. As a result, they worry in between episodes when and where the next one will occur. Panic disorder is marked by a group of symptoms that includes rapid heart rate, shortness of breath, choking sensation, perspiring, and fear of dying or going crazy. Attacks last no more than about 10 minutes. A panic attack can feel life-threatening to the student. The student may believe that he or she is experiencing a heart attack and end up in an emergency room.

Post-Traumatic Stress Disorder

This type of anxiety can develop following a terrifying or traumatic event, such as a sexual assault or terrorist attack that the individual experienced or witnessed. The individual re-experiences the trauma repeatedly in the form of nightmares and disruptive memories. In addition, the individual attempts to avoid any event or place associated with the trauma. This avoidance is usually accompanied by feelings of emotional numbness. Other symptoms can include difficulties falling asleep, hypervigilance, irritability, and aggressiveness. Anniversaries of the traumatic event, in particular, can trigger reactions. Ordi-

nary events also might trigger flashbacks—intrusive images, sounds, smells, or feelings can lead the individual to believe the event is happening all over again.

Obsessive-Compulsive Disorder (OCD)

This type of anxiety—commonly known as OCD—involves distressing, obsessive thoughts along with a feeling that rituals must be performed. Distressing thoughts or images, such as worries about germs, are called obsessions. The individual performs rituals to try to prevent or get rid of these anxious thoughts. Such recurring behaviors, such as hand washing, are called compulsions. Most people can identify with some of the symptoms of OCD—such as double-checking that a door is locked before leaving the house—but for individuals with OCD, these repetitive activities can consume large portions of the day, interfering with daily life.

Checklist for Education Abroad Professionals: Managing Anxiety

The following is a list of anxiety reduction techniques. Keep in mind that not all techniques will work for every student. Some may even increase anxiety for certain people. Present these suggestions and let students choose the ones they feel might work for them.

ENCOURAGE GOOD SELF-CARE

The most important goal for students who are prone to anxiety is to keep stress levels as low as possible. This begins with good self-care. Eating well, exercising regularly, and getting enough sleep are especially important, even though these may be difficult objectives to achieve in many student environments.

LIMIT/ELIMINATE STRESS INDUCING CHEMICALS

Caffeine, tobacco, alcohol, marijuana, cocaine, and other drugs can worsen symptoms of anxiety.

INCREASE RECREATIONAL/RELAXING ACTIVITIES

Encourage the student to schedule recreational time with friends so that it is certain to happen, despite tight academic schedules and deadlines. It is also important to set aside time for quiet and relaxation. Deep-breathing exercises, yoga, and listening to relaxing music can slow down physical symptoms of anxiety.

ENCOURAGE TIME OUT

Reinforce how productive it is to take breaks from studying; encourage students to build into their weekly schedules blocks of time away from academic pressures and deadlines.

MONITOR STRESS INDUCING THOUGHTS

Encourage the student to begin tracking what he or she is thinking when feeling anxious. When the student notices negative, worrisome patterns, he or she can try to stop and refocus on more positive aspects of situations. This will disrupt the “automatic” negative trains of thought that exacerbate stress.

ENCOURAGE ENGAGEMENT IN MEANINGFUL ACTIVITIES

Having a positive outlook and recognizing what we cannot control are keys to managing stress. Encourage the student to seek out activities and connections with other individuals and communities that can help bolster a sense of inner strength and satisfaction with life.

MAKE A REFERRAL WHEN YOU SUSPECT SIGNS OF A DISORDER

When you notice that the seriousness of the student's anxiety symptoms approaches the level described among the disorders above, make a referral to a mental health professional. Remind the student of the high success rate with these disorders once treatment has begun.

Attention Deficit Hyperactivity Disorder (AD/HD)

In recent years, attention deficit hyperactivity disorder (AD/HD) has been a subject of increased public attention and concern. Greater public awareness has led to an increased number of students seeking evaluation and treatment for AD/HD and its associated symptoms. It is a complex and difficult disorder to diagnose, and should only be diagnosed by an experienced and qualified professional. AD/HD is a condition resulting in symptoms of inability to maintain attention, impulsive behaviors, and/or motor restlessness. There are no definitive answers yet to the question of what causes AD/HD; there are no biological, physiological, or genetic markers that can reliably identify the disorder. However, research has demonstrated that AD/HD has a strong biological basis and is not caused by poor nutrition, ineffective parenting, drugs, or allergies.

Students with AD/HD are often faced with additional problems such as academic underachievement, lack of social skills, and an inability to stay organized or complete important tasks. These difficulties often result in problems with interpersonal relationships, staying employed, or completing an education. Students with AD/HD may also stimulate themselves by acting recklessly or dangerously and thus complicate their lives with physical and legal problems.

Although there is no cure for AD/HD, many treatments can effectively assist in managing its

symptoms. For some, just getting the diagnosis and understanding that there was a reason for many past difficulties can be extremely helpful. A multimodal treatment plan combining medication, education, behavioral, and psychosocial treatments is thought to be the most effective approach. It is important to note that some medications used to treat AD/HD may be popular with recreational drug users, and therefore are highly controlled—or even illegal—in some countries.

Checklist for Education Abroad Professionals: Attention Deficit Hyperactivity Disorder (AD/HD)

RELY ON A PROFESSIONAL DIAGNOSIS

Diagnosing AD/HD is not a simple or exact process; it requires a trained professional to conduct a lengthy assessment and to collect a wide range of historical data. An accurate diagnosis also involves differentiating AD/HD from other mental health diagnoses, such as depression and anxiety—both of which include similar symptoms.

ENCOURAGE STUDENTS TO LEARN ABOUT AD/HD

There are a number of books and educational materials that can help a student understand AD/HD and manage his/her symptoms. In addition, students can gain much information and support from sharing experiences with other students who have been diagnosed with AD/HD.

REFER STUDENT TO COUNSELING

Through confidential sessions with a counselor, a student can learn to set goals, manage time, and cope more successfully with everyday college demands.

✓ **ENCOURAGE GOOD SELF-CARE**

By maintaining the proper balance of exercise, rest, and a good diet, students will be more in control of their AD/HD.

PRACTICE SCENARIO 1

You've noticed some changes in a student named Diane and are concerned about her. Diane misses meetings and classes, looks tired and depressed nearly every day, and doesn't seem to have friends she can talk to. You mention this to a colleague/local staff, and find out that they are also concerned.

WHAT WOULD BE THE BEST WAY TO HANDLE THE SITUATION?

PRACTICE SCENARIO 2

A faculty member leading an education abroad program is preparing for a field trip. Shortly before the trip, a student named Erin tells the

faculty member that she has a diagnosed mental health condition, is taking a psychiatric medication, and is seeing a psychiatrist once a week.

Although Erin had disclosed that she had been diagnosed with an anxiety disorder prior to participating in the program, she had provided a note from her doctor indicating that she was stable with her medication before departing from the United States. Erin is keen to take part in the field trip but anxious that she may not be able to cope in the unfamiliar situation.

WHAT WOULD BE THE BEST WAY TO HANDLE THE SITUATION?

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Chapter 4

Serious Mental Health Concerns: What Are They and How Can Professionals Help?

By Jeffrey P. Prince, PhD, director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

Education abroad professionals can learn from strategies being developed to address serious mental health challenges and prevent them from escalating for students. This chapter reviews a number of serious mental health conditions that are common among traditional-age college students and can be especially challenging to education abroad professionals.

SUICIDE

Suicide is the second leading cause of death among college-age students (accidents are the first). While not all depressed people are suicidal, most suicidal people are depressed.

Common indicators of suicidal feelings include when the student:

- Talks or jokes about committing suicide;
- Engages in self-destructive or risky behavior;
- Makes statements that seem hopeless;
- Has persistent difficulty eating or sleeping;
- Gives away prized possessions;
- Loses interest in family, friends, and/or activities;
- Is preoccupied with death and dying;
- Loses interest in his or her personal appearance;
- Suddenly increases alcohol or other drug use; and
- Makes a will or other final arrangements.

Checklist for Education Abroad Professionals: Suicide

TAKE IT SERIOUSLY

Voice your concern by asking what is troubling the person. Be willing to listen. This

helps reduce the student's isolation and provides some immediate relief. If you are uncomfortable with entering such a direct discussion, arrange for someone else to do this.

BE DIRECT ABOUT THE ISSUE—ASK
Directly question if the student has considered killing him- or herself and if he or she has a specific plan. Try not to act surprised or shocked by what the student might say. If the student is considering suicide, help him or her find professional assistance immediately.

REMOVE THE MEANS FOR COMMITTING SUICIDE
If it will not put you in any danger, remove the means available to the student (knives, guns, or pills). Students will most likely feel relieved that you are helping them stay safe.

DO NOT LEAVE THE PERSON ALONE
If the student is in imminent danger, call the police and wait with the student until others arrive to help.

DO NOT BE SWORN TO SECRECY
Never keep a suicide plan secret. Seek support by consulting with others. Do not assume the situation will take care of itself.

NEVER CALL THE PERSON'S BLUFF
Do not challenge or dare the student to act; do not challenge or debate moral issues.

✓ COMMON MISCONCEPTIONS ABOUT SUICIDE

The following are six common myths about suicide:

1. **MYTH:** *“People who talk about suicide won’t really do it.”*

TRUTH: Almost everyone who commits or attempts suicide has provided some clue or warning. Do not ignore suicide threats. Statements like “you’ll be sorry when I’m dead,” “I can’t see any way out”—no matter how casually or jokingly said—may indicate serious suicidal feelings.

2. **MYTH:** *“Anyone who tries to kill him/herself must be crazy.”*

TRUTH: Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed, or despairing but extreme distress and emotional pain are not necessarily signs of mental illness.

3. **MYTH:** *“If a person is determined to kill him/herself, nothing is going to stop him/her.”*

TRUTH: Even the most severely depressed person has mixed feelings about death, wavering until the last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain they are experiencing to stop. The impulse to end it all, however overpowering, does not last forever.

4. **MYTH:** *“People who commit suicide are people who were unwilling to seek help.”*

TRUTH: Studies of suicide victims have shown that more than half had sought help from someone within six months before their deaths.

5. **MYTH:** *“Talking about suicide may give someone the idea.”*

TRUTH: You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of

suicide and discussing it openly is one of the most helpful things you can do.

6. **MYTH:** *“If a depressed or suicidal person feels better, it usually means that the problem has passed.”*

TRUTH: If someone who has been depressed or suicidal suddenly seems happier, do not assume that the danger has passed. Having decided to kill him- or herself, a person may feel “better” or feel a sense of relief in having made the decision. A severely depressed person may also lack the energy to put his or her suicidal thoughts into action. Once he or she has regained his or her energies, he or she may well go ahead and do it.

PRACTICE SCENARIO

José began his education abroad program as an extraverted, optimistic, and gregarious individual.

- Three weeks into the program, you notice him on several occasions appearing to be withdrawn and quiet. José sets up an appointment with you to discuss a problem he is having with his roommate.
- The roommate has asked him to find another living arrangement because they are not getting along and José has been having difficulty sleeping because of the roommate’s snoring and his roommate’s girlfriend visiting frequently late into the night.
- Also, José states that he has been having headaches that interfere with his ability to study. He is asking you to help him find alternative lodging, preferably one where he can be alone.
- While José describes his situation, you notice his affect is somewhat depressed, he does not make eye contact with you, and he keeps looking at his watch as if he is in a hurry to leave.

HOW WOULD YOU GO ABOUT ASSESSING WHETHER HE IS SUICIDAL OR NOT?

WHAT STRATEGY WOULD YOU USE TO CONNECT HIM TO HELP?

EATING DISORDERS

Large numbers of college students (particularly women, but increasing numbers of men as well) take drastic measures to be thin. This can put their health at risk; in some cases, it can threaten their lives. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are three serious eating disorders that frequently affect college students. Early recognition and referral for treatment, however, improve a student's chances for a full recovery.

Anorexia Nervosa

This is a disorder characterized by an intense fear of fat, a disturbed sense of body image, and an obsessive desire to be thin. This disorder includes a refusal to maintain body weight at or above a minimally normal weight for age and height (typically less than 85 percent of normal body weight). There are two types of anorexia nervosa: (1) the restricting type, in which the individual severely restricts his or her food intake and does not engage in purging behavior (i.e., self-induced vomiting or misuse of laxatives, diuretics, or enemas), and (2) the binge-eating/purging type, in which the individual regularly engages in binge-eating or purging behavior during an episode of anorexia nervosa.

Bulimia Nervosa

This disorder is much more common than anorexia nervosa and is characterized by recurrent episodes of binge eating followed by purging or other compensatory activities such as fasting or excessive exercise. It is accompanied by feelings of guilt, shame, and being out of control. As with anorexia nervosa, an individual's self-evaluation is unduly influenced by body shape and weight. Typically,

binge eating and inappropriate compensatory behaviors both occur at least twice a week for months at a time.

Binge-Eating Disorder (BED)

This is a condition that resembles bulimia nervosa. The individual engages in binge eating and experiences feelings of being out of control. Individuals with BED do not purge after binge eating. They may be of average weight, overweight, or obese.

Many students exhibit combinations of symptoms of these classifications. Each classification, however, is a serious eating disorder and places the individual at high risk both medically and psychologically. An eating disorder can begin with a simple diet or change in diet. A growing problem easily can go unnoticed by others, particularly when a student is adapting to a new culture and different food and eating patterns. Unfortunately, individuals with eating disorders often deny their problem and are ashamed to seek help.

Eating disorders can lead to a wide range of harmful medical, psychiatric, and nutritional consequences. They can affect every organ in the body. Most of the consequences are secondary to malnutrition, and with treatment and time are reversible.

Some of the major health risks from eating disorders include:

- Heart failure;
- Osteoporosis;
- Infertility;
- Kidney failure;
- Depressed immune system;
- Pneumonia;
- Liver disease; and
- Exercise-related injuries.

Some consequences of anorexia nervosa—such as growth retardation, osteopenia, and structural brain changes—may not be entirely reversible.

In fact, anorexia nervosa has one of the highest mortality rates among psychiatric disorders. Women diagnosed with anorexia nervosa die at 12 times the rate for women of a similar age in the general population. In addition, the suicide rate among women with anorexia nervosa has been found to be 57 times higher than for women of a similar age in the general population.

Checklist for Education Abroad Professionals: Eating Disorders

PREDEPARTURE ADVISING AND BEHAVIORAL CONTRACTS

If a student planning to study abroad has a history of an eating disorder, address this in advising prior to the student's departure for study abroad. If the student is currently receiving treatment, discuss with the student how he or she plans to continue treatment abroad, talk about why it may be more difficult to manage an eating disorder abroad, and work in partnership with overseas colleagues to identify support structures in the host country. For additional guidance on assessing mental health support structures in the host country, see "When and How to Refer a Student to Counseling," [Chapter 5](#).

Even if the student is no longer receiving treatment, make sure to identify health professionals abroad that the student can visit if he or she "just needs to talk." Students with eating disorders often are able to participate in education abroad programs successfully under the auspices of a behavioral contract that specifies the exact behavior to which the student must adhere while abroad. This contract specifies consequences, such as dismissal from the education abroad program and returning home at the student's expense, for violations. It is important for the student to understand that the behavioral contract is not a punishment, but rather a sign of concern for his or her well-being.

TALK OPENLY AND ASK DIRECT QUESTIONS

If a student manifests an eating disorder while abroad, talk with the student directly in a caring and nonjudgmental way about your concern, and ask for information about the symptoms you notice. Offer to listen and treat the symptoms seriously. Refer the student to a professional evaluation—a medical practitioner or nutritionist may be a good place to start. It is not unusual for a student to be upset initially and to deny your observations. Consult with a health care professional or an eating disorder specialist about next steps. Be patient and let the student know you are concerned.

STRESS THE SERIOUSNESS OF EATING DISORDERS

Develop materials and training for all students participating in education abroad programs and those working with students about the seriousness of eating disorders, recognizing signs of distress and how to access assistance. Roommates and friends are often in the best position to notice the signs early and to help arrange an effective referral.

IDENTIFY LOCAL RESOURCES

As discussed in the section on "Predeparture Advising and Behavioral Contracts," prior to sending students abroad, identify available mental health resources in the host country. Additional information on accessing local mental health resources is provided in "When and How to Refer a Student to Counseling," [Chapter 5](#). Eating disorders can be successfully treated, but individuals need to be evaluated and treated by appropriately qualified health care professionals. Treatment usually involves a team approach and includes physicians, psychologists, nurses, and nutritionists.

PRACTICE SCENARIO

Elayne is the first member of her extended family to attend college. She was born in Los Angeles; her parents immigrated from Vietnam more than 20 years ago. You have had several casual contacts with her during the current semester; she seemed happy and engaged both academically and socially. You don't know her very well.

- One afternoon, you notice Elayne sitting alone outside the building. She is crying. You notice that she seems extraordinarily thin. You stop to talk with her and discover that her boyfriend broke up with her about a month ago.
- Elayne tells you that she has stopped going to classes, has not eaten any solid food in several days, and can't stop ruminating about her boyfriend.
- She wants to drop out of the program and return home. You do your best to make a referral to a counselor, but she is highly resistant at first.

WHAT STRATEGIES DO YOU USE TO CONVINCE HER TO TAKE YOUR REFERRAL?

WHAT WORKS AND WHAT DOES NOT?

CHRONIC AND SEVERE DISORDERS: SCHIZOPHRENIA AND PARANOIA

Schizophrenia

Schizophrenia is a severe, chronic mental illness that usually has its onset during adolescence and early adulthood. It is a disorder that is chronic, involves some degree of personality change, and is characterized by the person losing contact with reality in some way. The causes of schizophrenia are not understood. The severity of schizophrenia can vary widely.

Only 1 percent of the general population is diagnosed with schizophrenia, so it is not a common

disorder among students participating in education abroad programs. Nevertheless, the first signs of schizophrenia typically surface during a student's college years. It is important for education abroad professionals and others to be aware that a student may experience his or her first serious symptoms while abroad. It is also possible that a student may embark on an education abroad program with a diagnosis or treatment plan already in place.

More common among students, however, are symptoms of substance abuse that mimic schizophrenia. Abuse of amphetamines, for example, may induce psychotic reactions that are similar to schizophrenia—sometimes referred to as “substance-induced psychotic reactions.” Many mental health professionals believe that substance abuse, particularly amphetamine abuse, can be one of the triggers or nongenetic causes of schizophrenia.

A diagnosis of schizophrenia requires at least one to six months of active psychotic symptoms such as delusions or hallucinations. Individuals in acute phases may not make sense when speaking and their thinking may be greatly distorted. For example, they may be convinced that others are plotting to harm them, or they may report hearing voices or seeing things that do not exist. Another possible symptom of schizophrenia is catatonia (a state of physical stupor or remaining in rigid and odd postures).

Symptoms of schizophrenia usually can be controlled with medication and psychotherapy. The type of treatment varies according to the type and severity of the diagnosis. Typical medications include antipsychotics and major tranquilizers that help to adjust brain chemistry. These medications often have side effects and require regular monitoring by a psychiatrist. Psychotherapy is also an important component of treatment. It helps a student learn how to cope with the stresses of the illness and helps prevent relapse when cycles worsen from time to time.

Paranoia

Paranoia is a term that is often misused. Simple suspiciousness or mistrust is not paranoia. These thoughts and feelings may be based on past experience or expectations learned from the experience of others. Paranoia is a technical term used by mental health professionals to describe suspiciousness that is highly exaggerated or clearly unfounded. A student who is paranoid typically has fears of being harmed or watched; he or she dwells on these thoughts even though there is no evidence to support them. Paranoia can be mild or can be severe enough to incapacitate an individual. Diagnosis can be difficult because a wide range of psychiatric disorders, including schizophrenia and bipolar disorder, can be accompanied by some paranoid features. Paranoia can be the result of use and/or withdrawal from alcohol and other substances, such as cocaine, particularly among college student populations.

Checklist for Education Abroad Professionals: Schizophrenia and Paranoia

HELP THE STUDENT ARRANGE MEDICAL CARE

If the student has a prior diagnosis, it is critical that he or she have access to affordable, ongoing psychiatric care—both medical management and psychotherapy—while he or she is abroad. U.S. and overseas education abroad professionals need to work in partnership to identify local resources prior to the student's departure for study abroad.

ENSURE SAFETY

Regardless of whether a student has a prior diagnosis, if he or she begins to exhibit psychotic symptoms, contact a mental health professional for assistance. Do not leave the person alone if he or she is in an extreme state of disorientation.

ENCOURAGE COMPLIANCE WITH TREATMENT

Above all, encourage a student who manifests psychotic symptoms abroad to get professional help. Significant problems can surface when students discontinue prescribed medication or refuse treatment altogether. Get advice from a mental health professional on steps that should be taken if the student is unwilling to comply.

ASK A MENTAL HEALTH PROFESSIONAL FOR ASSISTANCE

Dealing with students who display psychotic symptoms can be confusing, time-consuming, and sometimes frightening. For the safety of the student and staff, always rely on mental health professionals to do the diagnosis and treatment planning.

PRACTICE SCENARIO

- It's the middle of the night. You hear a student named Will shouting loudly to himself in the hallway.
- Will is threatening to sue the university because the information he disclosed prior to his departure for his education abroad program was shared with the faculty member leading the study abroad program. You see that the student is physically agitated. He is pacing around and getting louder.
- Then Will says to you, "You need to help me...I can't go on if you don't help me get rid of these voices in my head."

WHAT WOULD BE THE BEST WAY TO HANDLE THIS SITUATION?

Chapter 5

When and How to Refer a Student to Counseling

By Jeffrey P. Prince, PhD, director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

Education abroad professionals in and outside of the United States may come into contact with a distressed student or first identify a student who seems particularly overwhelmed by stress. These professionals are in a unique position to help and guide the student. The following information provides some specific options for intervention and for referral to local resources.

WHEN TO REFER TO COUNSELING

It can be overwhelming, frightening, and/or tiring to serve as the main source of support for a troubled student. It is important to know one's own limitations. Consult with mental health professionals sooner rather than later, when it may be more difficult to treat a condition.

Refer a student to professional counseling when:

- Signs of emotional distress seem to be impairing the student's personal life, happiness, or work;
- There are concerns about the student's or others' safety;
- The problem is more serious than staff feel comfortable handling;
- The student's problem is beyond staff's level of understanding or training; or
- The student admits a problem but does not want to talk to anyone else about it.

How to Suggest Counseling

Set aside a private time to talk with the student so that the concern can be discussed in a caring and honest way.

- Share concerns. Concentrate on instances of concrete behavior. For example, say "I've

noticed that you have been missing a lot of classes lately."

- Ask the student to explore these concerns. Explain to the student that many students experience some difficulty during an education abroad program and that counseling is a safe place where they can talk openly about their concerns with a professional counselor.
- Avoid power struggles and battles of the wills. If the student is resistant about obtaining counseling, restate your feelings and concerns.
- Avoid being judgmental and/or analyzing a student's problems. State your concern in a non-judgmental manner. Instead of saying, "You're not taking your academic work seriously," it's better to say, "I understand you are having difficulty getting your assignments done and I'm concerned about you."
- Bring up the idea of counseling. For example: "You seem very upset; perhaps it might be useful to speak to someone. There are counselors available who can help you with this. Have you thought about talking with a counselor? Can I help to set up an appointment for you with a counselor?"

How to Make a Referral

- Overseas and U.S. education abroad professionals need to be knowledgeable—or become knowledgeable—about counseling services that are available to students abroad and learn how students can access them.
- The more specific the staff can be in describing these services to students, the more likely students will be to trust the referrals. It is helpful if the education abroad professionals know and can recommend local therapists based on the students' needs. If there are no English-

speaking counselors (or any counselors at all) available in the host country, look into remote counseling options (e.g., counseling over the telephone, secure video conferencing, etc.). If your institution works with a specific travel insurance or security provider, ask for their assistance in locating English-speaking mental health professionals. Recognize that in some locations, it may be difficult or impossible to locate mental health professionals with Western medical training. If this is the case, work with mental health professionals on your campus to determine if their licensure and/or code of ethics will permit remote counseling. Some insurance providers can arrange for, or have on-staff professionals who can provide distance counseling. Make sure to address websites that can provide psycho-educational materials (including self-screening tools and online apps for self-help that students can access directly) in predeparture information and abroad. Include these links on the education abroad office's website.

- If the concern is urgent or the student seems unsure or anxious, walk the student to the counseling appointment or advise the overseas staff to do so.
- Inform the student that counseling is confidential and that he or she will see a therapist in a private office.

What to Do When a Student is Reluctant to Seek Counseling

Students often have a number of concerns about counseling. It is best to acknowledge and discuss a student's fears about seeking help.

Normalize the Process of Seeking Help.

Remind a student that successful students seek support and use resources to help them succeed; problems need not reach crisis proportions in order to require counseling. Suggest that it is easier to make progress on a problem before it gets too big.

Clarify Any Costs. Help the student assess his/her insurance plan's coverage for treatment of mental health concerns and/or substance abuse. Given the complexities of U.S. insurance plans, U.S. and overseas education abroad professionals may need to work together to determine how best to meet the student's needs within the constraints of the student's insurance coverage. Some education abroad programs require that students purchase insurance that includes coverage for psychological care. In either case, provide information that details the student's benefits and any related costs.

Remind the Student of Confidentiality. Students can be relieved to hear that any contact and information shared by the student is kept strictly confidential and will not be disclosed to families, faculty abroad, or other university personnel except with the student's written permission or in life-threatening circumstances.

Describe the Options. Tell the student what is known about the referral person or service that is being recommended, providing a brochure or website if possible.

Look for Leverage. Sometimes, students will not seek counseling for personal issues, but will consider making an appointment for career, academic, or health-related issues. Mentioning that students who seek out counseling resources actually do better academically than students who have not worked with a counselor may appeal to the student's desire for academic success/excellence.

Considerations of a Student's Multiculturalism in Making a Referral

A student's personal and cultural background affects her/his attitude toward professional counseling. Some factors that may make it difficult to seek counseling include stigma, lack of information about counseling, fears of family members finding out, and/or fear of being misunderstood.

Consider the following:

- Acknowledge family or cultural norms that might make it difficult for the student to share personal information with a stranger and stress the value that can be gained from doing so;
- Discuss what counseling involves and how this service operates in the host country;
- Describe safeguards and limits of confidentiality and address any concerns about privacy; and
- Help the student find a counselor who speaks his/her first language.

What to Do If the Student Refuses Help?

It is not unusual for a student to be upset initially and to deny on-site staff's observations. If the student continues to deny there is a problem, consult with a mental health care professional about next steps to take. Be patient and let the student know that you are concerned.

If the student refuses a referral, unless it is a life or death situation, it is best not to push the issue or get into an argument that could jeopardize your relationship with the student.

- If a student appears to be an immediate suicide risk, the situation should always be considered a high-risk situation. Act immediately. Many U.S. institutions have written protocols on this topic, including recommendations for immediate intervention by campus counseling services staff and police for involuntary hospitalization of a student who is a danger to him- or herself or others. It is a best practice for U.S. and overseas education abroad professionals to confer and develop a course of action prior to the occurrence of a serious mental health issue. Remember, the student's safety takes precedence over all other concerns.
- Some students may need time to think over the decision to seek counseling. Education abroad staff might want to leave the door open to discuss the issue again at a later date.

- Remember to obtain consultation at once whenever there are serious concerns about someone's safety.
- Document all actions taken.
- The education abroad office's crisis management team should meet after the student has been stabilized to debrief the handling of the situation and review current crisis management protocols. This meeting should include a discussion of what went well, what could have been done better, and, if necessary, revision of current protocols to better address future crises.

Dealing With a Student Who Seems Dangerous¹

Increasingly, staff and faculty on college campuses are confronted with students who are verbally aggressive, threatening, and potentially violent; this behavior could also manifest itself during an education abroad program. It is helpful to be prepared to encounter such students and to have an action plan in place. Students who seem hostile, suspicious, or threatening can be frightening. Nevertheless, it is important to remain calm when confronting students in these situations. Take a few deep breaths and relax in order to try to respond calmly. Remember to always call for help if the situation feels like an immediate danger. Never put yourself in a position that feels dangerous—always call on the resources that you need, including staff members and the police.

Consider the following three levels of response. Trust your intuition; when a situation feels potentially violent, consider higher levels of intervention.

Level One: ATTEMPT TO DEFUSE SITUATION

- Be aware of your own feelings.
- Stay as calm as possible.

¹ Adapted from *Toolbox for Advisors*, University of California-Berkeley.

- Show empathy and concern (e.g., try saying something like: “I can see you are frustrated and I’m frustrated too. Unfortunately, the rules are..)”
- Do not insist on being right or contradict the student. Instead, let the person know that the situation can be seen differently.
- If someone is being threatening or verbally abusive, advise that he or she can be better helped if he or she calms down, lowers his or her voice, and stops using verbal attacks. Set limits and do not tolerate abuse.
- Call appropriate campus staff to inform them about the situation (e.g., alert others on site, in the office, or in other offices likely to encounter the student both on site and at the home institution).
- Keep an accurate and detailed written record of meetings and phone calls.

Level Two:

GET ASSISTANCE FROM OTHERS NEARBY

- Tell the student: “Let me see if I can find someone who can help.”
- Talk about your concerns with other qualified staff and/or call a mental health consultant.
- Have a policy in place for obtaining help from others in the office when such threatening situations arise. Agree on a word (or code of some sort) that would discreetly alert colleagues that help is needed. For example: “I need the green file,” could mean, “Come to my office, I have a threatening student here.”
- There is safety in numbers; do not stay alone with the student.
- Call appropriate staff immediately to inform them about the situation. Consult with local mental health professionals.
- Keep an accurate and detailed written record of meetings and phone calls.

Level Three:

GO TO A SAFE LOCATION

- Call the police or ask someone else to do so.

- Retreat to a locked office or other safe space while waiting.
- Call appropriate staff immediately, both on site and at the home institution, to inform them about the situation.
- Keep an accurate and detailed written record of meetings and phone calls.

Helpful Tip: Plan for Future Encounters

Plan how staff will deal with future contacts with a student who is predictably difficult or threatening. For example, you might decide that during meetings with the student, the door will be left open with someone standing nearby. Also consider having the student deal with only one designated person in the office for all future communications.

Managing Student Mental Health Concerns

Assisting students in distress does not require sophisticated training. Simply showing compassion and using common sense can have a significant impact on a student’s well-being. Nevertheless, many individuals are hesitant to intervene when they notice a student may be struggling. They may be confused about how to help or fear that they don’t have the skills to be helpful.

Consider developing a brief handout that summarizes how to identify and assist students in distress. Distribute it widely to all staff and faculty who interact with students in your education abroad programs. One such effort is the “See, Say, Do” folder developed for staff and faculty at each of the campuses of the University of California (UC). The purpose of this guide is to help individuals easily recognize symptoms of student distress and to identify appropriate actions and resources.

This concisely written tool consists of four pages, each printed on the four sides of a paper folder, into which additional resources can be added. It is also electronically available and widely distributed to all faculty and staff. It serves as a handy

reference for those times when they encounter a student in distress. The guide describes three basic steps to helping a student: (1) “See Something” (notice the indicators of distress), (2) “Say Something” (talk with the student), and (3) “Do Something” (connect the student to resources).

See page 31 for an example of this folder from the University of California Education Abroad Program (UCEAP). You can easily edit this template to create your own folder with resources and protocols specific to your overseas program. UC encourages others to adapt this tool and only asks for acknowledgment of UC in the adaptation of this resource.

Maintaining Good Mental Health—For Students, Yourself, and Others Affiliated with the Program

We have discussed a number of challenges that education abroad professionals in and outside of the United States may face when working with students with mental health problems, as well as strategies for managing each. It is vital to remember that maintaining good mental health is just as important for those who work with students as it is for students under the stress of participating in an education abroad program. The following suggestions provide some important tips for managing stress that everyone can

use to reduce the frequency and severity of psychological problems and to increase levels of positive feelings:

- Make exercise a regular part of your daily activities;
- Pay attention to good nutrition, especially during times of high stress;
- Allow enough time for adequate sleep each night;
- Balance time spent working with time relaxing—don’t forget to make time for fun;
- Take time out—schedule several brief breaks during the day to breathe, relax, and maintain perspective;
- Look for ways to make your work or studies fun and playful—inject humor and laughter where you can; and
- Stay connected with friends, family, and the community—discuss your problems and help others with theirs.

If you have been dealing with a student with a mental health problem, set up a means by which you, your staff, peers, host families, and others who may have been affected by the behavior of a distressed student can obtain support. Depending on the nature and severity of the problem, this may include providing access to a mental health professional.

EXAMPLE: UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM (UCEAP) FOLDER

Assisting Students in Distress

See Something. Say Something. Do Something.

See Something

UCEAP faculty/staff and partner institution staff are in a unique position to show compassion for UC students in distress. Students may feel alone, isolated, and even hopeless when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

You may be the first person to SEE SOMETHING distressing in students.

The University of California, in collaboration with the California Mental Health Services Authority (CalMHSA), requests that you act with compassion when helping students in distress.

Say Something

Students exhibiting troubling behaviors may be having difficulties in other settings including the classroom, with roommates, with family, other program participants, and in social settings.

Trust your instincts and SAY SOMETHING if a student leaves you feeling worried, alarmed, or threatened!

Do Something

Sometimes students cannot, or will not, turn to family or friends. DO SOMETHING! Your expression of concern may be a critical factor in saving a student's academic career or even his/her life.

The purpose of this folder will help you recognize symptoms of student distress and identify appropriate local referrals.



Privacy Laws and Confidentiality

The U.S. Family Educational Rights and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety emergency with appropriate UCEAP Systemwide officials. The definitions of privacy and what is sensitive personal information vary among countries. In some countries this means that a UCEAP partner university cannot share information about UCEAP students unless it is permitted to do so under local laws (these are usually life or death situations). In other countries, the right to privacy is non-existent.



Outside Front

See Something.

Indicators of Distress

Be aware of the following indicators of distress. Look for groupings, frequencies, duration and severity - not just isolated symptoms.

Academic Indicators	Physical Indicators	Psychological Indicators	Safety Risk Indicators
<ul style="list-style-type: none"> ✓ Sudden decline in quality of work and grades ✓ Repeated absences ✓ Disorganized performance ✓ Multiple requests for extensions ✓ Overly demanding of faculty and staff time and attention ✓ Bizarre content in writings or presentations ✓ Student dependent on personal, rather than academic counseling, during your office hours 	<ul style="list-style-type: none"> ✓ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss / gain ✓ Excessive fatigue / sleep disturbance ✓ Intoxication, hangovers, or smelling of alcohol ✓ Disoriented or "out of it" ✓ Garbled, tangential, disconnected, or slurred speech ✓ Behavior is out of context or bizarre ✓ Delusions and paranoia 	<ul style="list-style-type: none"> ✓ Self-disclosure of personal distress such as family problems, financial difficulties, contemplating suicide, grief ✓ Unusual / disproportional emotional response to events ✓ Excessive tearfulness, panic reactions ✓ Irritability or unusual apathy ✓ Verbal abuse (e.g., taunting, badgering, intimidation) ✓ Expressions of concern about the student by his / her peers 	<ul style="list-style-type: none"> ✓ Unprovoked anger or hostility ✓ Physical violence (shoving, grabbing, assault, use of weapon) ✓ Implying or making a direct threat to harm self or others ✓ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations / violent behaviors – a "cry for help" ✓ Stalking or harassing ✓ Communicating threats via email, correspondence, texting, or phone calls

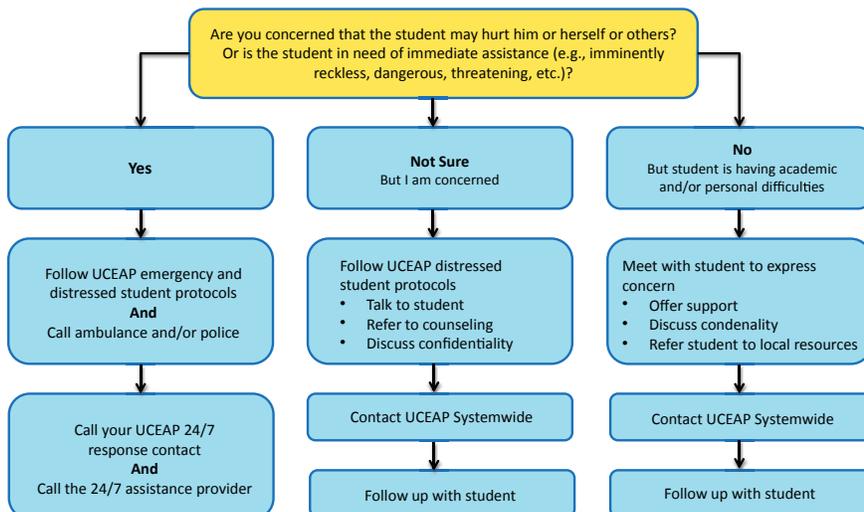


Inside Front

Say Something.

Response Protocol:

Consider these guidelines to help determine who to contact when faced with a distressed student. Because every situation is different, use your discretion to adjust the order of steps as appropriate.



Support for UCEAP faculty and staff after responding to student incident: Your UCEAP Regional Director

Inside Back

Do Something.

Resources & Tips:

Use the tips below to help you refer the student to one of the resources listed on the right.

Be Proactive: Engage students early, pay attention to signs of distress, and set limits on disruptive behavior.

Be Direct: Don't hesitate to ask students directly if they are under the influence of drugs or alcohol, feeling confused, or having thoughts of harming themselves or others. If you need guidance, call the emergency contact at UCEAP Systemwide.

Listen Sensitively & Carefully: Use a non-confrontational approach, and calm voice. Avoid threatening, humiliating, and intimidating responses.

Safety First: Your welfare and the welfare of UCEAP participants, is the top priority when responding to violent behaviors. Follow local UCEAP protocols and call for help.

Follow Through: Walk the student to counseling, if necessary, or make arrangements with UCEAP Systemwide to transport the student to a local resource.

Consultation & Documentation: Always document your interactions with distressed students and consult with UCEAP Systemwide during and after any incident.



Your Resources

24 Hour Emergency Contact	1.805.893.4762
University of California 24/7 Assistance United Healthcare Global Response Center (international collect) Email: assistance@uhcglobal.com	1.410.453.6330
Your UCEAP 24/7 Regional Director	1.805.893.4762



Outside Back

Chapter 6

Before They Go: Collaborating with Counseling Offices

By Inés DeRomaña, director, International Health, Safety, and Emergency Response, Title IX liaison, University of California

Students' preexisting mental health problems can be exacerbated by living and studying abroad. This is especially true for students who choose to go abroad to distance themselves from problems at home and who hope that this distance will present itself as a solution or a cure. Additionally, even for students without a history of mental health issues, the stress of traveling and adjusting to a new environment, anxiety, and other health conditions may unexpectedly impact their coping skills. When a student's mental health condition worsens—or manifests itself for the first time abroad—the resulting situation can blindside and overwhelm everyone involved, including the student, the U.S. faculty or staff member leading the education abroad program, and the international and U.S. education abroad professionals. How can U.S. education abroad professionals work with mental health professionals to prevent and/or prepare for situations before the students arrive at their education abroad destinations?

PARTNERING WITH U.S. CAMPUS MENTAL HEALTH EXPERTS

It is important to consider how to guide and support students in a caring and nonjudgmental manner, from predeparture through to their return to their home campuses. U.S. or international education abroad professionals, or U.S. faculty or staff members leading an education abroad program may be the first to notice a student who is struggling to adjust or is in distress. However, these individuals cannot take on the role of mental health professional or guess at a diagnosis.

Advise students to prepare for their experiences abroad and have workable plans, preferably

designed with their treating mental health professionals, before departure to minimize the negative consequences of unexpected events. When addressing mental health in education abroad, nothing is different as far as a student's need for care; what is different is that mental health services and approaches to care delivery in other countries can be dissimilar to those of the United States, or nonexistent.

Campus-based mental health professionals in the United States may not be able to provide direct assessment and counseling services to students who are abroad, including to those who discontinue their medications while abroad. Telepsychology and e-counseling may be restricted due to U.S. psychology licensing laws and professional standards of care that could prevent or limit any form of videoconferencing across international borders. Counselors may need to verify with their malpractice insurance carriers whether their policies would cover them in these instances.

Long-distance contact, via e-mail or telephone, typically does not provide adequate information for professional evaluation and assessment of the individual student's mental condition. In addition, e-mail is not a secure or confidential medium of communication. Due to these limitations, many colleges and universities may restrict their counseling services to currently enrolled students on their home campuses, potentially excluding students abroad on education abroad programming.

Education abroad professionals should connect with mental health professionals on their campuses to discuss preferred ways of securely com-

municating with or about a student, particularly if the student is in distress. Prior to the student's departure, U.S. education abroad professionals need to collaborate with mental health professionals to determine whether a particular student will need continued treatment and/or medication management while abroad, and how to best support the student's success in the program. Education abroad professionals or organizations abroad can help in identifying specific resources in the host country and also provide information on treatment costs that can then be communicated to the student.

Mental health professionals on the U.S. campus can play multiple roles, including consultant, adviser, and trainer to education abroad professionals. As early intervention is always preferable to crisis intervention, U.S. education abroad professionals need to create an operating structure and defined partnerships with campus mental health professionals, the student disability office, insurance and assistance providers, and universities or organizations abroad to address the needs of students with mental health issues. Good practices result from shared responsibilities.

Consequently, a central focus of education abroad professionals should be to proactively work with experts on campus to review programing and implement a coordinated approach to better advise and support students, address specific interventions, and cross-train staff.

Key elements of a successful multipronged partnership should include:

- Leadership to proactively address mental health issues in education abroad settings and in all predeparture planning and documentation;
- Early conversations with students about special needs to support their successful participation;
- Crisis management and mental health protocols for managing incidents when they arise;

- Education, orientation, and training programs for students;
- Training for education abroad professionals;
- Training for faculty or staff members who lead education abroad programs; and
- Training for campus mental health professionals about program destinations and activities, the availability of resources in-country, and the importance of talking to students about potential triggers and developing a plan in case of an emergency when traveling away from familiar support systems. Treating mental health professionals should be encouraged to work with students to devise plans that include specific information about treatment delivery abroad and that are consistent with the abilities, condition, and circumstances of the student.

In general, mental health professionals may be prevented from disclosing which study abroad students are using their services. A student who has a relationship with a counselor has the right to privacy and the promise of confidentiality. Certain exceptions to confidentiality may exist, but will only reveal essential information. When education abroad professionals establish a relationship with their campus mental health professionals, they should not expect to receive any information from counselors about their patients unless this disclosure is initiated by the student (or in the case of life-threatening situations). On the other hand, the more that mental health professionals learn about education abroad programs, related activities, and destinations, the better equipped they will be to help students develop appropriate treatment plans for their time abroad.

A number of regulations, including the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), and the American Counseling Association Code of Ethics, influence the management of communication between the education abroad

office and campus counseling offices (see “Legal Concerns,” [Chapter 9](#)). The fundamental intent of confidentiality is to protect a student’s right to privacy by ensuring that matters disclosed to a treating mental health professional are not relayed to others without the informed consent of the student. Since confidentiality laws can vary from state to state, the advice of the institution’s attorney will be needed to recommend procedures and consent forms for the exchange of confidential information between the units. All states do allow for the exchange of some confidential information without a student’s consent, for example, when it is needed to protect the welfare of the student in situations where there is an imminent danger to the student or others. Education abroad professionals can and should consult campus mental health professionals and other appropriate campus offices and/or committees that deal with students who are considered to be at risk, about a collaborative management plan for a situation involving a student of concern.

TIPS FOR A SUCCESSFUL COLLABORATION WITH MENTAL HEALTH PROFESSIONALS

The following tips address establishing a successful collaboration between the U.S. education abroad professionals and mental health professionals:

1. Identify a counselor who is able and willing to act as the education abroad office counseling consultant to provide information on trends in the United States, update policies and protocols, review predeparture medical forms, and guide the response team during an emergency.
2. Work with the counseling consultant on culturally sensitive and empathetic communication about and with students, including training education abroad professionals about stigmas and biases regarding mental health issues and how to normalize talk about these issues.
3. Review the home institution’s policies and protocols and partner with mental health professionals to train faculty and staff. Use scenarios. Design handbooks or brochures for faculty and staff to support their training in recognizing, talking with, and referring students in distress.
4. Work together to educate education abroad professionals *both* in the U.S. institution and abroad, as well as faculty or staff members who are leading education abroad programs, on the right to treatment. Some students abroad may refuse medication and treatment, which may or may not exacerbate a situation. It is important for everyone to recognize that students have both a right to treatment and a right to refuse treatment. Talk to your institution’s attorney about emergency situations, such as when the student poses an imminent danger to him- or herself or others, and what the home institution can and cannot do to manage an emergency abroad.
5. Cross-train staff. Campus mental health professionals can train the education abroad professionals about culture shock and trends in the campus population, as well as how to recognize and refer distressed students. Education abroad professionals can train mental health professionals about the idiosyncrasies of education abroad programs, the attitudes of the host cultures in regard to mental health, and the availability of counseling services. Education abroad professionals can also provide information about regulations governing psychotropic medications abroad, including customs regulations on importing or mailing medications abroad, the availability of medications in the host country, how the U.S. dosage may be different than in the

host country, and the fact that even students with a good command of the host language may have difficulty describing the dosage to medical professionals abroad.

Education abroad professionals can share trends of student incidents abroad with campus mental health professionals to give them a better idea of the myriad of cases that U.S. and international education abroad professionals, and U.S. faculty or staff members leading education abroad programs, are tasked with managing.

One of the most important outcomes of cross-training is for education abroad professionals to understand that there are limitations to how much they can intervene to help a student. Each student situation will be different, and the U.S. or international education abroad professional and/or staff and faculty leading an education abroad program may actually have done all that can be done under the circumstances, or perhaps not. A counseling consultant can help in this regard.

6. Review program policies that are focused on students with psychological disabilities. For example:
 - Is the student responsible for providing documentation that supports his or her request for accommodation services?
 - Should documentation consist of a letter from the disability services office stating that the student has a disability, as defined by federal regulations, and must the documentation clearly support the individual's request for accommodations?
 - What additional documentation or certification would an institution abroad require in order to provide accommodations? Some institutions abroad will require medical documentation from the student regarding a diagnosis. This exchange of information should be between the student and the appropriate official at the institution abroad who needs to know this information to work on the requested accommodations.
7. Define the areas of responsibility for the education abroad office, the campus counseling office, the disability services office, and the student. For example:
 - What steps should a student take to register his/her disability or requested accommodations with the host institution?
 - Is the student responsible for researching whether his or her medication is legal or available abroad?
 - Does the education abroad office provide links to resources to research medication legality and availability?
 - Is the campus counseling office responsible for developing materials and training about mental health issues for education abroad participants?
 - Does the education abroad staff follow up with a student who has disclosed a psychological condition once the student is abroad and offer an in-country contact to whom the student can reach out to for help, if necessary?
8. Agree to outline and coordinate an appropriate strategy to address interventions with students who manifest mental health issues before departure and while abroad. For example, a student may have a history of experiencing panic attacks in new social situations or during exams. In this case, it would be important to identify, in advance, a counselor who has expertise in panic disorder near the institution abroad, and/or discuss possible accommodations (e.g., during tests) with the student. Most institutions require that the student be registered through the home campus disability office before the education abroad office can

work with the institution abroad to consider any accommodations that may be needed.

9. Agree on how to best respond to adjustment issues that students might present abroad. For example, anticipate that some students will have a difficult time with culture shock soon after arrival. Discuss in detail what specific steps to take should this occur.
10. Create an advisory group (or assign a liaison to each office) with the student health services office, the counseling services office, the disabilities services office, and the education abroad office. This advisory group can meet on a regular basis to identify the best tools for providing support, intervention, and response to students in distress. If your institution offers education abroad programs led by faculty or staff members, determine their role in responding to students who manifest mental health issues abroad.
11. Agree to have open and clear communication between the units, within the limits of confidentiality.
12. Establish procedures for reviewing cases and for responding to crises abroad in a centralized, caring, and coordinated approach.
13. Collaborate to develop materials and training for faculty and staff members who lead education abroad programs. Invite mental health professionals to participate in training for this group of education abroad program leaders.
14. Coauthor psychoeducational and prevention materials for distribution to students, and include mental health information in predeparture materials and all orientations.
15. Collaborate to conduct interviews or focus groups with students when they return from

participating in education abroad programs to learn about the issues that arose and what worked well for the students. These lessons learned can then be shared in a general manner that does not identify a specific student, when developing plans for future collaboration or intervention.

16. Work together on research projects that contribute to knowledge about the impact of mental health issues within the context of education abroad programs.

Collaboratively reviewing scenarios that have occurred on education abroad programs is critical to developing effective guidelines and protocols. The following scenario, which describes a situation in which a U.S. faculty member leading an education abroad program has contacted a home campus education abroad professional for assistance, can serve as a forum for developing best practices.

PRACTICE SCENARIO

You are a U.S. education abroad professional who has received a phone call from a faculty member who is leading a group of students from your university on an education abroad program. The faculty member reported that he received a call from a male student, Sam, saying that his girlfriend Claudia, who is also a student on the program, threatened to commit suicide last night when he broke up with her. Claudia told Sam that she was considering overdosing on pills, and he is worried about her but does not know what to do.

The faculty program leader reported that soon afterward she received a visit from several of Claudia's friends who are also concerned about her mental health. They told the faculty program leader that Claudia had been taking an antidepressant medication while in the United States, but stopped taking it at the start of the program. They

were especially concerned because of an incident that occurred the night before. They told the faculty program leader that they had been at a restaurant the night before when Claudia began banging her head against the wall to demand attention from her boyfriend. She began clinging to him as he tried to leave. In response, Sam slapped her and another male student pushed her repeatedly until she fell to the floor.

While the faculty program leader was talking with the friends, she received a phone call from Claudia's mother who demanded an explanation because her daughter reported to her that she was attacked by her boyfriend the night before. Her daughter reported that she had bruises on her face from the assault and that she broke a special bracelet that her mother had given her as a high school graduation gift. The mother expects the university to intervene immediately to protect her daughter and demands a quick response.

The faculty program leader met with Claudia. She arrived looking tired and as if she had been crying. She had some bruises on her face. She did not mention any suicidal thoughts. Instead, Claudia told the faculty program leader that she was in a bad mood and that she preferred not to talk about the situation with Sam and that she wanted to withdraw from her education abroad program.

The education abroad professional consults the campus counseling center for guidance.

WHAT WOULD BE THE BEST WAY TO HANDLE THE SITUATION?

GOALS FOR A COLLABORATIVE PREDEPARTURE ORIENTATION SESSION

Invite campus mental health professionals to participate in student predeparture orientations and, if possible, on-site orientations, to inform

students about some of the adjustments that they will face and general mental health issues that often arise in an education abroad setting.

At a minimum, a predeparture psychological health orientation section should include the following elements:

1. Tips to help students anticipate and cope with a wide range of new and different living and academic environments. Assist students in developing realistic expectations regarding the cultural adjustment period. Help students identify specific coping skills, such as finding a support group in the host country or learning to laugh at mistakes made when using a foreign language.
2. Information on recognizing stress and managing it. Provide positive information that focuses on maximizing students' success through a balanced lifestyle. For example, emphasize topics such as making time for good self-care, close relationships, spirituality, exercise, health, and fun.
3. Information about the mental health services available in the host country (whether or not students have utilized mental health services in the past). If students are required to purchase a specific medical insurance policy, discuss whether, and to what extent, that policy covers these services.
4. Suggestions on how students can connect with others who have traveled to the host country so that they can gain insight into what the culture is like and what they can expect. Mention that it is often possible to find a study abroad alumnus with a disclosed mental health disorder who might be able to address questions from students with pre-existing mental health conditions. Mobility International USA National Clearinghouse on

Disability and Exchange offers a peer-to-peer network that could be helpful to students (www.miusa.org/ncde/stories/peernetwork).

5. Information about mental health to help students identify at-risk behaviors in themselves and among their peers. For example, provide general information about anxiety, mood, personality, cognitive, eating, psychotic, and substance-related disorders. Students are more likely to first turn to one another, rather than to staff, faculty, or mental health professionals when they are in need. Educating students about how to help each other and look out for one another is critical to early intervention.
6. Tips to help students recognize symptoms of distress or mental illness in their peers. For example, engaging in risky behavior; personality changes such as suddenly becoming more aggressive or withdrawn; missed assignments; repeated absences from class; sleeping more or less than usual; lack of personal hygiene; excessive fatigue; constant sadness or tearfulness; expressions of hopelessness; essays or notes that focus on death, suicide, or despair; giving away prized possessions; and expressions of concern about the student by others.
7. Information about common warning signs that may trigger referral to a counselor (e.g., heavy use of alcohol and other drugs, not getting out of bed, staying in a room alone, changes in eating habits such as eating excessively or very little, avoiding friends, not attending classes, or a marked decrease in academic performance).
8. Training for students and U.S. and international education abroad staff as well as faculty and staff members who may be leading

education abroad programs to identify and understand the risk factors that lead to suicide. Suicide is one of the leading causes of death for students. Everyone needs to know the common warning signs and some effective ways to intervene.

9. Address policies regarding issues such as alcohol and illegal drug use. Visit the University of California Education Abroad Program web page for an example of one institution's policy regarding substance abuse (eap.ucop.edu/Documents/Policies/substance_abuse.pdf).
10. Discuss policies governing sexual violence and harassment and how such behaviors affect students' health, safety, and academic progress while abroad.

In addition to covering all of the topics listed above during orientations, share print and online resources (e.g., brochures, flyers, videos, and public service announcements) with students, faculty, staff members leading education abroad programs, international partners, and staff. Collaborate with campus mental health professionals in designing an agenda for a required on-site orientation that covers important health issues, including how to get help locally. Encourage the use of scenarios and role-play to keep the students engaged.

Consider sending out regular reminders, especially for students who are participating on long-term education abroad programs. For example, send an e-mail midway through the term to encourage students to reach out if they find that their social and/or academic lives are not what they expected, along with other tips. Send another e-mail around the time when final exams are taking place, with simple tips on how to de-stress.

Chapter 7

Before They Go: Advising Students and Preparing Staff

By Barbara Lindeman, director of study abroad and assistant director of the International Center, University of Missouri-Columbia, and Joanna Holvey-Bowles, director of off-campus study, Colgate University

COMPLETING HEALTH INFORMATION FORMS

Every education abroad program should have in place a mechanism for obtaining information about a student's psychological health before his or her departure for an education abroad program. Some colleges and universities provide students with a health form (often one they have created) and strongly advise students to disclose past and current mental health issues and any psychotropic medications they may be taking.

Other institutions provide students with a standard physical form that includes a section on mental health issues and medications and requires completion by a medical doctor. In addition, several institutions have a medical clearance process that requires certification that a student is stable prior to allowing the student to participate on an education abroad program. Education abroad professionals are advised to work with their campus legal counsel to determine the best approach for their individual institutions.

To maintain students' trust and avoid violating U.S. federal and state laws, it is important that education abroad professionals maintain the highest standards with regard to safeguarding students' privacy. This includes releasing information only to those who have a legitimate need to know. It also governs the means by which information regarding a student's health may be transmitted (see "Legal Issues," [Chapter 9](#)).

Encouraging Disclosure

The continued stigmatization of mental health issues, cultural or religious values, and concern that existence of a mental health issue may be used to prevent a student from participating on an education abroad program are all factors that make obtaining self-disclosure challenging. Some students will participate in education abroad without self-disclosing a diagnosis or that they have been in treatment. They may fear the stigma of a psychiatric label or not trust the laws and policies regarding confidentiality and privacy of medical records.

Students may also view handling their mental health concerns as their own responsibility and not see a need to involve education abroad professionals. Students participating on programs led by faculty members may be concerned that a professor they respect may view them negatively if he/she learns about a mental health diagnosis.

One way to encourage disclosure is to make it clear in written predeparture materials and during advising and orientation that the existence of a mental health issue will not jeopardize a student's acceptance to an education abroad program. Explain verbally and in writing how information is used, how it will be collected, and that measures are in place to ensure confidentiality, and under what conditions this information may be disclosed and to whom.

Approach mental health issues with a sense of normality. The fact that education abroad participants have psychological illnesses is reflective of

the growing prevalence of mental health issues among U.S. college students as a whole.

For example, you might mention that students who make arrangements for taking medications and/or continuing treatment abroad have successfully participated in education abroad programs. This will build trust that education abroad professionals can offer some tangible assistance and are knowledgeable about the overseas environment if a student does decide to disclose a condition. Mobility International USA/National Clearinghouse on Disability and Exchange (<http://www.miusa.org/>) provides useful information and resources for education abroad professionals and students on considerations for managing psychiatric conditions and medications while abroad.

When a Student Discloses

If there is a mechanism for documenting a student's preexisting mental health condition, work with the student (and the mental health professional) to put in place an appropriate medical care strategy for his or her time abroad. For example, if a student has disclosed a history of depression and is seeing a psychologist each week and taking psychotropic medication, be proactive and help the student locate providers and arrange on-site treatment before the student departs to avoid any interruption in treatment.

When program staff abroad have documentation of students' specific mental health concerns, they will be able to more effectively manage any related emergencies that may surface later. This information may be essential in quickly mobilizing appropriate resources and interventions when a student's safety is at risk. Consult with campus legal counsel to determine how to arrange this while ensuring the privacy of the student's medical information.

Schedule a private conversation with each student who indicates a mental health condition— even a past problem—and/or any student who states that he or she is taking a psychotropic medication. Discuss with the student how he or she plans to manage mental health needs and medications while abroad (see “Medications and Insurance” on [page 42](#)). Work with the student and overseas colleagues to identify resources in the host country, such as English-speaking counselors and the nearest pharmacy where a student can obtain additional medication if needed.

If applicable, obtain the student's written permission to put his or her current mental health care provider in contact with the mental health care provider in the host country. Even if a student has discontinued counseling, strongly encourage him or her to set up a referral to a host country mental health care provider in case he or she needs to talk.

When a Student Does Not Disclose

Sometimes there is reason to believe a student is not disclosing. Unless your institution requires medical clearance prior to participation on an education abroad program, there may be little that education professionals can do to assist the student beyond following the best practice of identifying counseling resources at each of the locations where your education abroad programs are located and ensuring that adequate insurance coverage for psychiatric medical evacuation is in place.

In part to address the issue of students who may not disclose, as well as to support those who do, many institutions send lists of all students who have been accepted to an education abroad program to the campus counseling offices, and request that counselors discuss any special challenges participating in an education abroad program may pose with regard to a student's specific mental health issue (e.g., why it may

be more difficult to manage an eating disorder while abroad).

While counseling center colleagues will not be able to disclose whether a student is in counseling, you will have alerted them that their student will be participating in a program abroad and you will have opened a dialogue between them and the student. Since counseling center colleagues may not have had international experience, it is a best practice for the education abroad office to collaborate with their colleagues in these offices to conduct cross-cultural training and discuss hypothetical situations to draw out some of the cultural unknowns (see “Before They Go: Collaborating with Counseling Offices,” [Chapter 6](#)).

Medications and Insurance

Advising students about transporting prescription medication abroad can be complicated. In many cases, regulations governing the transportation of prescription medication abroad can be found on the host country’s government website. Students should obtain a note from their doctor with the generic (molecular or chemical) name of the medication, the dose, and the reason the student takes it.

Predeparture information provided in written materials, as well as verbally in advising and orientation sessions, should address the fact that some U.S. prescription medications cannot be imported into other countries, even when accompanied by a customs declaration, a letter from the U.S. Drug Enforcement Agency (DEA), and a copy of the prescription. For example, in some countries, it is illegal to have over-the-counter medicines commonly used in the United States, including inhalers and some allergy and sinus medications.

Specifically, products that contain stimulants (medicines that contain pseudoephedrine, such as Actifed, Sudafed, and Vicks inhalers) or

codeine may be prohibited. There may be additional limits on the amount of allowable over-the-counter medications and allowable vitamins that can be brought into the country duty-free. Certain U.S. prescription medications are illegal in other countries, in particular medication that contain substances that are often abused, such as amphetamines, even when accompanied by a customs declaration and a copy of the prescription.

It is critical for students to discuss these limitations with their medical providers or psychiatrists before departure and to have a plan for obtaining adequate quantities of medications. It is also important to advise students about mailing medications abroad since it generally is not legal to do so.

Provided that the medication the student is taking is legal in the host country, whenever possible, ensure that the student has a sufficient supply to last throughout the length of the program. Medication prescribed for students in the United States may not be available or dosages may differ abroad. Make a contingency plan in case the medication is lost or stolen, and verify whether doctors in the host country will accept a prescription written in the United States.

Advise students about medication during the predeparture phase. Students will need to work with their insurance companies and prescribing doctors to document the length of the program and secure a long-term supply of medication. Work with the student to determine how his or her insurance coverage will apply toward the costs of medications and mental health care while in the host country. Verify whether there are national medical services the student might qualify for in the host country.

In addition to ensuring that student has comprehensive health insurance to cover physical health

concerns, determine whether the student's insurance covers mental health treatment or counseling sessions. Does it cover preexisting conditions?

In many countries, hospitals require patients to pay up front. If the student is incapacitated, do staff abroad have money available (sometimes cash is the only acceptable method) to cover this student's bill? Can funds be released in a timely way if there is a crisis (i.e., on a Friday afternoon or over the weekend)? Some institutions hold insurance policies with providers who can assist with providing upfront payments when large sums are involved.

Know the policy exclusions in any insurance policy that your institution provides or endorses. If a serious emergency occurs and the student must be flown home under medical supervision, does your insurance program offer emergency medical evacuation for a diagnosed mental health illness? Give your insurance provider specific examples of situations in which a student may need to be evacuated due to a mental health issue to ascertain what additional costs your institution might need to provide for in case such an event occurs.

PRACTICE SCENARIO

- It's almost the end of the program and you receive a call from a student named Malik letting you know that he has been experiencing distress since the program started and that he had run out of medication a month earlier. The medication is not licensed in the country.
- His stress level (financial, personal, health, and emotional) exceeds his coping resources. He feels unbalanced, anxious, irritable, and fatigued all the time.
- Malik's distress is having a profound impact on his academic progress, personal relationships, and enjoyment of his experience abroad. He tells you that he has failed most of his courses.
- You did not have any prior knowledge of this.

WHAT WOULD BE THE BEST WAY TO HANDLE THE SITUATION?

ACCOMMODATING STUDENTS' MENTAL HEALTH NEEDS

Many students with serious mental health concerns will consider, apply for, and be selected to participate in an education abroad program and will participate successfully; their mental health conditions are largely manageable, treatable, and they need not be fearful or coddled, nor should the program administrator be afraid. If this is the case, talk with the student about what he or she typically needs. With the exception of students whose condition is new, students themselves will often know best what this involves.

If the student has a mental health condition that qualifies as a disability, this brings up the issue of reasonable accommodation under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 ADA (see "Legal Issues," [Chapter 9](#)). It is important that U.S. education abroad professionals discuss with campus legal counsel what constitutes reasonable accommodation to determine a common understanding of the concept in regard to education abroad programming.

Sometimes the student will ask for housing, schedule, or classroom adjustments, such as a single room, time to schedule counseling sessions, or extended time on tests. Work with the student and his or her mental health professional and/or disability service staff to determine if what is requested for accommodations is appropriate. If the accommodations provided on the home campus are not readily available abroad, discuss alternatives that could provide similar assistance. For example, while a quiet room for testing may be difficult to find, earplugs could easily be provided.

Education abroad professionals must be clear with students regarding what is and is not available at a particular education abroad locale in terms of medication, counseling, and other services. Information on what, where, when, and how much is provided, as well as whom to contact with questions or concerns, must be clarified with all involved parties before departure—preferably in writing—and kept in a confidential file. Students may also decide to designate a person who can act on their behalf if they become unable to do so. Overseas and U.S. staff should have emergency contact information for this person readily available.

There may be times after consultation between U.S. staff and colleagues abroad when it is clear that the medication, academic, housing, and/or counseling needs of a student cannot be met at a particular study abroad location. If no psychological counseling is available, for example, provide this information up front in program descriptions and during advising so that students can make appropriate decisions for themselves. They may find other equally satisfactory arrangements for their conditions (such as local support groups) or research ways to arrange remote counseling.

If these alternatives are not workable, education abroad professionals can then recommend that

students select different programs that meet their needs. If the student still wants to participate in a specific education abroad program where his/her mental health needs cannot be accommodated, the education abroad professionals should consult with their legal counsel. Counsel may suggest that the student requests in writing to participate in a specific program and signs a statement attesting that he or she understands what specifically is not available at the education abroad program site (and still is choosing to participate in the particular education abroad program). It may be appropriate to establish clear behavioral expectations for the student as well as procedures to deal with failure to meet expectations.

Including Students With Mental Health Disabilities

Cultural and attitudinal barriers may arise when working with host country staff on logistical issues. Each person may be operating under misconceptions that may impact his or her ability to effectively include students with mental health disabilities. Mobility International USA/National Clearinghouse on Disability and Exchange provides resources to assist education abroad professionals in working with colleagues abroad. Visit www.miusa.org/.

Chapter 8

Handling Emergencies Abroad

By Joanna Holvey-Bowles, director of off-campus study, Colgate University

Mental health concerns create some of the greatest challenges for on-site staff who are responsible for education abroad students. Whether you are a U.S.-based faculty or staff member leading students in education abroad programs, a resident director, an employee of a university that hosts U.S. students, or an on-site staff member of a U.S.-based provider of study abroad programs, you will encounter students with mental health needs. According to the most recent American College Counseling Association (ACCA) survey, one in eight U.S. students has a diagnosed mental health concern.

One of the reasons that mental health emergencies can present significant challenges to problem-solving is that the person who needs treatment is not necessarily capable of responding in his or her own best interest. While you must develop policies to address these issues, each case must be assessed and treated individually. Your readiness to successfully manage on-site mental health crises depends on your program planning and local health resources. Regardless of program length, it will be essential to follow best practices for mental health response as students with mental health issues select programs of all durations: short-term, semester-long, or year-long. If you are a member of a university based outside the United States and are attracting students to your university directly, you need to consider how you might address these concerns at your institution.

The following activities are options for minimizing risk both to students and to your program:

- Investigate whether Western treatment practices exist locally.
- Check with your insurance carrier to see if it has a list of mental health providers in all locations where you have programs, and ask about the procedure for serious mental health response, including psychiatric medical evacuation.
- Find out the average cost of existing psychological treatment.
- If your institution does not subscribe to an insurance policy for education abroad programming participants, or the insurance you have does not provide information on local mental health services, the U.S. consulate or embassy may have a list of English-speaking specialists.
- If available, identify local resources for handling mental health crises, including English-speaking mental health professionals and additional English-speaking health care providers whose assistance may be needed in case of an emergency.
- If no psychological counseling is available in the host country, you must provide this information to students immediately. In some cases, students may need to select another program/location.
- In predeparture meetings, be sure to advise students about counseling options and the availability of psychological medications abroad.
- Include campus mental health professionals in your predeparture orientations and partner with them to encourage students to prepare an action or safety plan in the event that symptoms should worsen abroad.
- Create budget allocations and procedures for handling potential mental health crises, including working with insurance providers for psychiatric medical evacuation to define triggers.
- Make sure you have emergency contact information for every student and the student's written permission to use it in case of a cri-

sis. Obtaining student permission is essential whether the student is a dependent or an independent adult.

U.S. CAMPUS RESOURCES

Assistance is readily available for crisis planning on U.S. campuses. Get to know and work actively with on-campus colleagues with expertise in campus-based crisis management, including deans, risk managers, counseling center staff, student affairs staff, legal counsel, residential life, and campus police. These professionals can help to identify resources on your campus that can be helpful when a mental health crisis occurs abroad.

Plan ahead to determine how to provide students with access to an English-speaking counselor if resources are not available at the study abroad location. Remember that licensing laws, codes of professional ethics and/or limits in malpractice insurance may prevent some mental health professionals from providing remote counseling. Identify additional tools that students can access, including online help desks, suicide help lines, and web-based resources (see “Web-Based Mental Health Resources for Students and Staff,” [Chapter 10](#)).

Invite your counseling and health center colleagues to speak to students at predeparture orientations (see “Before They Go: Collaborating with Counseling Offices,” [Chapter 6](#)). The more that your colleagues learn about your education abroad programs, the more they can help students develop appropriate treatment plans and identify action plans if symptoms become severe abroad. Identify key on-campus professionals and work with them to develop a decisionmaking process that will be used when the education abroad office is notified about a mental health emergency.

When an emergency occurs, it is important to have the details worked out and to have an action plan that includes contacting the insurance company and implementing the psychiatric medical evacuation. Determine in advance how confidentiality is maintained in mental health emergencies and how best to respond to the student.

STUDENT PROGRAM CONTRACTS

It is important to fully outline the rules governing students’ participation on faculty-led or campus-sponsored programs, as well as approved programs through a provider or when taking a leave of absence in order to study abroad. Pay special attention to those programs your office advertises to other institutions and the related duty of care responsibility for your institution.

Your rules of participation should indicate what action your campus will take if a student becomes a danger to him- or herself or to others. Sometimes an additional behavioral contract can be drafted (either before departure or on site) in which a student agrees to follow an outlined plan for obtaining psychological treatment abroad. Under a behavioral contract, you can insist that the student continue with treatment while abroad as a condition of remaining on the program. Specific language in the contract will help your institution to know when to intervene when the student stops complying with the written plan. Clear contracts also allow you to spend more time focusing on assisting the student and less time worrying about your legal liability. The safety of your student group—as well as the individual student—should be the primary goal.

ON-SITE STAFF ORIENTATION PROGRAMS

It is vital that on-site orientation programs include a health section that provides students

with a sense of personal responsibility for their well-being. Encourage students to stay on their prescribed medications—even if they feel better and believe that they no longer need them. Recommend that students always seek medical advice before discontinuing any medication or changing dosage. Some people suffer relapses or have undesirable side effects when they go off their medications.

Provide all students with specific physical and psychological health resource information during orientation. This information should be in writing and on the web so that students can reference it in private.

In addition, provide students with a confidential or anonymous method of reporting concerning behavior of other students. As mentioned throughout this publication, students often are the first to notice signs of emotional and mental distress in their peers, and giving them the means of reporting this information confidentially could help education abroad professionals intervene before a problem reaches a crisis stage.

ON-SITE STAFF METHODS FOR CHECKING ON STUDENT WELL-BEING

Peers

Other students participating in an education abroad program may notice unusual behavior and become concerned about a particular student. They may then ask on-site staff for intervention. Staff should listen to these students—they are good gauges about “normal” versus “abnormal” behavior. To protect the student’s privacy, do not share information with the reporting student.

Students in crisis sometimes will turn to another caring student as a confidante and sole support. If you become aware of such a situation, take an

active role to support both students. The second student may be taking on too much responsibility and might even be jeopardizing his or her own academic success. After you have connected the student in crisis to a mental health professional, give permission to the student who has been helping to stop taking care of his or her peer and return focus to his or her own work and enjoyment.

On-Site Staff Abroad

All on-site staff, including colleagues at host universities abroad, should have in place a mechanism for checking in on students and following up with students who have been in crisis. This may seem like an odd request to university staff outside of the United States. (After all, these students are adults, aren’t they?) U.S. undergraduates are generally used to a certain level of involvement by administrators and staff.

Creating a check-in program can help. Require students to stop by the office or check in with a faculty member on a weekly or at least monthly basis. Actively seek out any students who do not seem to respond to these efforts.

U.S. Faculty Leaders

Many campuses have actively expanded education abroad programs led by U.S.-based faculty members. Faculty members leading education abroad programs may have little student affairs experience. Education abroad staff should collaborate with campus mental health professionals to develop and provide training for these faculty members in identifying and responding to student mental health concerns.

Make certain that each faculty member leading an education abroad program is aware of protocols in place and understands his/her responsibilities for responding to students in crisis and knows how to access campus resources in case of a mental health emergency.

Ensure that all parties who have responsibility for ensuring the well-being of your students abroad are on the lookout for the following symptoms of mental illness¹:

- Depressed mood most of the day;
- Markedly diminished interest in almost all activities;
- Significant weight loss when not dieting, weight gain, or decrease or increase in appetite;
- Insomnia or increased sleeping;
- Restlessness or slowing down of body movements;
- Fatigue or loss of energy;
- Feelings of worthlessness or excessive or inappropriate guilt;
- Diminished ability to think or concentrate, or indecisiveness; and
- Recurrent thoughts of death (not just fear of dying), recurrent thoughts of suicide, or a suicide attempt.

Substance abuse (alcohol or drug or both) can also be a sign of an underlying condition as students try to alter or mask symptoms they have detected but have not addressed with a counselor.

Diagnosis

Unless you have been hired by your institution to serve as a mental health professional, do not attempt to diagnose a student. If you detect symptoms of mental illness or if a student brings these concerns directly to you, refer the student to a trusted professional in the mental health field.

While you may have concerns about signs of trouble, not all signs imply a mental health concern. Many times education abroad professionals see students out of context; they are new to us and we have trouble seeing them as they were a semester ago (or earlier). It can be difficult to

ascertain whether what students are experiencing now is new and different—and significant.

CULTURAL DIFFERENCES WITH MENTAL HEALTH TREATMENT

Students may choose to study abroad in a culture that does not accept the existence of a psychological basis for illness.

If this is the case, you may not have treatment resources similar to those available in the United States to assist the student. Similarly, a student with a mental health condition may not be open to treatment due to cultural or religious values. If the symptoms are severe, you may be faced with the difficult decision to end the student's participation on the program. If the symptoms are not life-threatening but the student needs counseling, there are options.

Review the online resources listed at the end of this publication. Work in collaboration with U.S.-based staff to determine which online resources, if any, they would recommend for a particular type of scenario.

When online resources are inadequate, telephone the student's institution or program provider in the United States to inform staff of the student's situation. The U.S. program will work with its counseling resources to determine an appropriate response. It may be possible to arrange for the student to have a private consultation. Decide how you will pay for the phone consultation and how you will protect the student's privacy while the call is in progress.

Work with legal counsel to develop an authorization for the release of medical information for the student to sign so you can talk with the mental health practitioner to ask for an evaluation and suggestions for how you can best help the student. Ask whether the student can reasonably

¹ Adapted from Kadison, Richard, and Theresa Foy Digeronimo. 2004. *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It*. San Francisco: Jossey-Bass.

remain on the program—with or without support from the United States. If telephone counseling is advised, you will need to determine if the counselor has the licensure and malpractice insurance that will allow him/or her to provide this service. If the answer is “yes,” determine who will pay for the calls and the method of payment.

WHEN THINGS GO WRONG

Self-Disclosure

It is important for your institution to encourage self-disclosure of mental health concerns. (For a more detailed discussion, see “Encouraging Disclosure” in [Chapter 7](#).) You should have a confidentiality policy and an established record of keeping issues in confidence.

Nonadherence to Medications Abroad

Adherence to medication or the extent to which a student follows medical directions while abroad poses an additional difficulty. As they do on their home campuses, students sometimes stop taking their medication while abroad when they think they feel better or when they find alternate coping methods. Other times, students decide to stop taking medication because it loses its potency, needs to be adjusted, or has side effects that they find unacceptable. Students might not anticipate that their problems could reemerge—sometimes with greater intensity. Another complication is ensuring the availability of adequate medication.

Ultimately, it is the student’s responsibility to verify the availability of required medications abroad and to work with education abroad professionals. Keep in mind that students travel with a limited amount of medication for a variety of reasons. Some plan to have the medication shipped to them, not realizing that laws in certain countries do not allow this. Others plan to refill their prescriptions while abroad and do not understand that certain FDA-approved medications—including commonly prescribed medications for depression

and attention deficit disorder (ADD)—are not widely available or even legal abroad.

Determining When a Student Needs Help

Knowing when a student is in trouble is highly subjective. Experience and judgment combine to make the best decisions. Some students cope well with major difficulties, while other students have difficulty with seemingly minor issues. In the education abroad setting, which requires an ability to change and adapt and where students do not have the same access to their usual support networks, events that may not have bothered students at home may become overwhelming.

When a student’s behavior begins to interfere with his or her ability to attend class, to complete assignments, or to adapt culturally—or when he or she exhibits any of the symptoms listed earlier in this chapter—call the student in for a discussion.

PSYCHOLOGICAL EVALUATION

When you determine that a student needs psychological treatment, work with the student’s home institution, program provider, or both, and insist that, as a condition of remaining in the program (see “Student Program Contracts” on [page 46](#)), the student obtain a psychological evaluation. This action is vital if you believe that the student’s behavior is life-threatening (e.g., threatening harm to self or others, suicidal thoughts, anorexia, severe bulimia, or schizophrenia).

Suicide attempts, no matter how ineffective, should ALWAYS be taken seriously and must be considered differently from other behaviors. Without intensive professional help, the student may feel worse and you will not know if or when he or she is likely to make another attempt. In the case of attempted suicide, it is usually best for the student to go home. These situations

demand immediate attention and a plan of action by the program sponsor or host institution.

For faculty-led programs that may be quite brief and consist of traveling to more than one destination, a collaborative effort at intervention is essential. Institutions must decide who is involved in making these decisions, the time frame required, and practical steps to keep the student safe from harm. Institutions should spend time creating policies and procedures around these hypothetical situations before this type of situation occurs.

If on-site mental health resources are available, consult with a specialist and have the student evaluated. The purpose of the evaluation is to determine the feasibility of the student staying in the program. Ask the student to sign an authorization to release medical records so you can obtain the student's diagnosis and learn what treatment plan is recommended.

As the program official responsible for the well-being of the students, you must then consult the student's home institution and collaborate on a decision about the future of the student in the program.

The following scenario provides a model of how steps outlined in this chapter can be implemented to allow a student with a potentially life-threatening mental health problem to successfully complete an education abroad program.

PRACTICE SCENARIO

- A female student, Melanie, who is studying at a university abroad begins to faint on a regular basis. Her home institution arranges with colleagues at the host university to have her taken to see a physician, where she is diagnosed with bulimia and anorexia. Melanie has severe electrolyte imbalances that have caused the faint-

ing. Her host family volunteers the information that she is vomiting after meals.

- Melanie is taken to a psychiatrist, who recommends that she continue her studies abroad as long as she is able to follow a closely monitored medically devised plan.
- Melanie's home institution creates a behavior plan so that she can remain on the program and puts it in writing to her, citing the "danger to self" clause in her originally signed contract agreement. Melanie must continue with psychiatric treatment through the duration of the program (five weeks) or until medical/psychiatric treatment is no longer considered necessary. The student is required to sign and date the behavioral document agreeing to abide by the contract or return home.
- The student agrees to the conditions of remaining on the program and the psychiatrist provides updates every few weeks. Melanie returns home having successfully completed her coursework and adhering to the program requirements.

Arrangements such as the one described are not stress free. Students will not be cured overnight, may suffer setbacks in treatment, and may not be particularly happy with the arrangement. However, the student in the previous scenario was able to remain healthy and complete her studies.

DETERMINING WHETHER OR NOT A STUDENT SHOULD RETURN HOME

The following items should be considered when determining whether or not an education abroad student should return home:

- Danger to self or others;
- Level of disruption of behavior to the program (e.g., peers, classroom structure, and host family, if applicable); and
- Length of return flight and the number of airport transfers required to get home.

Overseas-based education abroad professionals need to be aware that the burden of dealing with a student in crisis may fall on them after business hours or on the weekend, and be willing to accept this responsibility. Communication is key. Crises often do not occur during business hours. U.S. education abroad professionals need to maintain emergency contact information for overseas education abroad professionals and faculty program leaders and must be able to contact each other and additional colleagues upon whom they rely for advice, 24 hours a day, seven days a week.

Hospitalization

Some conditions will be severe enough to warrant hospitalization, which can occur voluntarily or involuntarily. If the student is deemed to be a danger to him- or herself or others, or is in a delusional state, the police and emergency services can be contacted for assistance in hospitalization. This is also known as “committing” or “sectioning.”

Contacting the police or emergency services to evaluate the student for possible hospitalization is a distressing decision for an on-site education abroad professional. This decision should almost never be made alone, but rather in consultation with the student’s home institution. The student’s home institution will contact the student’s family. You can, however, make this decision autonomously when the student’s life is in danger, when the student is so disabled as to be unable to care for him- or herself, or when the student is threatening to harm others. The safety of the student and of others is the most important consideration.

Once a student is hospitalized, the staff must decide when he or she must leave the program and how he or she will return home. Review the following questions to determine how to ensure that the student can get home safely.

- Under what conditions will the hospital release the student? And to whom?
- Does the student’s insurance coverage include medical evacuation?
- If not, how will the student get home? Does the student already have a ticket?
- If not, how will you pay for the ticket?
- How long is the international flight?
- How many airport transfers will there be? Can the student manage an airport transfer on his or her own?
- Will medical personnel need to accompany the student? How will you identify such a person?
- If yes to the above, who will pay for someone to accompany the student?
- Will the student need to be medicated?
- Will the student need to be transferred to a medical facility once he or she lands or can he or she go home?
- Who will pack the student’s belongings and send them to the home address?

Having a person committed to a mental health institution instead of a general hospital overseas may differ depending on the country. Find out ahead of time what conditions are like in these institutions, and whether the treatment meets human rights standards and protections. Visit Mental Disability Rights International at <http://www.mdri.org> for additional information. If students are “sectioned” abroad involuntarily, they can be made a ward of the state. This means that their release may not be possible when they wish to leave the hospital. It is important to follow the recommendations of a local, supervising mental health professional and to obtain the assistance of the U.S.-based medical provider to ensure that all these aspects are understood prior to hospitalization.

WHAT TO DO WHEN A SUICIDE OCCURS ABROAD

Suicide is the most tragic result of a mental health crisis. (For a more detailed discussion, see “Suicide” in [Chapter 4](#).) If a suicide occurs abroad, the police will be called in to determine the cause of death. Work with the appropriate police department to secure the room or apartment and student’s personal property. Contact the bank to seal the student’s account until further notice and request information about procedures for his or her family to access the account. The U.S. Bureau of Consular Affairs follows established procedures to handle the death of a U.S. citizen abroad. They will contact the U.S.-based family and work with you and the student’s insurance carrier to take over the case. For non-U.S. citizens on a U.S. education abroad program, contact a consular representative from the country of origin as well as the family.

In partnership with the student’s home institution, you will need to follow established procedures to contact the next of kin, legal guardian, or parent of the deceased. The body will be repatriated. Insurance companies often have services in place to take over this arrangement once a claim is filed. Part of your risk management planning should include a review of the insurance policies of the student group. If a tragedy occurs abroad, you will need to implement the insurance that the student, parents, or degree-granting university has provided.

The family will need to receive death certificates for repatriation and other purposes. Foreign death certificates are issued by the local registrar of deaths or similar local authority. The certificates are written in the language of the foreign country and prepared in accordance with the laws of the foreign country. Although one can obtain authenticated copies of the foreign death certificate, since the documents are written in

the language of the foreign country, they are sometimes unacceptable in the United States for insurance and estate purposes. In the United States, a “Report of Death of an American Citizen Abroad” issued by the U.S. consular officer is generally used as proof of death in lieu of a foreign death certificate.

You should strongly consider arranging for trauma counseling for other students on the education abroad program and possibly for yourself and other staff members. You may also want to provide other program participants with a list of various religious resources.

If needed and possible, designate space at the host institution or program offices for “safe rooms” where students, teachers, and staff can receive comfort and counseling and talk about events during the crisis. Another approach is to quickly identify the students, faculty, and staff who knew the deceased, call them together, and provide them with a structured time to receive accurate information and be able to express their feelings. If possible, it is best to have a mental health professional present. It is important not to glorify the death of the person who died in order to avoid copycat behavior on the part of other students.

Be alert for other students at risk. Bereavement after suicide is a profoundly difficult experience. The stigma of suicide, as well as the painful emotions it engenders, often leaves survivors feeling isolated at a time in their lives when they are most in need of support. Be especially watchful about suicide contagion. Health and counseling professionals must be alert to any warning signs (e.g., verbalizations about committing suicide, mood changes such as becoming despondent) that a survivor is experiencing suicidal ideation or intent. Such persons must be referred to a health professional qualified in suicide prevention.

Another important role is to quell rumors and to ensure that information is factual and sympathetic in nature. Documentation must be thorough and factual. If the death draws media attention, do not speak with a representative of the media without first contacting the student's home institution. Collect memories of the student from other students—any photos or mementos will be helpful to the grieving family left behind. Practical matters will include packing up the deceased student's belongings, supporting the deceased's roommate (if applicable), credit and grade resolution, and program fee questions.

Finally, arranging a memorial service can be a healing process for the community. The student's home university and/or host university abroad may support this and may already have a plan in place to provide services in accordance with the wishes of the deceased's family.

MANAGING COMMUNICATION WHEN A CRISIS OCCURS

Document, Document, Document

When dealing with a crisis, it is important to document who, what, when, where, and how the crisis happened and what your crisis response has been. If there are limited staff resources available during the actual crisis, record your data into a voice recorder or devise a shorthand system so you can create a full report after the crisis has passed.

Informing University Officials

This publication is addressed to several different audiences. Each of these audiences will have institutional rules for privacy. Follow your own institution's privacy policy with regard to notification of family, university officials, and local officials. Make sure your policy is in writing and that you have it handy in the face of an emergency.

In the United States, follow the “need-to-know” rule. Be careful to advise only those people who need to know about this particular incident. This could include next of kin as well as educational administrators (registrar, dean, etc.) or faculty members from the host and degree-granting universities. Notifying program officials, whether in your country or in the United States, is essential. Update these contacts regularly. Written documentation, as described above, should occur after the crisis is over.

Parents

Most U.S. degree-granting universities have included parents of this generation of students in much of the university planning. Many education abroad providers also write to parents as part of their communication system. Many parents see themselves as customers and expect to be included. Given that there are several U.S. laws that govern the release of student information to a third party, refer parent inquiries back to the student's U.S. institution when in doubt.

Avoiding parents during a crisis does not make sense. If the student has already self-disclosed a mental health concern, you may already have spoken to the parent about the student's potential problems abroad. If the diagnosis is new and the student has signed a release, contact the parents directly. In some cases, it may become necessary for a guardian or parent to fly to the host city. Often they may feel more comfortable if they can be there.

If the student is in danger and is still a dependent, notifying the parents or next of kin of this emergency does not violate the student's privacy. Check with your legal counsel to obtain his or her interpretation of this point. Some university/college attorneys advise that, in the face of potential death or extreme suffering of a student, they would rather defend the decision of violating the

student's privacy than defend why the parents were not contacted.

Credits and Grades

Tying up the loose ends of credits and grades can be a vital part of this process. Having a stated policy for providing credit and grades following a crisis can relieve part of a student's overall anxiety. Make sure your policy includes a provision for when you are able to guarantee credit, when the student can continue his/her studies from home, or whether the student's condition is severe enough that credit and grades cannot be granted.

Refund Policies

Have a stated policy available for the student regarding his or her costs for discontinuing the program or for interrupting the program while seeking treatment.

Staff Support

After a crisis has occurred abroad, it is important that any students and staff who became involved are permitted to speak with a counselor at no additional cost to themselves. Individual crises can have a profound and lasting effect. One group session can be an enormous help to the program.

Chapter 9

Legal Concerns

By Steve Hopkins, Esq., Cultural Insurance Services International

This section provides an overview for education abroad professionals to outline students' legal rights regarding mental health. It will review key areas of regulations applicable to education abroad programs. The following is not meant as legal advice—education abroad professionals should always work with their institutions' legal counsel to develop policies.

There are no definitive right and wrong answers regarding how best to handle the legal issues associated with mental health in education abroad. Case law seems to offer conflicting deci-

sions, issues can be complex and intermingled, and laws and legal standards vary greatly from institution to institution, from state to state, and from the United States to other countries. Any analysis of legal issues may provide as many questions as answers.

THE AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 are U.S. federal laws that ensure equality

NEGLIGENCE

Negligence is defined as the *“failure to exercise the degree of care considered reasonable under the circumstances, resulting in an unintended injury to another party.”* For education abroad professionals, this term often relates to the research and disclosure of known risks. The same principles apply to mental health issues. For example, it is reasonable for an education abroad professional to research and disseminate to students information about laws regarding the transport, possession, and availability of prescription drugs; offer general warnings based upon an education abroad professional's personal

expertise or collected statistics; distribute lists of local health professionals and counselors; or supply contact information for counseling resources from the home campus. One can even encourage those with ongoing mental health needs to have their current medical provider communicate with a provider abroad so that a course of treatment can be established. With careful planning, communication, and cooperation, even the most complex schedule of treatment can be continued seamlessly during a program abroad.

One way to ensure that education abroad professionals are able to plan ahead is to

encourage disclosure of health conditions. As stated earlier in this publication, the easiest way to achieve this goal is to include a process for disclosure of health information in materials given to students prior to their departures for their education abroad programs. This process should be separate from and after the admission/acceptance process to avoid the appearance of discriminatory practices. Once one becomes aware of a mental health condition, counseling, communications, and information (possibly following additional research) can be shared with the student (see “When a Student Discloses” on [page 41](#)).

of access for students with disabilities. In some cases, reasonable accommodations are provided, including auxiliary aids and modifications to programs. For a mental health condition to be covered, the mental impairment must substantially limit one or more major life activities. Accommodations are not necessary if they fundamentally alter the nature of the program, cause undue hardship on the institution, or jeopardize the health or safety of others. This does not mean that one should take a limited view of what constitutes a disability. Many conditions are not always apparent—from psychological disorders to learning impairment to attention deficit disorder.

Legal decisions differ as to whether the ADA applies to programs abroad. The ADA could apply to any portion of the program and processes undertaken before departure. Factors to consider with regard to accommodations abroad include the degree to which the program is controlled by your institution, whether an accommodation is currently being used by the student, and the burden that providing the accommodation will place on the institution. Although legal opinions differ on whether the ADA applies abroad, this is often an expectation on the part of students; institutions are not necessarily immune to litigation or to the cost of defending litigation. Many universities choose to provide accommodations abroad—if not by legal necessity then out of moral obligation.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) OF 1974 AND HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

FERPA protects the rights of students in the United States by controlling the creation and maintenance of access to education records. Students are guaranteed access to their records while the unauthorized access of others is prohibited. Medical records are considered education records under FERPA.

Under FERPA, a university is required by law to protect the privacy of identifiable health information. In most circumstances, medical records should not be released unless there is written consent. Disclosure, without consent, is allowed under certain conditions. For example, disclosure is allowed to another school to which a student is transferring and to appropriate officials in case of emergency. The institution should establish written policies so that everyone involved knows exactly how private information will be handled. To ensure consistency in applying institutional policies abroad, education abroad professionals are advised to always consult with their institution's legal counsel. Many institutions try to have policies for education abroad programs that mirror campus policies whenever possible.

HIPAA is another piece of complex federal legislation designed to protect data privacy and safeguard medical information. HIPAA does not apply to records covered by FERPA or to student medical records, in general. However, the medical providers who treat students, meaning any providers who also work with nonstudents and who file electronic claims, will be bound by HIPAA. In addition, any university department that deals with both students and nonstudents would be bound by HIPAA and would need to ensure that all protections pursuant to HIPAA are implemented.

TITLE IX

The Title IX Education Amendments of 1972 (Title 20 U.S.C. Sections 1681–1688) opens the first clause with:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Throughout its 45-year history, Title IX has been important to promoting equal access for women in all areas of education. More recently, there has been expanded emphasis to cover sexual assault and harassment.

While many of these issues exist in a similar form on campus and vast resources are applied at home, access to these campus resources may be more difficult abroad. More impediments to reporting issues may exist (or be perceived to exist by victims who find themselves isolated or in a smaller social circle abroad), and even the limited number of faculty or staff available for reporting could deter students and complicate a well-crafted process.

It is incumbent upon the education abroad program to ensure that there is a well-functioning system for reporting issues of harassment or assault abroad. It is equally important to spend extra time on the subject of prevention—both in program design and through notification of the risks to students.

CONSIDERATIONS RELATED TO TITLE IX REPORTING

If a Title IX violation does occur, what resources are available to address potential mental health issues that could result? Does the home campus have counseling available? If so, is the licensure in place for home campus counselors to work with students abroad? Is video conferencing possible? Are home campus counselors available after hours? If campus resources are not available or not adequate, are local mental health professionals available? Are those local resources available after hours?

In order to comply with Title IX reporting requirements, education abroad professionals should review home campus policies to ensure that proper steps are taken if an education abroad participant experiences a potential Title IX violation.

THE JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY POLICY AND CAMPUS CRIME STATISTICS ACT (THE CLERY ACT)

The Clery Act requires universities to report to the U.S. government on a variety of criminal acts such as sex crimes, aggravated assault, arrests and some disciplinary actions, arson, burglary, some hate crimes, illegal weapons, manslaughter, motor vehicle theft, murder, and robbery. The reporting requirement is initiated for acts that occur “on campus,” and education abroad professionals should refer to their home institution to determine whether these regulations apply to the institution’s program abroad. Many institutions report pursuant to the Clery Act, and others follow alternate but analogous reporting.

Mental health issues can arise on both sides of criminal acts. Those who are victims, and perhaps even perpetrators, often need support and counseling. The stress of adjusting to a new culture, lack of sleep, and changes to one’s normal patterns can have negative effects on one’s normal regime of medication or can otherwise trigger mental health episodes. Students with mental health issues sometimes find themselves on the wrong side of disciplinary rules or even on the wrong side of the law. Again, education abroad professionals should determine what mental health resources are available both on the home campus and in the host country.

CONCLUSION

When in doubt, do your best to collect as much information as possible, relay that information to students, and be open and honest about potential risks and issues that may exist.

Keep records of what is done and why, and use the resources available to you (from counseling centers to medical and legal experts). Include records regarding consultation with counseling services offices, legal counsel, supervisors, etc. Above all, allow common sense to guide you.

Education abroad programs should remain committed to the overall quality and safety of the program. Most legal standards are based upon what a reasonable and prudent person should do. If all actions are taken with the student's best interests in mind, most—if not all—legal obligations will be met.

PRACTICE SCENARIO

A student, named Kim, attended a party at a bar that was considered a “rough spot” by locals and was a place that you had indicated was off limits during on-site orientation. According to Kim's friends, she was drunk, appeared high, refused to leave the party with her friends, and stayed alone. The student tells her roommate that she was raped. You seek out the student and talk with her. The student reveals that she was raped that night. Kim refuses to seek medical care or counseling support.

The student does not want you to involve local authorities, her parents, or anyone in the United States; she appears embarrassed and refuses to answer your questions. Several days later, the other students who attended the party with her come to meet with you out of concern and report that Kim appeared depressed and was acting strangely.

WHAT WOULD BE THE BEST WAY TO HANDLE THIS SITUATION?

Chapter 10

Web-Based Mental Health Resources for Students and Staff

By Inés DeRomaña, director, International Health, Safety and Emergency Response, and Title IX liaison, University of California Education Abroad Program; and Joanna Holvey-Bowles, director of off-campus study, Colgate University

Evaluating Internet Health Resources

As you explore health-related websites, there are several questions you can use to evaluate the reliability of the information:

- What is the source? Search for websites of well-known health organizations or recognized national organizations.
- Who developed this site and what are their credentials?
- How recent is the information on the site and are the links active?
- Is the site designed for lay people or for health care professionals?
- Are there references or recommended readings?
- Does the site collect information and what disclaimers and privacy statements are included?

Many of the answers to the questions above can be found on the main page or the “About Us” page of the website.

Students who may be hesitant to meet with a counselor can access information from the following websites:

Ulifeline.com

Offers an online assessment and an archive of answers to common health questions.

Campusblues.com

Provides online resources for mental health matters.

JED Foundation

Promotes emotional health and suicide prevention.

American Red Cross

Provides resources to help recover emotionally from a disaster.

Mental Health.gov

National Institute of Mental Health

Provides mental health information and statistics.

[National Alliance on Mental Illness \(NAMI\)](http://National Alliance on Mental Illness (NAMI))

WebMD - Mental Health Center

National Mental Health Association

Includes mental health, alcohol, and drug abuse information geared toward college students.

myStudentBody.com

Provides students with personalized and confidential health information.

Active Minds on Campus

Provides information related to addressing the stigma surrounding mental illness among college students.

Podcasts:

[Panic Attack Podcasts \(available via iTunes; free\)](http://Panic Attack Podcasts (available via iTunes; free))

Listen to these podcasts on dealing with anxiety and managing panic attacks.

[Stop Panic & Anxiety \(available on Android; free\)](http://Stop Panic & Anxiety (available on Android; free))

The information in this app assumes that the user is suffering from panic attacks due to panic disorder. It may not be applicable to other forms of anxiety. It focuses on the fear of having a panic attack and the fear of the sensations when having a panic.

Traveling with Medications

Restrictions may apply to medicines and medical devices in the host countries. Students are responsible for confirming, in advance, that a prescription medication is legal and available in the host destination. Talk with your travel assistance provider to determine whether students can phone them directly to ask if prescribed medications are legal and available abroad. Advise students and their families that mailing certain medications by mail or courier services may be prohibited by U.S. Postal Service and

foreign customs laws. Upon arrival, medications that are not legal may be confiscated by the foreign customs authorities.

The following websites are helpful tools for determining the legality of specific medications abroad:

Australian Government – Traveling with Medicines and Medical Devices

<https://www.tga.gov.au/travelling-medicines-and-medical-devices>

Denmark – MedicinPriser, DK

<http://www.medicinpriser.dk/>

Germany – German Federal Ministry of Finance, Medicinal Products and Narcotics

<http://www.zoll.de/EN/Private-individuals/Travel/Entering-Germany/Restrictions/Medicinal-products-and-narcotics/medicinal-products-and-narcotics.html>

Hong Kong – Customs and Excise Department

http://www.customs.gov.hk/pda/en/traders/prohibited_articles.html

International Narcotics Control Board (INCB) – Responsible for international drug control

<http://www.incb.org/incb/index.html>

Ireland – Customs Regulations for Travelers to Ireland

http://www.citizensinformation.ie/en/travel_and_recreation/travel_to_ireland/customs_regulations_for_travellers.html

Japan – Importing or Bringing Medication into Japan for Personal Use

<http://japan.usembassy.gov/e/acs/tacs-medimport.html>

Korea – Carrying Prescription Medications to the Republic of Korea

http://seoul.usembassy.gov/acs_health.html

Netherlands

<http://www.rsonac.org/other-services/faq-travel/travel-with-medicine-to-the-netherlands.html>

New Zealand Medicines and Medical Devices Safety Authority

<http://www.medsafe.govt.nz/Consumers/MIET/ImportMedicines.asp>

Singapore – Bringing Personal Medications into Singapore

http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/Consumer_Information/Personal_Import_Regulations/bringing_personal_medication_into_Singapore.html

UK Traveling with Controlled Drugs

<https://www.gov.uk/travelling-controlled-drugs>

Additional Resources for Students and Staff:

This list provides links to public resources and information that could be potentially useful for advisers, faculty, and students. Work with the campus mental health experts to review and develop materials to consider using directly with students.

Academy for Eating Disorders

Provides education, training, and a forum for collaboration and professional dialogue.

American Psychological Association

Provides information about various psychological topics.

Anxiety Disorders Association of America

Provides information about anxiety disorders and treatment.

CLIC on Health

Provides a range of information on various mental health conditions.

Depression and Bipolar Support Alliance

Provides information on mood disorders.

HealthyMinds.org

Provides basic information on a number of mental health conditions.

Internet Mental Health

Provides a free encyclopedia of mental health information.

MedlinePlus®

Brings together authoritative information from the U.S. National Library of Medicine, National Institutes of Health, and other government agencies and health-related organizations.

Mental Disability Rights International

Provides information related to enforcing the rights of people with mental disabilities by working with human rights advocates in Eastern Europe, the Middle East, and South America.

Mobility International USA/National Clearinghouse on Disability and Exchange

Provides free information and referral, contacts for overseas mental health support groups, tip sheets for students and advisers, and peer networks.

[National Alliance on Mental Illness](#)

Provides information from the United States's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families.

[National Empowerment Center](#)

Provides information and referrals to people who have been diagnosed with mental illness. In addition to providing referrals to local resources, the center can assist with information on self-help techniques and advocacy information.

[National Institute on Alcohol Abuse and Alcoholism](#)

Provides information and publications about alcohol abuse and alcoholism.

[National Mental Health Information Center](#)

Provides information related to the Center for Mental Health Services (CMHS), the federal agency within the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that leads national efforts to improve prevention and mental health treatment services.

[Support Coalition International](#)

Provides information from an international coalition of groups that advocates for human rights in psychiatry.

[World Federation for Mental Health](#)

Provides information from a multidisciplinary, grassroots advocacy, and education organization concerned with all aspects of mental health worldwide.

[World Network of Users and Survivors of Psychiatry](#)

Provides a global forum and voice of users and survivors of psychiatry to promote their rights and interests worldwide.

About the Authors

Inés DeRomaña is director of international health, safety, and emergency response, and Title IX liaison at the University of California System Education Abroad Program (UCEAP). DeRomaña is responsible for strategic and operational leadership on matters of health, safety, and emergency response. She develops and reviews practical, effective, and vetted health and safety standards, policies, strategies, plans, best practices, and guidelines for UCEAP. DeRomaña monitors and assesses changing security, safety, health, and natural threats and stays current on regional and country political issues that may affect UCEAP operations abroad. She is in charge of risk assessment/risk management as part of University of California Enterprise Risk Management, is a 24/7 first responder during student- and program-specific emergencies overseas, and is responsible for emergency management. DeRomaña is a trainer and presenter on mental health issues, students with disabilities, risk and crisis management, alcohol abuse, study abroad liability, and chronic health issues for the University of California System, NAFSA, Mobility International, and OSAC-U.S. Diplomatic Security Safety Seminars for Academia.

Joanna Holvey-Bowles has nearly 30 years of experience in the field of education abroad. She spent her junior year abroad at the University of East Anglia, holds a BA from Emory University in history, and an MS in global and international education from Drexel University. Active in both NAFSA and the Forum on Education Abroad, Holvey-Bowles is published in the areas of health and safety, crisis response, mental health, and insurance protocols. She has led countless sessions, workshops, and trainings in health, safety, and crisis management. She served the field as chair of NAFSA's Education Abroad Health and Safety Subcommittee. While she has spent more than 28 years working for study abroad provider organizations, she now serves as director of off-campus study at Colgate University.

Steve Hopkins is an attorney and international insurance specialist. He is senior account executive with Cultural Insurance Services International (CISI), where he works directly with more than 80 colleges and universities analyzing risk of student programs and designing insurance plans that protect against those risks. Hopkins also serves in an assistant risk management role for CISI's parent company, American Institute of Foreign Study, with responsibilities that include not just insurance but also a broader range of health, safety, liability, and legal issues. His undergraduate major was political science with a focus on

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Barbara Lindeman serves as director of study abroad and assistant director of the International Center at the University of Missouri-Columbia. She frequently presents and publishes about health and safety issues impacting the field of education abroad, including student mental health issues, legal issues, and risk assessment and mitigation. In addition to serving on the Interassociational Task Force on Health and Safety in Study Abroad, she is a past chair of the NAFSA Subcommittee on Health and Safety and past dean of the NAFSA Core Education Program (CEP) workshop on Health, Safety, and Risk Management in Education Abroad. She holds a BA in English and an MS in student development. Her international experiences include teaching at Tunghai University in Taichung, Taiwan, and study at Beijing Language and Culture University.

Jeffrey P. Prince, PhD, is the director of Counseling and Psychological Services at the University of California-Berkeley and the director of Student Mental Health at the University of California-San Francisco. He also serves as the director of the University of California-Berkeley International Institute for Student Counseling and Mental Health, which provides global training and consultation to university administrators and counselors. Prince is the author of numerous publications (books, book chapters, and journal articles) pertaining to college student counseling, career assessment, and social justice. He is a member of the Board of Directors and a past president of the International Association of Counseling Services, and was elected fellow of the American Psychological Association for his significant contributions to the field of psychology. He has more than 30 years of experience in both practice and teaching, and is a frequent presenter at national and international professional meetings.

